2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text:
He anotado que [fill 5]. [fill 6] [fill 7] y [fill 9] su raza es:
[fill 10]

¿Está correcta la información?

1. Sí, esta correcta
2. No, hace falta corregir / hacen falta más correcciones

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

Spanish Text:

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.245_00.000 **Instrument Variable Name:** HHCHANGE_1 **QuestionnaireFileName:** Family

Spanish Text:
He anotado que [fill 5]. [fill 6] [fill 7] y [fill 9] su raza es:
[fill 10]

¿Está correcta la información?

1. Sí, est correcta
2. No, hace falta corregir / hacen falta más correcciones

Universe: All nondeleted family members with a change made to their demographic information

Skip Instructions:
<1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text: * Ask or verify

¿Está ahora [fill: usted/Alias] casado(a), viudo(a), divorciado(a), separado(a), nunca se ha casado, o viviendo en unión libre?

1. Casado(a)
2. Viudo(a)
3. Divorciado(a)
4. Separado(a)
5. Nunca se ha casado
6. Viviendo en unión libre

Refused
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]

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

Spanish Text: * Ask or verify

[fill1: ¿Actualmente vive en esta residencia su (marido/esposa) ?]

[fill2: ¿Actualmente vive en esta residencia (el marido/la esposa) de [fill: Alias]?]

1. Sí
2. No

Refused
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

Spanish Text:

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]

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text: ¿Ha estado [fill: usted/Alias] casado(a) alguna vez?

1. Sí
2. No
Refused
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]

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

Spanish Text: [fill1: ¿Cuál es su estado civil (matrimonial) actual?]

[fill2: ¿Cuál es el estado civil (matrimonial) de [fill: Alias] actual?]

1. Casado(a)
2. Viudo(a)
3. Divorciado(a)
4. Separado(a)
Refused
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

Spanish Text:

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]

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text: Anoté anteriormente que [fill: 3].

[fill4] biológico(a) (natural), adoptivo(a), hijastro(a), hijo(a) de custodia temporal (foster) o yerno/nuera?

1. Hijo(a) biológico(a)(natural)
2. Hijo(a) adoptivo(a)
3. Hijastro(a)
4. Hijo(a) de custodia temporal (foster)
5. Yerno/nuera

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]

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

Spanish Text: Anoté anteriormente que [fill: 3].

[fill4] biológico(a) (natural), adoptivo(a), hijastro(a), hijo(a) de custodia temporal (foster) o yerno/nuera?

1. Hijo(a) biológico(a)(natural)
2. Hijo(a) adoptivo(a)
3. Hijastro(a)
4. Hijo(a) de custodia temporal (foster)
5. Yerno/nuera

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]

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Family Identification

Document Version Date: 30-May-06

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

Spanish Text: * Ask or verify

¿Vive en este hogar la madre de [fill SP_PTEMPNAME]? (Incluya todo tipo de madre, ya sea biologica (natural), adoptiva, madrasta, madre foster o la suegra)

* 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.

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]

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

Spanish Text: [Fill1] madre biológica (natural), adoptiva, madrastra, madre de custodia temporal (foster) o la suegra de [fill SP_PTEMPNAME]?

1. Madre biológica
2. Madre adoptiva
3. Madrastra
4. Madre de custodia temporal (foster)
5. Suegra

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]

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

Question ID: FID.330_02.000 **Instrument Variable Name:** MOTHERCK_A **QuestionnaireFileName:** Family

Spanish Text: [Fill1] madre biológica (natural), adoptiva, madrastra, madre de custodia temporal (foster) o la suegra de [fill SP_PTEMPNAME]?

1. Madre biológica
2. Madre adoptiva
3. Madrastra
4. Madre de custodia temporal (foster)
5. Suegra

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

Spanish Text: * Ask or verify

¿Vive en este hogar el padre de [fill SP_TEMPNAME]? (incluido el suegro)

* 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.

Universe: Potential Father in Family, not already identified

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

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text: [Fill1] padre biológico (natural), adoptivo, padrastro, padre de custodia temporal o el suegro de [fill SP_PTEMPNAME]?

1. Padre biológico
2. Padre adoptivo
3. Padrastro
4. Padre de custodia temporal (foster)
5. Suegro

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.350_02.000 **Instrument Variable Name:** FATHERCK_A **QuestionnaireFileName:** Family

Spanish Text: [Fill1] padre biológico (natural), adoptivo, padrastro, padre de custodia temporal o el suegro de [fill SP_PTEMPNAME]?

1. Padre biológico
2. Padre adoptivo
3. Padrastro
4. Padre de custodia temporal (foster)
5. Suegro

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

Spanish Text: Who is [fill 1] legal guardian? - Need translation

* Enter the line number of [fill 1] guardian.

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

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]

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text:

* Verify or ask

¿Quién de la familia se mantiene al tanto de la salud familiar?

[fill 1]

* Mark all that apply, separate with commas.

Universe: More than one adult

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

Question ID: FID.390_03.000 **Instrument Variable Name:** FINTRO2 **QuestionnaireFileName:** Family

Spanish Text:

* Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.

[fill 1]

* 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 procede to a callback screen.

Universe: All nondeleted persons >17 or emancipated minors

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

2005 NHIS Spanish Questionnaire - Family

Family Identification

Document Version Date: 30-May-06

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

Spanish Text: * Ask if necessary

¿Con quién hablo?

[fill 1]

* Enter the line number of the person you consider to be the main respondent for this family's health questions.

Universe: More than 1 adult present.

Skip Instructions: goto HLTH_BEG

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: ¿Está(n) * (Read names)

[fill1: limitado(a)/limitados(as)] en cuanto al tipo o cantidad de actividades de juego que [fill2: él pueda/ella pueda/ellos puedan/ellas puedan) hacer debido a algún problema físico, mental o emocional?

1. Sí
2. No
Refused
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

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

¿Quién?
(¿Hay alguien más?)

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

Spanish Text: ¿Puede [fill: Alias listed in PLAPLYLM] PARTICIPAR DE CUALQUIER MANERA en las actividades normales que realizan la mayoría de los niños de su edad?

1. Sí
2. No
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: ¿Alguno de los siguientes familiares, * (Read names)

recibe Enseñanza Infantil Especial o Servicios de Intervención Temprana (Early Intervention Services)?

¿Recibe usted Enseñanza Infantil Especial o Servicios de Intervención Temprana (Early Intervention Services)?

1. Sí
2. No
Refused
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

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

¿Quién?
(¿Hay alguien más?)

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

Spanish Text: ¿Recibe [fill: usted/ALIAS] estos servicios debido a un problema emocional o del comportamiento?

1. Sí
2. No
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: Debido a un problema físico, mental o emocional, ¿necesita alguien de la familia la ayuda de otras personas para realizar sus CUIDADOS PERSONALES tales como comer, bañarse, vestirse o desplazarse dentro del hogar?

[fill: No incluya familiares de 2 años o menos.]

1. Sí
2. No
Refused
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

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

¿Quién?
(¿Hay alguien más?)

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

Spanish Text: ¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Bañarse?

1. Sí
2. No
Refused
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

Spanish Text: * Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Vestirse?

1. Sí
2. No
Refused
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

Spanish Text: * Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Comer?

1. Sí
2. No
Refused
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

Spanish Text: * Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Acostarse y levantarse de la cama, ponerse de pie o sentarse?

1. Sí
2. No
Refused
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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Document Version Date: 30-May-06

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

Spanish Text: * Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Usar el inodoro/lavabo incluso llegar a éste?

1. Sí
2. No
Refused
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

Spanish Text: * Read if necessary.

¿Necesita [fill: usted/Alias] la ayuda de otras personas para ...

Desplazarse dentro del hogar?

1. Sí
2. No
Refused
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

Spanish Text: Debido a un problema físico, mental o emocional, [fill: ¿necesita usted/alguien de la familia * (Read names)]

la ayuda de otras personas para llevar a cabo sus RUTINAS, tales como las tareas diarias del hogar, hacer sus negocios, ir de compras, o desplazarse a otros lugares con algún otro propósito?

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

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

¿Quién?
(¿Hay alguien más?)

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

Spanish Text: ¿ACTUALMENTE, le impide algún problema físico, mental o emocional [fill: el atender un trabajo o negocio?/a alguno de estos familiares *(Read names) trabajar en un empleo o negocio?]

1. Sí
2. No
Refused
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]

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

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

¿Quién?
(¿Hay alguien más?)

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.

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Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: ¿Está [fill: usted/Alias/alguno de estos familiares * (Read names)] limitado(a) en el tipo o cantidad de trabajo que puede desempeñar debido a un problema físico, mental o emocional?

1. Sí
2. No
Refused
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]

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

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

¿Quién?
(¿Hay alguien más?)

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

Spanish Text: Como resultado de algún problema de la salud, ¿tiene [fill: usted/alguien de la familia] dificultad para caminar sin usar equipo especial?

1. Sí
2. No
Refused
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]

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Family Health Status & Limitations

Document Version Date: 30-May-06

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

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

¿Quién?
(¿Hay alguien más?)

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.

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

Spanish Text: [Fill: ¿Está / ¿Está alguien de la familia] LIMITADO(A) DE CUALQUIER MANERA debido a problemas con la memoria o porque experimenta períodos de confusión?

1. Sí
2. No
Refused
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

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

¿Quién?
(¿Hay alguien más?)

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.

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: [¿Está usted/¿Está Alias/¿Hay alguien de la familia * (Read names) que se encuentre] LIMITADO(A) DE CUALQUIER MANERA en sus actividades debido a un problema físico, mental o emocional?

1. Sí
2. No
Refused
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]

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

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

¿Quién?
(¿Hay alguien más?)

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.

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: (book) F1

[Fill1: ¿Qué condiciones o problemas de salud causan sus limitaciones? /
¿Qué condiciones o problemas de salud causan las limitaciones de [fill: ALIAS]?]

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

1. Visión/Dificultad de la vista
2. Dificultad auditiva
3. Dificultad del habla
4. Asma/problema respiratorio
5. Defecto congénito
6. Lesión o herida
7. Retraso mental
8. Otro problema del desarrollo (e.j. parálisis cerebral)
9. Otro problema mental, emocional o de comportamiento
10. Problema de huesos, coyunturas o muscular
11. Epilepsia o ataques
12. Dificultad en el aprendizaje
13. Desorden de Déficit de Atención/Hiperactividad
90. Otro impedimento/problema (LAHCC_S1)
91. Otro impedimento/problema (LAHCC_S2)

Refused
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

Spanish Text: * Enter other impairment or problem.

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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Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: * Enter other impairment or problem.

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene dificultades de la vista?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for vision problem or problem seeing.

(LHCL01N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene una dificultad auditiva?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for hearing problem.

(LHCL02N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [usted/Alias] tiene dificultades del habla?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for speech problem.

(LHCL03N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene asma o un problema respiratorio?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for asthma or a breathing problem.

(LHCL04N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene la lesión o herida que resultó en su limitación?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHCL06N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene retraso mental?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for mental retardation.

(LHCL07N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene otro problema de desarrollo (ej.: parálisis cerebral)?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHCL08N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene otro problema mental, emocional, o de comportamiento?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHCL09N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene un problema de los huesos, las coyunturas o los músculos?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHCL10N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene epilepsia o ataques?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for epilepsy or seizures.

(LHCL11N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene dificultad en el aprendizaje?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for learning disability.

(LHCL12N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene desorden de deficit de atención/hiperactividad?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for attention deficit/hyperactivity disorder.

(LHCL13N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

2005 NHIS Spanish Questionnaire - Family

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Document Version Date: 30-May-06

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

Spanish Text:

1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCC2@S1]?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text:

2 of 2

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

(LHCL90N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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

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Family Health Status & Limitations

Document Version Date: 30-May-06

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCC2@S2]?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHCL91N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)

Since Birth
Refused
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: 30-May-06

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

Spanish Text: (book) F2

[Fill1: ¿Qué condiciones o problemas de salud causan sus limitaciones?/
¿Qué condiciones o problemas de salud causan las limitaciones de [fill: Alias]?]

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

1. Visión/dificultad de la vista
2. Dificultad auditiva
3. Artritis/reumatismo
4. Problema del cuello o espalda
5. Fractura/lesión de huesos o coyunturas
6. Otra lesión
7. Problema cardíaco
8. Derrame cerebral
9. Hipertensión/presión alta
10. Diabetes
11. Problema pulmonar o respiratorio (e.j.asma y enfisema)
12. Cáncer
13. Defecto congénito
14. Retraso mental
15. Otro problema del desarrollo (e.j.parálisis cerebral)
16. Senilidad
17. Depresión/ansiedad/problema emocional
18. Problema con su peso
19) Pérdida de brazo/pierna/dedos
20) Problemas de riñon/vejiga/renal
21) Problemas circulatorios
22) Tumores benignos,quistes
23) Fibromyalgia, lupus
24) Osteoporosis, tendonitis
25) Epilepsia, ataques
26) Esclerosis múltiple, distrofia muscular
27) Polio, (myelitis), parálisis/ paraplejía/apoplejía
28) Enfermedad de Parkinson
29) Otro daño nervioso
30) Hernia
31) Ulcera
32) Varices/hemorroides
33) Tiroides, enfermedad de Graves o gota
34) Problema de rodillas
35) Migrañas
36) Otro impedimento(especifique)
37) Otro impedimento(especifique)

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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

Spanish Text: * Read if necessary.

¿Qué es el otro impedimento o problema?

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

Spanish Text: * Read if necessary.

¿Qué es el otro impedimento o problema?

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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de la vista?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for vision problem or problem seeing.

(LHAL01N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas auditivos?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for hearing problem.

(LHAL02N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene artritis/reumatismo?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for arthritis or rheumatism.

(LHAL03N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas del cuello o la espalda?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text:

2 of 2

* Enter time period for back or neck problem.

(LHAL04N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text:

1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene lesiones de los huesos o las coyunturas?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL05N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha estado lesionado(a) o herido(a)?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for [fill1: other] injury that caused [fill2: your/his/her] limitation.

(LHAL06N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido problemas del corazón?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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Document Version Date: 30-May-06

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

Spanish Text: 2 of 2

* Enter time period for heart problem.

(LHAL07N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas debido a un derrame cerebral?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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Document Version Date: 30-May-06

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

Spanish Text: 2 of 2

* Enter time period for stroke problem.

(LHAL08N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene hipertensión o presión alta sanguínea?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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Document Version Date: 30-May-06

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

Spanish Text:

2 of 2

* Enter time period for hypertension or high blood pressure.

(LHAL09N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text:

1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene diabetes?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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Document Version Date: 30-May-06

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

Spanish Text: 2 of 2

* Enter time period for diabetes.

(LHAL10N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas respiratorios?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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Document Version Date: 30-May-06

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

Spanish Text: 2 of 2

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

(LHAL11N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene cáncer?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for cancer.

(LHAL12N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene retraso mental?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for mental retardation.

(LHAL14N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas del desarrollo?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL15N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene senilidad?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for senility.

(LHAL16N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene depresión, ansiedad o problemas emocionales?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL17N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene dificultades debido a su peso?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for weight problem.

(LHAL18N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que a [fill: usted/Alias] le falta un brazo/una pierna/dedos?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL19N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de riñón/vejiga/renal?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL20N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas circulatorios?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL21N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene tumores benignos/quistes?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for benign tumors or cysts.

(LHAL22N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill:usted/Alias] tiene fibromyalgia/lupus?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for fibromyalgia or lupus.

(LHAL23N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene osteoporosis/tendinitis?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for osteoporosis or tendinitis.

(LHAL24N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene epilepsia/ataques?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for epilepsy or seizures.

(LHAL25N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene esclerosis múltiple/distrofia muscular?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL26N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene polio/myelitis parálisis/paraplejía/apoplejía?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL27N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene enfermedad de Parkinson's?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text:

2 of 2

* Enter time period for Parkinson’s disease or tremors.

(LHAL28N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text:

1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido daño al sistema nervioso?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL29N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas debido a una hernia?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for hernia.

(LHAL30N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene úlceras?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for ulcer.

(LHAL31N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] ha tenido varices/hemorroides?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for varicose veins or hemorrhoids.

(LHAL32N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas de la glándula tiroides, enfermedad Graves o gota?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

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

(LHAL33N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene problemas con las rodillas?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for knee problem.

(LHAL34N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill: usted/Alias] tiene migrañas?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for migraine headaches.

(LHAL35N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCA_S1]?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for [fill: LAHCA_S1].

(LHAL90N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: 1 of 2

¿Cuánto tiempo hace que [fill1: usted/Alias] tiene [fill2: LAHCA_S2]?

* Enter '95' for 95 or more.
* Enter '96' if since birth.

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]

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

Spanish Text: 2 of 2

* Enter time period for [fill: LAHCA_S2].

(LHAL91N..)

1. Día(s)
2. Semana(s)
3. Mes(es)
4. Año(s)
Since Birth
Refused
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

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

Spanish Text: [fill1: ¿Diría que, en general, su salud es excelente, muy buena, buena, regular, o mala?/

¿Diría que, en general, la salud de [fill: Alias] es excelente, muy buena, buena, regular, o mala?]

1. Excelente
2. Muy buena
3. Buena
4. Regular
5. Mala
Refused
Don’t Know

Universe: All persons

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

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Document Version Date: 30-May-06

Question ID: FIJ.010_00.000 **Instrument Variable Name:** FINJ3M **QuestionnaireFileName:** Family

Spanish Text:
Las siguientes preguntas tratan de las LESIONES Y LOS EVENENAMIENTOS.
Las personas pueden ser lesionadas o envenenadas inesperadamente,
por accidente o intencionalmente. Uno puede que se lastime o que otros lo lastimen.

DURANTE LOS ULTIMOS TRES MESES, es decir, desde [fill 1: date]
¿ sufrió [fill 2: usted / usted o alguien de su familia] una lesión en la cual [fill 3: su/el]
cuerpo fue, herido, por ejemplo, con un(a) [fill 4: (random set of examples must match the English order) cortada o herida, hueso roto, torcedura o quemadura] ?

1. Sí
2. No
Refused
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

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

¿Quién?
(¿Hay alguien más?)

Universe: All families with two or more persons and at least one person 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

Spanish Text:
DURANTE LOS ULTIMOS TRES MESES, ¿en cuántas diferentes ocasiones
[fill 1: fue usted / fue ALIAS] lesionado(a)?

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

Spanish Text: ¿Consultó [fill 1: usted /ALIAS] a un profesional de la medicina sobre [fill 2: cualquiera de estas lesiones/ esta lesión / su lesión o lesiones]?

1. Sí
2. No

Refused
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

Spanish Text: De [fill 1: las ^TFINJ3M/ todas las] veces en que [fill 2: usted fue / ALIAS fue] lesionado(a), ¿en cuántas de ellas fue la lesión tan seria como para consultar a un profesional de la medicina?

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

Spanish Text: DURANTE LOS ULTIMOS TRES MESES, es decir, desde [fill 1: date (91 days before today's date)], ¿ [fill 2: fue usted / fue usted o alguien en su familia] envenado(a) tomando o respirando una sustancia dañina tal como lejía, monóxido de carbona, o demasiadas píldoras o medicamentos? No incluya intoxicación alimenticia o del sol, o sarpullidos debido a la hiedra venenosa.

1. Sí
2. No

Refused
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

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

¿Quién?
(¿Hay alguien más?)

Universe: All families with two or more persons and at least one person 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

Spanish Text: DURANTE LOS ULTIMOS TRES MESES, ¿en cuántas diferentes ocasiones fue [fill 1: usted / ALIAS] envenenado(a)? No incluya intoxicación alimenticia o del sol, o sarpullidos debido a la hiedra venenosa.

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

Spanish Text: ¿Consultó o visitó [fil 1: usted / ALIAS] a un profesional de la medicina sobre
[fill2: cualquier de estos envenenamientos / este envenenamiento / su(s) envenenamientos(s)]?

1. Sí
2. No
Refused
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

Spanish Text: De [fill 1: las TFPOI3M / todas las] veces que [fill 2: usted fue / ALIAS fue] envenado(a) ¿en cuántas de ellas fue el envenenamiento tan serio como para consultar a un profesional de la medicina?

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]

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

Spanish Text: 1 of 3

(calendar card)

* Please hand the calendar card to the respondent.

¿Cuándo fue que ocurrió [fill 2: la lesión / el envenenamiento]
[fill1: suyo(a) / de ALIAS] que resultó en una consulta a un profesional de la medicina?

Ahora le preguntaré sobre las [fill 3: MTFINJ3M / MTFPOI3M] veces que
[fill 4: usted / ALIAS] fue [fill 5: lesionado(a) / envenenado(a)] y como resultado se consultó a un profesional de la medicina. Empezando con la ocasión más reciente, ¿cuándo fue que ocurrió este(a) [fill 6: lesión / envenenamiento]?

Usted acaba de mencionar [fill7: su [fill10 última / segunda / tercera / cuarta] herida / su [fill10a último / segundo / tercero / cuarto] envenenamiento / la [fill10 última / segunda / tercera / cuarta]herida de ALIAS / el [fill10a último / segundo / tercero / cuarto] envenenamiento de ALIAS] que ocurrió [fill8: day and month]. ¿En qué fecha ocurrió [fill9: la herida/el envenenamiento] anterior a esa(e) que le obligó consultar con un profesional de la salud?

* Enter month.

1. enero
2. febrero
3. marzo
4. abril
5. mayo
6. junio
7. julio
8. agosto
9. septiembre
10. octubre
11. noviembre
12. diciembre

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

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

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

Spanish Text: 2 of 3

* Enter day.

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]

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

Spanish Text: 3 of 3

* Enter year.

1. 2003
2. 2004
Refused
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

Spanish Text: 1 of 2

¿Me puede decir aproximadamente hace cuánto tiempo se [fill2 : lastimó / envenenó] [fill1: usted / ALIAS]?

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]

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

Spanish Text: 2 of 2

* Enter time period.

^IPDATENO...

1. Días
2. Semanas
3. Meses

Refused
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

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

Spanish Text: (book) F3

¿Fue esto a principios de [fill 1: Date], a mediados de [fill 2: Date], o hacia el final de [fill 3: Date]?

1. Principios
2. Mediados
3. Final

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

Spanish Text: ¿Cómo fue que se [fill 2: lastimó / envenenó] [fill1: usted / ALIAS] el [FILL 3: Date]? [fill 5: Cómo fue que se [fill 6: lastimó / envenenó]]?

Por favor describa detalladamente los hechos o las causas por las que se [fill 4: lastimó / envenenó] y cualquier objeto, sustancia, u otra persona que estuvo involucrada.

* 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.

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

Spanish Text: * Do not read.

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

1. En un vehículo de motor
2. En una bicicleta, un patinete, un monopatín, patines, esquíes, caballo, etc.
3. Peatón golpeado por un vehículo tal como un auto o una bicicleta
4. En un bote, tren, o avión
5. Caída
6. Quemado o escaldado por sustancias tales como objetos o líquidos calientes, fuego, o químicas
7. Otra

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

Spanish Text: (book) F4

* Enter up to 4 responses, separate with commas.

¿Qué partes del cuerpo [fill1: suyo(a) / de ALIAS] fueron heridas debido a esta lesión?

1. Tobillo
2. Espalda
3. Nalgas
4. Pecho
5. Oreja
6. Codo
7. Ojo
8. Cara
9. Dedo
10. Pie
11. Antebrazo (parte inferior del brazo)
12. Ingle
13. Mano
14. Cabeza (excluyendo la cara)
15. Cadera
16. Mandíbula
17. Rodilla
18. Parte inferior de la pierna
19. Boca
20. Cuello
21. Nariz
22. Hombro
23. Estómago
24. Dientes
25. Muslo
26. Dedo del pie
27. Parte superior del brazo
28. Muñeca
29. Otra, especifique, por favor

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

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

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

Spanish Text: *Read if necessary.

¿Qué otras partes del cuerpo fueron heridas?

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

Skip Instructions: goto IJTYPE1

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

Spanish Text: (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

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

Spanish Text: ¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

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

Spanish Text: (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: second entry--^IJBODY (text) or ^IJBODYOS] ?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

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

Spanish Text: * Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

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

Spanish Text: (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

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

Spanish Text: * Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

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

Spanish Text: (book) F5

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

¿De qué manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: IJBODY / or IJBODYOS]?

1. Hueso roto o fracturado
2. Torcedura
3. Cortada
4. Rasguño
5. Contusión
6. Quemadura
7. Picada de insecto
8. Mordida de animal
9. Otra, especifique, por favor

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

Spanish Text: * Read if necessary.

¿De qué otra manera se lastimó [fill 1: usted / ALIAS] el/la [fill 2: ^IJBODY/ IJBODYOS]?

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

Spanish Text: ¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para este envenamiento a través de..

Una llamada a un centro para el control de envenenamientos?

1. Sí
2. No

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

Spanish Text: * Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento] a través de..

Un vehículo de emergencia, tal como una ambulancia o un camión de bomberos?

1. Sí
2. No

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

Spanish Text: * Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento] a través de..

Una visita a la sala de emergencia?

1. Sí
2. No

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

Spanish Text: * Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento] a través de..

Una visita al consultorio de un médico u otro consultorio de salud?

1. Sí
2. No

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

Spanish Text: * Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento] a través de..

Una llamada a un médico, enfermera(o), u otro profesional de la salud?

1. Sí
2. No

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

Spanish Text: * Read lead-in if necessary.

¿Obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento] a través de..

Algun otro lugar?

1. Sí
2. No

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

Spanish Text: En qué otro lugar obtuvo [fill 1: usted / ALIAS] CONSEJO o TRATAMIENTO MEDICO, O CUIDADOS SUBSECUENTES para esta(e) [fill 2: lesión / envenenamiento]?

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

Spanish Text: * Please verify.

[Fill 1: Usted / ALIAS] NO obtuvo consejo o tratamiento médico, o seguimiento para esta(e) [fill 2: lesión / envenenamiento] ¿correcto?

1. Sí
2. No

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

Spanish Text: [fill 1: Fue usted/ Fue ALIAS] hospitalizado(a) por lo menos una noche como resultado de esta [fill 2: lesión / envenenamiento] ?

1. Sí
2. No

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

Spanish Text: ¿Cuántas noches pasó [fill 1: usted / ALIAS] en el hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

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

Spanish Text: ¿Ocurrió este accidente en una autopista, calle pública o carretera?

1. Sí
2. No

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

Spanish Text: *FR read all categories.

[fill 1: Fue usted/ Fue ALIAS] lesionado(a) mientras que:

1. Era el chofer de un vehículo de motor
2. Era un pasajero en un vehículo de motor
3. Era un peatón / caminaba
4. Andaba en bicicleta o triciclo
5. Andaba en un patinete, un monopatín, patines u otro vehículo no motorizado

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]

Question ID: FIJ.111_00.000 **Instrument Variable Name:** IMVTYP **QuestionnaireFileName:** Family

Spanish Text: (book) F6

¿En qué tipo de vehículo viajaba [fill 1: usted / ALIAS]?

1. Automóvil
2. Camioneta o troca de pasajeros, tal como un "pickup" un "van" o un "SUV"
3. Autobús
4. Un camión comercial grande, tal como un semi-trailer o 18-ruedas.
5. Motocicleta (incluyendo ciclomotores y mini-motocicletas)
6. Vehículo de todo terreno o de nieve/motonieve
7. Equipo granjero (tal como un tractor)
8. Vehículo industrial o de construcción
9. Otro

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]

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Question ID: FIJ.112_00.000 **Instrument Variable Name:** ISBELT **QuestionnaireFileName:** Family

Spanish Text: ¿Estaba [fill 1: usted / ALIAS] usando un cinturón de seguridad al ocurrir el accidente?

1. Sí usando CINTURON
2. Sí usando ASIENTO de seguridad infantil
3. No

Universe: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

Skip Instructions: goto IPWHAT

Question ID: FIJ.113_00.000 **Instrument Variable Name:** IHELMT **QuestionnaireFileName:** Family

Spanish Text: ¿Estaba [fill 1: usted / ALIAS] usando casco al ocurrir el accidente?

1. Sí
2. No

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

Spanish Text: (book) F7

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

¿De qué o porqué se cayó [fill 1: usted / ALIAS]l? Algo más?

1. Escalones o escalera eléctrica
2. Piso/terreno plano
3. Acera, incluya banqueta
4. Escalera o andamio
5. Equipo recreativo infantil
6. Campo de terreno recreativo, cancha o pista
7. Edificio u otra estructura
8. Silla, cama, sofá, u otro mueble
9. Tina, ducha, regadera o inodoro/tasa
10. Hoyo/hueco u otra abertura
11. Otro

Universe: All medically-consulted injury episodes that occurred due to a fall

Skip Instructions: goto IFALLWHY

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Question ID: FIJ.131_00.000 **Instrument Variable Name:** IFALLWHY **QuestionnaireFileName:** Family

Spanish Text: (book) F8

¿Qué causó [fill 1: su caída?/ la caída de [ALIAS]?]

1. Resbalón o tropezón
2. Brincó o se hechó un clavado
3. Tropezó contra un objeto u otra persona
4. Fue empujado por otra persona
5. Perdió el balance o sufrió un mareo (se desmayó o tuvo convulsiones)
6. Otra

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

Spanish Text: (book) F9

[Fill:¿Qué causó su envenenamiento?/

¿Qué causó el envenenamiento de [ALIAS]?]

1. Tomando una droga o sustancia médica equivocada o por sobredosis
2. Tragando o tocando una sustancia dañina líquida o sólida
3. Inhalando gases o vapores dañinos
4. Comiendo una planta venenosa u otra sustancia confundiéndola con comida
5. Siendo mordido por un animal venenoso
6. Otra

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

Spanish Text: * Read if necessary.

[Fill:¿Cómo ocurrió su envenenamiento?/

¿Cómo ocurrió el envenenamiento de [ALIAS]?]

Universe: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

Skip Instructions: goto IPWHAT

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Question ID: FIJ.150_00.000 **Instrument Variable Name:** IPWHAT **QuestionnaireFileName:** Family

Spanish Text: (book) F10

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

¿Qué estaba haciendo [fill 1: usted / ALIAS] cuando se
[fill 2: lastimó / envenenó]?

1. Conduciendo o viajando en un vehículo de motor
2. Trabajo a salario
3. Trabajando en casa o el patio
4. Asistiendo a la escuela
5. Trabajo sin paga (por ejemplo, trabajo voluntario)
6. Deportes y ejercicios
7. Actividad recreativa o de diversión (excluyendo deportes)
8. Durmiendo, descansando, comiendo, o bebiendo
9. Cocinando
10. Bajo el cuidado de otra persona
11. Otra actividad

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

Spanish Text: * Read if necessary.

¿Qué otra actividad desempeñaba [fill 1: usted / ALIAS] cuando se
[fill 2: lastimó / envenenó]?

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: 30-May-06

Question ID: FIJ.160_00.000 **Instrument Variable Name:** IPWHER **QuestionnaireFileName:** Family

Spanish Text: (book) F11

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

¿Dónde estaba [fill 1: usted / ALIAS] cuando se [fill 2: lastimó / envenenó]?

1. Hogar (adentro)
2. Hogar (afuera)
3. Escuela (no residencial)
4. Centro de cuidado de niños, guardería infantil
5. Institución residencial (excluyendo hospitales)
6. Centro médico (incluyendo hospitales)
7. Calle o autopista
8. Acera
9. Area de estacionamiento
10. Centro deportivo, campo atlético, o parque infantil
11. Centro de compras, restaurante, tienda, banco, gasolinera, u otro centro comerical
12. Finca
13. Parque o área recreativa (incluyendo camino de bicicletas o de correr)
14. Río, lago, arroyo u océano
15. Area industrial o de construcción
16. Otro edificio público
17. Otro

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

Spanish Text: Al ocurrir esta(e) [fill 1: lesión / envenenamiento], ¿[fill 2: tenía usted / tenía ALIAS] un trabajo de jornada/tiempo completa(o) (full-time), de jornada/tiempo parcial o reducida (part time), o no tenía empleo?

1. Jornada/tiempo completa(o) (full-time)
2. Jornada/tiempo parcial o reducida (part-time)
3. No tenía empleo

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]

2005 NHIS Spanish Questionnaire - Family

Injuries & Poisoning

Document Version Date: 30-May-06

Question ID: FIJ.171_00.000 **Instrument Variable Name:** IPWKLS **QuestionnaireFileName:** Family

Spanish Text: Como resultado de esta(e) [fill 1: lesión / envenenamiento], ¿cuántos días de trabajo faltó [fill 2: usted / ALIAS] ?

1. Ninguno
2. Menos de 1día
3. De uno a cinco días
4. Seis días o más

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

Spanish Text: Al ocurrir esta(e) [fill 1: lesión / envenenamiento], ¿era [fill 2: usted / ALIAS] un estudiante de tiempo completo (full-time), tiempo parcial o reducida (part time), o no era estudiante?

1. Tiempo completo (full-time)
2. Tiempo parcial o reducida (part-time)
3. No era estudiante

Universe: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

Skip Instructions: <1,2> [goto IPSCLS]
<3,R,D> [if person has more injury/poisoning episodes, goto IPDATEM for that person; else if person does not have more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning episode; else if no more family members with an injury/poisoning, goto FPOI3M/FAU.010]

Question ID: FIJ.181_00.000 **Instrument Variable Name:** IPSCLS **QuestionnaireFileName:** Family

Spanish Text: Como resultado de esta(e) [fill 1: lesión / envenenamiento], ¿cuántos días de escuela faltó [fill 2: usted / ALIAS] ?

1. Ninguno
2. Menos de 1día
3. De uno a cinco días
4. Seis días o más

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

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.010_00.000 **Instrument Variable Name:** FDMED12M **QuestionnaireFileName:** Family

Spanish Text: Las siguientes preguntas se refieren al uso de servicios de salud. No incluya el cuidado dental.

DURANTE LOS ULTIMOS 12 MESES, ¿se ha demorado el cuidado médico [fill: por preocupación al costo?/ para alguien de la familia por preocupación al costo?]

1. Sí
2. No
Refused
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

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

¿A quién de la familia se le ha demorado el cuidado médico?
(¿Hay alguien más?)

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿hubo algún momento en que [fill1: usted/alguien de la familia] necesitó atención médica pero no la obtuvo porque [fill2: /la familia] no la pudo pagar?

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.040_00.000 **Instrument Variable Name:** PNMED12M **QuestionnaireFileName:** Family

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

¿Quién no obtuvo la atención médica que necesitaba?
(¿Hay alguien más?)

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

Spanish Text: DURANTE LOS ULTIMOS 12 MESES, ¿estuvo [fill1: usted/alguien de la familia] ingresado(a) en el hospital POR UNA NOCHE O MAS? Sin incluir la estancia de un día a otro en la sala de emergencia.

[fill2: Incluya madres y/o bebés recién nacidos hospitalizados por nacimiento.]

1. Sí
2. No
Refused
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

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

¿Quién estuvo ingresado en el hospital una noche o más?
(¿Alguien más?)

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.

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.070_00.000 **Instrument Variable Name:** HOSPNO **QuestionnaireFileName:** Family

Spanish Text: ¿Cuántas veces estuvo [fill:usted/Alias] hospitalizado por una noche o m s DURANTE LOS ULTIMOS 12 MESES?

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

Spanish Text: En total, ¿cuántas noches pasó [fill: usted/Alias] en el hospital DURANTE LOS ULTIMOS 12 MESES?

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

Spanish Text: * Hand calendar card

Las siguientes preguntas se refieren a la atención médica recibida durante las 2 SEMANAS subrayadas en el calendario. Incluya atención de TODA clase de médicos, tales como dermatólogos, psiquiátras, oftalmólogos y médicos en práctica general. Incluya también el cuidado de OTROS profesionales de la salud como enfermeras, terapistas físicos y quiroprácticos. No incluya el cuidado dental. No incluya cuidado recibido durante una estancia en el hospital de una noche o más.

Durante esas 2 SEMANAS, ¿obtuvo [fill: usted/alguien de la familia] atención medica EN EL HOGAR por parte de un(a) enfermero(a) o algún otro profesional de la salud?

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.130_00.000 **Instrument Variable Name:** PHCHM2W **QuestionnaireFileName:** Family

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

¿Quién recibió atención médica en el hogar?
(¿Alguien más?)

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

Spanish Text: [Fill1: ¿Cuántas visitas médicas al hogar le hicieron durante esas 2 SEMANAS?/
¿Cuántas visitas médicas al hogar le hicieron a [fill: Alias] durante esas 2 SEMANAS?]

* 50 or more visits should be coded as '50'.

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

Spanish Text: Durante esas 2 SEMANAS, ¿obtuvo [usted/alguien de la familia] consejo médico o resultados de pruebas por TELEFONO de un médico, un(a) enfermero(a) o algún otro profesional de la salud?

No incluya llamadas para hacer citas, discutir los pagos, o para reordenar medicamentos recetados.

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.160_00.000 **Instrument Variable Name:** PHCPH2W **QuestionnaireFileName:** Family

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

¿Para quién se hizo la llamada?
(¿Alguien más?)

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

Spanish Text: Durante esas 2 SEMANAS, ¿cuántas llamadas [fill1 hizo?] [fill2 se hicieron con respecto a la salud de [fill:Alias]?]

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

Spanish Text: Durante esas 2 SEMANAS, ¿consultó [fill1: usted/alguien de la familia] con un médico u otro profesional de la salud en persona, ya fuera en un CONSULTORIO, una clínica, una sala de emergencia, o cualquier otro lugar?

[fill2: No incluya estancias en el hospital de una noche o más.]

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.190_00.000 **Instrument Variable Name:** PHCDV2W **QuestionnaireFileName:** Family

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

¿Quién recibió atención?
(¿Alguien más?)

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

Spanish Text: ¿Cuántas veces fue [fill: usted/Alias] al médico u otro profesional de la salud durante esas 2 SEMANAS?

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

Spanish Text: Durante los últimos 12 MESES, ¿recibió [fill: usted/alguien de la familia] atención médica de doctores u otros profesionales de la salud en 10 o más ocasiones? No incluya consultas por teléfono.

1. Sí
2. No
Refused
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]

2005 NHIS Spanish Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 30-May-06

Question ID: FAU.220_00.000 **Instrument Variable Name:** P10DVYR **QuestionnaireFileName:** Family

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

¿Quién recibió atención en 10 o más ocasiones?
(¿Alguien más?)

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.

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.050_00.000 **Instrument Variable Name:** FHICOV **QuestionnaireFileName:** Family

Spanish Text: (book) F12 and (book) F14

Las siguientes preguntas se refieren a los planes de seguro médico. Incluya seguro de salud obtenido a traves del empleo o comprado directamente, asi como programas gubernamentales como Medicare y Medicaid, que proveen cuidado de salud o ayudan a pagar los gastos médicos.

[fill: ¿Está usted cubierto(a) por algún seguro de salud o/ ¿Hay alguien cubierto por un seguro de salud o] algún otro plan de protección médica?

1. Sí
2. No

Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.070_00.000 **Instrument Variable Name:** HIKIND **QuestionnaireFileName:** Family

Spanish Text:

(book) F12 and (book) F14

¿Qué tipo de seguro médico o cobertura de servicios de salud tiene [fill: usted/ ALIAS]? INCLUYA aquellos que pagan solamente por un tipo de servicio (cuidado en un hogar de convalecencia, accidentes, o cuidado dental). EXCLUYA planes privados que solamente proveén compensación monetaria adicional mientras se encuentra hospitalizado.

* Enter all that apply, separate with commas.

* Please refer to flashcards F12 and F13 for your state.

1. Seguro privado
2. Medicare
3. Medi-Gap
4. Medicaid
5. Programa para la Salud Infantil (CHIP/SCHIP)
6. Cuidado militar/(TRICARE/para veteranos VA/ CHAMP-VA)
7. Indian Health Service/Servicio de Salud Indígena
8. Plan estatal
9. Otro plan de gobierno
10. Plan único (e.j. dental, visión, recetas)
11. Ninguna cobertura

Don't Know
Refused

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]

Question ID: FHI.072_00.000 **Instrument Variable Name:** MCAREPRB **QuestionnaireFileName:** Family

Spanish Text:

(book) F13
Las personas cubiertas por Medicare tienen una tarjeta que luce así.
[fill 1: ¿Está usted/¿Está ALIAS] cubierto(a) por Medicare?

1. Sí
2. No

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.

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.073_00.000 **Instrument Variable Name:** MCAIDPRB **QuestionnaireFileName:** Family

Spanish Text:
(book F14)
* Refer to flashcard F14 for state Medicaid names.
Hay un programa conocido como Medicaid que paga por el cuidado de salud para las personas necesitadas. En este estado, tambien se le conoce como (fill State name). [fill 1: ¿Está usted/¿Está ALIAS] cubierto(a) por Medicaid?

1. Sí
2. No

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

Spanish Text:
¿Tiene [fill: usted/Alias] el tipo de seguro que cubre solo un tipo de servicio, tal como dental, de la visión o de medicamentos recetados?

1. Sí
2. No
Don't Know
Refused

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

Question ID: FHI.075_00.000 **Instrument Variable Name:** HICHANGE **QuestionnaireFileName:** Family

Spanish Text:
Anoté que [fill1: usted/Alias][fill2: no está cubierto(a)./está cubierto(a)] por [fill3: HIKIND]. ¿correcto?

1. Sí
2. No
Don't Know
Refused

Universe: All persons

Skip Instructions:
<1,R,D> [repeat for all eligible persons, then goto MCNO]
<2> [goto ERR_HICHANGE]

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.080_01.000 **Instrument Variable Name:** MCNO **QuestionnaireFileName:** Family

Spanish Text: * 1 of 2

Anoté anteriormente que usted está cubierto(a) por Medicare. ¿Me permite ver su tarjeta de Medicare para determinar el tipo de cobertura y anotar su número de reclamación?

* Enter the number.

Con este número se pueden localizar e identificar fácilmente los expedientes de Medicare mantenidos por Los Centros de Administración de Servicios de Medicare y Medicaid, para estudios estadísticos. Además este número pudiera ser importante para nosotros algún día en caso de que necesitemos comunicarnos de nuevo con usted. Fuera de las razones ya aquí estipuladas, el Centro Nacional de Estadística de Salud no compartirá con nadie su número de reclamación, incluso con ninguna otra agencia del gobierno. Compartir este número con nosotros es un acto voluntario suyo. La Ley del Servicio de Salud Pública nos permite solicitárselo. Su decisión voluntaria en cuanto a darnos o no el número no tendrá ningún efecto en sus beneficios. La confidencialidad de este número se mantendrá en todo momento.

* If necessary: La ley del Servicio de Salud Publica se encuentra en el Titulo 42 del codigo de leyes de los Estados Unidos, Seccion 242K.

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

Spanish Text:

Universe: Family respondents with Medicare who reported a Medicare claim number

Skip Instructions: goto MCPART

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.090_00.000 **Instrument Variable Name:** MCPART **QuestionnaireFileName:** Family

Spanish Text: (Fill 1]

* Fill in appropriate coverage type below.

Read if necessary: ¿Que tipo de cobertura Medica tiene [fill2: usted/Alias]?
Es parte A- seguro de hospital, Parte B- seguro médico, o ambos?

1. Parte A - Sólo Hospital
2. Parte B - Sólo Médico
3. Ambas, Parte A y Parte B
Refused
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

Spanish Text:

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

Spanish Text: ¿Está [fill: usted/Alias] matriculado(a) en un plan de Medicare Plus Choice?

1. Sí
2. No
Don't Know
Refused

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

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.100_00.000 **Instrument Variable Name:** MCHMO **QuestionnaireFileName:** Family

Spanish Text: * Read: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

¿Está [fill: usted/Alias] cubierto(a) por algún arreglo de cuidado médico a través del Medicare, por ejemplo, un HMO? (Con un HMO, usted recibe atención médica principalmente por medio de los médicos propios del HMO. De lo contrario, los gastos no son cubiertos al menos que tenga un referido del HMO para ver a un especialista, o si el tratamiento obtenido es de urgencia.

1. Sí
2. No

Don't Know
Refused

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

Spanish Text: ¿Cuál es el nombre del HMO?

* Read if necessary

¿Tiene usted un carnet o algo que muestra el nombre del plan?

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

Spanish Text: Si [fill: usted/Alias] necesitara ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesitaría autorización o referencia? No incluya cuidado de emergencia.

1. Sí
2. No

Don't Know
Refused

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

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.116_00.000 **Instrument Variable Name:** MCPAYPRE **QuestionnaireFileName:** Family

Spanish Text: Aparte de su seguro Medicare, ¿Está [fill: usted/Alias] pagando una mensualidad adicional o una prima anual para recibir un plan de salud más completo?

1. Sí
2. No

Don't Know
Refused

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

Spanish Text: ¿Está [fill1 usted/ALIAS] inscrito(a) en un programa de compra de recetas a precio reducido con tarjeta Medicare de descuento?

*Read if necessary: Tiene [usted/ALIAS] una tarjeta de descuento para recetas?

Fill 1: If subject = respondent, fill: [usted]; else fill:[ALIAS]

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

Spanish Text: (book) F14

* Refer to flashcard F14 for state Medicaid names.

Las siguientes preguntas se refieren a la cobertura de Medicaid.
En este estado se le conoce también como [fill: state name].
[fill1: Usted/Alias] se encuentra alistado con coberatura de Medicaid. ¿Puede [fill2: usted/Alias] ir a CUALQUIER médico que acepte Medicaid? o, de lo contrario, TIENE que elegir de una lista, o tiene el médico asignado de antemano?

1. Cualquier médico
2. Selecciona de una lista
3. Se le asigna el médico

Refused
Don’t know

Universe: All persons with Medicaid

Skip Instructions: <1,R,D> [goto MAPCMD]
<2> [goto MACHMD1]
<3> [goto MACHMD2]

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.130_00.000 **Instrument Variable Name:** MACHMD1 **QuestionnaireFileName:** Family

Spanish Text: * Ask or verify

Cómo se llama el plan de salud que le proporcioná la lista?

* Read if necessary. ¿Tiene usted un carnet o algo que muestra el nombre del plan?

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

Spanish Text: * Ask or verify

Cómo se llama el plan de salud que le asignó el médico?

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

Spanish 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. Sí
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

Question ID: FHI.140_00.000 **Instrument Variable Name:** MAPCMD **QuestionnaireFileName:** Family

Spanish Text: ¿Se le requiere a [fill: usted/Alias] que se asigne un médico principal o un grupo principal de médicos? o, ¿se le requiere ir exclusivamente a una clínica asignada para todos sus tratamientos rutinarios? No incluya atención de emergencia o cuidado por parte de un especialista al que [fill: usted/Alias] haya sido referido.

1. Sí
2. No

Don't Know
Refused

Universe: All persons with Medicaid

Skip Instructions: goto MAREF

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.150_00.000 **Instrument Variable Name:** MAREF **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

Si [fill: usted/Alias] necesitara ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesitaría autorización o referencia? No incluya atención de emergencia.

1. Sí
2. No

Don't Know
Refused

Universe: All persons with Medicaid

Skip Instructions: goto MACHMD for the next person with Medicaid; else, goto SSTYPE2

Question ID: FHI.156_00.000 **Instrument Variable Name:** SSTYPE2 **QuestionnaireFileName:** Family

Spanish Text: (book) F15

* Enter all that apply, separate with commas.

Usted mencionó que [fill1: usted /Alias] tiene un plan de cobertura única, es decir, un plan que provée un solo tipo de cobertura específica. ¿Cuál tipo de servicio o cuidado cubre [fill2: su plan o planes/ el plan o planes de [Alias]] de servicio único?

1. Accidentes
2. Cuidado para personas con SIDA
3. Tratamiento para el cáncer
4. Cuidado para situaciones catastróficas
5. Cuidado dental
6. Seguro por incapacidad (pagos en efectivo cuando no puede trabajar por razones de salud)
7. Cuidado en una residencia de enfermos terminales
8. Solamente hospitalización
9. Cuidado a largo plazo (cuidado en un hogar de convalecencia)
10. Recetas
11. Cuidado de la vista
12. Otro - especifique

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

Spanish Text:

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

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.158_00.000 **Instrument Variable Name:** FHICCI6 **QuestionnaireFileName:** Family

Spanish Text: Ahora le haré preguntas acerca de los planes de salud privados obtenidos a través del trabajo o de un programa del gobierno estatal, local o de la comunidad.

[Fill 1]

* Enter 1 to 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

Spanish Text: Es importante que anotemos completo y exacto el nombre de cada plan de seguro médico. ¿Cuál es el nombre COMPLETO del primer plan?

NO incluya planes que sólo proveen dinero mientras esta hospitalizado o planes que pagan por un sólo tipo de servicio, tal como seguros que solo pagan por servicio de asilo o residencia de ancianos o enfermos, seguro por accidentes o seguro dental.

* Read if necessary.
* ¿Tiene usted un carnet o algo que muestra el nombre del plan?

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

Spanish Text:

Universe: All private health insurance plans where the plan name was entered at HIPNAM1

Skip Instructions: goto HIPNAM1B

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.170_00.000 **Instrument Variable Name:** HIPNAM1B **QuestionnaireFileName:** Family

Spanish Text:

* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

* Indicate each family member covered by this plan.

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

Spanish Text: * Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No
Don't Know
Refused

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

Spanish Text: ¿Cuál es el nombre del próximo plan?

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]

Question ID: FHI.172_01.000 **Instrument Variable Name:** PCARD2 **QuestionnaireFileName:** Family

Spanish Text:

Universe: All private health insurance plans where the plan name was entered at HIPNAM2

Skip Instructions: goto HIPNAM2B

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.173_00.000 **Instrument Variable Name:** HIPNAM2B **QuestionnaireFileName:** Family

Spanish Text:

* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

* Indicate each family member covered by this plan.

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

Spanish Text:

* Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No

Don't Know
Refused

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]

Question ID: FHI.175_00.000 **Instrument Variable Name:** HIPNAM3 **QuestionnaireFileName:** Family

Spanish Text: ¿Cuál es el nombre del próximo plan?

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

Spanish Text:

Universe: All private health insurance plans where the plan name was entered at HIPNAM3

Skip Instructions: goto HIPNAM3B

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.176_00.000 **Instrument Variable Name:** HIPNAM3B **QuestionnaireFileName:** Family

Spanish Text:

* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

* Indicate each family member covered by this plan.

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

Question ID: FHI.177_00.000 **Instrument Variable Name:** MORPLAN3 **QuestionnaireFileName:** Family

Spanish Text:

* Ask if necessary

¿Hay otro(s) plan(es) de seguro médico?

1. Sí
2. No
Don't Know
Refused

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

Spanish Text: ¿Cuál es el nombre del próximo plan?

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]

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.178_01.000 **Instrument Variable Name:** PCARD4 **QuestionnaireFileName:** Family

Spanish Text:

Universe: All private health insurance plans where the plan name was entered at HIPNAM4

Skip Instructions: goto HIPNAM4B

Question ID: FHI.179_00.000 **Instrument Variable Name:** HIPNAM4B **QuestionnaireFileName:** Family

Spanish Text:

* Ask or verify. Enter all that apply, separate with commas.

¿Quién está bajo ese plan?

* Indicate each family member covered by this plan.

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

Spanish Text: ? [F1]

He anotado que [fill: usted/ ALIAS] tiene un seguro privado, pero este no se mencionó en nuestra discusión de los seguros médicos. ¿Tiene [fill: usted/ ALIAS] cobertura por seguro privado?

1. Sí
2. No
Don't Know
Refused

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]

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.190_00.000 **Instrument Variable Name:** HIVER2 **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

* Enter all that apply, separate with commas.

¿Está el plan de seguro médico de [fill1: usted/ ALIAS] entre los que ya mencionó?

Authors: fill names of plans for precodes 1-4 as follows:
1. [HIPNAM]
2. [NEXTPNM] (if available)
3. [NEXTPNM2] (if available)
4. [NEXTPNM3] (if available)
5. Otro plan no mencionado
Refused
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

Spanish Text: [Fill 1]

* Enter 1 to 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.

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.200_01.000 **Instrument Variable Name:** FHI200 **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

Los planes de seguro médico por lo regular se obtienen bajo el nombre de una sola persona, aún cuando otros familiares esten bajo la póliza. ¿Bajo qué nombre está registrado este plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* (0) La persona registrada no está en la familia.

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

Spanish Text: (book) F16

¿Cuál de las siguientes categorías mejor describe cómo este plan fue obtenido?

1. Empleador/patrono
2. Sindicato
3. A través del trabajo, pero no por el empleador ni por un sindicato
4. A través del trabajo por cuenta propia, o por una asociación profesional
5. Comprado directamente
6. A través del gobierno estatal o local o un programa comunitario
7. Otro (especifique)

Don't Know
Refused

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.

Question ID: FHI.211_01.000 **Instrument Variable Name:** PLNWKSP **QuestionnaireFileName:** Family

Spanish Text: *Read if necessary.

¿Cómo fue obtenido este plan?

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.

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Document Version Date: 30-May-06

Question ID: FHI.220_10.000 **Instrument Variable Name:** PLNPAY **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

* Enter all that apply, separate with commas.

¿Quién paga por este plan de seguro de salud?

* If government program is reported, probe for Medicare or Medicaid or CHIP before entering code 7. If government is the employer, enter code 2.

1. Uno mismo o familiares (familiares viviendo en el hogar)
2. Empleador o Sindicato
3. Alguien que no reside en el hogar
4. Medicare
5. Medicaid
6. SCHIP (Programa de Seguro de Salud Infantil)
7. Programa del gobierno estatal o local o de la comunidad

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.

Question ID: FHI.230_11.000 **Instrument Variable Name:** HICOSTN **QuestionnaireFileName:** Family

Spanish Text: * 1 of 2

¿Cuánto paga [fill: usted/su familia] por la prima de la póliza de salud [fill 2]? Incluya la retención automática de nómina para el pago de las primas.

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.

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Question ID: FHI.230_12.000 **Instrument Variable Name:** HICOSTT **QuestionnaireFileName:** Family

Spanish Text: 2 of 2 ? [F1]

* Enter time period for premium payments.

1. Una vez a la semana
2. Una vez cada dos semanas
3. Una vez al mes
4. Dos veces al mes
5. Cada dos meses
6. Cada tres meses
7. Una vez al año
8. Dos veces al año

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.

Question ID: FHI.240_01.000 **Instrument Variable Name:** PLNMGD **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

¿Es [fill 1] un HMO (Organización de Mantenimiento de la Salud), un IPA (Asociación de Práctica Individual), un PPO (Organización de Proveedores Preferidos), un POS (Punto de Servicio), pago por servicio, o imdemnización, o es otro tipo de plan?

1. HMO/IPA
2. PPO
3. POS
4. Pago Por Servicio
5. Otro

Refused
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.

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Document Version Date: 30-May-06

Question ID: FHI.242_01.000 **Instrument Variable Name:** MGCHMD **QuestionnaireFileName:** Family

Spanish Text: [fill1: Bajo este plan, ¿puede usted escoger a CUALQUIER médico o TIENE que escoger de un grupo específico o de una lista de médicos?] [fill2: Bajo este plan, ¿pueden los familiares escoger a CUALQUIER médico o TIENEN que escoger de un grupo específico o de una lista de médicos?]

1. Cualquier médico
2. Seleccionar de una lista
Refused
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

Spanish Text: [fill1: ¿Tiene usted la opción de elegir al médico de una lista preferencial que le reduce el costo?] [fill2: ¿Tienen los familiares con este plan la opción de elegir al médico de una lista preferencial que le reduce el costo?]

1. Sí
2. No
Don't Know
Refused

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.

Question ID: FHI.246_01.000 **Instrument Variable Name:** MGPYMD **QuestionnaireFileName:** Family

Spanish Text: [fill1: Si usted elige a un médico que no pertenece al plan, ¿paga [fill2] cualquier parte del costo?] [fill3: Si los familiares con este plan eligen a un médico que no pertenece al plan, ¿paga [fill2] cualquier parte del costo?]

1. Sí
2. No
Don't Know
Refused

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.

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.248_01.000 **Instrument Variable Name:** MGPREF **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

Cuando [fill: usted/ALIAS/alguien de la familia con este plan] necesita ir a un médico o sitio diferente para obtener tratamiento especial, ¿necesita autorización o referencia? No incluya atención de emergencia.

1. Sí
2. No

Don't Know
Refused

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

Spanish Text: ¿Paga [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] cualquier de los gastos para medicinas recetadas por un doctor?

* Read if necessary: ¿Tiene este plan un beneficio de medicina?

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.

Question ID: FHI.250_00.000 **Instrument Variable Name:** STNAME1 **QuestionnaireFileName:** Family

Spanish Text: Anoté anteriormente que [fill: usted/Alias] está cubierto por el Programa para la Salud Infantil(CHIP/ SCHIP). ¿Cuál es el nombre de ese plan?

* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

Universe: All persons with SCHIP

Skip Instructions: goto STDOC1

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Document Version Date: 30-May-06

Question ID: FHI.251_00.000 **Instrument Variable Name:** STDOC1 **QuestionnaireFileName:** Family

Spanish Text: Con [fill1:STNAME/SCHIP PLAN], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan, o TIENE que escoger de un libro o de una lista de médicos, o se le asigna el médico?

1. Cualquier médico
2. Selecciona de una lista
3. Se le asigna el médico

Refused
Don't Know

Universe: All persons with SCHIP

Skip Instructions: goto STPCMD1

Question ID: FHI.252_00.000 **Instrument Variable Name:** STPCMD1 **QuestionnaireFileName:** Family

Spanish Text: ¿Se le requiere a [fill1: usted/Alias] tener un médico específico, o un grupo de médicos o clínica en específico, al que [fill:usted/él/ella] tiene que acudir para toda atención rutinaria? No incluya atención de emergencia o atención de un especialista al que puede ser referido(a).

1. Sí
2. No

Don't Know
Refused

Universe: All persons with SCHIP

Skip Instructions: goto STREF1

Question ID: FHI.253_00.000 **Instrument Variable Name:** STREF1 **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

Con [fill1: STNAME1/este plan de SCHIP], si [fill2: usted / Alias] necesita ir a un médico diferente o un lugar diferente para atención especializada, ¿requiere [fill3: usted/el/ella] una aprobación o recomendación en escrito? No incluya atención de emergencia.

1. Sí
2. No

Don't Know
Refused

Universe: All persons with SCHIP

Skip Instructions: goto STNAME1 for the next person with SCHIP; else, goto STNAME2

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.257_00.000 **Instrument Variable Name:** STNAME2 **QuestionnaireFileName:** Family

Spanish Text: Anoté anteriormente que [fill: usted/Alias] está cubierto por un plan de salud gubernamental estatal. ¿Cuál es el nombre de ese plan?

* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

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

Spanish Text: Con [fill 1:^STNAME2/state sponsored plan], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan, o TIENE que escoger de un libro o de una lista de médicos, o se le asigna el médico?

1. Cualquier médico
2. Selecciona de una lista
3. Se le asigna el médico

Refused
Don't Know

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STPCMD2

Question ID: FHI.259_00.000 **Instrument Variable Name:** STPCMD2 **QuestionnaireFileName:** Family

Spanish Text: ¿Se le requiere a [fill1: usted/Alias] escoger a un médico principal, un grupo de médicos, o una clínica en específico a la que tiene que ir para recibir atención rutinaria? No incluya atención de emergencia o atención de un especialista al que [fill4: usted/él/ella] fue referido(a).

1. Sí
2. No

Don't Know
Refused

Universe: All persons covered by a state sponsored health plan

Skip Instructions: goto STREF2

2005 NHIS Spanish Questionnaire - Family

Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.260_00.000 **Instrument Variable Name:** STREF2 **QuestionnaireFileName:** Family

Spanish Text: ? [F1]

Con [fill1: STNAME1/[este plan de salud gubernamental estatal], si [fill2: usted / Alias] necesita ir a un médico o un lugar diferente para atención especial, ¿se le requiere obtener un referido? No incluya atención de emergencia.

1. Sí
2. No

Don't Know
Refused

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

Spanish Text: Anoté anteriormente que [fill: usted/Alias] está cubierto(a) por un programa auspiciado por el estado u otro programa. ¿Cuál es el nombre del plan?

* Read if necessary: ¿Tiene usted un carnet o algo que muestra el nombre del plan?

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STDOC3

Question ID: FHI.265_00.000 **Instrument Variable Name:** STDOC3 **QuestionnaireFileName:** Family

Spanish Text: Con [fill 1:^STNAME3/other government plan], ¿puede [fill2:usted/Alias] ir a CUALQUIER médico que acepta este plan, o TIENE que escoger de un libro o de una lista de médicos, o se le asigna el médico?

1. Cualquier médico
2. Selecciona de una lista
3. Se le asigna el médico

Refused
Don't Know

Universe: All persons covered by an "other" government plan

Skip Instructions: goto STPCMD3

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.266_00.000 **Instrument Variable Name:** STPCMD3 **QuestionnaireFileName:** Family

Spanish Text: ¿Se le requiere a [fill1: usted/Alias] escoger a un médico principal, un grupo de médicos, o una clínica en específico a la que tiene que ir para recibir atención rutinaria? No incluya atención de emergencia o atención de un especialista al que [fill4: usted/él/ella] fue referido(a).

1. Sí
2. No
Don't Know
Refused

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

Spanish Text: Con [[fill 1:^ STNAME3/el otro plan de gobierno], si [fill2: usted / Alias] necesita ir a un médico o un lugar diferente para atención especial, ¿se le requiere obtener un referido? No incluya atención de emergencia.

1. Sí
2. No
Don't Know
Refused

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

Question ID: FHI.270_00.000 **Instrument Variable Name:** MILSPC **QuestionnaireFileName:** Family

Spanish Text: Anteriormente yo anoté que [fill usted/Alias] está cubierto(a) por un plan de salud militar. ¿Qué tipo(s) de plan(es) de salud militar cubre(n) a [fill usted/Alias] ?

1. TRICARE
2. VA
3. CHAMP-VA
4. Otro plan militar (especifique)
Don’t know
Refused

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]

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.271_00.000 **Instrument Variable Name:** MILSPCOT **QuestionnaireFileName:** Family

Spanish Text:

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

Spanish Text: ¿Es el plan TRICARE que cubre a [fill: usted/ Alias] TRICARE Prime, TRICARE Extra, TRICARE Standard o TRICARE for Life?

1. TRICARE Prime
2. TRICARE Extra
3. TRICARE Standard
4. TRICARE for Life
5. Otro plan de TRICARE (especifique)

Refused
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]

Question ID: FHI.276_00.000 **Instrument Variable Name:** MILMANOT **QuestionnaireFileName:** Family

Spanish Text:

Universe: All persons with "other" type of TRICARE coverage

Skip Instructions: goto MILSPC for the next person with military health care; else, goto HILAST

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.280_00.000 **Instrument Variable Name:** HILAST **QuestionnaireFileName:** Family

Spanish Text: (book) F17

¿Aproximadamente cuánto tiempo hace desde la última vez que [fill: usted/Alias] tuvo cobertura a través de un plan de seguro médico, sin incluir planes de servicio único?

1. 6 meses o menos
2. Más de 6 meses, pero no más de 1 año atrás
3. Más de 1 año, pero no más de 3 años atrás
4. Más de 3 años
5. Nunca

Refused
Don't Know

Universe: All persons without known health insurance or with only single service plans

Skip Instructions: goto HISTOP

Question ID: FHI.290_00.000 **Instrument Variable Name:** HISTOP **QuestionnaireFileName:** Family

Spanish Text: (book) F18

¿Cuáles de estas razones explican mejor por qué [fill: usted/Alias] perdió su cobertura o no tiene cobertura?

* Enter up to 5 reasons, separate with commas.

1. La persona asegurada en la familia perdió el trabajo o cambió de patrón/empleador.
2. Se divorció o separó/muerte del cónyuge o de un padre
3. Se convirtió en inelegible por su edad/abandonó los estudios
4. El patrón/empleador no ofrece cobertura /no es elegible para cobertura
5. El costo es demasiado alto
6. La compañía de seguros se negó a extenderle cobertura
7. Medicaid/plan médico terminó después del embarazo
8. Perdió el Medicaid/plan médico debido a un trabajo nuevo o un aumento en los ingresos
9. Perdió el Medicaid (otro)
10. Otra (especifique)

Refused
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

Spanish Text:

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

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Family Health Insurance

Document Version Date: 30-May-06

Question ID: FHI.300_00.000 **Instrument Variable Name:** HINOTYR **QuestionnaireFileName:** Family

Spanish Text: En los ULTIMOS 12 MESES, ¿hubo algún tiempo en que [fill: usted/Alias] NO tenía cobertura NI seguro médico ALGUNO?

1. Sí
2. No

Don't Know
Refused

Universe: All persons with known health insurance coverage except single service plans

Skip Instructions: <1> [goto HINOTMYR]
<2,R,D> [goto HCSPFYR]

Question ID: FHI.310_00.000 **Instrument Variable Name:** HINOTMYR **QuestionnaireFileName:** Family

Spanish Text: En los ULTIMOS 12 MESES, ¿aproximadamente cuántos meses estuvo [fill: usted/Alias] sin cobertura?

* If less than 1 month, enter 1.

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

Spanish Text: (book) F19

La próxima pregunta trata del dinero que [fill: usted/ usted y sus familiares que viven en esta residencia] ha(n) gastado de su bolsillo en atención médica. NO incluya las primas de los planes de seguro, ni los medicamentos comprados sin receta, ni tampoco cualquieres gastos para los que será reembolsado(a). EN LOS ULTIMOS 12 MESES, ¿aproximadamente cuánto gastó [fill2: usted/ su familia] en atención médica y dental?

0. Cero
1. Menos de $500
2. $500-$1,999
3. $2,000-$2,999
4. $3,000-$4,999
5. $5,000 o más

Refused
Don't Know

Universe: All families

Skip Instructions: goto PLBORN1

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Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.001_00.000 **Instrument Variable Name:** PLBORN **QuestionnaireFileName:** Family

Spanish Text: ¿Nació [fill: usted/ ALIAS] en los Estados Unidos?

1. Sí
2. No
Don't know
Refused

Universe: All persons

Skip Instructions: <1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

Question ID: FSD.002_00.000 **Instrument Variable Name:** PLBORN1 **QuestionnaireFileName:** Family

Spanish Text: ¿En qué estado nació [fill: usted/ Alias]?

1. Alabama	19. Louisiana	37. Oklahoma
2. Alaska	20. Maine	38. Oregon
3. Arizona	21. Maryland	39. Pennsylvania
4. Arkansas	22. Massachusetts	40. Rhode Island
5. California	23. Michigan	41. South Carolina
6. Colorado	24. Minnesota	42. South Dakota
7. Connecticut	25. Mississippi	43. South Dakota
8. Delaware	26. Missouri	44. Texas
9. Dist. Of Columbia	27. Montana	45. Utah
10. Florida	28. Nebraska	46. Vermont
11. Georgia	29. Nevada	47. Virginia
12. Hawaii	30. New Hampshire	48. Washington
13. Idaho	31. New Jersey	49. West Virginia
14. Illinois	32. New Mexico	50. Wisconsin
15. Indiana	33. New York	51. Wyoming
16. Iowa	34. North Carolina	
17. Kansas	35. North Dakota	Refused
18. Kentucky	36. Ohio	Don't Know

Universe: All persons born in the United States

Skip Instructions: <1-51,R,D> [goto HEADST]

Question ID: FSD.003_00.000 **Instrument Variable Name:** PLBORN2 **QuestionnaireFileName:** Family

Spanish Text: ¿En qué país nació [fill: usted/ Alias]?

* Please record country of birth. If country not found, type "ZZ"

******* Please record the country of birth in English. If not found, type "ZZ"**********

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]

2005 NHIS Spanish Questionnaire - Family

Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.004_00.000 **Instrument Variable Name:** USYR **QuestionnaireFileName:** Family

Spanish Text:
* Read if necessary.
[fill1:]

¿En qué año vino [fill4: usted/ Alias] a quedarse en los Estados Unidos?

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

Spanish Text:
¿Por cuánto tiempo ha estado [fill1: usted/ Alias] en los Estados Unidos?

* Read if necessary: Anoté antes que [fill1: usted/ Alias] tiene [fill2: AGE] años de edad.

* Enter '95' for 95 or more years.

* If less than 1 year given as a response, code the answer as '0'.

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]

Question ID: FSD.006_00.000 **Instrument Variable Name:** CITIZEN **QuestionnaireFileName:** Family

Spanish Text:
(book) F20

¿Es [fill: usted/ Alias] CIUDADANO(A) de los Estados Unidos?

1. Sí, nacido(a) en uno de los 50 estados de los Estados Unidos o el Distrito de Columbia
2. Sí, nacido(a) en Puerto Rico, Guam, Islas Vírgenes (E. U.), u otro territorio de Estados Unidos
3. Sí, nacido(a) en el extranjero de padre/madre ciudadano(s) de Estados Unidos
4. Sí, ciudadano(a) naturalizado(a) de Estados Unidos
5. No, no es ciudadano de Estados Unidos
Refused
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]

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Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.007_00.000 **Instrument Variable Name:** HEADST **QuestionnaireFileName:** Family

Spanish Text: ¿Actualmente asiste [fill: Alias] al programa pre-escolar (Head Start)?

1. Sí
2. No
Don't know
Refused

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.010_00.000 **Instrument Variable Name:** EDUC **QuestionnaireFileName:** Family

Spanish Text: (book) F21

¿Cuál es el nivel escolar o grado MAS ALTO que [fill: usted/ Alias] completó? Favor, de decirme el número de la tarjeta.

* Enter highest level of school.

0. Nunca asistió/sólo escuela para párvulos
1. 1er grado
2. 2do grado
3. 3er grado
4. 4to grado
5. 5to grado
6. 6to grado
7. 7mo grado
8. 8vo grado
9. 9no grado
10. 10mo grado
11. 11no grado
12. 12mo grado, sin diploma
13. Diploma GED o equivalente
14. GRADUADO DE ESCUELA SUPERIOR
15. Algunos cursos universitarios/sin diploma
16. Grado Asociado: programa ocupacional, técnico, o programa vocacional
17. Grado Asociado: programa académico
18. Título de Licenciatura (Ejemplo: BA, AB, BS, BBA)
19. Título de Maestría (Ejemplo: MA, MS, MEng, MEd, MBA)
20. Título de Escuela Profesional (Ejemplo: MD, DDS, DVM, JD)
21. Título Doctoral (Ejemplo: PhD, EdD)
Refused
Don't know

Universe: All persons 5 years of age or older

Skip Instructions: repeat for all eligible persons, then goto FMILTRY

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Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.041_00.000 **Instrument Variable Name:** FMILTRY **QuestionnaireFileName:** Family

Spanish Text: [fill Usted/ Algún miembro de la familia (* Read names below)] ¿ha sido dado de alta honorablemente (honorably discharged) del servicio activo en el ejército (U. S. Army), la marina
(U. S. Navy), la fuerza aérea (U. S. Air Force), la infantería de la marina (U. S. Marine Corps), o la guardia costera (U. S. Coast Guard)?

1. Sí
2. No
Don't know
Refused

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

Spanish Text: * Ask or verify. Enter all that apply, separate with commas.

¿Quién?

* Indicate each family member with honorable discharge.

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.

Question ID: FSD.070_00.000 **Instrument Variable Name:** WRKHRS **QuestionnaireFileName:** Family

Spanish Text: [fill:1¿Cuántas horas trabaja(ó) [fill2: usted/ Alias] LA SEMANA PASADA en TODOS sus empleos o negocios?/

¿Cuántas horas trabaja(ó) [fill2: usted/ Alias] usualmente en TODOS sus empleos o negocios?]

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 a job/contract and off-season

Skip Instructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

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Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.080_00.000 **Instrument Variable Name:** WRKFTALL **QuestionnaireFileName:** Family

Spanish Text: ¿Trabaja [fill: usted/ Alias] NORMALMENTE un total de 35 horas o más por semana en TODOS sus empleos o negocios?

1. Sí
2. No
Don't know
Refused

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.110_00.000 **Instrument Variable Name:** WRKMYR **QuestionnaireFileName:** Family

Spanish Text: ¿Por cuántos meses en [fill: last year in 4 digit format] tenía [fill1: usted/ Alias] por lo menos un empleo o negocio?

*If less than one month, enter '1'.

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

Spanish Text: ¿Cuánto calcula [fill1: sus ingresos/ los ingresos de [fill: Alias]] antes de los impuestos y las retenciones en el [fill2: year], de TODOS sus empleos y negocios.

Incluyendo el pago por hora, sueldos, propinas y comisiones.

* Enter 999995 if the reported income is greater than $999,995.

Universe: All persons 18 years of age or older who worked last year

Skip Instructions: goto HIEMPOF

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Family Socio-Demographic

Document Version Date: 30-May-06

Question ID: FSD.130_00.000 **Instrument Variable Name:** HIEMPOF **QuestionnaireFileName:** Family

Spanish Text:

[fill1: Con respecto al trabajo que usted mantenía a partir de la semana pasada ¿se le ofreció seguro médico a través de ese empleador?/

Con respecto al trabajo que [fill: Alias] mantenía a partir de la semana pasada ¿se le ofreció seguro médico a [fill: Alias] a través de ese empleador?]

1. Sí
2. No
Don't know
Refused

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

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Question ID: FIN.010_00.000 **Instrument Variable Name:** INTROINC **QuestionnaireFileName:** Family

Spanish Text:

Universe: All families

Skip Instructions: goto FSAL

Question ID: FIN.030_00.000 **Instrument Variable Name:** FSAL **QuestionnaireFileName:** Family

Spanish Text: [fill: ¿Recibió ingresos en [fill: last calendar year in 4 digit format] por.. pago por hora o salarios?]

[fill: Cuando responda a estas preguntas, por favor acuérdese que con la frase "ingreso combinado de la familia," me refiero a su ingreso MAS los ingresos de todos los familiares viviendo en esta residencia (incluyendo a las parejas viviendo juntas, y a miembros de las fuerzas armadas que residen en el hogar).

¿Algún miembro de la familia de 18 años de edad o mayor, es decir, * Read names

[fill roster of people GE 18 in column format, in bold black]

recibió ingresos en [fill: last calendar year in 4 digit format] por...

pago por hora o salarios?

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.040_00.000 **Instrument Variable Name:** PSAL **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

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Family Income

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Question ID: FIN.050_00.000 **Instrument Variable Name:** FSEINC **QuestionnaireFileName:** Family

Spanish Text:

[fill: ¿Recibió ingresos en [fill: variable calculating last calendar year] por trabajo por cuenta propia, incluyendo ingresos de negocios y fincas o granjas?

[else, fill: ¿Algún miembro de la familia de 18 años de edad o mayor, es decir, * Read names

[fill roster of all non-deleted family members GE 18 in column format in bold black]

recibió ingresos en [fill: last year in 4 digit format] por... trabajo por cuenta propia, incluyendo ingresos de negocios y fincas o granjas?]

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.060_00.000 **Instrument Variable Name:** PSEINC **QuestionnaireFileName:** Family

Spanish Text:

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

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Family Income

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Question ID: FIN.070_00.000 **Instrument Variable Name:** FSSRR **QuestionnaireFileName:** Family

Spanish Text: ¿Recibió [usted/algún miembro de la familia que vive aquí] ingresos durante [fill: last year in 4 digit format] del Seguro Social o del Plan de Retiro Ferroviario?

* Read if necessary: Los cheques del Seguro Social son depositados automáticamente en el banco o enviados por correo el tercer día de cada mes. Si se envían por correo, llegan en un sobre color amarillo/dorado.

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.080_00.000 **Instrument Variable Name:** PSSRR **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.082_00.000 **Instrument Variable Name:** FSSRRD **QuestionnaireFileName:** Family

Spanish Text:

[fill: ¿Recibió su Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?]

[fill2: ¿Recibió algún miembro de la familia, * Read names

[fill roster of all non-deleted family members selected in PSSRR and AGE LE 64 in column format in bold black]]

su Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?]

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.084_00.000 **Instrument Variable Name:** PSSRRDB **QuestionnaireFileName:** Family

Spanish Text:

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

¿Quién recibió Seguro Social o Retiro Ferroviario en forma de beneficios por incapacidad?
(¿Alguien más?)

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

Spanish Text:

¿Recibió [fill: usted/Alias] este beneficio porque está deshabilitado(a)?

1. Sí
2. No
Don't Know
Refused

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

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.090_00.000 **Instrument Variable Name:** FPENS **QuestionnaireFileName:** Family

Spanish Text: ¿Recibió [usted/algún miembro de la familia que vive aquí] ingresos a través de alguna pensión por incapacidad durante [fill:variable for last calander year] [fill: , aparte del Seguro Social o el Retiro Ferroviario]?

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.100_00.000 **Instrument Variable Name:** PPENS **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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

Spanish Text: ¿Recibió [fill: usted/ algún miembro de la familia que vive aquí] ingresos a través de alguna pensión de retiro/jubilación o de sobreviviente [fill:2] [fill:3] [fill:4]?

1. Sí
2. No
Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.104_00.000 **Instrument Variable Name:** POPENS **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

Question ID: FIN.110_00.000 **Instrument Variable Name:** FSSI **QuestionnaireFileName:** Family

Spanish Text: [fill: ¿Recibió beneficios del Seguro de Ingreso Suplementario (SSI)?]

[fill: ¿Recibió algún miembro de la familia que vive aquí beneficios del Seguro de Ingreso Suplementario (SSI)?]

* Read if necessary: Los cheques del Seguro de Ingreso Suplementario (SSI) federal son depositados automáticamente en el banco o enviados por correo el primer día de cada mes. Si son envíados, llegan en un sobre azul.

1. Sí
2. No
Don't Know
Refused

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

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

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Family Income

Document Version Date: 30-May-06

Question ID: FIN.122_00.000 **Instrument Variable Name:** PSSID **QuestionnaireFileName:** Family

Spanish Text: ¿Recibió [fill: usted/ Alias] el Seguro de Ingreso Suplementario (SSI) porque está desabilitado(a)?

1. Sí
2. No
Don't Know
Refused

Universe: All persons who received SSI in the last calendar year

Skip Instructions: repeat for all eligible persons, then goto FTANF

Question ID: FIN.150_00.000 **Instrument Variable Name:** FTANF **QuestionnaireFileName:** Family

Spanish Text: (book) F22

En algún momento durante [fill: last year in 4 digit format], aunque fuera solo por un mes, ¿recibió [fill: usted/ algún familiar que vive aquí] DINERO EN EFECTIVO por parte de un programa de bienestar público a nivel estatal o del condado tal como (specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1. Sí
2. No
Don't Know
Refused

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

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

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Family Income

Document Version Date: 30-May-06

Question ID: FIN.164_00.000 **Instrument Variable Name:** FOWBEN **QuestionnaireFileName:** Family

Spanish Text: Alguna vez en [fill: variable for calculating last calander year], ¿recibió [usted/ algún miembro de la familia que vive aquí] cualquier OTRO tipo de asistencia social, tal como: asistencia en obtener un trabajo, colocación en programas educacionales o entrenamiento vocacional, ayuda para cuidado infantil, o transportación.

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.166_00.000 **Instrument Variable Name:** POWBEN **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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

Spanish Text: ¿[fill: Usted /Algún miembro de la familia que vive aquí] recibió dinero de intereses pagados por cuentas de cheques o ahorros bancarios, cuentas particulares de cuentas de retiro a inversión (IRAs) o certificados de depósito, inversiones a largo plazo, notas o bonos de tesorería, o cualquier otra clase de inversión que pague interéses?

* No se incluye dividendos.

1. Sí
2. No
Don't Know
Refused

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]

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Family Income

Document Version Date: 30-May-06

Question ID: FIN.180_00.000 **Instrument Variable Name:** PINTRST **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

Question ID: FIN.190_00.000 **Instrument Variable Name:** FDIVD **QuestionnaireFileName:** Family

Spanish Text: ¿Obtuvo [usted /algún miembro de la familia que vive aquí] ingresos a través de dividendos provenientes de acciones o fondos mutuos, depósitos, o ingresos netos de propiedades, regalías, bienes/propiedades o fideicomisos?

1. Sí
2. No
Don't Know
Refused

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

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

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Family Income

Document Version Date: 30-May-06

Question ID: FIN.210_00.000 **Instrument Variable Name:** FCHLDSP **QuestionnaireFileName:** Family

Spanish Text: ¿Obtuvo [usted /algún miembro de la familia que vive aquí] ingresos a través de pagos obligatorios para el mantenimiento infantil (child support)?

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.220_00.000 **Instrument Variable Name:** PCHLDSP **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* 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.

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

Spanish Text: ¿Recibió [usted /algún miembro de la familia que vive aquí] ingresos de alguna otra fuente tal como pensión por divorcio, contribuciones de familia/otros, pagos a veteranos (VA), compensación a trabajadores incapacitados (workers comp.) o beneficios
por el desempleo (Unemployment)?

1. Sí
2. No
Don't Know
Refused

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]

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Family Income

Document Version Date: 30-May-06

Question ID: FIN.240_00.000 **Instrument Variable Name:** PINCOT **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate each family member with this income.

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.

Question ID: FIN.250_00.000 **Instrument Variable Name:** FAMINC **QuestionnaireFileName:** Family

Spanish Text: Ahora voy a preguntarle sobre la suma total de [fill: sus ingresos en [fill: last year in 4 digit format]/ los ingresos combinados de la familia en [fill: last year in 4 digit format], incluyendo ingresos de todas las fuentes que hemos mencionado, tales como paga por hora, salarios, Seguro Social, beneficios de retiro y asistencia por padres separados para la crianza de niños. ¿Puede decirme la suma de esos ingresos antes de la deducción por impuestos?

* 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 999,995 if the reported income is greater than $999,995.

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

Spanish Text: Quizás no nos pueda proporcionar una cantidad exacta de la suma total de [fill: sus ingresos/ de los ingresos de la familia], ¿pero podría decirme si sus los ingresos durante [fill: last year in 4 digit format] fueron...

* Read if necessary: Los ingresos son importantes al analizar la informacion de salud que recogemos. Por ejemplo, esta informacion nos ayuda a averiguar si las personas con cierto nivel de ingresos usan ciertos servicios medicos o tienen ciertas condiciones con mas o menos frecuencia que personas con otro nivel de ingresos.

1. $20,000 ó más
2. Menos de $20,000
Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.270_00.000 **Instrument Variable Name:** FINCCAT **QuestionnaireFileName:** Family

Spanish Text:
[If FINC20 = $20,000 or more, fill: * (book) F23]
[if FINC20 = $20,000 or less, fill: * (book) F24]

Considerando todas estas categorías de ingresos, ¿me puede decir cuál letra mejor representa la suma total [de sus ingresos/ de los ingresos de la familia] durante [fill: last year in 4 digit format]?

* Enter [fill: 2] corresponding to total combined family income.

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

Spanish Text:
[fill: ¿Es esta a casa/apartamento... propia o siendo comprada, rentada u ocupada por algún otro arreglo?/

¿Es esta casa/apartamento... propia o siendo comprada, rentada o ocupada por algún otro arreglo por usted o alguien de la familia?]

1. Propia o siendo comprada
2. Rentada
3. Otro arreglo

Don't Know
Refused

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

Spanish Text:
¿Paga [fill: usted/ algún familiar que vive aquí] renta o alquiler reducido debido a que el gobierno federal, estatal, o local está pagando parte del costo?

1. Sí
2. No

Don't Know
Refused

Universe: All families that rent their house/apartment

Skip Instructions: goto FSSAPL

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.300_00.000 **Instrument Variable Name:** FSSAPL **QuestionnaireFileName:** Family

Spanish Text: [fill: ¿Solicitó ALGUNA VEZ el Seguro de Ingreso Suplementario (SSI), ya fuera o no aceptada la solicitud?/

¿Solicitó algún miembro de la familia que vive aquí ALGUNA VEZ el Seguro de Ingreso Suplementario (SSI)? Esto incluye las personas que solicitaron los beneficios, ya fuera o no aceptada la solicitud.]

1. Sí
2. No
Don't Know
Refused

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]

Question ID: FIN.310_00.000 **Instrument Variable Name:** PSSAPL **QuestionnaireFileName:** Family

Spanish Text: *Ask or verify. Enter applicable line number(s), separate with a comma.

¿Quién lo solicitó?
(¿Alguien más?)

* Indicate each family member who applied for SSI benefits.

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

Spanish Text: [fill: ¿SOLICITO ALGUNA VEZ usted los beneficios por incapacidad (disability) del Seguro Social?/

¿SOLICITO algún miembro de la familia que vive aquí ALGUNA VEZ los beneficios por incapacidad (disability) del Seguro Social?

Esto incluye las personas que solicitaron los beneficios, ya fuera o no aceptada la solicitud.]

1. Sí
2. No
Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.340_00.000 **Instrument Variable Name:** PSDAPL **QuestionnaireFileName:** Family

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

¿Quién los solicitó?
(¿Alguien más?)

* Indicate each family member who applied for Social Security Disability benefits.

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.

Question ID: FIN.350_00.000 **Instrument Variable Name:** TANFMYR **QuestionnaireFileName:** Family

Spanish Text: Anoté antes que [fill: usted/ Alias] recibió asistencia monetaria de un programa de beneficiencia estatal o del condado en [fill: last year in 4 digit format]. Durante [fill: last year in 4 digit format], ¿por cuántos meses recibió [fill: usted/ Alias] esta asistencia pública?

*Enter "1" if less than one month.

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

Spanish Text: ¿Estuvo [fill: usted/alguien de la familia] autorizado para recibir beneficios a través del programa de cupones/estampillas para alimentos? (lo cual incluye libretas de cupones o vales por parte del estado para la compra de alimentos) en cualquier momento durante [fill: last year in 4 digit format]?

*An authorized person is one whose name appears on a certification card.

1. Sí
2. No
Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.370_00.000 **Instrument Variable Name:** PFSTP **QuestionnaireFileName:** Family

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

¿Quién estaba autorizado para recibir los cupones de alimentos?
(¿Alguien más?)

* Indicate family members who were authorized to receive food stamps.

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.

Question ID: FIN.380_00.000 **Instrument Variable Name:** FSTPMYR **QuestionnaireFileName:** Family

Spanish Text: Durante [fill: last year in 4 digit format], ¿por cuántos meses estuvo [fill: usted/ Alias] autorizado(a) para recibir cupones de alimentos?

* Enter "1" if less than 1 month

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

Spanish Text: Alguna vez durante [fill: last year in 4 digit format], ¿recibió [fill: usted/alguien en su familia] beneficios del programa WIC, es decir, el Programa para Mujeres, Bebes, y Niños?

1. Sí
2. No
Don't Know
Refused

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]

2005 NHIS Spanish Questionnaire - Family

Family Income

Document Version Date: 30-May-06

Question ID: FIN.385_00.000 **Instrument Variable Name:** PWIC **QuestionnaireFileName:** Family

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

¿Quién los recibió?
(¿Alguien más?)

* Indicate family members who were authorized to receive WIC benefits.

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.