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**2009 NHIS Questionnaire - Family**  
**Family Disability: Version 1**  
**Document Version Date: 08-Mar-11**

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**Question ID:** FDA.010\_00.000 **Instrument Variable Name:** F1DFHEAR **QuestionnaireFileName:** Family

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

[fill 1: Please answer this question for family members age 1 or older./]

[fill 2: Are you/Is anyone] deaf or [fill 3: do you/does anyone] have serious difficulty hearing?

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

**UniverseText:** All families with one or more persons age 1 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 1 or older, store person number in P1DFHEAR and goto F1DFSEE; else, goto P1DFHEAR  
<2,D,R> [goto F1DFSEE]

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**Question ID:** FDA.020\_00.000 **Instrument Variable Name:** P1DFHEAR **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Is anyone else deaf or does anyone else have serious difficulty hearing?)

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

**UniverseText:** One or more persons are deaf or have difficulty hearing, and there is more than one person in the family age 1 or older

**SkipInstructions:** goto F1DFSEE

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**Question ID:** FDA.030\_00.000 **Instrument Variable Name:** F1DFSEE **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Please answer this question for family members age 1 or older./ ]

[fill 2: Are you/Is anyone] blind or [fill 3: do you/does anyone] have serious difficulty seeing even when wearing glasses?

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

**UniverseText:** All families with one or more persons age 1 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 1 or older, store person number in P1DFSEE and goto F1DFCON; else, goto P1DFSEE  
<2,D,R> [goto F1DFCON]

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**2009 NHIS Questionnaire - Family**  
**Family Disability: Version 1**  
**Document Version Date: 08-Mar-11**

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**Question ID:** FDA.040\_00.000 **Instrument Variable Name:** P1DFSEE **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Is anyone else blind or does anyone else have serious difficulty seeing even when wearing glasses?)

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

**UniverseText:** One or more persons are blind or have serious difficulty seeing, and there is more than one person in the family age 1 or older

**SkipInstructions:** goto F1DFCON

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**Question ID:** FDA.050\_00.000 **Instrument Variable Name:** F1DFCON **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Please answer this question for family members age 5 or older./ ]

Because of a physical, mental, or emotional condition, [fill 2: do you/does anyone] have serious difficulty concentrating, remembering, or making decisions?

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

**UniverseText:** All families with one or more persons age 5 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 5 or older, store person number in P1DFCON and goto F1DFWALK; else, goto P1DFCON  
<2,D,R> [goto F1DFWALK]

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**Question ID:** FDA.060\_00.000 **Instrument Variable Name:** P1DFCON **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Does anyone else have serious difficulty concentrating, remembering, or making decisions?)

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

**UniverseText:** One or more persons have serious difficulty concentrating, remembering, or making decisions, and there is more than one person age 5 or older

**SkipInstructions:** goto F1DFWALK

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**2009 NHIS Questionnaire - Family**  
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**Question ID:** FDA.070\_00.000 **Instrument Variable Name:** F1DFWALK **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Please answer this question for family members age 5 or older./ ]

[fill 2: Do you/Does anyone] have serious difficulty walking or climbing stairs?

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

**UniverseText:** All families with one or more persons age 5 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 5 or older, store person number in P1DFWALK and goto F1DFDRES; else, goto P1DFWALK  
<2,D,R> [goto F1DFDRES]

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**Question ID:** FDA.080\_00.000 **Instrument Variable Name:** P1DFWALK **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Does anyone else have serious difficulty walking or climbing stairs?)

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

**UniverseText:** One or more persons have serious difficulty walking or climbing stairs, and there is more than one person age 5 or older

**SkipInstructions:** goto F1DFDRES

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**Question ID:** FDA.090\_00.000 **Instrument Variable Name:** F1DFDRES **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Please answer this question for family members age 5 or older./ ]

[fill 2: Do you/Does anyone] have difficulty dressing or bathing?

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

**UniverseText:** All families with one or more persons age 5 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 5 or older, store person number in P1DFDRES and goto F1DFERR; else, goto P1DFDRES  
<2,D,R> [goto F1DFERR]

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**2009 NHIS Questionnaire - Family**  
**Family Disability: Version 1**  
**Document Version Date: 08-Mar-11**

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**Question ID:** FDA.100\_00.000 **Instrument Variable Name:** P1DFDRES **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Does anyone else have difficulty dressing or bathing?)

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

**UniverseText:** One or more persons have difficulty dressing or bathing, and there is more than one person age 5 or older

**SkipInstructions:** goto F1DFERR

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**Question ID:** FDA.110\_00.000 **Instrument Variable Name:** F1DFERR **QuestionnaireFileName:** Family

**QuestionText:** [fill 1: Please answer this question for family members age 15 or older./ ]

Because of a physical, mental, or emotional condition, [fill 2: do you/does anyone] have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**UniverseText:** All families with one or more persons age 15 or older and random number generator=1

**SkipInstructions:** <1> If only 1 person in the family age 15 or older, store person number in P1DFERR and goto end of section; else, goto P1DFERR  
<2,D,R> [goto end of section]

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**Question ID:** FDA.120\_00.000 **Instrument Variable Name:** P1DFERR **QuestionnaireFileName:** Family

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

Who is it?  
(Anyone else? \* Repeat if necessary: Does anyone else have difficulty doing errands alone such as visiting a doctor's office or shopping?)

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

**UniverseText:** One or more persons have difficulty doing errands alone, and there is more than one person age 15 or older

**SkipInstructions:** goto end of section

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**2009 NHIS Questionnaire - Family**  
**Family Disability: Version 2**  
**Document Version Date: 08-Mar-11**

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

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

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

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

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

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> goto P2DFCON

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

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

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

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

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

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**2009 NHIS Questionnaire - Family**  
**Family Disability: Version 2**  
**Document Version Date: 08-Mar-11**

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

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

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

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

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

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

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

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

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

**SkipInstructions:** <1,2,D,R> goto P2DFERR

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

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

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

**UniverseText:** All persons age 15 or older and random number generator=2

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

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