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**2017 NHIS Questionnaire - Family**

**Family Disability: Version 2**

**Document Version Date: 05-Jun-18**

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**Question ID:** FDB.020\_00.000 **Instrument Variable Name:** P2DFHEAR **QuestionnaireFileName:** Family

**QuestionText:** With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier.

[fill 1: Are you/Is ALIAS] deaf or [fill 2: do you/does ALIAS] have serious difficulty hearing?

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

**UniverseText:** All persons age 1 or older and random number generator=2

**SkipInstructions:** <1,2,D,R> goto P2DFSEE

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**Question ID:** FDB.040\_00.000 **Instrument Variable Name:** P2DFSEE **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Are you/Is ALIAS] blind or [fill 2: do you/does ALIAS] have serious difficulty seeing even when wearing glasses?

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

**UniverseText:** All persons age 1 or older

**SkipInstructions:** <1,2,D,R> if no more persons age 5 or older, goto next section;  
else goto P2DFCON

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**Question ID:** FDB.060\_00.000 **Instrument Variable Name:** P2DFCON **QuestionnaireFileName:** Family

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

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

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

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

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**Question ID:** FDB.080\_00.000 **Instrument Variable Name:** P2DFWALK **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does ALIAS] have serious difficulty walking or climbing stairs?

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

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

**SkipInstructions:** <1,2,D,R> goto P2DFDRES

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**Question ID:** FDB.100\_00.000 **Instrument Variable Name:** P2DFDRES **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Do you/Does ALIAS] have difficulty dressing or bathing?

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

**UniverseText:** All persons 5 or older

**SkipInstructions:** <1,2,D,R> if no more persons age 15 or older, goto next section;  
else goto P2DFERR

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**Question ID:** FDB.120\_00.000 **Instrument Variable Name:** P2DFERR **QuestionnaireFileName:** Family

**QuestionText:** Because of a physical, mental, or emotional condition, [fill 1: do you/does ALIAS] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**UniverseText:** All persons 15 or older

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

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**Question ID:** FDB.130\_00.000 **Instrument Variable Name:** PDFCAUSE **QuestionnaireFileName:** Family

**QuestionText:** What is the MAIN reason for [fill 1: your/ALIAS's] difficulty concentrating, remembering or making decisions?

- 01 Intellectual disability (formerly known as mental retardation)
- 02 Developmental disability (such as cerebral palsy or autism)
- 03 Dementia or Alzheimer's disease
- 04 Learning disability or ADHD
- 05 Education level
- 06 Mental illness (such as depression, anxiety, post-traumatic stress disorder, emotional problem)
- 07 Traumatic brain injury or stroke
- 08 Age-related changes
- 09 Chronic health condition (such as diabetes, high blood pressure, heart disease, cancer, multiple sclerosis, Parkinson's disease, epilepsy)
- 10 Drugs or medications
- 11 Other (specify)
- 97 Refused
- 99 Don't know

**UniverseText:** All persons 5 or older who have difficulty concentrating or remembering

**SkipInstructions:** <1-10,R,D> if no more persons AGE >=1, [goto next section];  
else return to P2DFHEAR for next person AGE >=1  
<11> [goto PDFSPEC]

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**Question ID:** FDB.135\_00.000 **Instrument Variable Name:** PDFSPEC **QuestionnaireFileName:** Family

**QuestionText:** \*Enter the other reason for difficulty with concentrating, remembering or making decisions?

- Verbatim** Verbatim response, allow 60 characters
- 7 Refused
  - 9 Don't know

**UniverseText:** All persons 5 or older who have difficulty concentrating or remembering and the cause was given as other

**SkipInstructions:** <allow 60,R,D> if no more persons age 1 or older, [goto next section];  
else return to P2DFHEAR for next person age 1 or older

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