2004 NHIS Questionnaire - Family

Family Identification

Document Version Date: 20-Jul-05

Question ID: FID.100_00.000 **Instrument Variable Name:** HHCHANGE **QuestionnaireFileName:** Family

Question Text: I have recorded that [your name is {fill fullname}, you are /fill ALIAS is] [fill sex], [fill age] years old, born on [fill birthdate]. [His/Her] national origin is [fill Hispanic origin], and [his/her] race is [fill race]:
Is this information correct?

1 Yes, this information is correct
2 No, correction(s) needed/more corrections needed

Universe: All nondeleted family members

Skip Instructions:
<1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)]
else [goto FIDCC13]
<2> [goto CWHAT2]

Question ID: FID.110_00.000 **Instrument Variable Name:** CWHAT2 **QuestionnaireFileName:** Family

Question Text: * Change(s) needed for [ALIAS].

* Enter each number that applies. If a wrong choice, type that choice again.

1 Name
2 Age or DOB
3 Sex
4 National origin
5 Race

Universe: HHCHANGE = 2 (No, not correct)

Skip Instructions:
<1> [goto CHG_NAME_FNAME]
<2> [goto CHG_AGEDOB_1]
<3> [goto CHG_SEX]
<4> [goto CHG_NATOR]
<5> [goto CHG_RACE]

Question ID: FID.250_00.000 **Instrument Variable Name:** MARITAL **QuestionnaireFileName:** Family

Question Text: * ASK OR VERIFY

[fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?

1 Married
2 Widowed
3 Divorced
4 Separated
5 Never Married
6 Living with partner
7 Refused
9 Don't know

Universe: All persons, 14 and older, who don't have a marital status yet

Skip Instructions:
<1> [goto SPFLAG]
<2-5, R, D> [goto FIDCCI3]
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]
else [goto COHAB1]

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Document Version Date: 20-Jul-05

Question ID: FID.260_00.000 **Instrument Variable Name:** SPOUS **QuestionnaireFileName:** Family

Question Text: * ASK OR VERIFY

Is [fill: your/ALIAS's] spouse living in the household?

1 Yes
2 No
7 Refused
9 Don't know

Universe: A potential spouse lives in the unit.

Skip Instructions: <1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]

Question ID: FID.270_00.000 **Instrument Variable Name:** SPOUS2 **QuestionnaireFileName:** Family

Question Text: * Probe as necessary and enter the line number of the spouse.

[Display all possible spouse candidates]

01-25 Person # of spouse

Universe: Person has an unidentified spouse in the household.

Skip Instructions: Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2]
<1-25,R,D> [goto FIDCCI3]

Question ID: FID.280_00.000 **Instrument Variable Name:** COHAB1 **QuestionnaireFileName:** Family

Question Text: [fill: Have you/Has ALIAS] ever been married?

1 Yes
2 No
7 Refused
9 Don't know

Universe: Marital status is "living with a partner."

Skip Instructions: <1> [goto COHAB2]
<2,R,D> if COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

2004 NHIS Questionnaire - Family

Family Identification

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Question ID: FID.290_00.000 **Instrument Variable Name:** COHAB2 **QuestionnaireFileName:** Family

Question Text: What is [fill: your/ALIAS's] current legal marital status?

1 Married
2 Widowed
3 Divorced
4 Separated
7 Refused
9 Don't know

Universe: Person has been married.

Skip Instructions: <1-4,R,D> If COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

Question ID: FID.300_00.000 **Instrument Variable Name:** COHAB3 **QuestionnaireFileName:** Family

Question Text: * Probe as necessary and enter the line number of the cohabiting partner.

[Display all possible cohabitation candidates]
01-25 Person number

Universe: Co-habitating partner has yet to be identified.

Skip Instructions: If line number of the subject is entered [goto ERR_COHAB3]
<1-25,R,D> [goto FIDCCI3]

Question ID: FID.322_00.000 **Instrument Variable Name:** DEGREE4 **QuestionnaireFileName:** Family

Question Text: I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

1 Biological
2 Adoptive
3 Step
4 Foster
5 -in-law
7 Refused
9 Don't know

Universe: When the reference person is the person in question's parent.

Skip Instructions: <1> if AGEDIFF <12 [goto ERR_DEGREE4]
if ERR_DEGREE4 = 1 [goto FIDCCI4B]
else reset DEGREE4 [goto DEGREE4] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

2004 NHIS Questionnaire - Family

Family Identification

Document Version Date: 20-Jul-05

Question ID: FID.324_00.000 **Instrument Variable Name:** DEGREE5 **QuestionnaireFileName:** Family

Question Text: I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

Universe: When the reference person is the person in question's parent.

Skip Instructions:
<1> if AGEDIFF <12 [goto ERR_DEGREE5]
if yes, continue the interview [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Question ID: FID.326_00.000 **Instrument Variable Name:** MOTHER **QuestionnaireFileName:** Family

Question Text: * Ask or verify
Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

* Enter the line number of the mother or mother-in-law.
If the mother or mother-in-law is not a household member, enter "0".
If the person has no parents present but has a legal guardian, enter "96".

* Choose mother over mother-in-law if both are present.

00	Mother not a household member
01-25	Person number of mother
96	Has legal guardian
97	Refused
99	Don't know

Universe: Potential mother in the Family, mother not already identified

Skip Instructions:
<01-25> [goto MOTHERCK_A]
<0,R,D> [goto FIDCCI5]
<96> [goto GUARD]

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Family Identification

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Question ID: FID.330_01.000 **Instrument Variable Name:** MOTHERCK_A **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?

1	Biological mother
2	Adoptive mother
3	Step mother
4	Foster mother
5	Mother-in-law
7	Refused
9	Don't know

Universe: Mother is in the immediate family.

Skip Instructions:
<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]

Question ID: FID.340_00.000 **Instrument Variable Name:** FATHER **QuestionnaireFileName:** Family

Question Text: * Ask or verify

Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* If the person has no parents present but has a legal guardian, enter '96'.

* Choose father over father-in-law if both are present.

00	Father not in household
01-25	Person # of father
96	Has legal guardian
97	Refused
99	Don't know

Universe: Potential Father in Family, not already identified

Skip Instructions:
<1-25> [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]
<96> [goto GUARD]

2004 NHIS Questionnaire - Family

Family Identification

Document Version Date: 20-Jul-05

Question ID: FID.350_01.000 **Instrument Variable Name:** FATHERCK_A **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

1 Biological father
2 Adoptive father
3 Step father
4 Foster father
5 Father-in-law
7 Refused
9 Don’t know

Universe: Father has been identified

Skip Instructions:
<1> If AGEDIFF <12 [goto ERR_FATHERCK_A]
if ERRFATHERCK_A = <1> [goto FIDCCI4]
elseif <2> [goto FATHER]
elseif <3> reset FATHERCK_A
[goto FATHERCK_A] endif
else [goto FIDCCI4]
<2-5,R,D> [goto FIDCCI4]

Question ID: FID.360_01.000 **Instrument Variable Name:** GUARD **QuestionnaireFileName:** Family

Question Text: Who is [fill: your/ALIAS's] legal guardian?

* Enter the line number of [fill1: your/ALIAS's] guardian.
* If the guardian is not a household member, enter '0'.

00 Guardian not a household member
01-25 Person # of guardian
97 Refused
99 Don't know

Universe: Child identified as a guard at mother or father or, at the FIDCCI5 procedure, it's determined that the child (AGE<14) has no mother or father in the family.

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

Question ID: FID.380_00.000 **Instrument Variable Name:** KNOW2 **QuestionnaireFileName:** Family

Question Text: * Verify or ask
Who in the family would you say knows about the health of all the family members?
[Display all family members who not deleted and > 17 or emancipated minors.]
* Mark all that apply, separate with commas.

1 Yes, knows family members' health
2 No, does not know family member's health
7 Refused
9 Don't Know

Universe: More than one adult

Skip Instructions:
<1-25,R,D>
if SCSEL = 0 [goto FINTRO2]
else [goto KNOWSC2]

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Family Identification

Document Version Date: 20-Jul-05

Question ID: FID.390_04.000 **Instrument Variable Name:** FAMRESP **QuestionnaireFileName:** Family

Question Text: * Ask if necessary: With whom am I speaking?
* Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25 Person # of Family Respondent

Universe: More than 1 adult present.

Skip Instructions: goto HLTH_BEG

Question ID: FID.700_00.000 **Instrument Variable Name:** FINTRO2 **QuestionnaireFileName:** Family

Question Text: * Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
[Display all family members who are not deleted and >17 or emancipated minors]
* If any persons listed are not present, say:
We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?
* If yes, ask: Could they join us?
* If nobody is presently available, enter "96" to proceed to a callback screen.

1 Present

2 Not present

Universe: All nondeleted persons >17 or emancipated minors

Skip Instructions: <96> [goto FCALLBK1]
if only one PX selected [goto HLTH_BEG]
else [goto FAMRESP]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.005_00.000 **Instrument Variable Name:** FLAPLYLM **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: Are/Is]

* Read names
(fill roster of persons age 0-4)

limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with one or more persons less than 5 years of age

Skip Instructions: <1> [if only one child less than 5 years of age, store the person number in PLAPLYLM and goto PLAPLYUN; else, goto PLAPLYLM]
<2,R,D> [goto FSPEDEIS]

Question ID: FHS.010_00.000 **Instrument Variable Name:** PLAPLYLM **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons less than five years of age and at least one is limited in play activities

Skip Instructions: goto PLAPLYUN

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

Question ID: FHS.020_00.000 **Instrument Variable Name:** PLAPLYUN **QuestionnaireFileName:** Family

Question Text: Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]'s age?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 5 years of age who are limited in play activities

Skip Instructions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.050_00.000 **Instrument Variable Name:** FSPEDEIS **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Do you/Does/Do any of these family members,

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with one or more persons less than 18 years of age

Skip Instructions: <1> [if only one person less than 18 years of age, store the person number in PSPEDEIS and goto PSPEDEM; else, goto PSPEDEIS]
<2,R,D> [goto FLAADL]

Question ID: FHS.060_00.000 **Instrument Variable Name:** PSPEDEIS **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons less than 18 years of age and at least one receives Special Educational or Early Intervention Services

Skip Instructions: goto PSPEDEM

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

Question ID: FHS.065_00.000 **Instrument Variable Name:** PSPEDEM **QuestionnaireFileName:** Family

Question Text: [fill: Do you/Does ALIAS] receive these services because of an emotional or behavioral problem?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 18 years of age who receive Special Educational or Early Intervention Services

Skip Instructions: repeat this question for all persons listed at PSPEDEIS, then goto FLAADL

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.070_00.000 **Instrument Variable Name:** FLAADL **QuestionnaireFileName:** Family

Question Text: ? [F1]

Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

[fill2: Do not include family members age 2 and under.]

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with one or more persons 3 years of age or older

Skip Instructions: <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL]
<2,R,D> [goto FLAIADL]

Question ID: FHS.080_00.000 **Instrument Variable Name:** PLAADL **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons 3 years of age or older and at least one needs the help of other persons with personal care needs

Skip Instructions: goto LABATH

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

Question ID: FHS.090_01.000 **Instrument Variable Name:** LABATH **QuestionnaireFileName:** Family

Question Text: [fill: Do you/Does ALIAS] need the help of other persons with...

Bathing or showering?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LADRESS

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Question ID: FHS.090_02.000 **Instrument Variable Name:** LADRESS **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Dressing?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LAEAT

Question ID: FHS.090_03.000 **Instrument Variable Name:** LAEAT **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Eating?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LABED

Question ID: FHS.090_04.000 **Instrument Variable Name:** LABED **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting in or out of bed or chairs?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LATOILT

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Question ID: FHS.090_05.000 **Instrument Variable Name:** LATOILT **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Using the toilet, including getting to the toilet?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LAHOME

Question ID: FHS.090_06.000 **Instrument Variable Name:** LAHOME **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting around inside the home?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 3 years of age or older who need help with personal care needs

Skip Instructions: goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

Question ID: FHS.150_00.000 **Instrument Variable Name:** FLAIADL **QuestionnaireFileName:** Family

Question Text: ? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: <1> [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL]
<2,R,D> [goto FLAWKNOW]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.160_00.000 **Instrument Variable Name:** PLAIADL **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs

Skip Instructions: goto FLAWKNOW

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

Question ID: FHS.170_00.000 **Instrument Variable Name:** FLAWKNOW **QuestionnaireFileName:** Family

Question Text: ? [F1]

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

from working at a job or business?

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]

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Question ID: FHS.180_00.000 **Instrument Variable Name:** PLAWKNOW **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't Know

Universe: All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

Skip Instructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

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

Question ID: FHS.190_00.000 **Instrument Variable Name:** FLAWKLIM **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members,

* Read names
(fill roster of persons age 18 or older)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem

Skip Instructions: <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]
<2,R,D> [goto FLAWALK]

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Question ID: FHS.200_00.000 **Instrument Variable Name:** PLAWKLIM **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0 Unable to work
1 Limited in work
2 Not limited in work
7 Refused
9 Don't Know

Universe: All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do

Skip Instructions: goto FLAWALK

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

Question ID: FHS.210_00.000 **Instrument Variable Name:** FLAWALK **QuestionnaireFileName:** Family

Question Text: ? [F1]

Because of a health problem, [fill: do you/does anyone in the family]
have difficulty walking without using any special equipment?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PLAWALK and goto FLAREMEM; else, goto PLAWALK]
<2,R,D> [goto FLAREMEM]

Question ID: FHS.220_00.000 **Instrument Variable Name:** PLAWALK **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one has difficulty walking without using special equipment

Skip Instructions: goto FLAREMEM

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

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Question ID: FHS.230_00.000 **Instrument Variable Name:** FLAREMEM **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM]
<2,R,D> [goto FLIMANY]

Question ID: FHS.240_00.000 **Instrument Variable Name:** PLAREMEM **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion

Skip Instructions: goto FLIMANY

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

Question ID: FHS.250_00.000 **Instrument Variable Name:** FLIMANY **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Are you/ Is ALIAS/ Are any family members

* Read names
(fill roster of applicable persons)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with one or more family members not previously mentioned as having a limitation

Skip Instructions: <1> [if a one-person family or the respondent is the only person NOT previously mentioned as having a limitation, store person number in PLIMANY and goto LAHCC; else goto PLIMANY]
<2,R,D> [goto LAHCC]

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Question ID: FHS.260_00.000 **Instrument Variable Name:** PLIMANY **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who is this?
(Anyone else?)

0	Limitation previously mentioned
1	Yes, limited in some other way
2	Not limited in any way
7	Refused
9	Don't know

Universe: All families with two or more persons not previously mentioned as having a limitation

Skip Instructions: goto LAHCC

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

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Family Health Status & Limitations

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Question ID: FHS.270_00.000 **Instrument Variable Name:** LAHCC **QuestionnaireFileName:** Family

Question Text: (book) F1 ? [F1]

What conditions or health problems cause [fill: ALIAS]'s limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.

01	Vision/problem seeing
02	Hearing problem
03	Speech problem
04	Asthma/breathing problem
05	Birth defect
06	Injury
07	Mental retardation
08	Other developmental problem (e.g., cerebral palsy)
09	Other mental, emotional or behavioral problem
10	Bone, joint, or muscle problem
11	Epilepsy or seizures
12	Learning disability
13	Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
90	Other impairment/problem (specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

Universe: All persons less than 18 years of age who have at least one reported limitation

Skip Instructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]
<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]
<90> [goto LAHCC_S1]
<91> [goto LAHCC_S2]
<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.

Question ID: FHS.271_90.000 **Instrument Variable Name:** LAHCC_S1 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

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

Skip Instructions: goto LHCL90N

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Question ID: FHS.271_91.000 **Instrument Variable Name:** LAHCC_S2 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7	Refused
9	Don't know
Verbatim	Verbatim Response

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

Skip Instructions: goto LHCL91N

Question ID: FHS.280_01.000 **Instrument Variable Name:** LHCL01N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a 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

Universe: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing

Skip Instructions: <1-95,D> [goto LHCL01T]
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Document Version Date: 20-Jul-05

Question ID: FHS.280_02.000 **Instrument Variable Name:** LHCL01T **QuestionnaireFileName:** Family

Question Text: 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)
6	Since Birth
7	Refused
9	Don't know

Universe: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

Question ID: FHS.282_01.000 **Instrument Variable Name:** LHCL02N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing 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

Universe: All persons less than 18 years of age who have a limitation due to a hearing problem

Skip Instructions: <1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.282_02.000 **Instrument Variable Name:** LHCL02T **QuestionnaireFileName:** Family

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)
6	Since Birth
7	Refused
9	Don't know

Universe: All persons less than 18 years of age who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL02T]

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1_LHCL02T

Question ID: FHS.284_01.000 **Instrument Variable Name:** LHCL03N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a speech problem?

* Enter number for time with a speech 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

Universe: All persons less than 18 years of age who have a limitation due to a speech problem

Skip Instructions: <1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.284_02.000 **Instrument Variable Name:** LHCL03T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with speech problem.

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

Universe: All persons less than 18 years of age who have a limitation due to a speech problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL03T]

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

Question ID: FHS.286_01.000 **Instrument Variable Name:** LHCL04N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing 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

Universe: All persons less than 18 years of age who have a limitation due to asthma/breathing problem

Skip Instructions: <1-95,D> [goto LHCL04T]
<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.286_02.000 **Instrument Variable Name:** LHCL04T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with asthma or a breathing problem.

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

Universe: All persons less than 18 years of age who have a limitation due to asthma/breathing problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL04T]

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

Question ID: FHS.288_01.000 **Instrument Variable Name:** LHCL06N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?

* Enter number for time with the 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

Universe: All persons less than 18 years of age who have a limitation due to an injury

Skip Instructions: <1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.288_02.000 **Instrument Variable Name:** LHCL06T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with the injury that caused [fill: your/his/her] limitation.

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

Universe: All persons less than 18 years of age who have a limitation due to an injury and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

Question ID: FHS.290_01.000 **Instrument Variable Name:** LHCL07N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* 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

Universe: All persons less than 18 years of age who have a limitation due to mental retardation

Skip Instructions: <1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.290_02.000 **Instrument Variable Name:** LHCL07T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with mental retardation.

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

Universe: All persons less than 18 years of age who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL07T]

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

Question ID: FHS.292_01.000 **Instrument Variable Name:** LHCL08N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons less than 18 years of age who have a limitation due to some other developmental problem

Skip Instructions: <1-95,D> [goto LHCL08T]
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.292_02.000 **Instrument Variable Name:** LHCL08T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

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

Universe: All persons less than 18 years of age who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

Question ID: FHS.294_01.000 **Instrument Variable Name:** LHCL09N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral 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

Universe: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem

Skip Instructions: <1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.294_02.000 **Instrument Variable Name:** LHCL09T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with mental, emotional, or behavioral problem.

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

Universe: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

Question ID: FHS.296_01.000 **Instrument Variable Name:** LHCL10N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

* Enter number for time with a bone, joint, or muscle 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

Universe: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem

Skip Instructions: <1-95,D> [goto LHCL10T]
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.296_02.000 **Instrument Variable Name:** LHCL10T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with bone, joint, or muscle problem.

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

Universe: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

Question ID: FHS.298_01.000 **Instrument Variable Name:** LHCL11N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

* Enter number for time with epileplsy or seizures.
* 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

Universe: All persons less than 18 years of age who have a limitation due to epilepsy or seizures

Skip Instructions: <1-95,D> [goto LHCL11T]
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.298_02.000 **Instrument Variable Name:** LHCL11T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

Universe: All persons less than 18 years of age who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL11T]

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1_LHCL11T

Question ID: FHS.300_01.000 **Instrument Variable Name:** LHCL12N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a learning disability?

* Enter number for time with a learning disability.
* 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

Universe: All persons less than 18 years of age who have a limitation due to a learning disability

Skip Instructions: <1-95,D> [goto LHCL12T]
<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.300_02.000 **Instrument Variable Name:** LHCL12T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with learning disability.

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

Universe: All persons less than 18 years of age who have a limitation due to a learning disability and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

Question ID: FHS.302_01.000 **Instrument Variable Name:** LHCL13N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* 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

Universe: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

Skip Instructions: <1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

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Question ID: FHS.302_02.000 **Instrument Variable Name:** LHCL13T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

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

Universe: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL13T]

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

Question ID: FHS.304_01.000 **Instrument Variable Name:** LHCL90N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?
* 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

Universe: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1

Skip Instructions: <1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.304_02.000 **Instrument Variable Name:** LHCL90T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

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

Universe: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL90T]

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T

Question ID: FHS.306_01.000 **Instrument Variable Name:** LHCL91N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].
* 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

Universe: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2

Skip Instructions: <1-95,D> [goto LHCL91T]
<96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.306_02.000 **Instrument Variable Name:** LHCL91T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S2].

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

Universe: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2 and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL91T]

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T

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Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.350_00.000 **Instrument Variable Name:** LAHCA **QuestionnaireFileName:** Family

Question Text: (book) F2

What conditions or health problems cause [fill: your/ALIAS's] limitations?

* Enter 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(e.g., asthma and emphysema)
12	Cancer
13	Birth defect
14	Mental retardation
15	Other developmental problem (e.g. 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

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Family Health Status & Limitations

Document Version Date: 20-Jul-05

Universe: All persons 18 years of age or older who have at least one reported limitation

Skip Instructions: <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.

Question ID: FHS.351_90.000 **Instrument Variable Name:** LAHCA_S1 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7 Refused
9 Don't know
Verbatim Verbatim Response

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

Skip Instructions: goto LHAL90N

Question ID: FHS.351_91.000 **Instrument Variable Name:** LAHCA_S2 **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What is the other impairment or problem?

7 Refused
9 Don't know
Verbatim Verbatim Response

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

Skip Instructions: goto LHAL91N

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.360_01.000 **Instrument Variable Name:** LHAL01N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

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

Universe: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing

Skip Instructions: <1-95,D> [goto LHAL01T]
<96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.360_02.000 **Instrument Variable Name:** LHAL01T **QuestionnaireFileName:** Family

Question Text: 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)
6	Since Birth
7	Refused
9	Don't know

Universe: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.362_01.000 **Instrument Variable Name:** LHAL02N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing 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

Universe: All persons 18 years of age or older who have a limitation due to a hearing problem

Skip Instructions: <1-95,D> [goto LHAL02T]
<96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.362_02.000 **Instrument Variable Name:** LHAL02T **QuestionnaireFileName:** Family

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)
6	Since Birth
7	Refused
9	Don't know

Universe: All persons 18 years of age or older who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.364_01.000 **Instrument Variable Name:** LHAL03N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism

Skip Instructions: <1-95,D> [goto LHAL03T]
<96> [fill "6" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.364_02.000 **Instrument Variable Name:** LHAL03T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* 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

Universe: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.366_01.000 **Instrument Variable Name:** LHAL04N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a back or neck problem?

* Enter number for time with a 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

Universe: All persons 18 years of age or older who have a limitation due to a back or neck problem

Skip Instructions: <1-95,D> [goto LHAL04T]
<96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.366_02.000 **Instrument Variable Name:** LHAL04T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to a back or neck problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.368_01.000 **Instrument Variable Name:** LHAL05N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury

Skip Instructions: <1-95,D> [goto LHAL05T]
<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.368_02.000 **Instrument Variable Name:** LHAL05T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]

if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.370_01.000 **Instrument Variable Name:** LHAL06N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?

* Enter number for time with the injury.
* 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

Universe: All persons 18 years of age or older who have a limitation due to some "other" injury

Skip Instructions: <1-95,D> [goto LHAL06T]
<96> [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.370_02.000 **Instrument Variable Name:** LHAL06T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with other injury that caused [fill: your/his/her] limitation.

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

Universe: All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.372_01.000 **Instrument Variable Name:** LHAL07N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a heart problem?

* Enter number for time with a heart problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

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

Universe: All persons 18 years of age or older who have a limitation due to a heart problem

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

Question ID: FHS.372_02.000 **Instrument Variable Name:** LHAL07T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with heart problem.

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

Universe: All persons 18 years of age or older who have a limitation due to a heart problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.374_01.000 **Instrument Variable Name:** LHAL08N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to a stroke problem

Skip Instructions: <1-95,D> [goto LHAL08T]
<96> [fill "6" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.374_02.000 **Instrument Variable Name:** LHAL08T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with stroke problem.

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

Universe: All persons 18 years of age or older who have a limitation due to a stroke problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.376_01.000 **Instrument Variable Name:** LHAL09N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure

Skip Instructions: <1-95,D> [goto LHAL09T]
<96> [fill "6" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.376_02.000 **Instrument Variable Name:** LHAL09T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.378_01.000 **Instrument Variable Name:** LHAL10N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had diabetes?

* Enter number for time with diabetes.
* 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

Universe: All persons 18 years of age or older who have a limitation due to diabetes

Skip Instructions: <1-95,D> [goto LHAL10T]
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.378_02.000 **Instrument Variable Name:** LHAL10T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* 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

Universe: All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.380_01.000 **Instrument Variable Name:** LHAL11N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

* Enter number for time with a lung problem or breathing 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

Universe: All persons 18 years of age or older who have a limitation due to a lung/breathing problem

Skip Instructions: <1-95,D> [goto LHAL11T]
<96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.380_02.000 **Instrument Variable Name:** LHAL11T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

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

Universe: All persons 18 years of age or older who have a limitation due to a lung/breathing problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.382_01.000 **Instrument Variable Name:** LHAL12N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had cancer?

* Enter number for time with cancer.
* 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

Universe: All persons 18 years of age or older who have a limitation due to cancer

Skip Instructions: <1-95,D> [goto LHAL12T]
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.382_02.000 **Instrument Variable Name:** LHAL12T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to cancer and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.384_01.000 **Instrument Variable Name:** LHAL14N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had mental retardation?

* Enter number for time with mental retardation.
* 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

Universe: All persons 18 years of age or older who have a limitation due to mental retardation

Skip Instructions: <1-95,D> [goto LHAL14T]
<96> [fill "6" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.384_02.000 **Instrument Variable Name:** LHAL14T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with mental retardation.

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

Universe: All persons 18 years of age or older who have a limitation due to mental retardation and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.386_01.000 **Instrument Variable Name:** LHAL15N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to some other developmental problem

Skip Instructions: <1-95,D> [goto LHAL15T]
<96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.386_02.000 **Instrument Variable Name:** LHAL15T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

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

Universe: All persons 18 years of age or older who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL15T]

if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.388_01.000 **Instrument Variable Name:** LHAL16N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had senility?

* Enter number for time with senility.
* 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

Universe: All persons 18 years of age or older who have a limitation due to senility

Skip Instructions: <1-95,D> [goto LHAL16T]
<96> [fill "6" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.388_02.000 **Instrument Variable Name:** LHAL16T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with senility.

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

Universe: All persons 18 years of age or older who have a limitation due to senility and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.390_01.000 **Instrument Variable Name:** LHAL17N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem

Skip Instructions: <1-95,D> [goto LHAL17T]
<96> [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.390_02.000 **Instrument Variable Name:** LHAL17T **QuestionnaireFileName:** Family

Question Text: 2 of 2

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

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

Universe: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL17T]

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.392_01.000 **Instrument Variable Name:** LHAL18N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had a weight problem?

* Enter number for time with a weight 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

Universe: All persons 18 years of age or older who have a limitation due to a weight problem

Skip Instructions: <1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.392_02.000 **Instrument Variable Name:** LHAL18T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with weight problem.

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

Universe: All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL18T]

if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.394_01.000 **Instrument Variable Name:** LHAL19N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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.

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

Universe: All persons 18 years of age or older who have a limitation due to missing limbs

Skip Instructions: <1-95,D> [goto LHAL19T]
<96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.394_02.000 **Instrument Variable Name:** LHAL19T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with missing limb (finger, toe, or digit).

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

Universe: All persons 18 years of age or older who have a limitation due to missing limbs and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]

if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.396_01.000 **Instrument Variable Name:** LHAL20N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem

Skip Instructions: <1-95,D> [goto LHAL20T]
<96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.396_02.000 **Instrument Variable Name:** LHAL20T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* 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

Universe: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.398_01.000 **Instrument Variable Name:** LHAL21N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to circulation problems

Skip Instructions: <1-95,D> [goto LHAL21T]
<96> [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.398_02.000 **Instrument Variable Name:** LHAL21T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with circulation problem (including blood clots).

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

Universe: All persons 18 years of age or older who have a limitation due to circulation problems and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL21T]

if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.400_01.000 **Instrument Variable Name:** LHAL22N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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.

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

Universe: All persons 18 years of age or older who have a limitation due to benign tumors or cysts

Skip Instructions: <1-95,D> [goto LHAL22T]
<96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.400_02.000 **Instrument Variable Name:** LHAL22T **QuestionnaireFileName:** Family

Question Text: 2 of 2

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

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

Universe: All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1_LHAL22T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.402_01.000 **Instrument Variable Name:** LHAL23N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus

Skip Instructions: <1-95,D> [goto LHAL23T]
<96> [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.402_02.000 **Instrument Variable Name:** LHAL23T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.404_01.000 **Instrument Variable Name:** LHAL24N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.
* 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

Universe: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis

Skip Instructions: <1-95,D> [goto LHAL24T]
<96> [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.404_02.000 **Instrument Variable Name:** LHAL24T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

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

Universe: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL24T]

if LHAL24T = 4 and LHAL24N > AGE, goto ERR1_LHAL24T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.406_01.000 **Instrument Variable Name:** LHAL25N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to epilepsy or seizures

Skip Instructions: <1-95,D> [goto LHAL25T]
<96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.406_02.000 **Instrument Variable Name:** LHAL25T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

Universe: All persons 18 years of age or older who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.408_01.000 **Instrument Variable Name:** LHAL26N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dtstrophy (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

Universe: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy

Skip Instructions: <1-95,D> [goto LHAL26T]
<96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.408_02.000 **Instrument Variable Name:** LHAL26T **QuestionnaireFileName:** Family

Question Text: 2 of 2

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

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

Universe: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.410_01.000 **Instrument Variable Name:** LHAL27N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia

Skip Instructions: <1-95,D> [goto LHAL27T]
<96> [fill "6" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.410_02.000 **Instrument Variable Name:** LHAL27T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with 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

Universe: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.412_01.000 **Instrument Variable Name:** LHAL28N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors

Skip Instructions: <1-95,D> [goto LHAL28T]
<96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.412_02.000 **Instrument Variable Name:** LHAL28T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL28T]

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.414_01.000 **Instrument Variable Name:** LHAL29N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage.
* 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

Universe: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

Skip Instructions: <1-95,D> [goto LHAL29T]
<96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.414_02.000 **Instrument Variable Name:** LHAL29T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

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

Universe: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome, and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL29T]

if LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.416_01.000 **Instrument Variable Name:** LHAL30N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to a hernia

Skip Instructions: <1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.416_02.000 **Instrument Variable Name:** LHAL30T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to a hernia and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL30T]

if LHAL30T = 4 and LHAL30N > AGE, goto ERR1_LHAL30T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.418_01.000 **Instrument Variable Name:** LHAL31N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to an ulcer

Skip Instructions: <1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.418_02.000 **Instrument Variable Name:** LHAL31T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to an ulcer and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.420_01.000 **Instrument Variable Name:** LHAL32N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids

Skip Instructions: <1-95,D> [goto LHAL32T]
<96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.420_02.000 **Instrument Variable Name:** LHAL32T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.422_01.000 **Instrument Variable Name:** LHAL33N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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.

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

Universe: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout

Skip Instructions: <1-95,D> [goto LHAL33T]
<96> [fill "6" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.422_02.000 **Instrument Variable Name:** LHAL33T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

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

Universe: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL33T]

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.424_01.000 **Instrument Variable Name:** LHAL34N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] 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

Universe: All persons 18 years of age or older who have a limitation due to knee problems

Skip Instructions: <1-95,D> [goto LHAL34T]
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.424_02.000 **Instrument Variable Name:** LHAL34T **QuestionnaireFileName:** Family

Question Text: 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

Universe: All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL34T]

if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.426_01.000 **Instrument Variable Name:** LHAL35N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill: have you/has ALIAS] had migraine headaches?

* Enter number for time with migrane headaches.
* 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

Universe: All persons 18 years of age or older who have a limitation due to migraine headaches

Skip Instructions: <1-95,D> [goto LHAL35T]
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.426_02.000 **Instrument Variable Name:** LHAL35T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with migraine headaches.

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

Universe: All persons 18 years of age or older who have a limitation due to migraine headaches and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.450_01.000 **Instrument Variable Name:** LHAL90N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

* Enter number for time with [fill1: LAHCA_S1].
* 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

Universe: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1

Skip Instructions: <1-95,D> [goto LHAL90T]
<96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.450_02.000 **Instrument Variable Name:** LHAL90T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with [fill: LAHCA_S1].

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

Universe: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1_LHAL90T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.452_01.000 **Instrument Variable Name:** LHAL91N **QuestionnaireFileName:** Family

Question Text: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?

* Enter number for time with [fill1: LAHCA_S2].
* 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

Universe: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

Skip Instructions: <1-95,D> [goto LHAL91T]
<96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.452_02.000 **Instrument Variable Name:** LHAL91T **QuestionnaireFileName:** Family

Question Text: 2 of 2

* Enter time period for time with [fill: LAHCA_S2].

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

Universe: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

Skip Instructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

2004 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 20-Jul-05

Question ID: FHS.500_00.000 **Instrument Variable Name:** PHSTAT **QuestionnaireFileName:** Family

Question Text: Would you say [fill: your/ALIAS's] health in general is excellent, very good, good, fair, or poor?

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
7 Refused
9 Don't know

Universe: All persons

Skip Instructions: repeat for all persons in the family, goto FINJ3M

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Question ID: FIJ.010_01.000 **Instrument Variable Name:** FINJ3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

Question ID: FIJ.012_00.000 **Instrument Variable Name:** WFINJ3M **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more psersons and at least was injured during the past 3 months

Skip Instructions: <R,D> [goto FPOI3M]
else, goto TFINJ3M

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

Question ID: FIJ.014_00.000 **Instrument Variable Name:** TFINJ3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

01-91 1-91 times
97 Refused
99 Don't know

Universe: All persons injured during the past 3 months

Skip Instructions: <1-10,D> [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

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Question ID: FIJ.016_00.000 **Instrument Variable Name:** MFINJ3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with at least one or an unknown number of injury episodes during the past 3 months

Skip Instructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.018_00.000 **Instrument Variable Name:** MTFINJ3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?

01-91 1-91 times
97 Refused
99 Don't know

Universe: All persons who consulted a medical professional for their injury episode(s)

Skip Instructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Question ID: FIJ.020_00.000 **Instrument Variable Name:** FPOI3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,R,D> [goto FDMED12M]

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Question ID: FIJ.022_00.000 **Instrument Variable Name:** WFPOI3M **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was this?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one was poisoned during the past 3 months

Skip Instructions: <R,D> [goto FDMED12M]
else, goto TFPOI3M

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

Question ID: FIJ.024_00.000 **Instrument Variable Name:** TFPOI3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

01-91 1-91 times
97 Refused
99 Don't know

Universe: All persons poisoned during the past 3 months

Skip Instructions: <1-10,D> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]
<11-91> [goto ERR_TFPOI3M]

Question ID: FIJ.026_00.000 **Instrument Variable Name:** MFPOI3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with at least one or an unknown number of poisoning episodes during the past 3 months

Skip Instructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else, goto MTFPOI3M]
<2,R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

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Question ID: FIJ.028_00.000 **Instrument Variable Name:** MTFPOI3M **QuestionnaireFileName:** Family

Question Text: ? [F1]

Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

Universe: All persons who consulted a medical professional for their poisoning episode(s)

Skip Instructions: <1-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, if MTFPOI3M gt 3 and TFPOI3M eq D, goto ERR2_MTFPOI3M; else, goto IPDATEM]
<R,D> [goto TFPOI3M for the next person with a reported poisoning episode; if no more persons with a poisoning episode, goto FDMED12M]

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Question ID: FIJ.050_01.000 **Instrument Variable Name:** IPDATEM **QuestionnaireFileName:** Family

Question Text: 1 of 3

* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}
Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}
You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

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

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

Question ID: FIJ.050_02.000 **Instrument Variable Name:** IPDATED **QuestionnaireFileName:** Family

Question Text: 2 of 3

* Enter day.

01-31	1-31
97	Refused
99	Don't know

Universe: All injury/poisoning episodes where a valid month of episode was entered

Skip Instructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]

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Question ID: FIJ.050_03.000 **Instrument Variable Name:** IPDATEY **QuestionnaireFileName:** Family

Question Text: 3 of 3

* Enter year.

2003	2003
2004	2004
9997	Refused
9999	Don't know

Universe: All injury/poisoning episodes where a valid day of episode was enetered

Skip Instructions: if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Question ID: FIJ.051_01.000 **Instrument Variable Name:** IPDATENO **QuestionnaireFileName:** Family

Question Text: 1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

01-91	1-91
97	Refused
99	Don't know

Universe: All injury/poisoning episodes where don't know was entered for month of episode

Skip Instructions: <1-91> [goto IPDATETP]
<R,D> [goto IPHOW]

Question ID: FIJ.051_02.000 **Instrument Variable Name:** IPDATETP **QuestionnaireFileName:** Family

Question Text: 2 of 2

*Enter number for time period since event.

^IPDATENO…

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

Universe: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

Skip Instructions: goto IPHOW

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Question ID: FIJ.052_00.000 **Instrument Variable Name:** IPDATEMT **QuestionnaireFileName:** Family

Question Text: (book) F3 ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1 Beginning
2 Middle
3 End
7 Refused
9 Don't know

Universe: All injury/poisoning episodes where don't know was entered for day of episode

Skip Instructions: gotoIPHOW

Question ID: FIJ.060_00.000 **Instrument Variable Name:** IPHOW **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.

7 Refused
9 Don't know
Verbatim Verbatim response

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <verbatim> [if an injury episode, goto ICAUS; else, if a poisoning episode, goto PPCC]
<R> [if an injury episode, fill "R" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]
<D> [if an injury episode, fill "D" in ICAUS and goto IJBODY; else, if a poisoning episode, goto PPCC]

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Question ID: FIJ.065_00.000 **Instrument Variable Name:** ICAUS **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Do not read.

* Enter the number which best describes the cause of the person's injury from the list below.

01 In a motor vehicle
02 On a bike, scooter, skateboard, skates, skis, horse, etc.
03 Pedestrian who was struck by a vehicle such as a car or bicycle
04 In a boat, train, or plane
05 Fall
06 Burned or scalded by substances such as hot objects or liquids, fire, or chemicals
07 Other
97 Refused
99 Don't know

Universe: All injury episodes for which a medical professional was consulted and don't know or refused was not entered at IPHOW

Skip Instructions: goto IJBODY

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Question ID: FIJ.070_00.000 **Instrument Variable Name:** IJBODY **QuestionnaireFileName:** Family

Question Text: (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

In this injury, what parts of [fill: your/ALIAS's] body were hurt?

01	Ankle
02	Back
03	Buttocks
04	Chest
05	Ear
06	Elbow
07	Eye
08	Face
09	Finger/thumb
10	Foot
11	Forearm
12	Groin
13	Hand
14	Head (not face)
15	Hip
16	Jaw
17	Knee
18	Lower leg
19	Mouth
20	Neck
21	Nose
22	Shoulder
23	Stomach
24	Teeth
25	Thigh
26	Toe
27	Upper arm
28	Wrist
29	Other, specify
97	Refused
99	Don't know

Universe: All injury episodes for which a medical professional was consulted

Skip Instructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]

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Question ID: FIJ.071_00.000 **Instrument Variable Name:** IJBODYOS **QuestionnaireFileName:** Family

Question Text: *Read if necessary.

What other parts of the body were hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All injury episodes where some "other" part of the body was hurt

Skip Instructions: goto IJTYPE1

Question ID: FIJ.072_00.000 **Instrument Variable Name:** IJTYPE1 **QuestionnaireFileName:** Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

Universe: All injury episodes where at least one part of the body was hurt

Skip Instructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

Question ID: FIJ.073_00.000 **Instrument Variable Name:** IJTYP1OS **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All injury episodes where the first body part was hurt in some "other" way

Skip Instructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.074_00.000 **Instrument Variable Name:** IJTYPE2 **QuestionnaireFileName:** Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

Universe: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

Skip Instructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

Question ID: FIJ.075_00.000 **Instrument Variable Name:** IJTYP2OS **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All injury episodes where the second body part was hurt in some "other" way

Skip Instructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.076_00.000 **Instrument Variable Name:** IJTYPE3 **QuestionnaireFileName:** Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

Universe: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

Skip Instructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

Question ID: FIJ.077_00.000 **Instrument Variable Name:** IJTYP3OS **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All injury episodes where the third body part was hurt in some "other" way

Skip Instructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

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Question ID: FIJ.078_00.000 **Instrument Variable Name:** IJTYPE4 **QuestionnaireFileName:** Family

Question Text: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

Universe: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

Skip Instructions: <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

Question ID: FIJ.079_00.000 **Instrument Variable Name:** IJTYP4OS **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All injury episodes where the fourth body part was hurt in some "other" way

Skip Instructions: if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000 **Instrument Variable Name:** PPCC **QuestionnaireFileName:** Family

Question Text: Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPEV]
<R> [goto IPHOSP]

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Question ID: FIJ.080_02.000 **Instrument Variable Name:** IPEV **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPER]
<R> [goto IPHOSP]

Question ID: FIJ.080_03.000 **Instrument Variable Name:** IPER **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPDO]
<R> [goto IPHOSP]

Question ID: FIJ.080_04.000 **Instrument Variable Name:** IPDO **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor’s office or other health clinic

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPPCHCP]
<R> [goto IPHOSP]

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Question ID: FIJ.080_05.000 **Instrument Variable Name:** IPPCHCP **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1,2,D> [goto IPOTH]
<R> [goto IPHOSP]

Question ID: FIJ.080_06.000 **Instrument Variable Name:** IPOTH **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

Question ID: FIJ.081_00.000 **Instrument Variable Name:** IPOTHOS **QuestionnaireFileName:** Family

Question Text: * Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

7 Refused
9 Don't know
Verbatim Verbatim response

Universe: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

Skip Instructions: goto IPHOSP

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Question ID: FIJ.082_00.000 **Instrument Variable Name:** IPVER **QuestionnaireFileName:** Family

Question Text: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

Skip Instructions: <1>[if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning; else, if no more family members with an injury/poisoning, go to FPOI3M/FDMED12M]
<2> [if a poisoning episode, goto PPCC for new entries; else, if an injury episode, goto IPEV for new entries]

Question ID: FIJ.090_00.000 **Instrument Variable Name:** IPHOSP **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1> [goto IPIHNO]
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

Question ID: FIJ.091_00.000 **Instrument Variable Name:** IPIHNO **QuestionnaireFileName:** Family

Question Text: ? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

01-94 1-94 nights
95 95+ nights
97 Refused
99 Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

Skip Instructions: <1-60,R,D> [if ICAUS eq 1-3, goto IMTRAF; else, if ICAUS eq 4-7,R,D, goto IPWHAT; else, if ICAUS eq 5, goto IFALL]
<61-95> [goto ERR_IPIHNO]

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Question ID: FIJ.109_00.000 **Instrument Variable Name:** IMTRAF **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

Skip Instructions: goto IMVWHO

Question ID: FIJ.110_00.000 **Instrument Variable Name:** IMVWHO **QuestionnaireFileName:** Family

Question Text: *Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1 The driver of a motor vehicle
2 A passenger in a motor vehicle
3 A pedestrian
4 A bicycle rider or tricycle rider
5 The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7 Refused
9 Don't know

Universe: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

Skip Instructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

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Question ID: FIJ.111_00.000 **Instrument Variable Name:** IMVTYP **QuestionnaireFileName:** Family

Question Text: (book) F6 ? [F1]

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

01	Passenger car
02	Passenger truck, such as a pickup truck, van, or SUV
03	Bus
04	Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05	Motorcycle (including mopeds and minibikes)
06	All terrain vehicle or ski/snow-mobile
07	Farm equipment (such as a tractor)
08	Industrial or construction vehicle
09	Other
97	Refused
99	Don't know

Universe: All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

Skip Instructions: <1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> [goto IPWHAT]

Question ID: FIJ.112_00.000 **Instrument Variable Name:** ISBELT **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

Skip Instructions: goto IPWHAT

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Question ID: FIJ.113_00.000 **Instrument Variable Name:** IHELMT **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

Skip Instructions: goto IPWHAT

Question ID: FIJ.130_00.000 **Instrument Variable Name:** IFALL **QuestionnaireFileName:** Family

Question Text: (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

01 Stairs, steps, or escalator
02 Floor or level ground
03 Curb (including sidewalk)
04 Ladder or scaffolding
05 Playground equipment
06 Sports field, court, or rink
07 Building or other structure
08 Chair, bed, sofa, or other furniture
09 Bathtub, shower, toilet, or commode
10 Hole or other opening
11 Other
97 Refused
99 Don't know

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

Skip Instructions: goto IFALLWHY

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.131_00.000 **Instrument Variable Name:** IFALLWHY **QuestionnaireFileName:** Family

Question Text: (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

1 Slipping or tripping
2 Jumping or diving
3 Bumping into an object or another person
4 Being shoved or pushed by another person
5 Losing balance or having dizziness (becoming faint or having a seizure)
6 Other
7 Refused
9 Don't know

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

Skip Instructions: goto IPWHAT

Question ID: FIJ.140_00.000 **Instrument Variable Name:** PPOIS **QuestionnaireFileName:** Family

Question Text: (book) F9 ? [F1]

* Ask or verify.

What did [fill: your/ALIAS's] poisoning result from?

1 Swallowing a drug or medical substance mistakenly or in overdose
2 Swallowing or touching a harmful solid or liquid substance
3 Inhaling harmful gases or vapors
4 Eating a poisonous plant or other substance mistaken for food
5 Being bitten by a poisonous animal
6 Other, please specify
7 Refused
9 Don't know

Universe: All poisoning episodes for which a medical professional was consulted

Skip Instructions: <1-5,R,D> [goto IPWHAT]
<6> [goto PPOISOS]

Question ID: FIJ.141_00.000 **Instrument Variable Name:** PPOISOS **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

How did [fill: your/ALIAS's] poisoning occur?

7 Refused
9 Don't know
Verbatim Verbatim response

Universe: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

Skip Instructions: goto IPWHAT

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.150_00.000 **Instrument Variable Name:** IPWHAT **QuestionnaireFileName:** Family

Question Text: (book) F10 ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

01	Driving or riding in a motor vehicle
02	Working at a paid job
03	Working around the house or yard
04	Attending school
05	Unpaid work (such as volunteer work)
06	Sports and exercise
07	Leisure activity (excluding sports)
08	Sleeping, resting, eating, or drinking
09	Cooking
10	Being cared for (hands-on care from other person)
11	Other, please specify
97	Refused
99	Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

Question ID: FIJ.151_00.000 **Instrument Variable Name:** IPWHATOT **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

7	Refused
9	Don't know
Verbatim	Verbatim response

Universe: All medically-consulted injury/poisoning episodes that occurred in some "other" place

Skip Instructions: goto IPWHER

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Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.160_00.000 **Instrument Variable Name:** IPWHER **QuestionnaireFileName:** Family

Question Text: (book) F11 ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01	Home (inside)
02	Home (outside)
03	School (not residential)
04	Child care center or preschool
05	Residential institution (excluding hospital)
06	Health care facility (including hospital)
07	Street or highway
08	Sidewalk
09	Parking lot
10	Sport facility, athletic field, or playground
11	Shopping center, restaurant, store, bank, gas station, or other place of business
12	Farm
13	Park or recreation area (include bike or jog path)
14	River, lake, stream, or ocean
15	Industrial or construction area
16	Other public building
17	Other
97	Refused
99	Don't know

Universe: All injury/poisoning episodes for which a medical professional was consulted

Skip Instructions: if AGE lt 5 and the person has more injury/poisoning episodes, goto IPDATEM; else, if AGE lt 5 and the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if AGE lt 5 and no more family members with an injury/poisoning, goto FPOI3M/FDMED12M; else, if AGE ge 13, goto IPEMP; else, if AGE ge 5 and AGE le 12, goto IPSTU

Question ID: FIJ.170_00.000 **Instrument Variable Name:** IPEMP **QuestionnaireFileName:** Family

Question Text: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1	Full-time
2	Part-time
3	Not employed
7	Refused
9	Don't know

Universe: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

Skip Instructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

2004 NHIS Questionnaire - Family
Injuries & Poisoning
Document Version Date: 20-Jul-05

Question ID: FIJ.171_00.000 **Instrument Variable Name:** IPWKLS **QuestionnaireFileName:** Family

Question Text: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1 None
2 Less than one day
3 One to five days
4 Six or more days
7 Refused
9 Don't know

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

Skip Instructions: goto IPSTU

Question ID: FIJ.180_00.000 **Instrument Variable Name:** IPSTU **QuestionnaireFileName:** Family

Question Text: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1 Full-time
2 Part-time
3 Not a student
7 Refused
9 Don't know

Universe: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

Skip Instructions: <1,2> [goto IPSCLS]
<3,R,D> [goto FDMED12M]

Question ID: FIJ.181_00.000 **Instrument Variable Name:** IPSCLS **QuestionnaireFileName:** Family

Question Text: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1 None
2 Less than one day
3 One to five days
4 Six or more days
7 Refused
9 Don't know

Universe: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

Skip Instructions: if the person has more injury/poisoning episodes, goto IPDATEM; else, if the person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for the next person with an injury/poisoning episode; else, if no more family members with an injury/poisoning episode, goto FPOI3M/FDMED12M

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 20-Jul-05

Question ID: FAU.010_00.000 **Instrument Variable Name:** FDMED12M **QuestionnaireFileName:** Family

Question Text: ? [F1]

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

Question ID: FAU.020_00.000 **Instrument Variable Name:** PDMED12M **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

For which family member was medical care delayed?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: goto FNMED12M

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

Question ID: FAU.030_00.000 **Instrument Variable Name:** FNMED12M **QuestionnaireFileName:** Family

Question Text: ? [F1]

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

2004 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
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Question ID: FAU.040_00.000 **Instrument Variable Name:** PNMED12M **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who didn't get needed care?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

Skip Instructions: goto FHOSPYR

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

Question ID: FAU.050_00.000 **Instrument Variable Name:** FHOSPYR **QuestionnaireFileName:** Family

Question Text: ? [F1]

DURING THE PAST 12 MONTHS [fill1: were you/ was anyone in the family] a patient in a hospital OVERNIGHT? Do not include an overnight stay in the emergency room.

[fill2: Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.]

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]
<2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000 **Instrument Variable Name:** PHOSPYR **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who was in a hospital overnight?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one was a patient overnight during the past 12 months (excluding ER)

Skip Instructions: goto HOSPNO

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

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 20-Jul-05

Question ID: FAU.070_00.000 **Instrument Variable Name:** HOSPNO **QuestionnaireFileName:** Family

Question Text: ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

001-365	1-365 times
997	Refused
999	Don't know

Universe: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

Skip Instructions:
<1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

Question ID: FAU.110_00.000 **Instrument Variable Name:** HPNITE **QuestionnaireFileName:** Family

Question Text: ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

001-365	1-365 nights
997	Refused
999	Don't know

Universe: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

Skip Instructions:
<1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
<51-365> [goto ERR1_HPNITE]

if HOSPNO gt HPNITE, goto ERR2_HPNITE

Question ID: FAU.120_00.000 **Instrument Variable Name:** FHCHM2W **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Hand calendar card.

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include
care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

During those 2 WEEKS, did [fill: you/anyone in the family] receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions:
<1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 20-Jul-05

Question ID: FAU.130_00.000 **Instrument Variable Name:** PHCHM2W **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care at home?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

Skip Instructions: goto PHCHMN2W

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

Question ID: FAU.140_00.000 **Instrument Variable Name:** PHCHMN2W **QuestionnaireFileName:** Family

Question Text: How many home visits did [fill: you/ ALIAS] receive during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50 1-50 home visits
97 Refused
99 Don't know

Universe: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

Skip Instructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCPHMN2W]

Question ID: FAU.150_00.000 **Instrument Variable Name:** FHCPH2W **QuestionnaireFileName:** Family

Question Text: During those 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]

2004 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: FAU.160_00.000 **Instrument Variable Name:** PHCPH2W **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was the phone call about?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

Skip Instructions: goto PHCPHN2W

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

Question ID: FAU.170_00.000 **Instrument Variable Name:** PHCPHN2W **QuestionnaireFileName:** Family

Question Text: During those 2 WEEKS, how many telephone calls [fill: did you make/were made about ALIAS]?

* Enter '50' for 50 or more phone calls.

01-50	1-50 calls
97	Refused
99	Don't know

Universe: All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

Skip Instructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]
<15-50> [goto ERR_PHCPHN2W]

Question ID: FAU.180_00.000 **Instrument Variable Name:** FHCDV2W **QuestionnaireFileName:** Family

Question Text: During those 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

2004 NHIS Questionnaire - Family
Family Access to Health Care & Utilization
Document Version Date: 20-Jul-05

Question ID: FAU.190_00.000 **Instrument Variable Name:** PHCDV2W **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

Skip Instructions: goto PHCDVN2W

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

Question ID: FAU.200_00.000 **Instrument Variable Name:** PHCDVN2W **QuestionnaireFileName:** Family

Question Text: How many times did [fill: you/ALIAS] visit a doctor or other health care professional during those 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50	1-50 times
97	Refused
99	Don't know

Universe: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

Skip Instructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Question ID: FAU.210_00.000 **Instrument Variable Name:** F10DVYR **QuestionnaireFileName:** Family

Question Text: During the past 12 MONTHS did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

2004 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 20-Jul-05

Question ID: FAU.220_00.000 **Instrument Variable Name:** P10DVYR **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received care 10 or more times?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

Skip Instructions: goto FHICOV

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.050_00.000 **Instrument Variable Name:** FHICOV **QuestionnaireFileName:** Family

Question Text: (book) F12 and (book) F13

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill:Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1,R,D> [goto HIKIND]
<2> [if QUARTER=1 or 2, goto SINCOV; else, if QUARTER=3 or 4 and AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

Question ID: FHI.070_00.000 **Instrument Variable Name:** HIKIND **QuestionnaireFileName:** Family

Question Text: (book) F12 and (book) F13 ? [F1]

What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.

01 Private health insurance
02 Medicare
03 Medi-Gap
04 Medicaid
05 SCHIP (CHIP/Children's Health Insurance Program)
06 Military health care (TRICARE/VA/CHAMP-VA)
07 Indian Health Service
08 State-sponsored health plan
09 Other government program
10 Single service plan (e.g., dental, vision, prescriptions)
11 No coverage of any type
97 Refused
99 Don't know

Universe: All persons in families where FHICOV= yes, don't know, or refused

Skip Instructions: <R,D> [goto HCSPFYR]
<1-10> [if QUARTER=1 or 2 and HIKIND ne 10, goto SINCOV; else, goto HICHANGE]
<1-10> [if QUARTER=3 or 4 and AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]
<11> [if QUARTER=1 or 2 and HIKIND=1-10, goto ERR_HIKIND; else, goto HICHANGE]
<11> [if QUARTER=3 or 4 and HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.072_00.000 **Instrument Variable Name:** MCAREPRB **QuestionnaireFileName:** Family

Question Text: (book) F12a
People covered by Medicare have a card that looks like this.
[fill: Are you/Is ALIAS] covered by Medicare?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

Skip Instructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

NOTE: MCAREPRB was only asked in Quarters 3 and 4.

Question ID: FHI.073_00.000 **Instrument Variable Name:** MCAIDPRB **QuestionnaireFileName:** Family

Question Text: (book F13)

* Refer to flashcard F13 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 65 years of age with no insurance coverage of any type

Skip Instructions: goto SINCOV

NOTE: MCAIDPRB was only asked in Quarters 3 and 4.

Question ID: FHI.074_00.000 **Instrument Variable Name:** SINCOV **QuestionnaireFileName:** Family

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

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: goto HICHANGE

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.075_00.000 **Instrument Variable Name:** HICHANGE **QuestionnaireFileName:** Family

Question Text: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:

fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons

Skip Instructions: <1,R,D> [repeat for all eligible persons, then goto MCNO]
<2> [goto ERR_HICHANGE]

Question ID: FHI.080_01.000 **Instrument Variable Name:** MCNO **QuestionnaireFileName:** Family

Question Text: 1 of 2 ? [F1]

I recorded that you are covered by Medicare. May I please see your Medicare card to determine the type of coverage and to record the Health Insurance Claim Number?

*Enter the claim number from the card.

This number is needed to allow Medicare records of the Centers for Medicare and Medicaid Services to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

* Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242K.

0-999999996	0-999999996
999999997	Refused
999999999	Don't know

Universe: Family respondents with Medicare

Skip Instructions: <0-99999996> [goto MCLET]
<R,D> [goto MCPART]

Question ID: FHI.080_02.000 **Instrument Variable Name:** MCLET **QuestionnaireFileName:** Family

Question Text: 2 of 2

*Enter the letters that appear after the claim number.

2 letters	
97	Refused
99	Don't know

Universe: Family respondents with Medicare who reported a Medicare claim number

Skip Instructions: goto MCPART

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.090_00.000 **Instrument Variable Name:** MCPART **QuestionnaireFileName:** Family

Question Text: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

{if subject eq respondent}:
* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

1 Part A - Hospital only
2 Part B - Medical only
3 Both Part A and Part B
7 Refused
9 Don't know

Universe: All persons with Medicare

Skip Instructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

Question ID: FHI.092_00.000 **Instrument Variable Name:** MCCARD **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1 Yes
2 No

Universe: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

Skip Instructions: if MCPART = 1, goto MCRXCARD; else, goto MCCHOICE

Question ID: FHI.095_00.000 **Instrument Variable Name:** MCCHOICE **QuestionnaireFileName:** Family

Question Text: ? [F1]

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

Skip Instructions: goto MCHMO

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.100_00.000 **Instrument Variable Name:** MCHMO **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

Skip Instructions: <1> [goto MCNAME]
<2,R,D> [goto MCREF]

Question ID: FHI.110_00.000 **Instrument Variable Name:** MCNAME **QuestionnaireFileName:** Family

Question Text: ? [F1]

What is the name of the HMO?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim response

Universe: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for part B coverage, and are enrolled under a Medicare managed care arrangement

Skip Instructions: goto MCREF

Question ID: FHI.114_00.000 **Instrument Variable Name:** MCREF **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

Skip Instructions: goto MCPAYPRE

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.116_00.000 **Instrument Variable Name:** MCPAYPRE **QuestionnaireFileName:** Family

Question Text: Besides [fill1: your/ALIAS's] Medicare insurance, [fill2: are you/is ALIAS] paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

Skip Instructions: goto MCRXCARD

Question ID: FHI.118_00.000 **Instrument Variable Name:** MCRXCARD **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] enrolled in a Medicare Prescription Drug Discount Card Endorsement Program?

* Read if necessary: [fill2: Do you/Does ALIAS] have a prescription drug discount card?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicare

Skip Instructions: goto MCPART for next person with Medicare; else, goto MACHMD

Question ID: FHI.120_00.000 **Instrument Variable Name:** MACHMD **QuestionnaireFileName:** Family

Question Text: (book F13) ? [F1]

* Refer to flashcard F13 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (* fill State Name). [fill1: You are/ALIAS is] listed as having Medicaid coverage. Can [fill2: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill3: you/he/she] choose from a book or list of doctors or is a doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

Universe: All persons with Medicaid

Skip Instructions: <1,R,D> [goto MAPCMD]
<2> [goto MACHMD1]
<3> [goto MACHMD2]

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.130_00.000 **Instrument Variable Name:** MACHMD1 **QuestionnaireFileName:** Family

Question Text: * Ask or verify.

What is the name of the health plan that provided the book or list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons with Medicaid who must select a doctor from a book or list of doctors

Skip Instructions: goto MANAM

Question ID: FHI.131_00.000 **Instrument Variable Name:** MACHMD2 **QuestionnaireFileName:** Family

Question Text: * Ask or verify.

What is the name of the health plan that assigned the doctor?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons with Medicaid for whom a doctor is assigned

Skip Instructions: goto MANAM

Question ID: FHI.132_00.000 **Instrument Variable Name:** MANAM **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on it?

1 Yes
2 No

Universe: All persons with Medicaid who must select a doctor from a book or list or for whom a doctor is assigned

Skip Instructions: goto MAPCMD

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.140_00.000 **Instrument Variable Name:** MAPCMD **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicaid

Skip Instructions: goto MAREF

Question ID: FHI.150_00.000 **Instrument Variable Name:** MAREF **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill1: your/ALIAS's] Medicaid plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with Medicaid

Skip Instructions: goto MACHMD for the next person with Medicaid; else, goto SSTYPE2

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.156_00.000 **Instrument Variable Name:** SSTYPE2 **QuestionnaireFileName:** Family

Question Text: (book) F14

* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

01	Accidents
02	AIDS care
03	Cancer treatment
04	Catastrophic care
05	Dental care
06	Disability insurance
07	Hospice care
08	Hospitalization only
09	Long-term care
10	Prescriptions
11	Vision care
12	Other (specify)
97	Refused
99	Don't know

Universe: All persons with single service plans

Skip Instructions: <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]
<12> [goto SSOTHER]

Question ID: FHI.157_00.000 **Instrument Variable Name:** SSOTHER **QuestionnaireFileName:** Family

Question Text: * Other type of single-service plan

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons with an "other" single service plan

Skip Instructions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.158_00.000 **Instrument Variable Name:** FHICCI6 **QuestionnaireFileName:** Family

Question Text: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1 Continue

Universe: All families with at least one person covered by private health insurance

Skip Instructions: goto HIPNAM1

Question ID: FHI.160_00.000 **Instrument Variable Name:** HIPNAM1 **QuestionnaireFileName:** Family

Question Text: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

7 Refused

9 Don't know

Verbatim Verbatim Response

Universe: All families with at least one person covered by private health insurance

Skip Instructions: <verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

Question ID: FHI.160_01.000 **Instrument Variable Name:** PCARD1 **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1 Yes

2 No

Universe: All private health insurance plans where the plan name was entered at HIPNAM1

Skip Instructions: goto HIPNAM1B

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.170_00.000 **Instrument Variable Name:** HIPNAM1B **QuestionnaireFileName:** Family

Question Text:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

Skip Instructions: <R,D> [if HIPNAM1= R or D, goto STNAME]
goto MORPLAN

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

Question ID: FHI.171_00.000 **Instrument Variable Name:** MORPLAN **QuestionnaireFileName:** Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

Skip Instructions: <1> [goto HIPNAM2]
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

Question ID: FHI.172_00.000 **Instrument Variable Name:** HIPNAM2 **QuestionnaireFileName:** Family

Question Text: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All families with a second private health insurance plan

Skip Instructions: <verbatim> [goto PCARD2]
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.172_01.000 **Instrument Variable Name:** PCARD2 **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1 Yes
2 No

Universe: All private health insurance plans where the plan name was entered at HIPNAM2

Skip Instructions: goto HIPNAM2B

Question ID: FHI.173_00.000 **Instrument Variable Name:** HIPNAM2B **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

Skip Instructions: <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

Question ID: FHI.174_00.000 **Instrument Variable Name:** MORPLAN2 **QuestionnaireFileName:** Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

Skip Instructions: <1> [goto HIPNAM3]
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.175_00.000 **Instrument Variable Name:** HIPNAM3 **QuestionnaireFileName:** Family

Question Text: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All families with a third private health insurance plan

Skip Instructions: <verbatim> [goto PCARD3]
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

Question ID: FHI.175_01.000 **Instrument Variable Name:** PCARD3 **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1 Yes
2 No

Universe: All private health insurance plans where the plan name was entered at HIPNAM3

Skip Instructions: goto HIPNAM3B

Question ID: FHI.176_00.000 **Instrument Variable Name:** HIPNAM3B **QuestionnaireFileName:** Family

Question Text:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

Skip Instructions: <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3]
goto MORPLAN3

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.177_00.000 **Instrument Variable Name:** MORPLAN3 **QuestionnaireFileName:** Family

Question Text: * Ask if necessary

Are there any more private health insurance plans?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

Skip Instructions: <1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

Question ID: FHI.178_00.000 **Instrument Variable Name:** HIPNAM4 **QuestionnaireFileName:** Family

Question Text: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All families with a fourth private health insurance plan

Skip Instructions: <verbatim> [goto PCARD4]
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

Question ID: FHI.178_01.000 **Instrument Variable Name:** PCARD4 **QuestionnaireFileName:** Family

Question Text: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1 Yes
2 No

Universe: All private health insurance plans where the plan name was entered at HIPNAM4

Skip Instructions: goto HIPNAM4B

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.179_00.000 **Instrument Variable Name:** HIPNAM4B **QuestionnaireFileName:** Family

Question Text:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

Skip Instructions: <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]
goto FHICCI8

Question ID: FHI.180_00.000 **Instrument Variable Name:** HIVER1 **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

Skip Instructions: <1> [goto HIVER2]
<2,R,D> [goto ERR_HIVER1]

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.190_00.000 **Instrument Variable Name:** HIVER2 **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

1 1st plan mentioned (^HIPNAM1)
2 2nd plan mentioned (^HIPNAM2)
3 3rd plan mentioned (^HIPNAM3)
4 4th plan mentioned (^HIPNAM4)
5 Some other plan not already mentioned
7 Refused
9 Don't know

Universe: All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

Skip Instructions: <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
<R,D> [goto FHICCI8]

Question ID: FHI.195_01.000 **Instrument Variable Name:** FHICCI8 **QuestionnaireFileName:** Family

Question Text: [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1 Continue

Universe: All families where a private health insurance plan was reported

Skip Instructions: goto FHI200

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.200_01.000 **Instrument Variable Name:** FHI200 **QuestionnaireFileName:** Family

Question Text: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

Universe: All private health insurance plans

Skip Instructions: goto PLNWRK

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

Question ID: FHI.210_01.000 **Instrument Variable Name:** PLNWRK **QuestionnaireFileName:** Family

Question Text: (book) F15 ? [F1]

Which one of these categories best describes how this plan was obtained?

01	Through employer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through a state/local government or community program
07	Other, specify
97	Refused
99	Don't know

Universe: All private health insurance plans

Skip Instructions: <1-6,R,D> [goto PLNPAY]
<7> [goto PLNWKSP]

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.211_01.000 **Instrument Variable Name:** PLNWKSP **QuestionnaireFileName:** Family

Question Text: *Read if necessary.

How was this plan obtained?

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All private health insurance plans where the plan was obtained through an "other" source

Skip Instructions: goto PLNPAY

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

Question ID: FHI.220_10.000 **Instrument Variable Name:** PLNPAY **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

01	Self or family (living in the household)
02	Employer or union
03	Someone outside the household
04	Medicare
05	Medicaid
06	Children's Health Insurance Program (CHIP/SCHIP)
07	State or local government or community program
97	Refused
99	Don't know

Universe: All private health insurance plans

Skip Instructions: <1> [goto HICOSTN]
<2-7,R,D> [if PLNPAY=1, goto HICOSTN; else, goto PLNMGD]

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.230_11.000 **Instrument Variable Name:** HICOSTN **QuestionnaireFileName:** Family

Question Text: 1 of 2 ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995	$1-$99,995
99997	Refused
99999	Don't know

Universe: All private health insurance plans payed for by self or family

Skip Instructions: <1-99995> [goto HICOSTT]
<R> [store "R" in HICOSTT and goto PLNMGD]
<D> [store "D" in HICOSTT and goto PLNMGD]

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

Question ID: FHI.230_12.000 **Instrument Variable Name:** HICOSTT **QuestionnaireFileName:** Family

Question Text: 2 of 2 ? [F1]

* Enter time period for premium payments.

01	Once a week
02	Once every 2 weeks
03	Once a month
04	Twice a month
05	Every 2 months
06	Quarterly (every 3 months)
07	Once a year
08	Twice a year
97	Refused
99	Don't know

Universe: All private health insurance plans with a valid response to HICOSTN

Skip Instructions: goto PLNMGD

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.240_01.000 **Instrument Variable Name:** PLNMGD **QuestionnaireFileName:** Family

Question Text: ? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1 HMO/IPA
2 PPO
3 POS
4 Fee-for-service/indemnity
5 Other
7 Refused
9 Don't know

Universe: All private health insurance plans

Skip Instructions: goto MGCHMD

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

Question ID: FHI.242_01.000 **Instrument Variable Name:** MGCHMD **QuestionnaireFileName:** Family

Question Text: Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

1 Any doctor
2 Select from group/list
7 Refused
9 Don't know

Universe: All private health insurance plans

Skip Instructions: <1> [goto MGPRMD]
<2> [goto MGPYMD]
<R,D> [goto MGPREF]

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

Question ID: FHI.244_01.000 **Instrument Variable Name:** MGPRMD **QuestionnaireFileName:** Family

Question Text: [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All private health insurance plans where covered persons can choose any doctor

Skip Instructions: goto MGPREF

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.246_01.000 **Instrument Variable Name:** MGPYMD **QuestionnaireFileName:** Family

Question Text: If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All private health insurance plans where covered persons must select from a group or list of doctors

Skip Instructions: goto MGPREF

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

Question ID: FHI.248_01.000 **Instrument Variable Name:** MGPREF **QuestionnaireFileName:** Family

Question Text: ? [F1]

When [fill1: you need/ALIAS needs/the family members with this plan need] to go to a different doctor or place for special care, [fill2: do you/does ALIAS/do they] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All private health insurance plans

Skip Instructions: goto PRRXCOV

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

Question ID: FHI.249_01.000 **Instrument Variable Name:** PRRXCOV **QuestionnaireFileName:** Family

Question Text: Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

* Read if necessary: Does this plan have a drug benefit?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All private health insurance plans

Skip Instructions: goto FHICCI8 for the next private health insurance plan; else, goto STNAME1

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

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.250_00.000 **Instrument Variable Name:** STNAME1 **QuestionnaireFileName:** Family

Question Text: Earlier I recorded that [fill: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons with SCHIP

Skip Instructions: goto STDOC1

Question ID: FHI.251_00.000 **Instrument Variable Name:** STDOC1 **QuestionnaireFileName:** Family

Question Text: Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

Universe: All persons with SCHIP

Skip Instructions: goto STPCMD1

Question ID: FHI.252_00.000 **Instrument Variable Name:** STPCMD1 **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with SCHIP

Skip Instructions: goto STREF1

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.253_00.000 **Instrument Variable Name:** STREF1 **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill1: ^STNAME1/this SCHIP plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons with SCHIP

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

Question ID: FHI.257_00.000 **Instrument Variable Name:** STNAME2 **QuestionnaireFileName:** Family

Question Text: Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STDOC2

Question ID: FHI.258_00.000 **Instrument Variable Name:** STDOC2 **QuestionnaireFileName:** Family

Question Text: Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a book or list of doctors or is the doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STPCMD2

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.259_00.000 **Instrument Variable Name:** STPCMD2 **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STREF2

Question ID: FHI.260_00.000 **Instrument Variable Name:** STREF2 **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill1:^STNAME2/this state sponsored plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STNAME2 for the next person with a state sponsored health plan; else, goto STNAME3

Question ID: FHI.264_00.000 **Instrument Variable Name:** STNAME3 **QuestionnaireFileName:** Family

Question Text: Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STDOC3

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.265_00.000 **Instrument Variable Name:** STDOC3 **QuestionnaireFileName:** Family

Question Text: Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3:you/he/she] choose from a book or list of doctors or is the doctor assigned?

1 Any doctor
2 Select from book/list
3 Doctor is assigned
7 Refused
9 Don't know

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STPCMD3

Question ID: FHI.266_00.000 **Instrument Variable Name:** STPCMD3 **QuestionnaireFileName:** Family

Question Text: [fill1: Are you/Is ALIAS] required to sign up with a certain primary care doctor, group of doctors, or certain clinic which [fill2: you/he/she] must go to for all of [fill3: your/his/her] routine care? Do not include emergency care or care from a specialist [fill4: you were/he was/she was] referred to.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STREF3

Question ID: FHI.267_00.000 **Instrument Variable Name:** STREF3 **QuestionnaireFileName:** Family

Question Text: ? [F1]

Under [fill1:^ STNAME3/this other government plan], if [fill2: you need/ALIAS needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STNAME3 for the next person with an "other" government plan; else, goto MILSPC

2004 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.270_00.000 **Instrument Variable Name:** MILSPC **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

1 TRICARE
2 VA
3 CHAMP-VA
4 Other military coverage (specify)
7 Refused
9 Don't know

Universe: All persons with military health care

Skip Instructions: <1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

Question ID: FHI.271_00.000 **Instrument Variable Name:** MILSPCOT **QuestionnaireFileName:** Family

Question Text: * Other military coverage

7 Refused
9 Don't know
Verbatim Verbatim Response

Universe: All persons with "other" military coverage

Skip Instructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

Question ID: FHI.275_00.000 **Instrument Variable Name:** MILMAN **QuestionnaireFileName:** Family

Question Text: ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1 TRICARE Prime
2 TRICARE Extra
3 TRICARE Standard
4 TRICARE for life
5 TRICARE other (specify)
7 Refused
9 Don't know

Universe: All persons with TRICARE coverage

Skip Instructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

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Family Health Insurance

Document Version Date: 20-Jul-05

Question ID: FHI.276_00.000 **Instrument Variable Name:** MILMANOT **QuestionnaireFileName:** Family

Question Text: * Other type of TRICARE coverage

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons with "other" type of TRICARE coverage

Skip Instructions: goto MILSPC for the next person with military health care; else, goto HILAST

Question ID: FHI.280_00.000 **Instrument Variable Name:** HILAST **QuestionnaireFileName:** Family

Question Text: (book) F16 ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

1	6 months or less
2	More than 6 months, but not more than 1 year ago
3	More than 1 year, but not more than 3 years ago
4	More than 3 years
5	Never
7	Refused
9	Don't know

Universe: All persons without known health insurance or with only single service plans

Skip Instructions: goto HISTOP

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Family Health Insurance

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Question ID: FHI.290_00.000 **Instrument Variable Name:** HISTOP **QuestionnaireFileName:** Family

Question Text: (book) F17

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

01	Person in family with health insurance lost job or changed employers
02	Got divorced or separated/death of spouse or parent
03	Became ineligible because of age/left school
04	Employer does not offer coverage/or not eligible for coverage
05	Cost is too high
06	Insurance company refused coverage
07	Medicaid/Medical plan stopped after pregnancy
08	Lost Medicaid/Medical plan because of new job or increase in income
09	Lost Medicaid (other)
10	Other (specify)
97	Refused
99	Don't know

Universe: All persons without known health insurance or with only single service plans

Skip Instructions: <1-9,R,D> [goto HCSPFYR]
<10> [goto HISTOPOT]

Question ID: FHI.291_00.000 **Instrument Variable Name:** HISTOPOT **QuestionnaireFileName:** Family

Question Text: ? [F1]

* Other reason for not having coverage

7	Refused
9	Don't know
Verbatim	Verbatim Response

Universe: All persons without known health insurance and an "other" reason for stopping or not having coverage

Skip Instructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto HCSPFYR

Question ID: FHI.300_00.000 **Instrument Variable Name:** HINOTYR **QuestionnaireFileName:** Family

Question Text: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons with known health insurance coverage except single service plans

Skip Instructions: <1> [goto HINOTMYR]
<2,R,D> [goto HCSPFYR]

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Family Health Insurance

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Question ID: FHI.310_00.000 **Instrument Variable Name:** HINOTMYR **QuestionnaireFileName:** Family

Question Text: In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

01-12	1-12 months
97	Refused
99	Don't know

Universe: All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

Skip Instructions: goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto HCSPFYR

Question ID: FHI.320_00.000 **Instrument Variable Name:** HCSPFYR **QuestionnaireFileName:** Family

Question Text: (book) F18

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

0	Zero
1	Less than $500
2	$500 - $1,999
3	$2,000 - $2,999
4	$3,000 - $4,999
5	$5,000 or more
7	Refused
9	Don't know

Universe: All families

Skip Instructions: goto PLBORN1

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Question ID: FSD.001_00.000 **Instrument Variable Name:** PLBORN **QuestionnaireFileName:** Family

Question Text: [fill: Were you/Was ALIAS] born in the United States?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons

Skip Instructions:
<1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

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Question ID: FSD.002_00.000 **Instrument Variable Name:** PLBORN1 **QuestionnaireFileName:** Family

Question Text: In what state [fill: were you/was ALIAS] born?

01	Alabama
02	Alaska
03	Arizona
04	Arkansas
05	California
06	Colorado
07	Connecticut
08	Delaware
09	District of Columbia
10	Florida
11	Georgia
12	Hawaii
13	Idaho
14	Illinois
15	Indiana
16	Iowa
17	Kansas
18	Kentucky
19	Louisiana
20	Maine
21	Maryland
22	Massachusetts
23	Michigan
24	Minnesota
25	Mississippi
26	Missouri
27	Montana
28	Nebraska
29	Nevada
30	New Hampshire
31	New Jersey
32	New Mexico
33	New York
34	North Carolina
35	North Dakota
36	Ohio
37	Oklahoma
38	Oregon
39	Pennsylvania
40	Rhode Island
41	South Carolina
42	South Dakota
43	Tennessee
44	Texas
45	Utah
46	Vermont
47	Virginia

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48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming
57	United States (state unknown)
97	Refused

Universe: All persons born in the United States

Skip Instructions: <1-51,R,D> [goto HEADST]

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Question ID: FSD.003_00.000 **Instrument Variable Name:** PLBORN2 **QuestionnaireFileName:** Family

Question Text: In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060 AMERICAN SAMOA
061 AM SAMOA
062 BAKER ISLAND
063 GUAM
064 HOWLAND ISLAND
065 JARVIS ISLAND
066 JOHNSTON ATOLL
067 KINGMAN REEF
068 MANUA ISLANDS
069 MIDWAY ISLANDS
070 NAVASSA ISLAND
071 NORTHERN MARIANAS
072 PALMYRA ATOLL
073 PUERTO RICO
074 ROTA
075 SAIPAN
076 SAND ISLAND
077 ST CROIX
078 ST JOHN
079 ST THOMAS
080 TINIAN
081 US OUTLYING AREA
082 US VIRGIN ISLANDS
083 USVI
084 VIRGIN ISLANDS
085 WAKE ISLAND
100 ABROAD
101 ABU DHABI
102 ADEN
103 AFGHANISTAN
104 AFRICA
105 ALBANIA
106 ALBERTA
107 ALGERIA
108 ALGIERS
109 ALSACE-LORRAINE
110 AMSTERDAM
111 ANEGADA
112 ANGOLA
113 ANGUILLA
114 ANGUILLA BWI
115 ANOJOUAN
116 ANTARCTICA
117 ANTIGUA
118 ANTIGUA & BARBUDA
119 ANTIGUA WI

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

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

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

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

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

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

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

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

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

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

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641	UNION ISLANDS
642	UNION OF SOUTH AFRICA
643	UNION OF SOVIET SOCIALIST REPUBLICS
644	UNITED ARAB EMIRATES
645	UNITED KINGDOM
646	UPPER VOLTA
647	URUGUAY
648	USSR
649	USBEKISTAN
650	VANCOUVER
651	VANUATU
652	VATICAN CITY
653	VENEZUELA
654	VERACRUZ
655	VICTORIA
656	VIETNAM
657	VINH LONG
658	VUNG TAU
659	WALES
660	WALLIS & FUTUNA ISLANDS
661	WEST AFRICA
662	WEST BANK
663	WEST BENGAL
664	WEST INDIES
665	WEST PAKISTAN
666	WESTERN AUSTRALIA
667	WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	WINDWARD ISLANDS
671	WINNIPEG
672	WURZBERG
673	YAP
674	YAR
675	YEMEN
676	YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY
681	ZACATECAS
682	ZADAR
683	ZAIRE
684	ZAMBIA
685	ZANZIBAR
686	ZIMBABWE
687	ZURICH
688	ANDORRA
689	BRITISH INDIAN OCEAN TERRITORY
690	DEUTSCHLAND
691	FRENCH SOUTHERN AND ANTARCTIC LANDS
692	GRENADINES, THE

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693	KOSOVO
694	MYANMAR
695	NORTHWEST TERRITORY
696	NUNAVUT TERRITORY
996	Country not listed
997	Refused
999	Don't know

Universe: All persons not born in the United States

Skip Instructions: <60-85> [store "2" in CITIZEN and goto USYR]
<100-696,996,R,D> [goto USYR]

Question ID: FSD.004_00.000 **Instrument Variable Name:** USYR **QuestionnaireFileName:** Family

Question Text: * Read if necessary.

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

1880-Current Year	1880-Current Year
9997	Refused
9999	Don't know

Universe: All persons not born in the United States

Skip Instructions: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
<R,D> [goto USLONG]

NOTE: The "*Read if necessary…Earlier I recorded…" portion of this question is included for persons with complete date of birth information.

Question ID: FSD.005_00.000 **Instrument Variable Name:** USLONG **QuestionnaireFileName:** Family

Question Text: About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

00-94	00-94 years
95	95+ years
97	Refused
99	Don't know

Universe: All persons not born in the United States and refused or don't know was reported for USYR

Skip Instructions: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
<R,D> [goto CITIZEN]

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Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.006_00.000 **Instrument Variable Name:** CITIZEN **QuestionnaireFileName:** Family

Question Text: * (book) F19 ? [F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

1 Yes, born in one of the 50 United States or the District of Columbia
2 Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3 Yes, born abroad to American parent(s)
4 Yes, U.S. citizen by naturalization
5 No, not a citizen of the United States
7 Refused
9 Don't know

Universe: All persons not born in the United States or a United States territory

Skip Instructions: <1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

Question ID: FSD.007_00.000 **Instrument Variable Name:** HEADST **QuestionnaireFileName:** Family

Question Text: ? [F1]

Is [fill: ALIAS] now attending Head Start?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 7 years of age

Skip Instructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [goto HEADSTEV]

Question ID: FSD.008_00.000 **Instrument Variable Name:** HEADSTEV **QuestionnaireFileName:** Family

Question Text: Has [fill: ALIAS] ever attended Head Start?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 18 years of age and not currently enrolled in Head Start

Skip Instructions: if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person

2004 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.010_00.000 **Instrument Variable Name:** EDUC **QuestionnaireFileName:** Family

Question Text: * (book) F20 ? [F1]

What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.
* Enter highest level of school completed.

00	Never attended/kindergarten only
01	1st grade
02	2nd grade
03	3rd grade
04	4th grade
05	5th grade
06	6th grade
07	7th grade
08	8th grade
09	9th grade
10	10th grade
11	11th grade
12	12th grade, no diploma
13	GED or equivalent
14	High School Graduate
15	Some college, no degree
16	Associate degree: occupational, technical, or vocational program
17	Associate degree: academic program
18	Bachelor's degree (Example: BA, AB, BS, BBA)
19	Master's degree (Example: MA, MS, MEng, MEd, MBA)
20	Professional School degree (Example: MD, DDS, DVM, JD)
21	Doctoral degree (Example: PhD, EdD)
96	Child under 5 years old {blind}
97	Refused
99	Don't know

Universe: All persons 5 years of age or older

Skip Instructions: repeat for all eligible persons, then goto FMILTRY

2004 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.041_00.000 **Instrument Variable Name:** FMILTRY **QuestionnaireFileName:** Family

Question Text: [fill: 1: Have you/Has any family member, that is

*Read names

(fill roster of people ge 18 years of age)]

ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with persons 18 years of age or older

Skip Instructions: <1> [if only one person 18 years of age or older, store the person number in PMILTRY and goto DOINGLW; else, goto PMILTRY]
<2,R,D> [goto DOINGLW]

Question ID: FSD.042_00.000 **Instrument Variable Name:** PMILTRY **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter all that apply, separate with commas.

Who was this?

*Indicate each family member with honorable discharge.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons 18 years of age or older and at least one was honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard

Skip Instructions: goto DOINGLW

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

2004 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.050_00.000 **Instrument Variable Name:** DOINGLW **QuestionnaireFileName:** Family

Question Text: ? [F1]

The next few questions are about your employment status.

Which of the following [fill: were you/was ALIAS] doing last week?

* Read answer categories.

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

Universe: All persons 18 years of age or older

Skip Instructions: <1,4> [goto WRKHRS]
<2,5> [goto WHYNOWRK]
<3,R,D> [go to WRKLYR]

Question ID: FSD.060_00.000 **Instrument Variable Name:** WHYNOWRK **QuestionnaireFileName:** Family

Question Text: ? [F1]

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/have a job or business last week]?

01 Taking care of house or family
02 Going to school
03 Retired
04 On a planned vacation from work
05 On family or maternity leave
06 Temporarily unable to work for health reasons
07 Have job/contract and off-season
08 On layoff
09 Disabled
10 Other
97 Refused
99 Don’t know

Universe: All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

Skip Instructions: <1-3,8-10,R,D> [goto WRKLYR]
<4-7> [goto WRKHRS]

2004 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.070_00.000 **Instrument Variable Name:** WRKHRS **QuestionnaireFileName:** Family

Question Text: ? [F1]

How many hours [fill: did you work LAST WEEK as ALL jobs or businesses/did ALIAS work LAST WEEK as ALL jobs or businesses/do you USUALLY work at ALL jobs or business/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168 1-168 hours
997 Refused
999 Don't know

Universe: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have job/contract and off-season

Skip Instructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Question ID: FSD.080_00.000 **Instrument Variable Name:** WRKFTALL **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

Skip Instructions: goto WRKLYR

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

Question ID: FSD.100_00.000 **Instrument Variable Name:** WRKLYR **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1 Yes
2 No
7 Refused
9 Don’t know

Universe: All persons 18 years of age or older

Skip Instructions: <1> [goto WRKMYR]
<2,R,D> [goto HIEMPOF]

2004 NHIS Questionnaire - Family

Family Socio-Demographic

Document Version Date: 20-Jul-05

Question ID: FSD.110_00.000 **Instrument Variable Name:** WRKMYR **QuestionnaireFileName:** Family

Question Text: How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

*If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

Universe: All persons 18 years of age or older who worked last year

Skip Instructions: goto ERNYR

Question ID: FSD.120_00.000 **Instrument Variable Name:** ERNYR **QuestionnaireFileName:** Family

Question Text: ? [F1]

What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

Include hourly wages, salaries, tips and commissions.

* Enter '999,995' if the reported income is greater than $999,995.

000001-999994	$1-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

Universe: All persons 18 years of age or older who worked last year

Skip Instructions: goto HIEMPOF

Question ID: FSD.130_00.000 **Instrument Variable Name:** HIEMPOF **QuestionnaireFileName:** Family

Question Text: Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

Skip Instructions: goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.

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Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.010_00.000 **Instrument Variable Name:** INTROINC **QuestionnaireFileName:** Family

Question Text: * Read the following.

The next questions are about your combined family income.

Each question refers to income received in [fill: last calander year in 4-digit format] BEFORE TAXES.

1 Enter 1 to continue
7 Refused

Universe: All families

Skip Instructions: goto FSAL

Question ID: FIN.030_00.000 **Instrument Variable Name:** FSAL **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.040_00.000 **Instrument Variable Name:** PSAL **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

Skip Instructions: goto FSEINC

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

Question ID: FIN.050_00.000 **Instrument Variable Name:** FSEINC **QuestionnaireFileName:** Family

Question Text: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1 Yes
2 No
7 Refused
9 Don't know

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

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

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Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.060_00.000 **Instrument Variable Name:** PSEINC **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

Skip Instructions: goto FSSRR

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

Question ID: FIN.070_00.000 **Instrument Variable Name:** FSSRR **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month. If mailed, they are sent in a yellow/gold colored envelope.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.080_00.000 **Instrument Variable Name:** PSSRR **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

Skip Instructions: goto FSSRRD

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

Question ID: FIN.082_00.000 **Instrument Variable Name:** FSSRRD **QuestionnaireFileName:** Family

Question Text: Was [fill: your/any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

Skip Instructions: <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]
<2,R,D> [goto FPENS]

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Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.084_00.000 **Instrument Variable Name:** PSSRRDB **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received Social Security or Railroad Retirement as a disability benefit?
(Anyone else?)

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons less than 65 years of age who received income from Social Sceurity or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

Skip Instructions: goto PSSRRD

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

Question ID: FIN.086_00.000 **Instrument Variable Name:** PSSRRD **QuestionnaireFileName:** Family

Question Text: Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

Skip Instructions: repeat for all eligible persons, then goto FPENS

Question ID: FIN.090_00.000 **Instrument Variable Name:** FPENS **QuestionnaireFileName:** Family

Question Text: Did [fill1: you/any family members living here] receive income in [fill2: last calander year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]
<2,R,D> [goto FOPENS]

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Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.100_00.000 **Instrument Variable Name:** PPENS **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

Skip Instructions: goto FOPENS

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

Question ID: FIN.102_00.000 **Instrument Variable Name:** FOPENS **QuestionnaireFileName:** Family

Question Text: Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]
<2,R,D> [goto FSSI]

Question ID: FIN.104_00.000 **Instrument Variable Name:** POPENS **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received income from a reitrement or survivor pension in the last calendar year

Skip Instructions: goto FSSI

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.110_00.000 **Instrument Variable Name:** FSSI **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

Question ID: FIN.120_00.000 **Instrument Variable Name:** PSSI **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

Skip Instructions: goto PSSID

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

Question ID: FIN.122_00.000 **Instrument Variable Name:** PSSID **QuestionnaireFileName:** Family

Question Text: Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All persons who received SSI in the last calendar year

Skip Instructions: repeat for all eligible persons, then goto FTANF

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.150_00.000 **Instrument Variable Name:** FTANF **QuestionnaireFileName:** Family

Question Text: *(book) F21 ? [F1]

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]
<2,R,D> [goto FOWBEN]

Question ID: FIN.160_00.000 **Instrument Variable Name:** PTANF **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

Skip Instructions: goto FOWBEN

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

Question ID: FIN.164_00.000 **Instrument Variable Name:** FOWBEN **QuestionnaireFileName:** Family

Question Text: At any time during [fill1: last calander year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
<2,R,D> [goto FINTRST]

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.166_00.000 **Instrument Variable Name:** POWBEN **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

Skip Instructions: goto FINTRST

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

Question ID: FIN.170_00.000 **Instrument Variable Name:** FINTRST **QuestionnaireFileName:** Family

Question Text: Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]
<2,R,D> [goto FDIVD]

Question ID: FIN.180_00.000 **Instrument Variable Name:** PINTRST **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received interest income in the last calendar year

Skip Instructions: goto FDIVD

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.190_00.000 **Instrument Variable Name:** FDIVD **QuestionnaireFileName:** Family

Question Text: Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]
<2,R,D> [goto FCHLDSP]

Question ID: FIN.200_00.000 **Instrument Variable Name:** PDIVD **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s). Separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received dividend or net rental income in the last calendar year

Skip Instructions: goto FCHLDSP

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

Question ID: FIN.210_00.000 **Instrument Variable Name:** FCHLDSP **QuestionnaireFileName:** Family

Question Text: ? [F1]

Did [fill: you/any family members living here] receive income from child support?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.220_00.000 **Instrument Variable Name:** PCHLDSP **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least received income from child support in the last calendar year

Skip Instructions: goto FINCOT

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

Question ID: FIN.230_00.000 **Instrument Variable Name:** FINCOT **QuestionnaireFileName:** Family

Question Text: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PINCOT and goto FAMINC; else, goto PINCOT]
<2,R,D> [goto FAMINC]

Question ID: FIN.240_00.000 **Instrument Variable Name:** PINCOT **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one received some "other" source of income in the last calendar year

Skip Instructions: goto FAMINC

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.250_00.000 **Instrument Variable Name:** FAMINC **QuestionnaireFileName:** Family

Question Text: Now I am going to ask about the total combined income [fill1: for you/of your family] in [fill2: last calendar year in 4 digit format], including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth.

Can you tell me that amount before taxes?

* If necessary, remind respondent that total combined family income is their income plus the income of all family members including cohabiting partners and armed forces members living at home before taxes.

* Enter '999995' if the reported income is greater than $999,995.

000000-999994	0-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

Universe: All families

Skip Instructions: <0-999995> [goto HOUSEOWN]
<R,D> [goto FINC20]

Question ID: FIN.260_00.000 **Instrument Variable Name:** FINC20 **QuestionnaireFileName:** Family

Question Text: You may not be able to give us an exact figure for your [fill1: /total combined family] income, but can you tell me if your income in [fill2: last calendar year in 4-digit format] was

* Read if necessary: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

1	$20,000 or more
2	Less than $20,000
7	Refused
9	Don't know

Universe: All families where "don't know" or "refused" was the answer for total family income (FAMINC)

Skip Instructions: <1,2> [goto FINCCAT]
<R,D> [goto HOUSEOWN]

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.270_00.000 **Instrument Variable Name:** FINCCAT **QuestionnaireFileName:** Family

Question Text: [If FINC20 = $20,000 or more, fill: * (book) F22]
[if FINC20 = $20,000 or less, fill: * (book) F23]

Of those income groups, can you tell me which letter best represents [fill1: your/the total combined family] income during [fill2: last calendar year in 4-digit format]?

* Enter the [fill3: letter/letters] corresponding to total combined family income.

00	A. Less than $1,000
01	B. $1,000-$1,999
02	C. $2,000-$2,999
03	D. $3,000-$3,999
04	E. $4,000-$4,999
05	F. $5,000-$5,999
06	G. $6,000-$6,999
07	H. $7,000-$7,999
08	I. $8,000-$8,999
09	J. $9,000-$9,999
10	K. $10,000-$10,999
11	L. $11,000-$11,999
12	M. $12,000-$12,999
13	N. $13,000-$13,999
14	O. $14,000-$14,999
15	P. $15,000-$15,999
16	Q. $16,000-$16,999
17	R. $17,000-$17,999
18	S. $18,000-$18,999
19	T. $19,000-$19,999
20	AA. $20,000-$20,999
21	BB. $21,000-$21,999
22	CC. $22,000-$22,999
23	DD. $23,000-$23,999
24	EE. $24,000-$24,999
25	FF. $25,000-$25,999
26	GG. $26,000-$26,999
27	HH. $27,000-$27,999
28	II. $28,000-$28,999
29	JJ. $29,000-$29,999
30	KK. $30,000-$30,999
31	LL. $31,000-$31,999
32	MM. $32,000-$32,999
33	NN. $33,000-$33,999
34	OO. $34,000-$34,999
35	PP. $35,000-$39,999
36	QQ. $40,000-$44,999
37	RR. $45,000-$49,999
38	SS. $50,000-$54,999
39	TT. $55,000-$59,999
40	UU. $60,000-$64,999
41	VV. $65,000-$69,999
42	WW. $70,000-$74,999

2004 NHIS Questionnaire - Family
Family Income
Document Version Date: 24-Aug-05

43	XX. $75,000 & over
97	Refused
99	Don't know

Universe: All families where "less than $20,000" or "$20,000 or more" was the answer to FINC20

Skip Instructions: goto HOUSEOWN

Question ID: FIN.280_00.000 **Instrument Variable Name:** HOUSEOWN **QuestionnaireFileName:** Family

Question Text: Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1,3,R,D> [goto FSSAPL]
<2> [goto FGAH]

Question ID: FIN.282_00.000 **Instrument Variable Name:** FGAH **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families that rent their house/apartment

Skip Instructions: goto FSSAPL

Question ID: FIN.300_00.000 **Instrument Variable Name:** FSSAPL **QuestionnaireFileName:** Family

Question Text: [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

1	Yes
2	No
7	Refused
9	Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]
<2,R,D> [goto FSDAPL]

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.310_00.000 **Instrument Variable Name:** PSSAPL **QuestionnaireFileName:** Family

Question Text: *Ask or verify. Enter applicable line number(s), separate with a comma.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one applied for SSI

Skip Instructions: goto FSDAPL

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

Question ID: FIN.330_00.000 **Instrument Variable Name:** FSDAPL **QuestionnaireFileName:** Family

Question Text: [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

1 Yes
2 No
7 Refused
9 Don't know

Universe: All Families

Skip Instructions: <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]
<2,R,D> [goto TANFMYR]

Question ID: FIN.340_00.000 **Instrument Variable Name:** PSDAPL **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

1 Yes
2 No
7 Refused
9 Don't know

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

Skip Instructions: goto TANFMYR

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.350_00.000 **Instrument Variable Name:** TANFMYR **QuestionnaireFileName:** Family

Question Text: ? [F1]

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

01-12 1-12 months
97 Refused
99 Don't know

Universe: All persons who received cash assistance from public assistance programs in the last calendar year

Skip Instructions: repeat for all eligible persons, then goto FFSTIP

Question ID: FIN.360_00.000 **Instrument Variable Name:** FFSTIP **QuestionnaireFileName:** Family

Question Text: ? [F1]

[fill1: Were you/Was anyone in the family] authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during [fill2: last calendar year in 4-digit format]?

*An authorized person is one whose name appears on a certification card.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families

Skip Instructions: <1> [if a single-person family, store the person number in PFSTP and goto FSTPMYR; else, goto PFSTP]
<2,R,D> [goto FINWIC]

Question ID: FIN.370_00.000 **Instrument Variable Name:** PFSTP **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who was authorized to receive food stamps?

* Indicate family members who were authorized to receive food stamps.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons and at least one was authorized to receive food stamps in the last calendar year

Skip Instructions: goto FSTPMYR

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

2004 NHIS Questionnaire - Family

Family Income

Document Version Date: 24-Aug-05

Question ID: FIN.380_00.000 **Instrument Variable Name:** FSTPMYR **QuestionnaireFileName:** Family

Question Text: During [fill1: last calendar year in 4-digit format], about how many months [fill2: were you/was ALIAS] authorized to receive food stamps?

* Enter '1' if less than 1 month

01-12 1-12 months
97 Refused
99 Don't know

Universe: All persons authorized to receive food stamps in the last calendar year

Skip Instructions: goto FINWIC

Question ID: FIN.384_00.000 **Instrument Variable Name:** FINWIC **QuestionnaireFileName:** Family

Question Text: ? [F1]

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with females 12-55 years of age or children 0-5 years of age

Skip Instructions: <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]
<2,R,D> [goto FMSSN]

Question ID: FIN.385_00.000 **Instrument Variable Name:** PWIC **QuestionnaireFileName:** Family

Question Text: * Ask or verify. Enter applicable line number(s), separate with commas.

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

1 Yes
2 No
7 Refused
9 Don't know

Universe: All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

Skip Instructions: goto FMSSN

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