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

* If refused enter CTRL-R

1 Physical or mental condition prohibits responding
2 Sample adult is able to respond
3 Unknown

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

SkipInstructions:

1 if Sample Adult = demographics.hhc.RELRESP_A
goto beginning of adult.asd
elseif Sample Adult = demographics.hhc.HHRESP
goto beginning of adult.asd
else
goto AIDVERF_S
endif
1 goto PROX2
2 goto PROX3

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

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

1 Yes
2 No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions:

1 goto PROX2
2 goto PROX3
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AID.015_00.000</th>
<th>Instrument Variable Name:</th>
<th>PROX2</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Ask if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is this person's relationship to [fill: ALIAS of Sample Adult]?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Relative who lives in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Relative who doesn't live in household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Other caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Knowledgeable proxy is available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-4&gt; goto AIDVERF_S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AID.020_00.000</th>
<th>Instrument Variable Name:</th>
<th>PROX3</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>*Ask if necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Knowledgeable proxy is not available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; goto callbk.ACALLBK1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;2&gt; store '3' in ASTAT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>if recontact.RCIFLAG ne '1'</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto recontact.RCI_BEGIN procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>else</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>goto back.OUTCOMEB1 procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>endif</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
* Please verify the following information about the sample adult before proceeding:

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

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

1 Yes
2 No

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

<1> goto AIDVERF_A
<2> goto AIDSEX

Are you Male or Female?

* If don’t know or refused enter your best guess of the person's sex.

1 Male
2 Female

Respondent said his/her sex is not correct.

<1,2> store AIDSEX in SEX
    goto ERR_AIDSEX
    reset AIDVERF_S
    goto AIDVERF_S

ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF_S (as the default goto)
**2017 NHIS Questionnaire - Sample Adult**

**Adult Identification**

**Document Version Date:** 01-Jun-18

---

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

**Question Text:**

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

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

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

1  Yes  
2  No

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

**Skip Instructions:**

<1> goto AIDVERF_D  
<2> goto AIDAGE

---

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

**Question Text:**

How old are you?

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

**Universe Text:** Respondent said his/her age is not correct

**Skip Instructions:**

<0-120, Refused, Don't know>

if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
reset AIDVERF_A  
goto ERR_AIDAGE
else
store AIDAGE in AGE  
goto AIDDDB_M

**Soft Edit:** ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF_A (whether suppressed or not)
* Please verify the following information about the sample adult before proceeding:

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

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

1  Yes
2  No

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

**SkipInstructions:**

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

---

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

**QuestionText:**

1 of 3

What is your birthday?

*Enter month of birth.

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

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

**SkipInstructions:**

```
<01-12, Refused, Don't know> goto AIDDOB_D
```
Question ID: AID.060_02.000  Instrument Variable Name: AIDDOB_D  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

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

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

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

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].
*Please correct.
3 of 3

*Enter year of birth.

1880-2020 Year of birth

Question ID: AID.060_03.000  Instrument Variable Name: AIDDOB_Y  QuestionnaireFileName: Sample Adult
2017 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 01-Jun-18

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

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

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

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

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

dendif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
  reset AIDVERF_A or AIDVERF_D.
goto ERR4_AIDDOB_Y
dendif

Hard Edit: ERR1_AIDDOB_Y

*Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.
goto AIDDOB_M (whether suppressed or not)

ERR2_AIDDOB_Y

*Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
*Please correct.
goto AIDDOB_M (whether suppressed or not)

ERR3_AIDDOB_Y

*DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]
goto AIDVERF_A (whether suppressed or not)

ERR4_AIDDOB_Y

* Data mismatched. Please fix Age or Birthday.
* If still cannot reconcile, enter 'Don't know' for year of birth.
* Please correct.
2017 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 01-Jun-18

Question ID: ASD.050_00.000  Instrument Variable Name: WRKVER  QuestionnaireFileName: Sample Adult

QuestionText: Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who were working or not working last week

SkipInstructions: <1>if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

---

Question ID: ASD.060_00.000  Instrument Variable Name: WRKCOR  QuestionnaireFileName: Sample Adult

QuestionText: (book) A1  ? [F1]

What is your correct working status?

* 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

UniverseText: Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

SkipInstructions: <1,4> [goto WHOWRK]
<2,5> [goto WHYNOWK2]
<R,D> [goto EVERWRK]
### Corrected Employment Status Last Week (not displayed)

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

### Why you did not work 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 or contract and off-season
08. On layoff
09. Disabled
10. Other
97. Refused
99. Don’t know

### Skip Instructions

If DOINGLW2 = Refused or Don’t know then
   [goto EVERWRK]
endif

### Question Text:

? [F1]

(Fill1: What is the main reason you did not work last week?)

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

### Skip Instructions

<1-10,D,R> if WRKCOR = 2 then
   [goto HOWWRK]
else [goto EVERWRK]
**Question ID:** ASD.066_00.000  
**Instrument Variable Name:** EVERWRK  
**QuestionnaireFileName:** Sample Adult

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

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

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

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

---

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

**QuestionText:** ? [F1]

(Fill1: For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

**Verbatim**

<table>
<thead>
<tr>
<th>Verbatim response</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <90 char long,D,R> [goto KINDIND]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.080_00.000</th>
<th>Instrument Variable Name:</th>
<th>KINDIND</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)</td>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,D,R&gt; [goto KINDWRK]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.100_00.000</th>
<th>Instrument Variable Name:</th>
<th>IMPACT</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)</td>
<td>Verbatim</td>
<td>Verbatim response</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;90 char long,D,R&gt; [goto SUPERVIS]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Question ID:** ASD.105_00.010  
**Instrument Variable Name:** SUPERVIS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Did you supervise other employees as part of your job?  

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

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

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

---

**Question ID:** ASD.110_00.000  
**Instrument Variable Name:** WRKCAT  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
(book) A2  ? [F1]  

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?  
* Read answer choices if necessary.

1. Employee of a PRIVATE company for wages  
2. A FEDERAL government employee  
3. A STATE government employee  
4. A LOCAL government employee  
5. Self-employed in OWN business, professional practice or farm  
6. Working WITHOUT PAY in a family-owned business or farm  
7. Refused  
9. Don’t know

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

**SkipInstructions:**  
<1-4,D,R> [goto LOCALLNO]  
<5> [goto BUSINC]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.112_00.000</th>
<th>Instrument Variable Name: BUSINC</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Is this business incorporated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who are self-employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,D,R&gt; [goto LOCALLNO]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ASD.120_00.000</th>
<th>Instrument Variable Name: LOCALNO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>(book) A3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thinking about</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Fill1: this MAIN job or business)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Fill2: your last week at the job you held the longest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Fill3: your last week at the job you held most recently)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>how many people (Fill4: work / Fill5: worked) at this location? Please include yourself.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* &quot;People&quot; includes both FULL- and PART-time employees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* &quot;Location&quot; refers to the street address of the workplace.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01</td>
<td>1 employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>2-9 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>10-24 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>25-49 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>50-99 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>100-249 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>250-499 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>500-999 employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>1000 employees or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1-9, R,D&gt; [goto WRKLONGN]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ASD.140_01.000  Instrument Variable Name: WRKLONGN  QuestionnaireFileName: Sample Adult

**QuestionText:**

? [F1]

1 of 2

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

<table>
<thead>
<tr>
<th>001-365</th>
<th>1-365</th>
</tr>
</thead>
<tbody>
<tr>
<td>997</td>
<td>Refused</td>
</tr>
<tr>
<td>999</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:**

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

**SkipInstructions:**

<1-365> [goto WRKLONGT]

<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65) [goto HOURPD] ;

Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

---

Question ID: ASD.140_02.000  Instrument Variable Name: WRKLONGT  QuestionnaireFileName: Sample Adult

**QuestionText:**

2 of 2

* Enter time period.

1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)

**UniverseText:**

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

**SkipInstructions:**

<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]

ever if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4) [goto WRKLONGH]

**Hard Edit:**

ERR_WRKLONGT

* Number of years is greater than age.
* Please correct.
Question ID: ASD.146_00.000  Instrument Variable Name: WRKLONGH  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1] [If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

1  Yes  
2  No  
7  Refused  
9  Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

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

---

Question ID: ASD.150_00.000  Instrument Variable Name: HOURPD  QuestionnaireFileName: Sample Adult

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

1  Yes  
2  No  
7  Refused  
9  Don't know

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

SkipInstructions: <1,2,D,R> [goto PDSICK]
2017 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 01-Jun-18

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

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

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,D,R>  
if DOINGLW2 = 1,2,4 then [goto ONEJOB];
else if DOINGLW2=3,5 then [goto WRKLYR2];
else if DOINGLW2=D, R then [goto next section]

---

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

QuestionText: Do you have more than one job or business?

1 Yes
2 No
7 Refused
9 Don't know

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

SkipInstructions: <1,2,R,D>  [goto next section]
Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

Had job last week
Yes
No
Refused
Don't know

Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.010_00.000</td>
<td>HYPEV</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>ACN.020_00.000</td>
<td>HYPDIFV</td>
<td>Sample Adult</td>
</tr>
<tr>
<td>ACN.020_00.010</td>
<td>HYPYR</td>
<td>Sample Adult</td>
</tr>
</tbody>
</table>

**Question Text**

Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:**

:<1> [goto HYPDIFV]
:<2,R,D> [goto HYBPCKNO]

---

<table>
<thead>
<tr>
<th>Question Text:</th>
<th>Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?</th>
</tr>
</thead>
</table>
| 1. Yes
2. No
7. Refused
9. Don't know |

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

**Skip Instructions:**

:<1> [goto HYPYR]
:<2,R,D> [goto HYBPCKNO]

---

<table>
<thead>
<tr>
<th>Question Text:</th>
<th>DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Enter '1' if respondent is taking medication to control his/her high blood pressure.</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Yes
2. No
7. Refused
9. Don't know |

**Universe Text:** Sample adults 18+ who were ever told they had hypertension (2+ visits)

**Skip Instructions:**

:<1,2,R,D> [goto HYBPCKNO]
Question ID: ACN.021_01.010  Instrument Variable Name: HYBPCKNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.

*Enter '95' for 95 or more.

00 Never
01-94 1 to 94
95 95 or more
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions:
<0,R,D> if HYPEV=1 [goto HYPMDEV2];
else if HYPEV = 2,R,D [goto CHLEV]
<1-95> [goto HYBPCKTP]

Question ID: ACN.021_02.010  Instrument Variable Name: HYBPCKTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since last blood pressure check.

0 Never
1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever had their blood pressure checked

SkipInstructions:
If (HYBPCKNO gt AGE and HYBPCKTP=4), [goto ERR_HYBPCKTP]
<1-4> [goto HYBPLEV]
<R,D> if HYPEV=1 [goto HYPMDEV2];
else if HYPEV = 2,R,D [goto CHLEV]

Hard Edit: If (HYBPCKNO gt AGE and HYBPCKTP=4), display:

*Time period for last blood pressure check cannot be greater than age.
* Please correct.
### Question ID: ACN.022_01.010  Instrument Variable Name: HYBPLEV  QuestionnaireFileName: Sample Adult

**QuestionText:** At that time, were you told that your blood pressure was high, normal, or low?

<table>
<thead>
<tr>
<th>Value</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not told</td>
</tr>
<tr>
<td>2</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>Normal</td>
</tr>
<tr>
<td>4</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td>Borderline</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have had their blood pressure checked some days/weeks/months/years ago

**SkipInstructions:** `<1-5,R,D> if HYPEV=1 [goto HYPMDEV2]; else if HYPEV = 2,R,D [goto CHLEV]`

---

### Question ID: ACN.022_02.020  Instrument Variable Name: HYPMDEV2  QuestionnaireFileName: Sample Adult

**QuestionText:** Was any medicine EVER prescribed by a doctor for your high blood pressure?

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

**UniverseText:** Sample adults 18+ who have ever been told they had high blood pressure

**SkipInstructions:** `<1> [goto HYPMED2] <2,R,D> [goto CHLEV]`

---

### Question ID: ACN.022_03.030  Instrument Variable Name: HYPMED2  QuestionnaireFileName: Sample Adult

**QuestionText:** Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

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

**UniverseText:** Sample adults 18+ who were ever prescribed medicine for high blood pressure

**SkipInstructions:** `<1,2,R,D> [goto CHLEV]`
Have you EVER been told by a doctor or other health professional that you had high cholesterol?

*Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+

DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter ‘1’ if respondent is taking medication to control his/her high cholesterol.

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who were ever told they had high cholesterol
Question ID: ACN.023_01.010  Instrument Variable Name: CLCKNO  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

* Enter '0' for Never.

*Enter '95' for 95 or more.

00 Never
01-94 1-94
95 95 or more
97 Refused
99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> If CHLEV=1, [goto CHLMDEV2]
Else [goto CHDEV]
<1-95> [goto CLCKTP]

Question ID: ACN.023_02.010  Instrument Variable Name: CLCKTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since last blood cholesterol check.

0 Never
1 Day(s)
2 Week(s)
3 Month(s)
4 Year(s)
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have ever had their blood cholesterol checked

SkipInstructions: If (CLCKNO gt AGE and CLCKTP=4), [goto ERR_CLCKTP]
<1-4,R,D> If CHLEV=1 [goto CHLMDEV2]
Else [goto CHDEV]

Hard Edit: If (CLCKNO gt AGE and CLCKTP=4), display:

*Time period for last blood cholesterol check cannot be greater than age.
* Please correct.
Was any medication EVER prescribed by a doctor to help lower your cholesterol?

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+ who have ever been told they had high cholesterol

SkipInstructions: <1> [goto CHLMDNW2]
<2,R,D> [goto CHDEV]

Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+ who were ever prescribed medicine for high cholesterol

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

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

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto ANGEV]
Have you EVER been told by a doctor or other health professional that you had Angina, also called angina pectoris?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+

Have you EVER been told by a doctor or other health professional that you had a heart attack (also called myocardial infarction)?

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.031_04.000</th>
<th>Instrument Variable Name:</th>
<th>HRTEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Read if necessary:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you EVER been told by a doctor or other health professional that you had</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...Any kind of heart condition or heart disease (other than the ones I just asked about)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto STREV]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.031_05.000</th>
<th>Instrument Variable Name:</th>
<th>STREV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you EVER been told by a doctor or other health professional that you had</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...A stroke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto EPHEV]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ACN.031_06.000  Instrument Variable Name: EPHEV  QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Read if necessary:</td>
<td></td>
</tr>
<tr>
<td>Have you EVER been told by a doctor or other health professional that you had</td>
<td></td>
</tr>
<tr>
<td>...Emphysema?</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

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

---

Question ID: ACN.032_01.010  Instrument Variable Name: JAWP  QuestionnaireFileName: Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one.</td>
<td></td>
</tr>
<tr>
<td>...Pain or discomfort in the jaw, neck or back.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto WEA]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.032_02.020  Instrument Variable Name: WEA  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Feeling weak, lightheaded or faint.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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


Question ID: ACN.032_03.030  Instrument Variable Name: CHE  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Chest pain or discomfort.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto ARM]
*Read if necessary:

Which of the following would you say are the symptoms that someone may be having a heart attack?

…Pain or discomfort in the arms or shoulder.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BRTH]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.032_06.060</td>
<td>AHADO</td>
<td>Sample Adult</td>
<td>If you thought someone was having a heart attack, what is the BEST thing to do right away?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Advise them to drive to the hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 Advise them to call their physician</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Call 9-1-1 (or another emergency number)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4 Call spouse or family member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACN.033_01.010</td>
<td>FACE</td>
<td>Sample Adult</td>
<td>Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>... Sudden numbness or weakness of face, arm, or leg, especially on one side.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7 Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SPEAKING]
<table>
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<th>ACN.033_02.020</th>
<th>Instrument Variable Name:</th>
<th>SPEAKING</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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<tbody>
<tr>
<td>QuestionText:</td>
<td>*Read if necessary:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Which of the following would you say are the symptoms that someone may be having a stroke?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>… Sudden confusion or trouble speaking.</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto EYE]</td>
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<th>ACN.033_03.030</th>
<th>Instrument Variable Name:</th>
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<tr>
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<td>*Read if necessary:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Which of the following would you say are the symptoms that someone may be having a stroke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>… Sudden trouble seeing in one or both eyes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto WALKING]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Which of the following would you say are the symptoms that someone may be having a stroke? 

... Sudden trouble walking, dizziness, or loss of balance.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Which of the following would you say are the symptoms that someone may be having a stroke? 

... Sudden severe headache with no known cause.

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+
If you thought someone was having a stroke, what is the BEST thing to do right away?

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

Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

1. Yes
2. No
3. Refused
4. Don’t know
Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they have been told to take an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 40+

Are you NOW following this advice?

* If the respondent provides an answer such as “sometimes,” “occasionally,” or “from time to time,” enter 1 for “yes.”

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease
Question ID: ACN.040_00.030  Instrument Variable Name: ASPMDMED  QuestionnaireFileName: Sample Adult

QuestionText: Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

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

---

Question ID: ACN.040_00.040  Instrument Variable Name: ASPONOWN  QuestionnaireFileName: Sample Adult

QuestionText: On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

  * If the respondent volunteers they are taking an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

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

---

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

QuestionText: ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AASSTILL]
<2,R,D> [goto ULCEV]
**NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 01-Jun-18

---

**Question ID:** ACN.085_00.000  
**Instrument Variable Name:** AASSTILL  
**Questionnaire Filename:** Sample Adult

**Question Text:**  
Do you still have asthma?  
1. Yes  
2. No  
7. Refused  
9. Don’t know

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

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

---

**Question ID:** ACN.090_00.000  
**Instrument Variable Name:** AASMYR  
**Questionnaire Filename:** Sample Adult

**Question Text:**  
DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?  
1. Yes  
2. No  
7. Refused  
9. Don’t know

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

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

---

**Question ID:** ACN.100_00.000  
**Instrument Variable Name:** AASMERYR  
**Questionnaire Filename:** Sample Adult

**Question Text:**  
DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?  
1. Yes  
2. No  
7. Refused  
9. Don’t know

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

**Skip Instructions:** <1,2,R,D> [go to ULCEV]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions

Document Version Date: 01-Jun-18

Question ID: ACN.110_00.000  Instrument Variable Name: ULCEV  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had
...An ulcer
This could be a stomach, duodenal or peptic ulcer.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

---

Question ID: ACN.120_00.000  Instrument Variable Name: ULCYR  QuestionnaireFileName: Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

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

SkipInstructions: <1,2,R,D> [goto CANEV]
Have you EVER been told by a doctor or other health professional that you had
...Cancer or a malignancy of any kind?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+

1 > CANKIND_1
2,R,D if SEX=2 PREGEVER;
else if SEX=1 DBHVPAY
What kind of cancer was it?

* Enter code for the first kind of cancer.

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

SkipInstructions: <1-30,R,D> [goto CANAGE_1]
  IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_1]
  IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]

Hard Edit: ERR1_CANKIND_1
  * Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_1
  * Code 20 or 26 is unavailable for females.
**2017 NHIS Questionnaire - Sample Adult**  
**Adult Conditions**  
**Document Version Date: 01-Jun-18**

<table>
<thead>
<tr>
<th>Question ID: ACN.140_00.002</th>
<th>Instrument Variable Name: CANKIND_2</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>

**QuestionText:**  
* Enter code for the second kind of cancer.  

* Enter '96' for no more.  

<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Bladder</td>
</tr>
<tr>
<td>02</td>
<td>Blood</td>
</tr>
<tr>
<td>03</td>
<td>Bone</td>
</tr>
<tr>
<td>04</td>
<td>Brain</td>
</tr>
<tr>
<td>05</td>
<td>Breast</td>
</tr>
<tr>
<td>06</td>
<td>Cervix</td>
</tr>
<tr>
<td>07</td>
<td>Colon</td>
</tr>
<tr>
<td>08</td>
<td>Esophagus</td>
</tr>
<tr>
<td>09</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>10</td>
<td>Kidney</td>
</tr>
<tr>
<td>11</td>
<td>Larynx-windpipe</td>
</tr>
<tr>
<td>12</td>
<td>Leukemia</td>
</tr>
<tr>
<td>13</td>
<td>Liver</td>
</tr>
<tr>
<td>14</td>
<td>Lung</td>
</tr>
<tr>
<td>15</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>16</td>
<td>Melanoma</td>
</tr>
<tr>
<td>17</td>
<td>Mouth/tongue/lip</td>
</tr>
<tr>
<td>18</td>
<td>Ovary</td>
</tr>
<tr>
<td>19</td>
<td>Pancreas</td>
</tr>
<tr>
<td>20</td>
<td>Prostate</td>
</tr>
<tr>
<td>21</td>
<td>Rectum</td>
</tr>
<tr>
<td>22</td>
<td>Skin (non-melanoma)</td>
</tr>
<tr>
<td>23</td>
<td>Skin (DK what kind)</td>
</tr>
<tr>
<td>24</td>
<td>Soft tissue (muscle or fat)</td>
</tr>
<tr>
<td>25</td>
<td>Stomach</td>
</tr>
<tr>
<td>26</td>
<td>Testis</td>
</tr>
<tr>
<td>27</td>
<td>Throat - pharynx</td>
</tr>
<tr>
<td>28</td>
<td>Thyroid</td>
</tr>
<tr>
<td>29</td>
<td>Uterus</td>
</tr>
<tr>
<td>30</td>
<td>Other</td>
</tr>
<tr>
<td>96</td>
<td>No more</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions:

<1-30,R,D>[goto CANAGE_2]
<96> if SEX=2 [goto PREGEVER];
else IF SEX=1 [goto DBHVPAY]

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

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]

Hard Edit:

ERR1_CANKIND_2

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_2

* Code 20 or 26 is unavailable for females.
Enter code for the third kind of cancer.
* Enter '96' for no more.

- Bladder
- Blood
- Bone
- Brain
- Breast
- Cervix
- Colon
- Esophagus
- Gallbladder
- Kidney
- Larynx-windpipe
- Leukemia
- Liver
- Lung
- Lymphoma
- Melanoma
- Mouth/tongue/lip
- Ovary
- Pancreas
- Prostate
- Rectum
- Skin (non-melanoma)
- Skin (DK what kind)
- Soft tissue (muscle or fat)
- Stomach
- Testis
- Throat-pharynx
- Thyroid
- Uterus
- Other
- No more
- Refused
- Don't know
UniverseText: Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkipInstructions: <1-30,R,D>[goto CANAGE_3] <96> if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY]

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

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_3]

Hard Edit:

ERR1_CANKIND_3
* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_3
* Code 20 or 26 is unavailable for females.

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

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.
* Enter '96' for no more.

95 More than three kinds
96 No more

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

SkipInstructions: <95,96> if SEX=2 [goto PREGEVER]; else IF SEX=1 [goto DBHVPAY]
**Question ID:** ACN.150_00.001  
**Instrument Variable Name:** CANAGE_1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

> ? [F1]

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

- **001-100**: 1-100 years
- **997**: Refused
- **999**: Don’t know

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

**SkipInstructions:**

<1-100, D> goto CANKIND_2

<R> and <R> at CANKIND_1 if SEX=2 [goto PREGEVER];

else IF SEX=1 [goto DBHVPAY]

<R> and CANKIND_1 NE <R> [goto CANKIND_2]

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

**Hard Edit:**

* [Fill2: CANAGE_1] years old is older than age[fill3: AGE].
* Please correct.

---

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

**QuestionText:**

> ? [F1]

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

- **001-100**: 1-100 years
- **997**: Refused
- **999**: Don’t know

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

**SkipInstructions:**

<1-100, D> [goto CANKIND_3]

<R> and <R> at CANKIND_2 if SEX=2 [goto PREGEVER];

else IF SEX=1 [goto DBHVPAY]

<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) [goto ERR_CANAGE_2]

**Hard Edit:**

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].
* Please correct.
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

Document Version Date: 01-Jun-18

---

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

**QuestionText:**

How old were you when [Fill1: CANKIND_3/Fill2: this cancer ] was first diagnosed?

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

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

**SkipInstructions:** <1-100, D> [goto CANKIND_4]  
<R> and <R> at CANKIND_3 if SEX=2 [goto PREGEVER];  
else IF SEX=1 [goto DBHVPAY]  
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) [goto ERR_CANAGE_3]

**Hard Edit:**

* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].  
* Please correct.

---

**Question ID:** ACN.154_00.010  **Instrument Variable Name:** PREGEVER  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever been pregnant?

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Female Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVPAY]
DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following?

Increase your physical activity or exercise?

1 Yes
2 No
7 Refused
9 Don’t know

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following?

Reduce the amount of fat or calories in your diet?

1 Yes
2 No
7 Refused
9 Don’t know
Question ID: ACN.155_00.030  Instrument Variable Name: DBHVWLY  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Participate in a weight loss program?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

---

Question ID: ACN.155_00.040  Instrument Variable Name: DBHVPAN  QuestionnaireFileName: Sample Adult

QuestionText: Are you NOW doing any of the following...

Increasing your physical activity or exercise?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto DBHVCLN]
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<th>ACN.155_00.050</th>
<th>Instrument Variable Name:</th>
<th>DBHVCLN</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary.</em></td>
<td>Are you NOW doing any of the following...</td>
<td>Reducing the amount of fat or calories in your diet?</td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto DBHVWLN]</td>
<td></td>
<td></td>
<td></td>
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</table>

<table>
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<th>ACN.155_00.060</th>
<th>Instrument Variable Name:</th>
<th>DBHVWLN</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td><em>Read if necessary.</em></td>
<td>Are you NOW doing any of the following...</td>
<td>Participating in a weight loss program?</td>
<td>1 Yes</td>
<td>2 No</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt; [goto DIBREL]</td>
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<td></td>
</tr>
<tr>
<td>Question ID:</td>
<td>ACN.155_00.070</td>
<td>Instrument Variable Name:</td>
<td>DIBREL</td>
<td>QuestionnaireFileName:</td>
<td>Sample Adult</td>
</tr>
<tr>
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</tr>
<tr>
<td>QuestionText:</td>
<td>Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes? *Include only blood relatives. Do not include step-relatives or those unrelated by blood.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
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<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto DIBEV1]</td>
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<th>Sample Adult</th>
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<tr>
<td>QuestionText:</td>
<td>?[F1] [Fill1: Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?] [Fill2: Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]</td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Borderline or prediabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
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</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto DIBAGE] &lt;2,R,D&gt; [goto DIBPRE1] &lt;3&gt; [goto DIBTEST]</td>
<td></td>
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</tbody>
</table>
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 01-Jun-18

---

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

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

1  Yes  
2  No  
7  Refused  
9  Don’t know

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

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

---

**Question ID:** ACN.167_00.010  
**Instrument Variable Name:** DIBTEST  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** About how long has it been since you last had a blood test for high blood sugar or diabetes?

1  1 year ago or less  
2  More than 1 year, but not more than 2 years ago  
3  More than 2 years, but not more than 3 years ago  
4  More than 3 years ago  
5  Never  
7  Refused  
9  Don’t know

**UniverseText:** Sample adults 18+ who do not have diabetes

**SkipInstructions:** <1-5,R,D> if DIBPRE1='1' [goto DIBPILL];  
else if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];  
else (SEX=2 and PREGEVER=1) [goto DIBGDM]
2017 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 01-Jun-18

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

QuestionText: 

? [F1]

How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?

000 thru 100 Age at which diagnosed
997 Refused
999 Don’t know

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

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

If number in DIBAGE greater than person years old (AGE) goto ERR_ DIBAGE

Hard Edit: 

* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].
* Please correct.

---

Question ID: ACN.175_00.010  Instrument Variable Name: DIBTYPE  QuestionnaireFileName: Sample Adult

QuestionText: 

What type of diabetes do you have?

*Read answer categories below.

1 Type 1
2 Type 2
3 Other
7 Refused
9 Don’t know

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

SkipInstructions: <1-3,R,D> [goto DIBPILL]
**Question ID:** ACN.180_00.000  **Instrument Variable Name:** DIBPILL  **QuestionnaireFileName:** Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**SkipInstructions:** <1,2,R,D> [goto INSLN1]

---

**Question ID:** ACN.190_00.000  **Instrument Variable Name:** INSLN1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Insulin can be taken by shot or pump. Are you NOW taking insulin?

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**SkipInstructions:** <1> if DIBEV1=1 and INSLN1=1 [goto DIBINS2]
else if DIBEV1 ne 1 and (SEX=2 and PREGEVER=1) [goto DIBGDM]
else DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
<2,R,D> SEX=2 and PREGEVER=1 [goto DIBGDM]
else if DIBEV1=1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto EPILEP1]
else if DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]
2017 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 01-Jun-18

Question ID: ACN.190_00.010  Instrument Variable Name: DIBINS2  QuestionnaireFileName: Sample Adult

QuestionText: Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

1  Less than 1 month
2  1 month to less than 6 months
3  6 months to less than 1 year
4  1 year or more
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

SkipInstructions: <1-4,R,D> [goto DIBINS3]

---

Question ID: ACN.190_00.020  Instrument Variable Name: DIBINS3  QuestionnaireFileName: Sample Adult

QuestionText: Since you started taking insulin, have you ever stopped taking it for more than 6 months?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

SkipInstructions: <1> if DIBINS2=1,2,3 [goto DIBINS4]
          else if SEX=1 or SEX=2 and PREGEVER=2,R,D [goto EPILEP1];
          else (SEX=2 and PREGEVER=1) [goto DIBGDM]
<2,R,D> if (SEX=2 and PREGEVER=1) [goto DIBGDM]
          else [goto EPILEP1]
**Question ID:** ACN.190_00.030  **Instrument Variable Name:** DIBINS4  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this only during the first year after you were diagnosed with diabetes?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months

**SkipInstructions:** <1,2,R,D> if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]; else (SEX=2 and PREGEVER=1) [goto DIBGDM]

---

**Question ID:** ACN.195_00.010  **Instrument Variable Name:** DIBGDM  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?/ Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?]

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Female Sample adults 18+ who have ever been pregnant

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

---

**Question ID:** ACN.197_00.010  **Instrument Variable Name:** DIBBABY  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Female Sample adults 18+ who have ever been pregnant

**SkipInstructions:** <1,2,R,D> if DIBEV1=1 [goto EPILEP1]; else if DIBEV=2,R,D [goto DIBPRGM]
These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.

Have you EVER participated in this type of year-long program to prevent Type 2 diabetes?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have not been diagnosed with diabetes

Has a doctor or other health care professional ever referred you to such a program to prevent Type 2 diabetes?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who have not been diagnosed with diabetes

<1> if DIBPRGM=1 [goto EPILEP1];
else if DIBPRGM=2,R,D [goto DIBBEGIN]
<2,R,D> [goto DIBBEGIN]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 01-Jun-18

---

**Question ID:** ACN.198_00.030  **Instrument Variable Name:** DIBBEGIN  **QuestionnaireFileName:** Sample Adult

**QuestionText:** How interested are you in beginning such a year-long program to prevent Type 2 diabetes? Would you say…

*Read categories below.

1. Very interested
2. Somewhat interested
3. Not interested
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have not participated in a diabetes prevention program and were not referred to one

**SkipInstructions:** <1-3,R,D> [goto EPILEP1]

---

**Question ID:** ACN.199_00.010  **Instrument Variable Name:** EPILEP1  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto EPILEP2]  
<2,R,D> [goto AHAYFYR]

---

**Question ID:** ACN.199_00.020  **Instrument Variable Name:** EPILEP2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you currently taking any medicine to control your seizure disorder or epilepsy?

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

**UniverseText:** Sample adults 18+ who have ever been told they had epilepsy

**SkipInstructions:** <1,2,R,D> [goto EPILEP3]
Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

*Read if necessary: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,” “staring spell,” or “out-of-touch.”

*If the respondent mentions and counts “auras” as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

0  None
1  One
2  Two or three
3  Between four and ten
4  More than 10
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who have ever been told they had epilepsy

SkipInstructions: <0-4,R,D> [goto EPILEP4]
**Question ID:** ACN.199_00.050  **Instrument Variable Name:** EPILEP5  **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say…

*Read categories below.

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely
6. Refused
7. Don't know

**UniverseText:** Sample adults 18+ who have ever been told they had epilepsy

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

---

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

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

1. Yes
2. No
3. Refused
4. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 01-Jun-18

---

**Question ID:** ACN.201_02.000  **Instrument Variable Name:** SINYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary:

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

...Sinusitis?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ACN.201_03.000  **Instrument Variable Name:** CBRCHYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read if necessary:

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

...Chronic bronchitis?

1 Yes
2 No
7 Refused
9 Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto KIDWKYR]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.201_04.000</th>
<th>Instrument Variable Name:</th>
<th>KIDWKYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had ..... Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence. 1 Yes 2 No 7 Refused 9 Don't know</td>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto LIVYR]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.201_05.000</th>
<th>Instrument Variable Name:</th>
<th>LIVYR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>* Read if necessary: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had ... Any kind of liver condition? 1 Yes 2 No 7 Refused 9 Don't know</td>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [goto JNTSYMP]</td>
</tr>
</tbody>
</table>
The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No
7. Refused
9. Don’t know

Sample adults 18+

Which joints are affected?

* Enter all that apply, separate with commas.

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

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

<1-17,R,D> [goto JNTCHR]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.270_00.000</th>
<th>Instrument Variable Name:</th>
<th>JNTCHR</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Did your joint symptoms FIRST begin more than 3 months ago?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
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</tbody>
</table>

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

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

<table>
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<tr>
<th>Question ID:</th>
<th>ACN.280_00.000</th>
<th>Instrument Variable Name:</th>
<th>JNTHP</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you EVER seen a doctor or other health professional for these joint symptoms?</td>
<td></td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:** <1,2,R,D> [goto ARTH]
Question ID: ACN.290_00.000  Instrument Variable Name: ARTH  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARTHLMT]
<2,R,D> if JNTSYMP = 1 [goto ARTHLMT];
elseif JNTSYMP ne 1 [goto PAINECK]

---

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

QuestionText: ? [F1]

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

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D> [goto PAINECK]
Question ID: ACN.300_00.000  Instrument Variable Name: PAINECK  QuestionnaireFileName: Sample Adult

QuestionText:  
[F1]

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

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

Question ID: ACN.310_00.000  Instrument Variable Name: PAINLB  QuestionnaireFileName: Sample Adult

QuestionText:  
[F1]

* Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PAINLEG]  
<2,R,D> [goto PAINFACE]
Question ID: ACN.320_00.000  Instrument Variable Name: PAINLEG  QuestionnaireFileName: Sample Adult

QuestionText:  
? [F1] 
Did this pain spread down either leg to areas below the knees?

1  Yes
2  No
7  Refused
9  Don't know

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

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

---

Question ID: ACN.331_01.000  Instrument Variable Name: PAINFACE  QuestionnaireFileName: Sample Adult

QuestionText:  
DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AMIGR]
Question ID: ACN.331_02.000  Instrument Variable Name: AMIGR  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

---

Question ID: ACN.350_00.000  Instrument Variable Name: ACOLD2W  QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]
### Question ID: ACN.360_00.000  **Instrument Variable Name:** AINTIL2W  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

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

**UniverseText:** Sample adults 18+

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

### Question ID: ACN.370_00.000  **Instrument Variable Name:** PREGNOW  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you currently pregnant?

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

**UniverseText:** Female sample adults 18-49 years of age

**SkipInstructions:** `<1> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];
else [goto HRAIDNOW]`

### Question ID: ACN.370_00.010  **Instrument Variable Name:** PREGFLYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]

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

**UniverseText:** Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July

**SkipInstructions:** `<1,2,R,D> [goto HRAIDNOW]`
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.400_00.000</th>
<th>Instrument Variable Name:</th>
<th>HRAIDNOW</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>These next questions are about your hearing, vision, and teeth.</td>
<td></td>
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<tr>
<td></td>
<td>Do you now use a hearing aid(s)?</td>
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<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>No</td>
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<tr>
<td></td>
<td>&lt;2,R,D&gt; [goto HRAIDEV]</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.410_00.000</th>
<th>Instrument Variable Name:</th>
<th>HRAIDEV</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Have you ever used a hearing aid(s) in the past?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;1,2,R,D&gt; [goto AHEARST1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: ACN.420_00.000  Instrument Variable Name: AHEARST1  QuestionnaireFileName: Sample Adult

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

1. Excellent
2. Good
3. A little trouble hearing
4. Moderate trouble
5. A lot of trouble
6. Deaf
7. Refused
8. Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto AVISION]

---

Question ID: ACN.430_00.000  Instrument Variable Name: AVISION  QuestionnaireFileName: Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ABLIND]
<1-2,R,D> [goto VIM_DREV]
### Question ID: ACN.440_00.000  Instrument Variable Name: ABLIND  QuestionnaireFileName: Sample Adult

**QuestionText:** Are you blind or unable to see at all?

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

**UniverseText:** Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

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

---

### Question ID: ACN.440_00.010  Instrument Variable Name: VIM_DREV  QuestionnaireFileName: Sample Adult

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1> [go to VIMLS_DR]
[2,R,D> [goto VIM_CAEV]`

---

### Question ID: ACN.440_00.020  Instrument Variable Name: VIMLS_DR  QuestionnaireFileName: Sample Adult

**QuestionText:** Have you lost any vision because of diabetic retinopathy?

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

**UniverseText:** Sample adults 18+ told they have diabetic retinopathy

**SkipInstructions:** `<1,2,R,D> [goto VIM_CAEV]`
### Question ID: ACN.440_00_030  
**Instrument Variable Name:** VIM_CAEV  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.*

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

*Cataracts?*

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1> [goto VIMLS_CA]  
[2,R,D> [goto VIM_CAEV]`

### Question ID: ACN.440_00_040  
**Instrument Variable Name:** VIMLS_CA  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of cataracts?

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

**UniverseText:** Sample adults 18+ told they have cataracts

**SkipInstructions:** `[1,2,R,D> [goto VIM_CSAURG]`

### Question ID: ACN.440_00_045  
**Instrument Variable Name:** VIMCSURG  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever had cataract surgery?

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

**UniverseText:** Sample adults 18+ ever had cataracts

**SkipInstructions:** `<1, 2,R,D> [goto VIM_GLEV]`
Question ID: ACN.440_00.050  Instrument Variable Name: VIM_GLEV  QuestionnaireFileName: Sample Adult

QuestionText: * Read if necessary.

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

Glaucoma?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_GL]
[2,R,D> [goto VIM_MDEV]

Question ID: ACN.440_00.060  Instrument Variable Name: VIMLS_GL  QuestionnaireFileName: Sample Adult

QuestionText: Have you lost any vision because of glaucoma?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ told they have glaucoma

SkipInstructions: <1,2,R,D> [goto VIM_MDEV]
Have you EVER been told by a doctor or other health professional that you had

...Macular Degeneration

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+

Have you lost any vision because of macular degeneration?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ told they have macular degeneration

<1,2,R,D>=2,R,D,' ' [goto VIMGLASS];
else if <1,2,R,D> and ABLIND=1 [goto AVISREH]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.440_00.100</th>
<th>Instrument Variable Name:</th>
<th>VIMGLASS</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you currently wear eyeglasses or contact lenses?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
<td></td>
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<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who are not blind</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,&gt; [go to VIMREAD]; &lt;2,R,D&gt; and AVISION=1 [go to AVISREH]; else &lt;2,R,D&gt; and AVISION=2,R,D [goto AVDF_NWS]</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.440_00.110</th>
<th>Instrument Variable Name:</th>
<th>VIMREAD</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ wear glasses or contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to VIMDRIVE]</td>
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</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACN.440_00.120</th>
<th>Instrument Variable Name:</th>
<th>VIMDRIVE</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ wear glasses or contacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; and If AVISION=1 [go to AVISREH]; Else if AVISION=2,R,D [goto AVDF_NWS]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+ who have trouble seeing

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

Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?

1. Yes
2. No
7. Refused
9. Don’t know

UniverseText: Sample adults 18+ who have trouble seeing

SkipInstructions: <1,2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS];
else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]
### Question 1: Reading Ordinary Print in Newspapers

**Question ID:** ACN.441_00.010  
**Instrument Variable Name:** AVDF_NWS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,] how difficult is it for you ...To read ordinary print in newspapers

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

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

### Question 2: Doing Work or Hobbies That Require Seeing Well Up Close

**Question ID:** ACN.441_00.020  
**Instrument Variable Name:** AVDF_CLS  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

*Read if necessary:*

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you ...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_NIT]
**Question ID:** ACN.441_00.030  **Instrument Variable Name:** AVDF_NIT  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]

how difficult is it for you

...To go down steps, stairs, or curbs in dim light or at night

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

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

---

**Question ID:** ACN.441_00.040  **Instrument Variable Name:** AVDF_DRV  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]

how difficult is it for you

...To drive during daytime in familiar places

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF_PER]
**Question ID:** ACN.441_00.050  **Instrument Variable Name:** AVDF_PER  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you

...To notice objects off to the side while you are walking along

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

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

---

**Question ID:** ACN.441_00.060  **Instrument Variable Name:** AVDF_CRD  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight.] how difficult is it for you

...To find something on a crowded shelf

*Read categories below.

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

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVISEXAM]
When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1. Less than one month
2. 1-12 months
3. 13-24 months
4. More than 2 years
5. Never
6. Refused
7. Don't know

Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury? This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.

1. Yes
2. No
3. Refused
4. Don't know

Sample adults 18+
When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

1. Always
2. Most of the time
3. Some of the time
4. None of the time
5. Refused
6. Don't know

Sample adults 18+ and do participate in activities that can cause eye injury

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

1. Yes
2. No
3. Refused
4. Don’t know

Sample adults 18+

<1,2,R,D>[CHPAIN6M]
<table>
<thead>
<tr>
<th>Question ID: ACN.460_00.010</th>
<th>Instrument Variable Name: CHPAIN6M</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> In the past six months, how often did you have pain? Would you say...</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Read answer categories below.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Some days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Most days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
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</tr>
</tbody>
</table>

| UniverseText: Sample adults 18+ |
| SkipInstructions: <1,R,D> [goto next section] <2,3,4> [goto PAINLMT] |

<table>
<thead>
<tr>
<th>Question ID: ACN.460_00.020</th>
<th>Instrument Variable Name: PAINLMT</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> Over the past six months, how often did pain limit your life or work activities? Would you say...</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Read answer categories below.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Some days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Most days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| UniverseText: Sample adults 18+ who had chronic pain in the past 6 months |
| SkipInstructions: <1-4,R,D> [goto the next section] |
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

*Document Version Date: 01-Jun-18*

---

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

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

* Enter '0' for None.

- **000** None
- **001-366** 1-366 days
- **997** Refused
- **999** Don't know

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

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

**Soft Edit:**  
* [Fill: WKDAYR] is an unusually large number.  
* Please verify.

---

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

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

* Enter '0' for None.

- **000** None
- **001-366** 1-366 days
- **997** Refused
- **999** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
<0-366,R,D> [goto AHSTATYR]  
<120-366> [goto ERR_BEDDAYR]

**Soft Edit:**  
* [Fill: BEDDAYR] is an unusually large number.  
* Please verify.
### Question 1

**Question ID:** AHS.060_00.000  
**Instrument Variable Name:** AHSTATYR  
**QuestionnaireFileName:** Sample Adult  

**QuestionText:** Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Better</td>
</tr>
<tr>
<td>2</td>
<td>Worse</td>
</tr>
<tr>
<td>3</td>
<td>About the same</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+  

**SkipInstructions:** <1-3,R,D> [goto SPECEQ]

---

### Question 2

**Question ID:** AHS.070_00.000  
**Instrument Variable Name:** SPECEQ  
**QuestionnaireFileName:** Sample Adult  

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

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

**UniverseText:** Sample adults 18+  

**SkipInstructions:** <1,2,R,D> [goto FLWALK]
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Very difficult</td>
</tr>
<tr>
<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

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

* Read lead-in if necessary.

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

...Walk up 10 steps without resting?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all difficult</td>
</tr>
<tr>
<td>1</td>
<td>Only a little difficult</td>
</tr>
<tr>
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<td>4</td>
<td>Can't do at all</td>
</tr>
<tr>
<td>6</td>
<td>Do not do this activity</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTAND]
Question ID: AHS.091_03.000  Instrument Variable Name: FLSTAND  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

---

Question ID: AHS.091_04.000  Instrument Variable Name: FLSIT  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Sit for about 2 hours?

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.091_05.000  Instrument Variable Name: FLSTOOP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

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

UniverseText: Sample adults 18+

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

---

Question ID: AHS.091_06.000  Instrument Variable Name: FLREACH  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Reach up over your head?

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLGRASP]
2017 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.141_01.000  Instrument Variable Name: FLGRASP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Use your fingers to grasp or handle small objects?

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

UniverseText: Sample adults 18+

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

Question ID: AHS.141_02.000  Instrument Variable Name: FLCARRY  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLPUSH]
Question ID: AHS.141_03.000  Instrument Variable Name: FLPUSH  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

Question ID: AHS.171_01.000  Instrument Variable Name: FLSHOP  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]
Question ID: AHS.171_02.000  Instrument Variable Name: FLSOCL  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

---

Question ID: AHS.171_03.000  Instrument Variable Name: FLRELAX  QuestionnaireFileName: Sample Adult

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK=1-4 or FLCLIMB=1-4 or FLSTAND=1-4 or FLSTOOP=1-4 or FLREACH=1-4 or FLGRASP=1-4 or FLCARRY=1-4 or FLPUSH=1-4 or FLSHOP=1-4 or FLSOCL=1-4>[goto AFLHCA] Else goto SMKEV (next section)
What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]? 

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

* Do not probe, except to clarify answer.

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

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

---

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

**QuestionText:** * Enter other impairment/problem.

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

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

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

$ You should enter something specific.

---

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

**QuestionText:** * Enter other impairment/problem.

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

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

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

$ You should enter something specific.
How long have you had a vision problem or problem seeing?

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

Sample adults 18+ who had difficulty due to a vision problem or problem seeing
**2017 NHIS Questionnaire - Sample Adult**

Adult Health Status & Limitations

Document Version Date: 01-Jun-18

**Question ID:** AHS.300_02.000  
**Instrument Variable Name:** AHCL01T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

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

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

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

**SkipInstructions:**

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

**Hard Edit:**

ERR1_AHCL01T

*Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL01T

* "6" not selectable.
How long have you had a hearing problem?

* Enter number for time with a hearing problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

<table>
<thead>
<tr>
<th>01-94</th>
<th>1-94</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>95+</td>
</tr>
<tr>
<td>96</td>
<td>Since birth</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

2 of 2

* Enter time period for time with hearing problem.

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

**Universe Text:**

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

**Skip Instructions:**

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

<6> goto ERR2_AHCL02T

[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

**Hard Edit:**

ERR1_AHCL02T

* Time with condition cannot be greater than age.

* Please correct.

ERR2_AHCL02T

* "6" not selectable.
How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

* Enter time period for time with arthritis or rheumatism.

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

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

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.303_01.000  Instrument Variable Name: AHCL04N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Hard Edit: ERR_AHCL04T
* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.304_01.000  Instrument Variable Name: AHCL05N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL05T]
<95>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000  Instrument Variable Name: AHCL05T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL05T
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T
* Time with condition cannot be greater than age.
* Please correct.
1 of 2
How long have you had the (fill: other) injury that caused your limitation?
* Enter number for time with injury that caused your limitation.
  * Enter '95' for 95 or more.
  * Enter "96" if since birth.
01-94 1-94
95 95+
96 Since birth
97 Refused
99 Don't know

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

SkipInstructions: <1-95,D>[goto AHCL06T]
  <R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this
  is the last condition selected, goto SMKEV (next section)]
  <96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this
  is the last condition selected, goto SMKEV (next section)]

2 of 2
* Enter time period for time with (fill: other) injury.
  1 Day(s)
  2 Week(s)
  3 Month(s)
  4 Year(s)
  6 Since birth
  7 Refused
  9 Don't know

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last
  condition selected, goto SMKEV (next section)]
  <6> goto ERR2_AHCL06T
  [if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto
  ERR1_AHCL06T

Hard Edit: ERR_AHCL06T
  * Time with condition cannot be greater than age.
  * Please correct.
### How long have you had a heart problem?

1 of 2

* Enter number for time with a heart problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:**

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

### Enter time period for time with heart problem.

2 of 2

* Enter time period for time with heart problem.

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

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

**SkipInstructions:**

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

**Hard Edit:**

- `ERR_AHCL07T`
  - * Time with condition cannot be greater than age.
  - * Please correct.
How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

Skip Instructions:
1. If time period is less than 1-95, go to AHCL08T
2. If time period is 1-4, go to the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, go to SMKEV (next section)
3. If time period is 6, go to ERR2_AHCL08T
4. If time period is 4 and AHCL08N is greater than person years old and AHCL08T is 4, go to ERR1_AHCL08T

Hard Edit:
* Time with condition cannot be greater than age.
* Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.308_01.000  Instrument Variable Name: AHCL09N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2
How long have you had hypertension or high blood pressure?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL09T]
<R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.308_02.000  Instrument Variable Name: AHCL09T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL09T
[if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

Hard Edit: ERR_AHCL09T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had diabetes?

* Enter number for time with diabetes.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to diabetes

* Enter time period for time with diabetes.

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

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

* Time with condition cannot be greater than age.
* Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>AHS.310_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL11N</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
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</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>1 of 2</td>
<td>How long have you had a lung or breathing problem (e.g. asthma and emphysema)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with a lung or breathing problem.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter '95'' for 95 or more.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>01-94</td>
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<td></td>
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<td>96</td>
<td>Since birth</td>
<td></td>
<td></td>
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<tr>
<td>97</td>
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<td></td>
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<td></td>
</tr>
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<td>99</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

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

---

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<tbody>
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<td>2 of 2</td>
<td>* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Day(s)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Week(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Month(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Year(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Since birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Refused</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

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

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

Hard Edit: ERR_AHCL11T
* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.311_01.000  Instrument Variable Name: AHCL12N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

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

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

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

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

Question ID: AHS.311_02.000  Instrument Variable Name: AHCL12T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

Hard Edit: ERR_AHCL12T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had intellectual disability, also known as mental retardation?

* Enter number for time with intellectual disability/mental retardation.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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<th>Description</th>
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</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

<1-95,D>[goto AHCL14T]
<96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<97>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

* Enter time period for time with intellectual disability/mental retardation.

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<td>Week(s)</td>
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<tr>
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<td>Month(s)</td>
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<td>Year(s)</td>
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<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.314_01.000  Instrument Variable Name: AHCL15N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL15T]
<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.314_02.000  Instrument Variable Name: AHCL15T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

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

SkipInstructions: <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL15T
[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

Hard Edit: ERR_AHCL15T
* Time with condition cannot be greater than age.
* Please correct.
How long have you had senility?

* Enter number for time with senility.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to senility

1 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

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

<1-95,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
How long have you had depression, anxiety, or an emotional problem?

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

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

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

Skip Instructions:
<1-95,D>[goto AHCL17T]
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

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

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

Skip Instructions:
<1-4, R,D>[goto AHCL17T]
<6> goto ERR2_AHCL17T
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

* Time with condition cannot be greater than age.
* Please correct.
### Question ID: AHS.317_01.000  
**Instrument Variable Name:** AHCL18N  
**QuestionnaireFileName:** Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>1 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How long have you had a weight problem?</strong></td>
<td></td>
</tr>
<tr>
<td>* Enter number for time with a weight problem.</td>
<td></td>
</tr>
<tr>
<td>* Enter '95' for 95 or more.</td>
<td></td>
</tr>
<tr>
<td>* Enter &quot;96&quot; if since birth.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**SkipInstructions:**

- `<1-95,D>[goto AHCL18T]
- `<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- `<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

### Question ID: AHS.317_02.000  
**Instrument Variable Name:** AHCL18T  
**QuestionnaireFileName:** Sample Adult

<table>
<thead>
<tr>
<th>QuestionText:</th>
<th>2 of 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Enter time period for time with weight problem.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**SkipInstructions:**

- `<1-4, R,D>[goto AHCL18T]
- `<6> goto ERR2_AHCL18T  
  [if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

**Hard Edit:**

- ERR_AHCL18T
  * Time with condition cannot be greater than age.  
  * Please correct.
How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

1 of 2

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

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

* Enter time period for time with missing limb.

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

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

* Enter number for time with a kidney, bladder or renal problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

* Enter time period for time with kidney, bladder or renal problem.

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

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

* Time with condition cannot be greater than age.
* Please correct.
1 of 2

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

* Enter number for time with a circulation problem.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: 

<1-95,D>[goto AHCL21T] 
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] 
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with circulation problem.

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

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

SkipInstructions: 

<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL21T 
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

Hard Edit: ERR_AHCL21T

* Time with condition cannot be greater than age.
* Please correct.
### Question ID: AHS.321_01.000  Instrument Variable Name: AHCL22N  QuestionnaireFileName: Sample Adult

**QuestionText:**

1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
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<tr>
<td>96</td>
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</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-95,D>[goto AHCL22T]

<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

---

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

**QuestionText:**

2 of 2

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

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
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<td>Since birth</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
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</table>

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

**SkipInstructions:**

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

<6> goto ERR2_AHCL22T

[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

**Hard Edit:**

ERR_AHCL22T

* Time with condition cannot be greater than age.

* Please correct.
1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

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

2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
                  <6> goto ERR2_AHCL23T
                  [if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto
                  ERR1_AHCL23T

Hard Edit: ERR_AHCL23T

* Time with condition cannot be greater than age.
* Please correct.
### Question ID: AHS.323_01.000  
**Instrument Variable Name:** AHCL24N  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2  

How long have you had osteoporosis or tendinitis?  

* Enter number for time with osteoporosis or tendinitis.  

* Enter '95' for 95 or more.  

* Enter "96" if since birth.  

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
<th>01-94</th>
<th>95</th>
<th>96</th>
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<tr>
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<td>Since birth</td>
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<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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</table>

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

**SkipInstructions:**  

- `<1-95,D>[goto AHCL24T]`  
- `<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`  
- `<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

---

### Question ID: AHS.323_02.000  
**Instrument Variable Name:** AHCL24T  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2  

* Enter time period for time with osteoporosis or tendinitis.  

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<th>Description</th>
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<tbody>
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<tr>
<td>7</td>
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</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**  

- `<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`  
- `<6> goto ERR2_AHCL24T [if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T`

**Hard Edit:**  

- `ERR_AHCL24T`  
- * Time with condition cannot be greater than age.  
- * Please correct.
How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter 95 for 95 or more.

* Enter 96 if since birth.

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

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

* Time with condition cannot be greater than age.
* Please correct.
How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

1-4, R,D>[goto AHCL26T] <R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] <96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Hard Edit:

* Time with condition cannot be greater than age.
* Please correct.
How long have you had polio(myelitis), paralysis or para/quadriplegia?

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

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

* Time with condition cannot be greater than age.
* Please correct.
2017 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.327_01.000  Instrument Variable Name: AHCL28N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had Parkinson's disease or tremors?

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

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL28T]
<R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.327_02.000  Instrument Variable Name: AHCL28T  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL28T
[if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

Hard Edit: ERR_AHCL28T

* Time with condition cannot be greater than age.
* Please correct.
1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions:
<1-95,D>[goto AHCL29T]
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

2 of 2

* Enter time period for time with nerve damage.

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

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

SkipInstructions:
<1- 4, R,D>[goto AHCL29T]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit:
ERR_AHCL29T

* Time with condition cannot be greater than age.
* Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.329_01.000  Instrument Variable Name: AHCL30N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions:

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

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

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions:

<1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

Hard Edit: ERR_AHCL30T

* Time with condition cannot be greater than age.
* Please correct.
Question ID: AHS.330_01.000  Instrument Variable Name: AHCL31N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

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

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

Hard Edit: ERR_AHCL31T

* Time with condition cannot be greater than age.
* Please correct.
### Question ID: AHS.331_01.000  
**Instrument Variable Name:** AHCL32N  
**QuestionnaireFileName:** Sample Adult

#### QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

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

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

**SkipInstructions:**
- <1-95,D>[goto AHCL32T]
- <R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
- <96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

### Question ID: AHS.331_02.000  
**Instrument Variable Name:** AHCL32T  
**QuestionnaireFileName:** Sample Adult

#### QuestionText: 2 of 2

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

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

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

**SkipInstructions:**
- <1- 4, R,D>[goto AHCL32T]
- <6> goto ERR2_AHCL32T  
  [if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

**Hard Edit:**

ERR_AHCL32T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had a thyroid problem, Grave's disease or gout?

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

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

**SkipInstructions:**

- `<1-95,D> [goto AHCL33T]`
- `<R> [store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<96> [store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`

---

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

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

**SkipInstructions:**

- `<1- 4, R,D> [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]`
- `<6> goto ERR2_AHCL33T`
- `[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T`

**Hard Edit:**

- * Time with condition cannot be greater than age.
- * Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

Document Version Date: 01-Jun-18

Question ID: AHS.333_01.000  Instrument Variable Name: AHCL34N  QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter "95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions: <1-4,R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit: ERR1_AHCL34T

* Time with condition cannot be greater than age.
* Please correct.
How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95'' for 95 or more.

* Enter "96" if since birth.

01-94
95
96
97
99

Sample adults 18+ who had difficulty due to migraine headaches

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

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

* Time with condition cannot be greater than age.
* Please correct.
<table>
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<tr>
<th>Question ID</th>
<th>AHS.335_01.000</th>
<th>Instrument Variable Name:</th>
<th>AHCL90N</th>
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<tr>
<td></td>
<td></td>
<td>How long have you had {problem in AFLHCA90}?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Enter number for time with {problem in AFLHCA90}.</td>
<td></td>
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<td></td>
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<tr>
<td></td>
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<td>* Enter &quot;95&quot; for 95 or more.</td>
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<td>95+</td>
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<tr>
<td>96</td>
<td>Since birth</td>
<td>97</td>
<td>Refused</td>
<td></td>
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<td>&lt;1-95,D&gt;[goto AHCL90T]</td>
<td>goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<td>&lt;R&gt;[store &quot;R&quot; in AHCL90T]</td>
<td>goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<td>&lt;96&gt;[store &quot;6&quot; in AHCL90T]</td>
<td>goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]</td>
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<tr>
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<td>* Enter time period for time with {problem in AFLHCA90}.</td>
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<td>2</td>
<td>Week(s)</td>
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<td>6</td>
<td>Since birth</td>
<td>7</td>
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<td>9</td>
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<td>&lt;6&gt; goto ERR2_AHCL90T</td>
<td>[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T</td>
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<td>Hard Edit:</td>
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<td>* Time with condition cannot be greater than age.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Please correct.</td>
<td></td>
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## 2017 NHIS Questionnaire - Sample Adult
### Adult Health Status & Limitations
**Document Version Date:** 01-Jun-18

<table>
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<td></td>
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</tr>
<tr>
<td></td>
<td>How long have you had {problem in AFLHCA91}?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Enter number for time with {problem in AFLHCA91}.</td>
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<td></td>
<td>* Enter '95' for 95 or more.</td>
<td></td>
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<tr>
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<td>* Enter &quot;96&quot; if since birth.</td>
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<td>01-94</td>
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<td>Sample adults 18+ who had difficulty due to {problem in AFLHCA91}</td>
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| **SkipInstructions:** | <1-95,D>[goto AHCL91T] | <R>[store "R" in AHCL91T] [goto SMKEV (next section)] | <96>[store "6" in AHCL91T] [goto SMKEV (next section)] |

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<th>AHS.336_02.000</th>
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<td>* Enter time period for time with {problem in AFLHCA91}.</td>
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<tr>
<td>1</td>
<td>Day(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Week(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Month(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Since birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+ who answered 1-95, D for the &quot;number&quot; part of this 2-part question</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **SkipInstructions:** | <1-4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)] | <6>[goto ERR2_AHCL91T] | [if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T |

| **Hard Edit:**     | ERR_AHCL91T   | | | |
| **Hard Edit:**     | * Time with condition cannot be greater than age. | * Please correct. | | |
These next questions are about cigarette smoking.

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

1  Yes
2  No
7  Refused
9  Don't know

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

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

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

Sample adults 18+ who ever smoked 100 cigarettes

<6-95,96,R,D> [goto SMKNOW]
If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

ERR_SMKREG

* Starting age exceeded current age.
* Please correct.
2017 NHIS Questionnaire - Sample Adult
Adult Health Behaviors

Document Version Date: 01-Jun-18

Question ID: AHB.030_00.000  Instrument Variable Name: SMKNOW
QuestionnaireFileName: Sample Adult

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

1. Every day
2. Some days
3. Not at all
7. Refused
9. Don't know

Universe Text: Sample adults 18+ who ever smoked 100 cigarettes

Skip Instructions:
<1> [goto CIGSDA1]
<2> [goto CIGDAMO]
<3> [goto SMKQTNO]
<D,R> [goto ECIGEV2]

Question ID: AHB.040_01.000  Instrument Variable Name: SMKQTNO
QuestionnaireFileName: Sample Adult

Question Text: 1 of 2
How long has it been since you quit smoking cigarettes?
* Enter number for time since quit smoking.
* Enter '95' for 95 years old or older.

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

Universe Text: Sample adults 18+ who quit smoking

Skip Instructions:
<1-95> [goto SMKQTTP]
<D,R> [goto ECIGEV2]
**Question ID:** AHB.040_02.000  **Instrument Variable Name:** SMKQTTP  **Questionnaire File Name:** Sample Adult

**Question Text:**

2 of 2

* Enter time period for time since quit smoking.

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

**Universe Text:** Sample adults 18+ who quit smoking

**Skip Instructions:**

<1-4> [goto ECIGEV2]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP]
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

**Hard Edit:**

(ERR2_SMKQTTP)

* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.

**Soft Edit:**

(ERR1_SMKQTTP)

* Respondent quit smoking before age 15?
* Please verify.

---

**Question ID:** AHB.050_00.000  **Instrument Variable Name:** CIGSDA1  **Questionnaire File Name:** Sample Adult

**Question Text:** On the average, how many cigarettes do you now smoke a day?

* Enter ‘1’ if less than 1 cigarette.
* Enter ‘95’ if 95 or more cigarettes.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1 - 94 cigarettes</td>
</tr>
<tr>
<td>95</td>
<td>95+ cigarettes</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

**Skip Instructions:**

<1-95,R,D> [goto CIGQTYR]
### Adult Health Behaviors

#### Question 1

**Question ID:** AHB.060_00.000  
**Instrument Variable Name:** CIGDAMO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** On how many of the PAST 30 DAYS did you smoke a cigarette?

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

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

**SkipInstructions:**  
- `<0>[goto CIGQTYR]`  
- `<1-30,R,D> [goto CIGSDA2]`

---

#### Question 2

**Question ID:** AHB.070_00.000  
**Instrument Variable Name:** CIGSDA2  
**QuestionnaireFileName:** Sample Adult

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

- *Enter ‘I’ if less than 1.*
- *Enter ‘95’ if 95 or more cigarettes.

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

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

**SkipInstructions:** `<1-95,D,R> [goto CIGQTYR]`
2017 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Jun-18

**Question ID:** AHB.080_00.000  **Instrument Variable Name:** CIGQTYR  **QuestionnaireFileName:** Sample Adult

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

1  Yes
2  No
7  Refused
9  Don't know

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

**SkipInstructions:** <1,2,R,D> [goto ECIGEV2]

---

**Question ID:** AHB.085_00.010  **Instrument Variable Name:** ECIGEV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an “e-liquid” or “e-juice.” Popular brands include NJOY, BLU, LOGIC, and VUSE.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ECIGCUR2]
<2,R,D> [goto CIGAREV2]
### Question ID: AHB.085_00.020  
**Instrument Variable Name:** ECIGCUR2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use e-cigarettes every day, some days, or not at all?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every day</td>
</tr>
<tr>
<td>2</td>
<td>Some days</td>
</tr>
<tr>
<td>3</td>
<td>Not at all</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have ever used e-cigarettes

**SkipInstructions:**

- `<1,R,D> [go to CIGAREV2]`
- `<2,3> [go to ECIG30D2]`

---

### Question ID: AHB.085_00.030  
**Instrument Variable Name:** ECIG30D2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** On how many of the PAST 30 DAYS have you used e-cigarettes?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-30</td>
<td>0-30</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who now use e-cigarettes some days or not at all

**SkipInstructions:**

- `<0-30,R,D> [goto CIGAREV2]`
**Question ID:** AHB.085_00.040  **Instrument Variable Name:** CIGAREV2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

*Read if necessary: “Cigarillos” are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

*Read if necessary: Do not include electronic cigars or e-cigars.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CIGCUR2]
<2, R, D> [goto PIPEV2]

---

**Question ID:** AHB.085_00.050  **Instrument Variable Name:** CIGCUR2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1  Every day
2  Some days
3  Not at all
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

**SkipInstructions:** <1 R,D> [goto PIPEV2]
<2,3> [go to CIG30D2]
2017 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 01-Jun-18

Question ID: AHB.085_00.060  Instrument Variable Name: CIG30D2  QuestionnaireFileName: Sample Adult

QuestionText: On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

00-30 0-30
97 Refused
99 Don’t know

UniverseText: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

SkipInstructions: <0-30,R,D> [goto PIPEV2]

---

Question ID: AHB.085_00.070  Instrument Variable Name: PIPEV2  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER smoked a pipe filled with tobacco—either a regular pipe, water pipe, or hookah EVEN ONE TIME?

*Read if necessary: A hookah is a type of water pipe. It is sometimes called a “narghile” (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

*Read if necessary: Do not include electronic pipes or e-pipes.

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PIPECUR2]
<2,R,D> [goto SMKLSTB1]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
<th>UniverseText</th>
<th>SkipInstructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHB.085_00.080</td>
<td>PIPECUR2</td>
<td>Sample Adult</td>
<td>Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all? *Read if necessary: Do not include pipes filled with substances other than tobacco.</td>
<td>Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco</td>
<td>&lt;1-3,R,D&gt; [goto SMKLSTB1]</td>
</tr>
<tr>
<td>AHB.085_00.090</td>
<td>SMKLSTB1</td>
<td>Sample Adult</td>
<td>Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco. Have you ever used smokeless tobacco products EVEN ONE TIME? *Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)</td>
<td>Sample adults 18+</td>
<td>&lt;1&gt; [goto SMKLSCR2] &lt;2,R,D&gt; [goto VIGNO]</td>
</tr>
</tbody>
</table>
2017 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Jun-18

---

**Question ID:** AHB.085_00.100  **Instrument Variable Name:** SMKLSCR2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you NOW use smokeless tobacco products every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+ who have ever used smokeless tobacco products

**SkipInstructions:** <1-3,R,D> [goto VIGNO]

---

**Question ID:** AHB.090_01.000  **Instrument Variable Name:** VIGNO  **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

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

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

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,996,R,D> [goto MODNO]  <1-995> [goto VIGTP]
### Question ID: AHB.090_02.000  
**Instrument Variable Name:** VIGTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

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

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

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

**SkipInstructions:**

<1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
 (VIGNO gt <28> and VIGTP eq <2>) or
 (VIGNO gt <31> and VIGTP eq <3>) or
 (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

### Question ID: AHB.100_01.000  
**Instrument Variable Name:** VIGLNGNO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

1 of 2

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

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

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

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

**SkipInstructions:**

<1-995>[goto VIGLNGTP]

<R,D>[goto MODNO]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

Document Version Date: 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID: AHB.100_02.000</th>
<th>Instrument Variable Name: VIGLNGTP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 2 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter time period for length of vigorous leisure-time physical activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1,2>[goto MODNO]

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

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

**Hard Edit:**

ERR1_VIGLNGTP

* Question asked for activities lasting at least 10 minutes.
* Please correct.

ERR2_VIGLNGTP

**Soft Edit:**

* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
* Please verify.

<table>
<thead>
<tr>
<th>Question ID: AHB.110_01.000</th>
<th>Instrument Variable Name: MODNO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter number of light or moderate leisure-time physical activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '0' for Never.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter '996' if unable to do this type of activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>000 Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>001-995 1-995 time(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>996 Unable to do this type activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>997 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999 Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1-995>[goto MODTP]

<0, 996, R,D>[goto STRNGNO]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

*Document Version Date: 01-Jun-18*

---

**Question ID:** AHB.110_02.000  
**Instrument Variable Name:** MODTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

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

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

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

**SkipInstructions:**

<1-4> goto MODLNGNO

(if (MODNO gt <4> and MODTP eq <1>) or
  (MODNO gt <28> and MODTP eq <2>) or
  (MODNO gt <31> and MODTP eq <3>) or
  (MODNO gt <365> and MODTP eq <4>)) goto ERR_MODNO

**Soft Edit:**

ERR.MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.  
* Please verify.

---

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

**QuestionText:**

1 of 2

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

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

- 001-995 1-995
- 997 Refused
- 999 Don’t know

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

**SkipInstructions:**

<1-995>[goto MODLNGTP]  
<R,D>[goto STRNGNO]
**Question ID:** AHB.120_02.000  
**Instrument Variable Name:** MODLNGTP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

2 of 2

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

1  Minutes  
2  Hours  
7  Refused  
9  Don’t know

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

**SkipInstructions:**

<1,2> goto STRNGNO

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

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP

**Hard Edit:**

ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.  
* Please correct.

ERR2_MODLNGTP

**Soft Edit:**

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.  
* Please verify.

---

**Question ID:** AHB.130_01.000  
**Instrument Variable Name:** STRNGNO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**

How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

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

* Enter number for strengthening activities.

* Enter '0' for Never.

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**

<1-995>[goto STRNGTP]  
<0, 996,R,D>[goto ALC1YR]
Question ID: AHB.130_02.000  Instrument Variable Name: STRNGTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for strengthening activities

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

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> [goto ALC1YR]
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
(STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
ERR_STRNGTP]

Soft Edit: ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.
* Please verify.

Question ID: AHB.140_00.000  Instrument Variable Name: ALC1YR  QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]
In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"
* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter ‘0’ for Never.

000  Never
001-365 1-365 days
997  Refused
999  Don’t know

Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life
**2017 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

*Document Version Date: 01-Jun-18*

---

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

**QuestionText:** 2 of 2

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never/None</td>
</tr>
<tr>
<td>1</td>
<td>Week</td>
</tr>
<tr>
<td>2</td>
<td>Month</td>
</tr>
<tr>
<td>3</td>
<td>Year</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-3> [goto ALCAMT]

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

**Hard Edit:**

ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.
* Please correct.

---

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

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

* Enter ‘1’ if less than 1 drink.

* Enter ‘95’ if 95 or more drinks.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01-94</td>
<td>1-94 drinks</td>
</tr>
<tr>
<td>95</td>
<td>95+ drinks</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

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

**SkipInstructions:**

<1-95,D,R>[goto ALC5UPNO]

<10-95>[goto ERR_ALCAMT]

**Soft Edit:**

ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe
In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

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

Sample adults 18+ who have had at least 1 drink in the past year
2017 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Jun-18

**Question ID:** AHB.180_02.000  
**Instrument Variable Name:** ALC5UPTP  
**QuestionnaireFileName:** Sample Adult

**Question Text:**
2 of 2  
* Enter time period for days per week, per month or per year.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never/None</td>
</tr>
<tr>
<td>1</td>
<td>Per week</td>
</tr>
<tr>
<td>2</td>
<td>Per month</td>
</tr>
<tr>
<td>3</td>
<td>Per year</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**Skip Instructions:**

```<1-3> [goto BINGE1]  
[If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or (ALC5UPNO gt <31> & ALC5UPTP = <2>) or (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP]  
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) it number of days per year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP  

**Hard Edit:**
(ERR1_ALC5UPTP)  
* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.  
* Please correct  
(ERR2_ALC5UPTP)  
* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.  
* Please correct.  
* Do not probe.
```

---

**Question ID:** AHB.181_00.000  
**Instrument Variable Name:** BINGE1  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

* Enter '0' if none.

* Enter '60' if 60 or more times.

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-60</td>
<td>0-60</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Universe Text:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**Skip Instructions:**

```<0-60,R,D> [goto AHGT_FT]```
Question ID: AHB.190_01.000  Instrument Variable Name: AHGT_FT  QuestionnaireFileName: Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

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

UniverseText: Sample adults 18+

SkipInstructions: <2-7> [goto AHGT_IN]
<0-11,R,D> [goto AWGT_LB]
<M> [goto AHGT_M]
[if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT]
[if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Hard Edit: ERR1_AHGT_FT

* Only 2-7. Don’t Know/Refused or M allowed in this field.
* Please correct.

Soft Edit: ERR2_AHGT_FT

* Respondent's height in feet is [fill: AHGT_FT]?
* Please verify.

---

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

QuestionText: How tall are you without shoes?

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

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

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

SkipInstructions: <empty> goto ERR_AHGT_IN
<0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or
(SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69'))
goto ERR2_AHGT_IN
else
goto AWGT_LB

Hard Edit: ERR1_AHGT_IN

* If [fill: AHGT_FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2_AHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.
**Question ID:** AHB.190_03.000  **Instrument Variable Name:** AHGT_M  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

How tall are you without shoes?

* Enter height in metric.

- **0-2**
  - 0-2 meters
- **7**
  - Refused
- **9**
  - Don’t know

**UniverseText:**

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

**SkipInstructions:**

<empty> goto ERR_AHGT_M

<0-2> goto AHGT_CM

<R,D> goto AWGT_LB

**Hard Edit:**

ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

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

**QuestionText:**

*Enter centimeters.

- **000-241**
  - 0-241 centimeters
- **997**
  - Refused
- **999**
  - Don’t know

**UniverseText:**

Sample adults 18+ who answered their height in meters

**SkipInstructions:**

<empty> goto ERR2_AHGT_CM

<0-241,R,D> if (AHGT_M eq ‘2’ and AHGT_CM gt ‘41’) or (AHGT_M eq ‘1’ and AHGT_CM gt ‘141’)
  goto ERR1_AHGT_CM
elseif (SEX = ‘1’ and (AHTCM lt ‘156’ or AHTCM gt ‘192’)) or
  (SEX = ‘2’ and (AHTCM lt ‘143’ or AHTCM gt ‘176’))
  goto ERR3_AHGT_CM
else
  goto AWGT_LB

**Hard Edit:**

ERR1_AHGT_CM

* Total height exceeds maximum allowed.
* Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

**Soft Edit:**

ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.
How much do you weigh without shoes? 

* Enter "M" to record metric measurements 

* Enter '500' for 500 pounds or more 

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>050-500</td>
<td>50-500 pounds</td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Metric</td>
<td></td>
</tr>
</tbody>
</table>

Sample adults 18+ 

SkipInstructions: 

<50-500> if AWGT_LB lt ‘50’ or AWGT_LB gt ‘500’

goto ERR1_AWGT_LB 

elseif ((SEX = ‘1’ and (AWGT_LB lt ’113’ or AWGT_LB gt ’316’)) or

((SEX = ‘2’ and (AWGT_LB lt ’96’ or AWGT_LB gt ’293’)))

goto ERR2_AWGT_LB 

elseif AHGT_FLG = ‘1’ and AWGT_FLG = ‘1’

[goto next section] 

else 

calculate the BMI (Body Mass Index) - See BMI spec page

<R,D> [goto next section] 

Hard Edit: 

ERR1_AWGT_LB 

* Weight is out of range (50-500). 

* Please correct. 

Soft Edit: 

ERR2_AWGT_LB 

* Please verify that the weight was entered correctly. Probe only if necessary.
2017 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 01-Jun-18

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

QuestionText: How much do you weigh without shoes?

* Enter weight in kilograms

023-226  23-226 kilograms
997  Refused
999  Don’t know

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

SkipInstructions: <23-226> if AWGT_KG lt '23' or AWGT_KG gt '226'
goto ERR1_AWGT_KG
elseif ((SEX = '1' and (AWGT_KG lt '51' or AWGT_KG gt '143')) or
 ((SEX = '2' and (AWGT_KG lt '43' or AWGT_KG gt '133')))
goto ERR2_AWGT_KG
elseif AHGT_FLG = '1' and AWGT_FLG = '1'
goto next section
else
calculate the BMI (Body Mass Index) - See BMI spec page
<R,D> goto next section

Hard Edit: ERR1_AWGT_KG

*Weight is out of range (23-226).
* Please correct.

Soft Edit: ERR2_AWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.
Is there a place that you USUALLY go to when you are sick or need advice about your health?

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

Sample adults 18+

[Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?]

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

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

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

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

**Skip Instructions:**
<1> [goto AHCCHGYR]
<2,R,D> [go to AHCPLKND]
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

Question ID: AAU.040_00.000  Instrument Variable Name: AHCCHGYR  QuestionnaireFileName: Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: AAU.050_00.000  Instrument Variable Name: AHCCHGHI  QuestionnaireFileName: Sample Adult

QuestionText: Was this change for a reason related to health insurance?

1  Yes
2  No
7  Refused
9  Don't know

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

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

Question ID: AAU.051_00.010  Instrument Variable Name: APRVTRYR  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,>[goto APRVTRFD]
<2,R,D>[goto ADRNANP]
### Question ID: AAU.053_00.010  
**Instrument Variable Name:** APRVTRFD  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you able to find a general doctor or provider who could see you?

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

**UniverseText:** Sample adults 18+ who had trouble finding a provider

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

---

### Question ID: AAU.057_00.010  
**Instrument Variable Name:** ADRNANP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they would not accept you as a new patient?

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

**UniverseText:** Sample adults 18+

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

---

### Question ID: AAU.059_00.010  
**Instrument Variable Name:** ADRNAI  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor’s office or clinic that they did not accept your health care coverage?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1,2,R,D>[goto AHCDLY_1]`
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

Question ID: AAU.061_01.000  Instrument Variable Name: AHCDLY_1  QuestionnaireFileName: Sample Adult

QuestionText: There are many reasons people delay getting medical care.
Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?
...You couldn't get through on the telephone.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.061_02.000  Instrument Variable Name: AHCDLY_2  QuestionnaireFileName: Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?
...You couldn't get an appointment soon enough.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]
There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

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

1 Yes
2 No
7 Refused
9 Don't know

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

...The (clinic/doctor's) office wasn't open when you could get there.

1 Yes
2 No
7 Refused
9 Don't know

Sample adults 18+
<table>
<thead>
<tr>
<th>Question ID</th>
<th>AAU.061_05.000 Instrument Variable Name: AHCDLY_5 QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>* Read Lead-in if Necessary</td>
</tr>
<tr>
<td></td>
<td>There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?</td>
</tr>
<tr>
<td></td>
<td>...You didn’t have transportation.</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt;[goto AHCAFY_1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>AAU.111_01.000 Instrument Variable Name: AHCAFY_1 QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong></td>
<td>DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn’t get it because you couldn’t afford it?</td>
</tr>
<tr>
<td></td>
<td>...Prescription medicines.</td>
</tr>
<tr>
<td><strong>UniverseText:</strong></td>
<td>Sample adults 18+</td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong></td>
<td>&lt;1,2,R,D&gt;[goto AHCAFY_2]</td>
</tr>
</tbody>
</table>
### Adult Access to Health Care & Utilization

**Question ID:** AAU.111_02.000  
**Instrument Variable Name:** AHCAFY_2  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read Lead-in if Necessary.  

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

...Mental health care or counseling.  

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_3]

---

### Adult Access to Health Care & Utilization

**Question ID:** AAU.111_03.000  
**Instrument Variable Name:** AHCAFY_3  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
* Read Lead-in if Necessary.  

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

...Dental care (including check ups).  

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_4]
**Question ID:** AAU.111_04.000  **Instrument Variable Name:** AHCAFY_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read Lead-in if Necessary.*

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

...Eyeglasses.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_5]

---

**Question ID:** AAU.111_05.010  **Instrument Variable Name:** AHCAFY_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.*

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

...To see a specialist.

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY_6]
Question ID: AAU.111_06.010  Instrument Variable Name: AHCAFY_6  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

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

...Follow-up care.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010  Instrument Variable Name: AWORPAY  QuestionnaireFileName: Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

1 Very worried
2 Somewhat worried
3 Not at all worried
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D>[goto AHICOMP]
In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

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

DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1 Yes
2 No
7 Refused
9 Don’t know

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You skipped medication doses to save money.

1 Yes
2 No
7 Refused
9 Don’t know
**Question ID:** AAU.127_02.010  **Instrument Variable Name:** ARX12_2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12_3]

---

**Question ID:** AAU.127_03.010  **Instrument Variable Name:** ARX12_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You delayed filling a prescription to save money.

1  Yes
2  No
7  Refused
9  Don’t know

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12_4]
*Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You asked your doctor for a lower cost medication to save money.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_5]

---

DURING THE PAST 12 MONTHS, were any of the following true for you?

…You bought prescription drugs from another country to save money.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARX12_6]
Question ID: AAU.127_06.010  Instrument Variable Name: ARX12_6  QuestionnaireFileName: Sample Adult

QuestionText:  *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You used alternative therapies to save money.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

---

Question ID: AAU.135_00.000  Instrument Variable Name: ADENLONG  QuestionnaireFileName: Sample Adult

QuestionText:  (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

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

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[ goto AHCSY1_1]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

*Document Version Date: 01-Jun-18*

---

**Question ID:** AAU.141_01.000  
**Instrument Variable Name:** AHCSY1_1  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

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

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_2]

---

**Question ID:** AAU.141_02.000  
**Instrument Variable Name:** AHCSY1_2  
**QuestionnaireFileName:** Sample Adult

**Question Text:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_3]
**Question ID:** AAU.141_03.000  **Instrument Variable Name:** AHCSY1_3  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_4]

---

**Question ID:** AAU.141_04.000  **Instrument Variable Name:** AHCSY1_4  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1_5]
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 01-Jun-18

**Question ID:** AAU.141_05.000  **Instrument Variable Name:** AHCSY1_5  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

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

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCSY1_6]

---

**Question ID:** AAU.141_06.000  **Instrument Variable Name:** AHCSY1_6  **QuestionnaireFileName:** Sample Adult

**QuestionText:**

* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1  Yes  
2  No  
7  Refused  
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[if SEX=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]
DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1  Yes
2  No
7  Refused
9  Don't know

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1  Yes
2  No
7  Refused
9  Don't know
<table>
<thead>
<tr>
<th>Question ID</th>
<th>AAU.211_02.000</th>
<th>Instrument Variable Name: AHCSY8_9</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>* Read Lead-in if Necessary. DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health? ...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?</td>
<td>1 Yes 2 No 7 Refused 9 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1&gt; [goto AHCSYR10] &lt;2,R,D&gt; [goto AHERNOYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID</th>
<th>AAU.230_00.000</th>
<th>Instrument Variable Name: AHCSYR10</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText</td>
<td>Does that doctor treat children and adults (a doctor in general practice or family medicine)?</td>
<td>1 Yes 2 No 7 Refused 9 Don't know</td>
<td></td>
</tr>
<tr>
<td>UniverseText:</td>
<td>Sample adults 18+ who have seen or talked to a general doctor during the past 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions:</td>
<td>&lt;1,2,R,D&gt; [go to AHERNOYR]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

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

Sample adults 18+

Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

1  Yes
2  No
7  Refused
9  Don't know

Sample adults 18+ who had at least one ER visit in the past year
**Question Text:** Did this emergency room visit result in a hospital admission?

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+ who had at least one ER visit in the past year

**Skip Instructions:** <1,2,R,D> [go to AERREAS1]

---

**Question Text:** Tell me which of these apply to your last emergency room visit?

... You didn't have another place to go

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+ who had at least one ER visit in the past year

**Skip Instructions:** <1,2,R,D> [goto AERREAS2]

---

**Question Text:** Tell me which of these apply to your last emergency room visit?

... Your doctor’s office or clinic was not open

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+ who had at least one ER visit in the past year

**Skip Instructions:** <1,2,R,D> [goto AERREAS3]
Tell me which of these apply to your last emergency room visit?

… Your health provider advised you to go

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText:   Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions:  <1,2,R,D> [goto AERREAS4]

Tell me which of these apply to your last emergency room visit?

… The problem was too serious for the doctor’s office or clinic

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText:   Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions:  <1,2,R,D> [goto AERREAS5]
Tell me which of these apply to your last emergency room visit?

… Only a hospital could help you

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Jun-18

Question ID: AAU.248_07.070 Instrument Variable Name: AERREAS7 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you get most of your care at the emergency room

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080 Instrument Variable Name: AERREAS8 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

…you arrived by ambulance or other emergency vehicle

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AHCHYR]
### Question ID: AAU.250_00.000
#### Instrument Variable Name: AHCHYR
#### QuestionnaireFileName: Sample Adult

#### QuestionText:
DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1. Yes
2. No
7. Refused
9. Don’t know

#### UniverseText:
Sample adults 18+

#### SkipInstructions:
<1>[goto AHCHMOYR]
<2,R,D>[goto AHCNOYR]

---

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

#### QuestionText:
During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12
1-12 months
97
Refused
99
Don’t know

#### UniverseText:
Sample adults 18+ who received home care from a health professional during the past 12 months

#### SkipInstructions:
<1-12,R,D>[goto AHCHNOYR]
**Question ID:** AAU.270_00.000  
**Instrument Variable Name:** AHCHNOYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
(book) A10

What was the total number of home visits received during [Fill1: that month/Fill2: those months]?

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

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

**SkipInstructions:** <1-8,R,D>[goto AHCHNOYR]

---

**Question ID:** AAU.280_00.000  
**Instrument Variable Name:** AHCHNOYR  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
(book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR’S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-8,R,D>[goto ASRGYR]
DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

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

1 Yes
2 No
7 Refused
9 Don’t know

Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter “95” for 95 or more times.

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

* [ASRGNOYR] is an unusually large number.

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

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

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following...

…Look up health information on the Internet.

1 Yes
2 No
7 Refused
9 Don’t know
Question ID: AAU.309_00.020  Instrument Variable Name: HIT2A  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Fill a prescription.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

Question ID: AAU.309_00.030  Instrument Variable Name: HIT3A  QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

…Schedule an appointment with a health care provider.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]
**Question Text:**

*DURING THE PAST 12 MONTHS, have you ever used computers for any of the following...

...Communicate with a health care provider by email.

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto HIT5A]

---

**Question Text:**

*DURING THE PAST 12 MONTHS, have you ever used computers for any of the following...

...Use online chat groups to learn about health topics.

1. Yes
2. No
7. Refused
9. Don’t know

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1,2,R,D> [goto FLUVACYR]
<table>
<thead>
<tr>
<th>Question ID: AAU.310_00.000</th>
<th>Instrument Variable Name: FLUVACYR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> [F1] DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **SkipInstructions:** <1> [goto FLUVACTP]  
<2,R,D> [ goto SHTPNUYR] |

<table>
<thead>
<tr>
<th>Question ID: AAU.311_00.000</th>
<th>Instrument Variable Name: FLUVACTP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
</table>
| **QuestionText:** Was this a shot, or was it a vaccine sprayed in the nose?  
* Read if necessary: A flu shot is injected in the arm.  
*Read if necessary: The flu nasal spray is called FluMist™ |
| 1 Flu shot |
| 2 Flu nasal spray (spray, mist or drop in nose) |
| 7 Refused |
| 9 Don't know |
| **UniverseText:** Sample adults 18+ who have received a flu vaccination in the past year |
| **SkipInstructions:** <1,2,R,D> [goto FLUC_VAC_M] |
During what month and year did you receive your most recent flu vaccination?

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

Sample adults 18+ who have had a flu vaccination in the past 12 months, regardless of type

SkipInstructions: <1-12,D> [ goto FLUVAC_Y]
<R> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
else [goto SHTPNUYR]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

Document Version Date: 01-Jun-18

<table>
<thead>
<tr>
<th>Question ID: AAU.312_02.000</th>
<th>Instrument Variable Name: FLUVAC_Y</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: 2 of 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Enter year of most recent flu vaccination.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>9997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9999</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who gave a month for their last flu vaccination or who didn’t know the month

**SkipInstructions:** &lt;valid year,R,D&gt; if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1]; else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2]; else [goto SHTPNUYR]

[If FLUVAC_M and FLUVAC_Y = a future date [goto ERR1_FLUVAC_Y]
[If FLUVAC_M and FLUVAC_Y = a date prior to birth [goto ERR2_FLUVAC_Y ]
[If FLUVAC_M and FLUVAC_Y = a date before 12 months ago [goto ERR3_FLUVAC_Y ]

**Hard Edit:**

ERR1_FLUVAC_Y

*Future date invalid

ERR2_FLUVAC_Y

*Date before birth

ERR3_FLUVAC_Y

*Date more than 12 months ago

<table>
<thead>
<tr>
<th>Question ID: AAU.313_00.000</th>
<th>Instrument Variable Name: FLUSHPG1</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Did you get a flu shot before or during your current pregnancy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Before this pregnancy</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>During this pregnancy</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December and received a flu shot in the past 12 months

**SkipInstructions:** &lt;1-3,R,D&gt; [goto SHTPNUYR]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date:** 01-Jun-18

---

**Question ID:** AAU.314_00.000  **Instrument Variable Name:** FLUSHPG2  **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?]

    Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

    Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?

1  Before this pregnancy
2  During this pregnancy
3  After this pregnancy
7  Refused
9  Don't know

**UniverseText:** Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year and received a flu shot in the past 12 months

**SkipInstructions:** <1-3,R,D> [goto SHTPNUYR]

---

**Question ID:** AAU.320_00.000  **Instrument Variable Name:** SHTPNUYR  **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had a pneumonia shot?

    This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1  Yes
2  No
7  Refused
9  Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APOX]
### Question ID: AAU.330_00.000
**Instrument Variable Name:** APOX  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had chickenpox?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
<1> [goto APOX12MO]  
<2,R,D> [goto AHEP]

---

### Question ID: AAU.340_00.000
**Instrument Variable Name:** APOX12MO  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had chickenpox in the PAST 12 MONTHS?

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

**UniverseText:** Sample adults 18+ who have ever had chickenpox

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

---

### Question ID: AAU.350_00.000
**Instrument Variable Name:** AHEP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had hepatitis?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
<1> [goto AHEPBTST]  
<2,R,D> [goto AHEPLIV]
Question ID: AAU.360_00.000  Instrument Variable Name: AHEPLIV  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

Question ID: AAU.365_00.010  Instrument Variable Name: AHEPBTST  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+

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

Question ID: AAU.370_00.000  Instrument Variable Name: SHTHEPB  QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

  1  Yes
  2  No
  7  Refused
  9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHEPDOS]
<2,R,D> [goto SHTHEPA]
### Question ID: AAU.380_00.000  Instrument Variable Name: SHEPDOS  QuestionnaireFileName: Sample Adult

**QuestionText:** Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1. Received at least 3 doses
2. Received less than 3 doses
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+ who have ever received the Hepatitis B vaccine

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

---

### Question ID: AAU.390_00.010  Instrument Variable Name: SHTHEPA  QuestionnaireFileName: Sample Adult

**QuestionText:** The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1. Yes
2. No
7. Refused
9. Don’t know

**UniverseText:** Sample adults 18+

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

---

### Question ID: AAU.400_00.010  Instrument Variable Name: SHEPANUM  QuestionnaireFileName: Sample Adult

**QuestionText:** How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

01-95
- 01-95 shots
96
- Received all shots
97
- Refused
99
- Don’t know

**UniverseText:** Sample adults 18+ who have had a hepatitis A vaccine

**SkipInstructions:** <1-95,96,R,D> [goto AHEPCTST]
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Jun-18

Question ID: AAU.405_00.010  Instrument Variable Name: AHEPCTST  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES]
<2,R,D> if AGE GE 50 [goto SHINGLES]
elseif AGE LT 50 [goto SHTTD]

Question ID: AAU.405_00.020  Instrument Variable Name: AHEPCRES  QuestionnaireFileName: Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

1  You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
2  You were born from 1945 through 1965
3  You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
4  Some other reason
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

SkipInstructions: <1-4,R,D> if AGE GE 50 [goto SHINGLES];
elseif AGE LT 50 [goto SHTTD]
Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

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

UniverseText: Sample adults 50+

SkipInstructions: <1,2,R,D> [goto SHTTD]
2017 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 01-Jun-18

Question ID: AAU.440_00.010  Instrument Variable Name: SHTTDAP  QuestionnaireFileName: Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

1  Yes-included pertussis
2  No-did not include pertussis
3  Doctor did not say
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1-3,R,D> if age le 64 [goto SHTHPV2]; else [goto LIVEV]

---

Question ID: AAU.446_00.010  Instrument Variable Name: SHTHPV2  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

1  Yes
2  No
3  Doctor refused when asked
7  Refused
9  Don’t know

UniverseText: Sample adults LE 64

SkipInstructions: <1> [goto SHHPVDOS]  
<2,3,R,D> [goto LIVEV]
**2017 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

*Document Version Date: 01-Jun-18*

<table>
<thead>
<tr>
<th>Question ID: AAU.448_00.010</th>
<th>Instrument Variable Name: SHHPVDOS</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How many HPV shots did you receive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter ‘50’ if 50 or more shots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Enter ‘96’ for all shots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01-49</td>
<td>1-49 shots</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>50+ shots</td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>All shots</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

*UniverseText:* Sample adults LE 64 who received an HPV shot

*SkipInstructions:* <1-50,96,R,D> [goto AHPVAGE] <51-95> [goto ERR_SHHPVDOS]

*Hard Edit:* ERR_SHHPVDOS

*Shots should be in the range 1-50 or 96 for all shots.*

*Please correct.*

<table>
<thead>
<tr>
<th>Question ID: AAU.449_00.010</th>
<th>Instrument Variable Name: AHPVAGE</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> How old were you when you received your first HPV shot?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>008-064</td>
<td>8-64 years</td>
<td></td>
</tr>
<tr>
<td>997</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

*UniverseText:* Sample adults LE 64 who received an HPV shot

*SkipInstructions:* <8-120,R,D> [goto LIVEV]
Question ID: AAU.450_00.010  Instrument Variable Name: LIVEV  QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

---

Question ID: AAU.460_00.010  Instrument Variable Name: TRAVEL  QuestionnaireFileName: Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

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

---

Question ID: AAU.465_00.010  Instrument Variable Name: WRKHLTH  QuestionnaireFileName: Sample Adult

QuestionText: Do you currently volunteer or work in a hospital, medical clinic, doctor’s office, dentist’s office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto WRKDIR] <2,R,D> [goto APSBPCHK]
<table>
<thead>
<tr>
<th>Question ID: AAU.470_00.010</th>
<th>Instrument Variable Name: WRKDIR</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we mean PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+ who work or volunteer in a health-care setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto APSBPCHK]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.500_00.010</th>
<th>Instrument Variable Name: APSBPCHK</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto APSCHCHK]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.510_00.010</th>
<th>Instrument Variable Name: APSCHCHK</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UniverseText: Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SkipInstructions: &lt;1,2,R,D&gt; [goto APSBSCHK]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question ID: AAU.520_00.010  Instrument Variable Name: APSBSCHK  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=1 and AGE GE 40 [goto APSCOL]
Else if SEX=1 and AGE < 40 [goto APSDIET]
Else if SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010  Instrument Variable Name: APSPAP  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D> if AGE GE 30 [goto APSMAM];
else if AGE<30 [goto APSDIET]
Question ID: AAU.540_00.010  Instrument Variable Name: APSMAM  QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [goto APSCOL];
else if AGE<40 [goto APSDIET]

---

Question ID: AAU.550_00.010  Instrument Variable Name: APSCOL  QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 40+

SkipInstructions: <1,2,R,D> [goto APSDIET]
<table>
<thead>
<tr>
<th>Question ID: AAU.560_00.010</th>
<th>Instrument Variable Name: APSDIET</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,R,D&gt; if SMKNOW in ('1','2') [goto APSSMKC]; else [goto AINDINS]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.570_00.010</th>
<th>Instrument Variable Name: APSSMKC</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+ currently who smoke every day or some days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1,2,R,D&gt; [goto AINDINS]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID: AAU.600_00.010</th>
<th>Instrument Variable Name: AINDINS</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UniverseText:</strong> Sample adults 18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SkipInstructions:</strong> &lt;1&gt; [goto AINDPRCH] &lt;2,R,D&gt; if age LT 65 [goto AEXCHNG]; else age GE 65 and AMDLONG=1,2 [goto CLAS1]; else [goto next section]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question ID: AAU.600_00.020
#### Instrument Variable Name: AINDPRCH
#### QuestionnaireFileName: Sample Adult

**QuestionText:** Was a plan purchased?

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

**UniverseText:** Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

**SkipInstructions:**

```
<1> [goto AINDWHO]
<2,R,D> if age LT 65 [goto AEXCHNG];
else if AMDLONG=1,2 [goto CLAS1]; else [goto next section]
```

---

### Question ID: AAU.600_00.030
#### Instrument Variable Name: AINDWHO
#### QuestionnaireFileName: Sample Adult

**QuestionText:** Was this plan for yourself, someone else in your family, or both?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self</td>
</tr>
<tr>
<td>2</td>
<td>Someone else in family</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:**

```
<1-3,R,D> [goto AINDDIF1]
```
How difficult was it to find a plan with the type of coverage you needed? Would you say...

*Read categories below.

1 Very difficult
2 Somewhat difficult
3 Not at all difficult
7 Refused
9 Don’t know

Sample adults 18+ who purchased health insurance directly in the past 3 years

How difficult was it to find a plan you could afford? Would you say...

*Read categories below.

1 Very difficult
2 Somewhat difficult
3 Not at all difficult
7 Refused
9 Don’t know

Sample adults 18+ who purchased health insurance directly in the past 3 years

<1-3,R,D> if age LT 65 [goto AEXCHNG];
else if AMDLONG=1,2 [goto CLAS1]; else [goto next section]
Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?  

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

Sample adults LT 65 years  

The following questions are about your experiences with health care providers in the past year. Some people think it is important for their providers to understand or share their race or ethnicity or gender or religion or beliefs or native language. How important is it to you that your health care providers understand or are similar to you in any of these ways? Would you say...  

*Read answer categories below.  

1. Very important  
2. Somewhat important  
3. Slightly important  
4. Not important at all  
7. Refused  
9. Don't know  

Sample adults 18+ who have seen a doctor or other health professional in the past year  

<1,2> [goto CLAS2]  
<4,R,D> [goto CLAS3]
### Question 1: CLAS2

**Question ID:** AAU.610_00.020  
**Instrument Variable Name:** CLAS2  
**QuestionnaireFileName:** Sample Adult

**Question Text:** How often were you able to see health care providers who were similar to you in any of these ways? Would you say…

*Read answer categories below.*

1. Always
2. Most of the time
3. Some of the time
4. None of the time
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who have seen a doctor or other health professional in the past year and think it is at least slightly important that health care providers share a culture

**Skip Instructions:** <1-4,R,D> [goto CLAS3]

### Question 2: CLAS3

**Question ID:** AAU.610_00.030  
**Instrument Variable Name:** CLAS3  
**QuestionnaireFileName:** Sample Adult

**Question Text:** How often were you treated with respect by your health care providers?

Would you say…

*Read answer categories.*

1. Always
2. Most of the time
3. Some of the time
4. None of the time
7. Refused
9. Don't know

**Universe Text:** Sample adults 18+ who have seen a doctor or other health professional in the past year

**Skip Instructions:** <1-4,R,D> [goto CLAS4]
Question ID: AAU.610_00.040  Instrument Variable Name: CLAS4  QuestionnaireFileName: Sample Adult

**QuestionText:** How often did your health care providers ask for your opinions or beliefs about your medical care or treatment? For example, what kind of tests, procedures, or medications you prefer. Would you say…

*Read answer categories below if necessary.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>None of the time</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have seen a doctor or other health professional in the past year

**SkipInstructions:** <1-4,R,D> [goto CLAS5]

---

Question ID: AAU.610_00.050  Instrument Variable Name: CLAS5  QuestionnaireFileName: Sample Adult

**QuestionText:** How often did your health care providers tell or give you information about your health and health care that was easy to understand?

Would you say…

*Read answer categories below if necessary.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Always</td>
</tr>
<tr>
<td>2</td>
<td>Most of the time</td>
</tr>
<tr>
<td>3</td>
<td>Some of the time</td>
</tr>
<tr>
<td>4</td>
<td>None of the time</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who have seen a doctor or other health professional in the past year

**SkipInstructions:** <1-4,R,D> [goto next section]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASI.005_00.000</td>
<td>ASIINTRO</td>
<td>Sample Adult</td>
<td>*You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent’s neighborhood, sexual identity, financial worries, mental health, and HIV testing. Enter 1 to Continue.</td>
</tr>
<tr>
<td>ASI.130_00.000</td>
<td>ACICPUSE</td>
<td>Sample Adult</td>
<td>These questions are about you and your neighborhood. How often do you use a computer? *Read answer categories.</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> goto ACICPUSE

**SkipInstructions:** <1-4,R,D> [goto ACISATHC]
Question ID: ASI.140_00.000  Instrument Variable Name: ACISATHC  QuestionnaireFileName: Sample Adult

QuestionText: In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.

1 Very satisfied
2 Somewhat satisfied
3 Somewhat dissatisfied
4 Very dissatisfied
5 You haven't had health care in the past 12 months
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

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

Question ID: ASI.150_00.000  Instrument Variable Name: ACITENUR  QuestionnaireFileName: Sample Adult

QuestionText: About how long have you lived in your present neighborhood?

1 Less than 1 year
2 1-3 years
3 4-10 years
4 11-20 years
5 More than 20 years
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINHELP]
<table>
<thead>
<tr>
<th>Question ID: ASI.160_00.000</th>
<th>Instrument Variable Name: ACINHELP</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> People in this neighborhood help each other out. Would you say… <em>Read answer categories.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Definitely agree</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Somewhat disagree</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Definitely disagree</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINCNTO]

<table>
<thead>
<tr>
<th>Question ID: ASI.170_00.000</th>
<th>Instrument Variable Name: ACINCNTO</th>
<th>QuestionnaireFileName: Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QuestionText:</strong> There are people I can count on in this neighborhood. Would you say… <em>Read answer categories if necessary.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Definitely agree</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Somewhat agree</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Somewhat disagree</td>
<td></td>
</tr>
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<td>4</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINTRU]
### Question ID: ASI.180_00.000  Instrument Variable Name: ACINTRU  QuestionnaireFileName: Sample Adult

**QuestionText:**

*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say…

*Read answer categories if necessary.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definitely agree</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>4</td>
<td>Definitely disagree</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1-4,R,D> [goto ACINKNT]`

### Question ID: ASI.190_00.000  Instrument Variable Name: ACINKNT  QuestionnaireFileName: Sample Adult

**QuestionText:**

*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say…

*Read answer categories if necessary.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definitely agree</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>4</td>
<td>Definitely disagree</td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
</tr>
<tr>
<td>9</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** `<1-4,R,D> [if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]`
(book) ASI1

Which of the following best represents how you think of yourself?

1 Gay
2 Straight, that is, not gay
3 Bisexual
4 Something else
5 I don't know the answer
7 Refused

UniverseText: Male sample adults 18+

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

(BOOK) ASI2

Which of the following best represents how you think of yourself?

1 Lesbian or gay
2 Straight, that is, not lesbian or gay
3 Bisexual
4 Something else
5 I don't know the answer
7 Refused

UniverseText: Female sample adults 18+

SkipInstructions: <1-5,R> [goto ACIRETR]
The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you…

*Read answer categories.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIMEDC]

How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…

*Read answer categories if necessary.

1 Very worried
2 Moderately worried
3 Not too worried
4 Not worried at all
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACISTLV]
2017 NHIS Questionnaire - Sample Adult
Adult Selected Items
Document Version Date: 01-Jun-18

Question ID: ASI.280_00.000  Instrument Variable Name: ACISTLV  QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to maintain the standard of living you enjoy? Are you…

*Read answer categories if necessary.

1  Very worried
2  Moderately worried
3  Not too worried
4  Not worried at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICNHC]

---

Question ID: ASI.290_00.000  Instrument Variable Name: ACICNHC  QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs for normal healthcare? Are you…

*Read answer categories if necessary.

1  Very worried
2  Moderately worried
3  Not too worried
4  Not worried at all
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACICCOLL]
How worried are you right now about not having enough money to pay for your children's college? Are you…

*Read answer categories if necessary.

1  Very worried
2  Moderately worried
3  Not too worried
4  Not worried at all
5  This does not apply to me
7  Refused
9  Don't know

UniverseText: Sample adults 18+

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

How worried are you right now about not having enough to pay your normal monthly bills? Are you…

*Read answer categories if necessary.

1  Very worried
2  Moderately worried
3  Not too worried
4  Not worried at all
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACIHCST]
### Question 1

**Question ID:** ASI.320_00.000  **Instrument Variable Name:** ACIH CST  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you...

*Read answer categories if necessary.

1. Very worried
2. Moderately worried
3. Not too worried
4. Not worried at all
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACICCMP]

### Question 2

**Question ID:** ASI.330_00.000  **Instrument Variable Name:** ACICCMP  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to make the minimum payments on your credit cards? Are you...

*Read answer categories if necessary.

1. Very worried
2. Moderately worried
3. Not too worried
4. Not worried at all
5. I don't have credit cards
7. Refused
9. Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACISLEEP]
2017 NHIS Questionnaire - Sample Adult
Adult Selected Items

Document Version Date: 01-Jun-18

Question ID: ASI.340_00.000  Instrument Variable Name: ACISLEEP  QuestionnaireFileName: Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

<table>
<thead>
<tr>
<th>01-24</th>
<th>1-24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <1-5>[goto ERR_SLEEP];
<1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].
* Please verify.

Question ID: ASI.350_00.000  Instrument Variable Name: ACISLPFL  QuestionnaireFileName: Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter ‘0’ if respondent did not have trouble falling asleep in the past week.

*Enter ‘7’ for 7 or more times.

<table>
<thead>
<tr>
<th>00</th>
<th>Did not have trouble falling asleep in the past week</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-06</td>
<td>1-6 times</td>
</tr>
<tr>
<td>07</td>
<td>7 or more times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]
**Question ID:** ASI.360_00.000  
**Instrument Variable Name:** ACISLPST  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, how many times did you have trouble staying asleep?

- Enter '0' if respondent did not have trouble staying asleep in the past week.
- Enter '7' for 7 or more times.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Did not have trouble staying asleep in the past week</td>
</tr>
<tr>
<td>01-06</td>
<td>1-6 times</td>
</tr>
<tr>
<td>07</td>
<td>7 or more times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto ACISLPMD]

---

**Question ID:** ASI.370_00.000  
**Instrument Variable Name:** ACISLPMD  
**QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, how many times did you take medication to help you fall asleep or stay asleep?

- Enter '0' if respondent did not take medication to help sleep in the past week.
- Enter '7' for 7 or more times.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Did not take medication to help sleep in the past week</td>
</tr>
<tr>
<td>01-06</td>
<td>1-6 times</td>
</tr>
<tr>
<td>07</td>
<td>7 or more times</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
</tr>
<tr>
<td>99</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto ACIREST]
2017 NHIS Questionnaire - Sample Adult
Adult Selected Items

Document Version Date: 01-Jun-18

Question ID: ASI.380_00.000  Instrument Variable Name: ACIREST  QuestionnaireFileName: Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

- 00 Never felt rested in the past week
- 01-07 1-7 days
- 97 Refused
- 99 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

Question ID: ASI.390_00.000  Instrument Variable Name: MHSAD_CK  QuestionnaireFileName: Sample Adult

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

1 Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACISAD]

Question ID: ASI.390_01.000  Instrument Variable Name: ACISAD  QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI

DURING THE PAST 30 DAYS, how often did you feel

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACINERV]
**Question ID:** ASI.390_02.000  
**Question Text:** (book) ASI

*Read if necessary:*

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

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1-5,R,D> [goto ACIRSTLS]

---

**Question ID:** ASI.390_03.000  
**Question Text:** (book) ASI

*Read if necessary:*

During the PAST 30 DAYS, how often did you feel... Restless or fidgety?

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

**Universe Text:** Sample adults 18+

**Skip Instructions:** <1-5,R,D> [goto ACIHOPLS]
**Question ID:** ASI.390_04.000  **Instrument Variable Name:** ACIHOPLS  **QuestionnaireFileName:** Sample Adult

**QuestionText:**
*(book) ASI5*

* Read if necessary:

During the PAST 30 DAYS, how often did you feel...

*Hopeless?*

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ALL of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MOST of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SOME of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A LITTLE of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>NONE of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+

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

---

**Question ID:** ASI.390_05.000  **Instrument Variable Name:** ACIEFFRT  **QuestionnaireFileName:** Sample Adult

**QuestionText:** *(book) ASI5*

* Read if necessary:

During the PAST 30 DAYS, how often did you feel...

*That everything was an effort?*

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ALL of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>MOST of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SOME of the time</td>
<td></td>
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<td></td>
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<td>4</td>
<td>A LITTLE of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>NONE of the time</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td>Refused</td>
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<td></td>
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<tr>
<td>9</td>
<td>Don't know</td>
<td></td>
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</tbody>
</table>

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIWTHLS]
Question Text:

(book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

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

Universe Text:
Sample adults 18+

Skip Instructions:
<1-5,R,D>  
if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto ACIMUCH];
else [goto ACIHIVT]
### Question 410
#### Question Text:
The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

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

#### Universe Text:
Sample adults 18+

#### Skip Instructions:
<1,R,D> [goto next section]
<2> [goto ACIHIVWN]

### Question 420
#### Question Text:
I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

- **01** It's unlikely you've been exposed to HIV
- **02** You were afraid to find out if you were HIV positive (that you had HIV)
- **03** You didn't want to think about HIV or about being HIV positive
- **04** You were worried your name would be reported to the government if you tested positive
- **05** You didn't know where to get tested
- **06** You don't like needles
- **07** You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
- **08** Some other reason
- **09** No particular reason
- **97** Refused
- **99** Don't know

#### Universe Text:
Sample adults 18+ who have never been tested for HIV

#### Skip Instructions:
<1-9,R,D> [goto next section]
Now I am going to ask you about some health services you may have used.

DURING THE PAST 12 MONTHS, did you see a practitioner for naturopathy (nay-chur-AH-puh-thee)?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+

* Read if necessary: DURING THE PAST 12 MONTHS

… did you see a practitioner for chelation (key-LAY-shun) therapy?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+
Question ID: ACH.030_00.000  Instrument Variable Name: TRD_USM1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS

… did you see a practitioner for traditional medicine such as a Shaman (SHAH-man), curandero (coo-rahn-DEHR-oh), Yerbero (yehr-BEH-oh), sobador (so-bah-DOHR), or Native American Healer?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TRD_USM2]  <2,R,D> [goto HOM_USM1]

Question ID: ACH.040_00.000  Instrument Variable Name: TRD_USM2  QuestionnaireFileName: Sample Adult

QuestionText: Which practitioners for traditional medicine did you see in the past 12 months?

*Enter all that apply, separate with commas.

1  Shaman (SHAH-man)
2  Curandero (coo-rahn-DEHR-oh), Machi (MAH-chee), or Parchero (pahr-CHEH-roh)
3  Yerbero (yehr-BEH-roh) or Hierbista (yehr-BEE-stah)
4  Sobador (so-bah-DOHR)
5  Native American Healer or Medicine Man
6  Other
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have seen a traditional healer in the past 12 months

SkipInstructions: <1-6,R,D> [goto HOM_USM1]
<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACH.050_00.000</th>
<th>Instrument Variable Name:</th>
<th>HOM_USM1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>Practitioners of homeopathy (ho-mee-AH-puh-thee) recommend small pills or drops that are often placed under the tongue to treat health problems. DURING THE PAST 12 MONTHS, did you see a practitioner for homeopathic treatment?</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question ID:</th>
<th>ACH.060_00.000</th>
<th>Instrument Variable Name:</th>
<th>MBO_MAN1</th>
<th>QuestionnaireFileName:</th>
<th>Sample Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuestionText:</td>
<td>? [F1]</td>
<td>DURING THE PAST 12 MONTHS, did you use Mantra Meditation, including Transcendental Meditation®, Relaxation Response, and Clinically Standardized Meditation?</td>
<td>1 Yes</td>
<td>2 No</td>
<td>7 Refused</td>
</tr>
</tbody>
</table>
2017 NHIS Questionnaire - Sample Adult
Adult Complementary Health
Document Version Date: 01-Jun-18

Question ID: ACH.070_00.000  Instrument Variable Name: MBO_MND1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use

… Mindfulness meditation, including Vipassana (vih-PAS-sah-nah), Zen Buddhist meditation, Mindfulness-based Stress Reduction, and Mindfulness-based Cognitive Therapy?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_SPR1]

---

Question ID: ACH.080_00.000  Instrument Variable Name: MBO_SPR1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use

… Spiritual meditation including Centering Prayer and Contemplative Meditation?

1 Yes
2 No
7 Refused
9 Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_IMG1]
Question ID: ACH.090_00.000  Instrument Variable Name: MBO_IMG1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use … Guided imagery?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto MBO_PRO1]

Question ID: ACH.100_00.000  Instrument Variable Name: MBO_PRO1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read if necessary: DURING THE PAST 12 MONTHS, did you use … Progressive relaxation?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto YTQU_YG1]

Question ID: ACH.105_00.000  Instrument Variable Name: QARNDM71  QuestionnaireFileName: Sample Adult

QuestionText: Random number generator

UniverseText: All families selected for QA question

SkipInstructions:
**2017 NHIS Questionnaire - Sample Adult**

**Adult Complementary Health**

*Document Version Date: 01-Jun-18*

---

**Question ID:** ACH.105_01.001  
**Instrument Variable Name:** QACHK71  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
*Please enter [Fill1: QARNDM71 ] for quality assurance.*

**UniverseText:** Sample adults 18+ where QA question was selected

**SkipInstructions:** <number> [goto YTQU_YG1]

---

**Question ID:** ACH.105_02.002  
**Instrument Variable Name:** QACHNG71  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
Flag field to indicate whether or not the value entered by the FR matched or not.  
" " (empty) - if the check was not asked or answered  
0 - if the check was asked and the value entered matches the random value  
1 - if the check was asked and the value entered does NOT match the random value (cannot be undone)

**UniverseText:** All families selected for QA question

**SkipInstructions:**

---

**Question ID:** ACH.110_00.000  
**Instrument Variable Name:** YTQU_YG1  
**QuestionnaireFileName:** Sample Adult

**QuestionText:**  
? [F1]  
DURING THE PAST 12 MONTHS, did you practice Yoga for yourself?  
1 Yes  
2 No  
7 Refused  
9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:**  
<1> [goto YTQ_BTY1]  
<2,R,D> [goto YTQU_TA1]
Question ID: ACH.120_00.000  Instrument Variable Name: YTQ_BTY1  QuestionnaireFileName: Sample Adult

QuestionText: Did you do breathing exercises as part of Yoga? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have practiced Yoga in the past 12 months

SkipInstructions: <1,2,R,D> [goto YTQ_MDY1]

Question ID: ACH.130_00.000  Instrument Variable Name: YTQ_MDY1  QuestionnaireFileName: Sample Adult

QuestionText: Did you do meditation as part of Yoga?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who have practiced Yoga in the past 12 months

SkipInstructions: <1,2,R,D> [goto YTQU_TA1]

Question ID: ACH.140_00.000  Instrument Variable Name: YTQU_TA1  QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]  
DURING THE PAST 12 MONTHS, did you practice Tai Chi (tie-CHEE) for yourself?

1  Yes
2  No
7  Refused
9  Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto YTQ_BTT1]  
<2,R,D> [goto YTQU_QG1]
### Did you do breathing exercises as part of Tai-Chi? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

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

**UniverseText:** Sample adults 18+ who have practiced Tai-Chi in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto YTQ_MDT1]

### Did you do meditation as part of Tai-Chi?

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

**UniverseText:** Sample adults 18+ who have practiced Tai-Chi in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto YTQU_QG1]

### DURING THE PAST 12 MONTHS, did you practice Qi Gong (chee-GONG) for yourself?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto YTQ_BTQ1]
<2,R,D> [goto next section]
Did you do breathing exercises as part of Qi Gong? Breathing exercises may involve actively controlling the way air is drawn in, or the rate or depth of breathing.

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

Sample adults 18+ who have practiced Qi Gong in the past 12 months

Did you do meditation as part of Qi Gong?

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

Sample adults 18+ who have practiced Qi Gong in the past 12 months
The next questions are about your Internet and email use.

Do you use the Internet?

1  Yes
2  No
7  Refused
9  Don’t know

Sample adults 18+

1 of 2

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

001-995 1-995
997 Refused
999 Don’t know

Sample adults 18+ who use the Internet

<1-995> [goto AWEBOFNO] <2,R,D> [goto AWEBEML]
Question ID: AWB.020_02.000  Instrument Variable Name: AWEBOFTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don’t know

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto AWEBEML]

---

Question ID: AWB.030_00.000  Instrument Variable Name: AWEBEML  QuestionnaireFileName: Sample Adult

QuestionText: Do you send or receive emails?

1  Yes
2  No
7  Refused
9  Don’t know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AWEBEMAD] <2,R,D> [goto next section]
<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWB.040_00.000</td>
<td>AWEBEMAD</td>
<td>Sample Adult</td>
<td>We may want to contact you to obtain additional health-related information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>May I have your email address?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Enter email address.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Enter ‘N’ for none.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>allow 75</td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99</td>
<td>Don’t Know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who send or receive email

**SkipInstructions:** <address> [goto AWBEMNO] <N,R,D> [goto next section]

<table>
<thead>
<tr>
<th>Question ID</th>
<th>Instrument Variable Name</th>
<th>QuestionnaireFileName</th>
<th>QuestionText</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWB.050_01.000</td>
<td>AWEBMNO</td>
<td>Sample Adult</td>
<td>1 of 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>How often do you check this email account?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Enter number.</td>
</tr>
<tr>
<td>001-995</td>
<td>1-995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>Refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UniverseText:** Sample adults 18+ who gave an email address

**SkipInstructions:** <1-995> [goto AWBEMTP] <R,D> [goto next section]
Question ID: AWB.050_02.000  Instrument Variable Name: AWEBMTP  QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for how often email is checked.

1  Per day
2  Per week
3  Per month
4  Per year
7  Refused
9  Don't know

UniverseText: Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

SkipInstructions: <1-4,R,D> [goto next section]