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**2017 NHIS Spanish Questionnaire -Family**

**Family Identification**

Document Version Date: 05-Jun-18

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**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] [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.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

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**2017 NHIS Spanish Questionnaire -Family****Family Identification**Document Version Date: 05-Jun-18

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**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]

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**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]

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**2017 NHIS Spanish Questionnaire -Family****Family Identification**Document Version Date: 05-Jun-18

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**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 is currently cohabiting and 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:**    Cohabiting 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]

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**2017 NHIS Spanish Questionnaire -Family**

**Family Identification**

Document Version Date: 05-Jun-18

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Identification**
**Document Version Date: 05-Jun-18**


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**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]

---

**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 is in the immediate family.

**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]

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**Question ID:** FID.361\_00.000      **Instrument Variable Name:** LGGUARD1      **QuestionnaireFileName:** Family

**Spanish Text:** [fill: ¿Tiene usted/¿Tiene ALIAS] un guardián legal?

**Universe:** (Person is ward of reference person OR both mother and father are not present in the household) AND person is less than 18 AND person is not deleted

**Skip Instructions:** <1> [goto LGGUARD2]  
<2,R,D> if additional persons remain, GOTO FIDCCI4  
else GOTO ROSTERCK

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**2017 NHIS Spanish Questionnaire -Family****Family Identification**Document Version Date: 05-Jun-18

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**Question ID:** FID.362\_00.000    **Instrument Variable Name:** LGGUARD2    **QuestionnaireFileName:** Family**Spanish Text:**    \*Ask or verify.  
¿Es el/la guardián legal de [fill ALIAS] miembro de este hogar?  
  
\*Enter the line number of the legal guardian.  
\*If the legal guardian is not a household member, enter '0'.**Universe:** Person less than 18 has legal guardian**Skip Instructions:** <0-25, D, R> if additional persons remain, GOTO FIDCCI4  
else GOTO ROSTERCK

---

**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]

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**2017 NHIS Spanish Questionnaire -Family**

**Family Identification**

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

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**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



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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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 FSPPEDEIS]

---

**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.

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**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 FSPPEDEIS

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**Question ID:** FHS.050\_00.000    **Instrument Variable Name:** FSPPEDEIS    **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 PSPPEDEIS and goto PSPPEDEM;  
else, goto PSPPEDEIS]  
<2,R,D> [goto FLAADL]

---

**Question ID:** FHS.060\_00.000    **Instrument Variable Name:** PSPPEDEIS    **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 PSPPEDEM

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

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**Question ID:** FHS.065\_00.000    **Instrument Variable Name:** PSPPEDEM    **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 PSPPEDEIS, then goto FLAADL

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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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.

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**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 LADDRESS

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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**Question ID:** FHS.090\_02.000    **Instrument Variable Name:** LADDRESS    **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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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

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**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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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.

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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.

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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.

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**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 FLIMANYNOTE: 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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**2017 NHIS Spanish Questionnaire -Family**

**Family Health Status & Limitations**

Document Version Date: 05-Jun-18

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**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 – please see note on PLIMANY

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

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

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

¿Quién?  
(¿Hay alguien más?)

**Universe:**    All families – please see note on PLIMANY

**Skip Instructions:**    goto LAHCC

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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

**Spanish Text:** (book) F1

[Fill]: ¿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 o problema (LAHCC\_S1)
  91. Otro impedimento o 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.

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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 intellectual disability/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 intellectual disability/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



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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

---

**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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]

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**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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**2017 NHIS Spanish Questionnaire -Family**

**Family Health Status & Limitations**

Document Version Date: 05-Jun-18

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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
- 90) Otro impedimento o problema (especifique)
- 91) Otro impedimento o problema (especifique)

**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**

Document Version Date: 05-Jun-18

**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**

 Document Version Date: 05-Jun-18
 

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**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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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 intellectual disability/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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**

 Document Version Date: 05-Jun-18
 

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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 intellectual disability/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
 

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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/quadruplegia

**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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/quadruplegia.

(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/quadruplegia 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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Status & Limitations**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family****Family Health Status & Limitations**Document Version Date: 05-Jun-18

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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

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Food Security**Document Version Date: 05-Jun-18

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**Question ID:** FFS.010\_00.000    **Instrument Variable Name:** FSRUNOUT    **QuestionnaireFileName:** Family**Spanish Text:** Las siguientes preguntas se tratan sobre su capacidad para comprar la comida que usted necesitaba durante los últimos 30 días. Voy a leerle algunas afirmaciones que las personas han hecho acerca de su situación alimentaria. Para cada una, por favor dígame si la afirmación era verdad frecuentemente, era verdad algunas veces, o nunca era verdad para [fill 1: usted/su familia] en los últimos 30 días.

La primera afirmación es "[fill 2: Yo me preocupaba/Nosotros nos preocupabamos] que [fill 3: mi comida/nuestra comida] se acabaría antes de que [fil 4: obtuviera/obtuvieramos] dinero para comprar más." ¿Era verdad frecuentemente, era verdad algunas veces, o nunca era verdad para [fill1: usted/su familia] en los últimos 30 días?

1 Frecuentemente verdad  
2 Algunas veces verdad  
3 Nunca verdad  
Refused  
Don't know**Universe:** All families**Skip Instructions:** <1-3,R,D> goto FSLAST

---

**Question ID:** FFS.020\_00.000    **Instrument Variable Name:** FSLAST    **QuestionnaireFileName:** Family**Spanish Text:** "La comida que [fill 1: yo compré/nosotros compramos] simplemente no alcanzó, y [fill 1: no tenía/no teníamos] el dinero para comprar más." ¿Era verdad frecuentemente, era verdad algunas veces, o nunca era verdad para [fill 2: usted/su familia] en los últimos 30 días?1 Frecuentemente verdad  
2 Algunas veces verdad  
3 Nunca verdad  
Refused  
Don't know**Universe:** All families**Skip Instructions:** <1-3,R,D> goto FSBALANC

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**Question ID:** FFS.030\_00.000    **Instrument Variable Name:** FSBALANC    **QuestionnaireFileName:** Family**Spanish Text:** "[fill 1: No tenía/No teníamos] el dinero para comer comidas balanceadas." ¿Era verdad frecuentemente, era verdad algunas veces, o nunca era verdad para [fill 2: usted/su familia] en los últimos 30 días?1 Frecuentemente verdad  
2 Algunas veces verdad  
3 Nunca verdad  
Refused  
Don't know**Universe:** All families**Skip Instructions:** <1,2> [goto FSSKIP]  
<3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]

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**2017 NHIS Spanish Questionnaire -Family**

**Family Food Security**

Document Version Date: 05-Jun-18

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**Question ID:** FFS.040\_00.000    **Instrument Variable Name:** FSSKIP    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿En los últimos 30 días redujo [fill 1: usted/usted u otros adultos en su familia] la cantidad de sus comidas o se omitió una comida porque no alcanzaba el dinero para la comida?

- 1 Sí
- 2 No
- Refused
- Don't know

**Universe:**    Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

**Skip Instructions:**    <1> [goto FSSKDAY5]  
<2,R,D> [goto FSLESS]

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**Question ID:** FFS.050\_00.000    **Instrument Variable Name:** FSSKDAY5    **QuestionnaireFileName:** Family

**Spanish Text:**    Durante los últimos 30 días, ¿en cuántos días ocurrió esto?

**Universe:**    Adults in the family cut the size of their meals or skipped meals in the last 30 days because there wasn't enough money for food

**Skip Instructions:**    <1-30,R,D> [goto FSLESS]

---

**Question ID:** FFS.060\_00.000    **Instrument Variable Name:** FSLESS    **QuestionnaireFileName:** Family

**Spanish Text:**    En los últimos 30 días, ¿alguna vez comió usted menos de lo que pensaba que debiera comer porque no alcanzaba el dinero para la comida?

- 1 Sí
- 2 No
- Refused
- Don't know

**Universe:**    Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals

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

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**2017 NHIS Spanish Questionnaire -Family****Family Food Security**Document Version Date: 05-Jun-18

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**Question ID:** FFS.070\_00.000    **Instrument Variable Name:** FSHUNGRY    **QuestionnaireFileName:** Family**Spanish Text:**    ¿En los últimos 30 días, estuvo alguna vez con hambre pero no comió porque no alcanzaba el dinero para la comida?1 Sí  
2 No  
Refused  
Don't know**Universe:**    Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals**Skip Instructions:**    <1,2,R,D> [goto FSWEIGHT]

---

**Question ID:** FFS.080\_00.000    **Instrument Variable Name:** FSWEIGHT    **QuestionnaireFileName:** Family**Spanish Text:**    ¿En los últimos 30 días, bajó usted de peso porque no alcanzaba el dinero para la comida?1 Sí  
2 No  
Refused  
Don't know**Universe:**    Families for whom it was often or sometimes true in the last 30 days that they worried that food would run out before they got money to buy more, or that food that was bought didn't last and they didn't have money to get more, or they couldn't afford to eat balanced meals**Skip Instructions:**    <1> [goto FSNOTEAT]  
<2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]

---

**Question ID:** FFS.090\_00.000    **Instrument Variable Name:** FSNOTEAT    **QuestionnaireFileName:** Family**Spanish Text:**    ¿En los últimos 30 días, [fill 1: usted/usted u otros adultos en su familia] alguna vez pasó el día entero sin comer porque no alcanzaba el dinero para la comida?1 Sí  
2 No  
Refused  
Don't know**Universe:**    All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food**Skip Instructions:**    <1> [goto FSNEEDAYS]  
<2,R,D> [goto FINJ3M]

**2017 NHIS Spanish Questionnaire -Family**

**Family Food Security**

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

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**Question ID:** FFS.100\_00.000    **Instrument Variable Name:** FSNEDAYS    **QuestionnaireFileName:** Family

**Spanish Text:** Durante los últimos 30 días, ¿en cuántos días ocurrió esto?

**Universe:** All families where the adult(s) did not eat for a whole day, in the last 30 days, because there wasn't enough money for food

**Skip Instructions:** <1-30,R,D> [goto FINJ3M]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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 carbono, 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 single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]  
 <2,DK,R> [goto next section]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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:**      <1-25> [All family members. Avoid duplicate; goto TFPOI3M]  
                                  <DK,R> [goto next section]

---

**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:**      <01-10, DK> [goto MFPOI3M]  
                                  <R> [goto TFPOI3M for next person with reported poisoning; if  
                                  no more persons with a poisoning, goto next section]  
                                  <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,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto  
                                  next section]

---

**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:**      <01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1\_MTFPOI3M; else, goto IPDATEM]  
                                  <DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a  
                                  poisoning, goto next section]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR\_MTFPOI3M]:

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**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]

---

**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]

---

**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**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 entered

**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]

---

**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

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**2017 NHIS Spanish Questionnaire -Family**

**Injuries & Poisoning**

Document Version Date: 05-Jun-18

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**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. A principios
2. A mediados
3. Hacia el final

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

**Skip Instructions:** goto IPHOW

---

**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:** <allow 300, anychar> [if injury, goto ICAUS1; else, if poisoning, goto PPCC]  
<R> [if injury, auto fill "R" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC]  
<DK> [if injury, auto fill "DK" for ICAUS1 and goto IJBODY; else, if poisoning, goto PPCC]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**Question ID:** FIJ.065\_01.000      **Instrument Variable Name:** ICAUS1      **QuestionnaireFileName:** Family

**Spanish Text:**      ?[F1]

\*Interviewer selects up to two categories that best describe the cause of the person's injury

1. Caída
  2. Chofer o pasajero en un vehículo de motor (como automóvil, camión, camioneta, motocicleta, etc.)
  3. Ciclista
  4. Chofer o pasajero en otro modo de transporte (bote, avión tren, carro de golf, etc)
  5. Peatón caminando o andando en patineta, patines, esquíes, etc. golpeado por vehículo o bicicleta
  6. Exceso de esfuerzo (incluye torsión, esguince, movimiento repetitivo, latigazo cervical, etc.)
  7. Golpeado por o contra algo o alguien, o golpeado por un objeto que cae
  8. Corte o perforación por un objeto afilado
  9. Quemado o escaldado por fuego o llama, objetos calientes, líquidos calientes, productos químicos, etc.
  10. Mordedura o picadura (insecto, animal, reptil, etc.)
  11. Contacto con maquinaria
  12. Envenenamiento (excluyendo envenenamiento alimentario)
  13. Otro(a)
- Refused  
Don't know

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

**Skip Instructions:** <01-13,R,D> [goto IJBODY]

---

**Question ID:** FIJ.065\_02.000      **Instrument Variable Name:** ICAUS1      **QuestionnaireFileName:** Family

**Spanish Text:**      ?[F1]

\*Interviewer selects up to two categories that best describe the cause of the person's injury

1. Caída
  2. Chofer o pasajero en un vehículo de motor (como automóvil, camión, camioneta, motocicleta, etc.)
  3. Ciclista
  4. Chofer o pasajero en otro modo de transporte (bote, avión tren, carro de golf, etc)
  5. Peatón caminando o andando en patineta, patines, esquíes, etc. golpeado por vehículo o bicicleta
  6. Exceso de esfuerzo (incluye torsión, esguince, movimiento repetitivo, latigazo cervical, etc.)
  7. Golpeado por o contra algo o alguien, o golpeado por un objeto que cae
  8. Corte o perforación por un objeto afilado
  9. Quemado o escaldado por fuego o llama, objetos calientes, líquidos calientes, productos químicos, etc.
  10. Mordedura o picadura (insecto, animal, reptil, etc.)
  11. Contacto con maquinaria
  12. Envenenamiento (excluyendo envenenamiento alimentario)
  13. Otro(a)
- Refused  
Don't know

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

**Skip Instructions:** <01-13,R,D> [goto IJBODY]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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/pulgar
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

---

**2017 NHIS Spanish Questionnaire -Family**

**Injuries & Poisoning**

Document Version Date: 05-Jun-18

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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. Otro (especifique)

**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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**2017 NHIS Spanish Questionnaire -Family**

**Injuries & Poisoning**

Document Version Date: 05-Jun-18

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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. Otro (especifique)

**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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**2017 NHIS Spanish Questionnaire -Family**

**Injuries & Poisoning**

Document Version Date: 05-Jun-18

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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. Otro (especifique)

**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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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. Otro (especifique)

**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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**2017 NHIS Spanish Questionnaire -Family****Injuries & Poisoning**Document Version Date: 05-Jun-18

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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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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 subject HAS more injury/poisoning episodes, then go to FIJ.050\_1 for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to next section.]  
 <2> [if poisoning, goto PPCC for new entries; else if injury, 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:** <01-60,R,DK> if ICAUS1 eq 01, [goto IFALL]  
 [if ICAUS1 eq 02 or 03 or 05, [goto IMTRAF]  
 if ICAUS1 eq 04 or 06-13 or R, or DK, [goto IPWHAT]  
 <61-95> [goto ERR\_IPIHNO]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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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]! 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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**2017 NHIS Spanish Questionnaire -Family****Injuries & Poisoning**Document Version Date: 05-Jun-18

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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. Otro

**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 un droga o sustancia médica equivocada o por sobredosis
2. Tragando o tocando una sustancia dañina líquida o sólida
3. Respirando gases o vapores dañinos
4. Comiendo una planta venenosa u otra sustancia confundiéndola con comida
5. Mordida de un animal venenoso
6. Otro (especifique)

**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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**2017 NHIS Spanish Questionnaire -Family**

**Injuries & Poisoning**

Document Version Date: 05-Jun-18

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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 pago (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(especifique)

**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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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**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 o 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 comercial
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:** <01-17,R,DK> [If AGE lt 5 and person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if AGE lt 5 and person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if AGE lt 5 and no more family members with an injury/poisoning, go to FPOI3M/next section; Else [if AGE ge 13, goto IPEMP; else if AGE ge 5 and AGE le 12, goto IPSTU]

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**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]

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**2017 NHIS Spanish Questionnaire -Family**
**Injuries & Poisoning**
**Document Version Date: 05-Jun-18**


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**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 1 día
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

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**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,DK> [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; else if no more family members with an injury/poisoning, goto next section]

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**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 1 día
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:** <1-4,R,DK>[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; else if no more family members with an injury/poisoning, goto next section]

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**2017 NHIS Spanish Questionnaire -Family****Family Access to Health Care & Utilization**Document Version Date: 05-Jun-18

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**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.

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**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]



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**2017 NHIS Spanish Questionnaire -Family****Family Access to Health Care & Utilization**Document Version Date: 05-Jun-18

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

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**Question ID:** FAU.050\_00.000    **Instrument Variable Name:** FHOSPYR    **QuestionnaireFileName:** Family**Spanish Text:**    [fill: 1], a PASADA LA NOCHE en el hospital durante los últimos 12 meses? No incluya estancias de por la noche en la sala de emergencia.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]

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**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 hospitalized overnight during the past 12 months (excluding ER)**Skip Instructions:** goto HOSPNONOTE: 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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**2017 NHIS Spanish Questionnaire -Family****Family Access to Health Care & Utilization**Document Version Date: 05-Jun-18

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**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 FHCHM2W]  
<51-365> [goto ERR1\_HPNIITE]  
  
if HOSPNO gt HPNITE, goto ERR2\_HPNIITE

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**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, psiquiatras, 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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Access to Health Care & Utilization**
**Document Version Date: 05-Jun-18**


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**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.

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**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\_PHCHMN2W]

---

**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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Access to Health Care & Utilization**
**Document Version Date: 05-Jun-18**


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**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.

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**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]

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**2017 NHIS Spanish Questionnaire -Family****Family Access to Health Care & Utilization**Document Version Date: 05-Jun-18

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**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.

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**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]

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**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]

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**2017 NHIS Spanish Questionnaire -Family**

**Family Access to Health Care & Utilization**

Document Version Date: 05-Jun-18

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**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.

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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 través del empleo o comprado directamente, así 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 AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

---

**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). NO INCLUYA planes privados que sólo proveen dinero en efectivo mientras está 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 AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]  
<11> [if HIKIND = 1-10, goto ERR\_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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

---

**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, también 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

---

**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

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 MCPART]  
<2> [goto ERR\_HICHANGE]

---

**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 MCPARTD; else, goto MCCHOICE

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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

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**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 MCANAME]  
<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREF]

---

**Question ID:** FHI.112\_00.000    **Instrument Variable Name:** MCANAME    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Cuál es el nombre del plan Medicare Advantage o Medicare HMO [fill 1: suyo/ de ALIAS]?

\* Read if necessary

¿Tiene usted una tarjeta o algo que muestre el nombre del plan?

**Universe:**    All persons that had either a Medicare Advantage plan or a Medicare HMO plan**Skip Instructions:**    <allow 80,R,D> goto MCPREM

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**Question ID:** FHI.113\_00.000    **Instrument Variable Name:** MCPREM    **QuestionnaireFileName:** Family

**Spanish Text:**    Además de los pagos [fill 1: suyos/ de ALIAS] por Medicare Parte B, ¿Está [fill 2 : usted/Alías] pagando una mensualidad por su plan Medicare Advantage o Medicare HMO?

1. Sí
2. No
- Don't Know
- Refused

**Universe:**    All persons that had either a Medicare Advantage plan or a Medicare HMO plan

**Skip Instructions:**    <1,2,R,D> goto MCREF

---

**Question ID:** FHI.114\_00.000    **Instrument Variable Name:** MCREF    **QuestionnaireFileName:** Family

**Spanish Text:**    Si [fill: usted/Alías] 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:**    <1,2,R,D> goto MCPARTD

---

**Question ID:** FHI.118\_00.000    **Instrument Variable Name:** MCPARTD    **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:**    <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 cobertura 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 MXCHNG]  
2 [goto MACHMD1]  
3 [goto MACHMD2]

---

**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 proporcionó 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 list of doctors**Skip Instructions:** goto MANAM

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**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

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 list or for whom a doctor is assigned**Skip Instructions:** goto MXCHNG

---

**Question ID:** FHI.135\_00.010    **Instrument Variable Name:** MXCHNG    **QuestionnaireFileName:** Family**Spanish Text:** ¿Fue el Medicaid [fill1:suyo/de ALIAS] obtenido a través del Healthcare.gov o del [fill: ]?

1. Sí
  2. No
- Refused  
Don't Know

**Universe:** All persons with Medicaid coverage**Skip Instructions:** <1, 2, R, D> goto MEDPREM

---

**Question ID:** FHI.135\_00.020    **Instrument Variable Name:** MEDPREM    **QuestionnaireFileName:** Family**Spanish Text:** Bajo [fill 1: su/ALIAS's] plan de Medicaid, ¿hay una cuota de inscripción o prima?

1. Sí
  2. No
- Refused  
Don't Know

**Universe:** All persons with Medicaid coverage**Skip Instructions:** <1> goto MDPRINC  
<2,R,D> goto loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**Question ID:** FHI.137\_00.030    **Instrument Variable Name:** MDPRINC    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿La prima pagada para este plan de Medicaid está basada en los ingresos?

1. Sí
2. No
- Refused
- Don't Know

**Universe:**    All persons with Medicaid coverage who pay a premium for their plan

**Skip Instructions:**    loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions

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**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 provee 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

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**2017 NHIS Spanish Questionnaire -Family**

**Family Health Insurance**

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

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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.

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**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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 FHI200NOTE: 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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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:** if <00> [ goto PRPOLH]  
 <01 to 25> [go to PRCOOH]  
 <R, D> [go to 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.

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**Question ID:** FHI.202\_01.010    **Instrument Variable Name:** PRPOLH    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Cuál es la relación [fill1:suya/de ALIAS] con el dueño de la póliza [fill2: plan1/plan2/plan3/plan4]?

1. Hijo(a) (incluyendo hijastros)
  2. Esposo (a)
  3. Ex-esposo (a)
  4. Alguna otra relación
- Refused  
Don't know

**Universe:** All persons on each plan where the policyholder is outside of the family roster

**Skip Instructions:** <1-4,R,D> [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.

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**Question ID:** FHI.204\_01.010    **Instrument Variable Name:** PRCOOH    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Este plan cubre a alguien que no vive aquí?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** All private health insurance plans with policyholder on family roster

**Skip Instructions:** <1,2,R,D> [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.

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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/patron
  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:** <1-4,6> goto PLNPAY  
<5,7,R,D> goto PLNEXCHG  
<8> 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.

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**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 PLNEXCHG

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.215\_01.010    **Instrument Variable Name:** PLNEXCHG    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Fue este plan obtenido a través del Healthcare.gov o del [fill: ]?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** All private health insurance plans that are not employer based, have not indicated through the exchange (or of unknown origins)

**Skip Instructions:** <1,2,R,D> 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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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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:** <1-7,R,D> if includes '1' goto PLNPRE else goto PLNMGDNOTE: 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.225\_01.000    **Instrument Variable Name:** PLNPRE    **QuestionnaireFileName:** Family**Spanish Text:** ¿Es la prima que paga por este plan basado en los ingresos?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** Private plan paid for by self or family**Skip Instructions:** <1,2,R,D> [goto HICOSTN]NOTE: This is a new question beginning in Q4 2013. 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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**2017 NHIS Spanish Questionnaire -Family**

**Family Health Insurance**

Document Version Date: 05-Jun-18

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**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 paid 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:**   <1-8,R,D> [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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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 indemnización, 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 HDHP

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.241\_01.000    **Instrument Variable Name:** HDHP    **QuestionnaireFileName:** Family

**Spanish Text:** ?[F1]

[If single-person covered by this plan:]

¿El multo deducible al año por atención médica bajo este plan es menos de \$1,300 o de \$1,300 o más? Si hay un multo deducible por separado medicamentos recetados, hospitalización, o atención fuera de la red, no lo incluya en este cálculo.

[If two or more persons in the family are covered by this plan:]

¿El multo deducible al año para la familia por atención médica bajo este plan es menos de \$2,600 o de \$2,600 o más? Si hay un deducible separado por medicamentos recetados, hospitalización, o atención fuera de la red, no lo incluya en este cálculo.

1. Menos de [fill 1: \$1,300/\$2,600]
  2. [fill 1: \$1,300/\$2,600] o más
- Refused  
Don't know

**Universe:** All private health insurance plans

**Skip Instructions:** 1,R,D [goto MGCHMD]  
2 [goto HSAHRA]

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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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

**Spanish Text:**    ¿Con este plan, hay alguna cuenta o fondo especial que puede ser usado para pagar los gastos médicos? Las cuentas algunas veces son llamadas Cuentas de Ahorro de Salud, Cuentas de Reembolsamiento de Salud, cuentas de Atención Personal, fondos Médicos Personales, o fondos de Opción, y son diferentes a las Cuentas Flexibles de Gasto.

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All high deductible private health plans

**Skip Instructions:**    1,2,R,D [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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**Question ID:** FHI.243\_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 PCPREQ]

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.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 PCPREQ

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 PCPREQ

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.248\_05.000    **Instrument Variable Name:** PCPREQ    **QuestionnaireFileName:** Family**Spanish Text:** ¿REQUIERE este plan que [fill1: usted/ALIAS/los familiares con este plan] tenga(n) un médico o grupo de médicos de atención primaria para todo sus cuidados de rutina?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** Asked of all private health insurance plans**Skip Instructions:** <1,2,R,D> [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.

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**Question ID:** FHI.249\_01.010    **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 medicamentos?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** All private health insurance plans**Skip Instructions:** goto PRDNCOVNOTE: 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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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**Question ID:** FHI.249\_02.010    **Instrument Variable Name:** PRDNCOV    **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 de atención dental?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All private health insurance plans**Skip Instructions:**    goto FHICCI8 for the next private health insurance plan; else, goto FCOVCONF

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.249\_03.000    **Instrument Variable Name:** FCOVCONF    **QuestionnaireFileName:** Family**Spanish Text:**    Si [fill 1: usted/ su familia] necesitara comprar un plan de salud por su propia cuenta sin ninguna ayuda de [fill 3: su/un] empleador, ¿qué tan seguro se siente de que [fill 1: usted/su familia] pudiera obtener cobertura a un costo razonable?    ¿Diría que...

\*Read categories below.

1. Muy seguro(a)
  2. Algo seguro(a)
  3. No muy seguro(a)
  4. No está seguro(a)
- Refused  
Don't know

**Universe:**    All families with an employer-based health plan**Skip Instructions:**    <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR

---

**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 CHXCHNG

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**Question ID:** FHI.250\_00.010    **Instrument Variable Name:** CHXCHNG    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Fue el plan CHIP [fill1:suyo/de ALIAS] obtenido a través del [fill2]?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All persons with SCHIP

**Skip Instructions:**    <1,2,R,D> goto STRFPRM1

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**Question ID:** FHI.250\_00.020    **Instrument Variable Name:** STRFPRM1    **QuestionnaireFileName:** Family

**Spanish Text:**    Bajo [fill 1: ^STNAME1/este plan de CHIP], ¿hay una cuota de inscripción o prima?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All persons with SCHIP

**Skip Instructions:**    <1> goto CHPRINC  
<2,R,D> goto STDOC1

---

**Question ID:** FHI.250\_00.030    **Instrument Variable Name:** CHPRINC    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿La prima pagada para [fill 1: ^STNAME1/este plan de CHIP] está basada en los ingresos?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Those with SCHIP coverage who pay a premium for their plan

**Skip Instructions:**    <1,2,R,D> goto STDOC1

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**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:**    <1,2,R,D> goto next person in roster, else goto STNAME2

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 OPXCHNG

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**Question ID:** FHI.257\_00.010    **Instrument Variable Name:** OPXCHNG    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Fue el plan de salud patrocinado por el estado [fill1:suyo/de ALIAS] obtenido a través del Healthcare.gov o del [fill: ]?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    All persons with a state sponsored health plan**Skip Instructions:**    <1,2,R,D> goto STRFPRM2

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**Question ID:** FHI.257\_00.020    **Instrument Variable Name:** STRFPRM2    **QuestionnaireFileName:** Family**Spanish Text:**    Bajo [fill 1: ^STNAME2/este plan patrocinado por el estado], ¿hay una cuota de inscripción o prima?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    All persons with a state sponsored health plan**Skip Instructions:**    <1> goto SSPRINC  
<2,R,D> goto STDOC2

---

**Question ID:** FHI.257\_00.030    **Instrument Variable Name:** SSPRINC    **QuestionnaireFileName:** Family**Spanish Text:**    ¿La prima pagada para [fill 1: ^STNAME2/este plan patrocinado por el estado] está basada en los ingresos?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:**    Those with state sponsored health plan who pay a premium for their plan**Skip Instructions:**    <1,2,R,D> goto STDOC2

---

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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:** <1,2,R,D> 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 OGXCHNG

---

**Question ID:** FHI.264\_00.010      **Instrument Variable Name:** OGXCHNG      **QuestionnaireFileName:** Family

**Spanish Text:** ¿Fue el otro programa de gobierno [fill1: suyo/de ALIAS] obtenido a través del Healthcare.gov o del [fill: ]?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons with an other government program

**Skip Instructions:** <1,2,R,D> goto STRFPRM3

---

**Question ID:** FHI.264\_00.020      **Instrument Variable Name:** STRFPRM3      **QuestionnaireFileName:** Family

**Spanish Text:** Bajo [fill 1: ^STNAME2/este otro plan de gobierno], ¿hay una cuota de inscripción o prima?

1. Sí
  2. No
- Don't Know  
Refused

**Universe:** All persons with an other government program

**Skip Instructions:** <1> goto OGPRINC  
<2,R,D> goto STDOC3

---

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**Question ID:** FHI.264\_00.030    **Instrument Variable Name:** OGPRINC    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿La prima pagada para [fill 1: ^STNAME3/este otro plan de gobierno] está basada en los ingresos?

1. Sí
2. No
- Refused
- Don't know

**Universe:**    Those with other government health plan who pay a premium for their plan

**Skip Instructions:**    <1,2,R,D> 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:**    <1,2,R,D> 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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**2017 NHIS Spanish Questionnaire -Family**

**Family Health Insurance**

Document Version Date: 05-Jun-18

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**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: used/ 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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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**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. Pérdida de Medicaid por otra razón
  10. Otro (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 FHIKDB]  
<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 FHIKDB

---

**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**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 FHICHNG]

---

**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 FHIKDB

---

**Question ID:** FHI.312\_00.010    **Instrument Variable Name:** FHICHNG    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Estuvo [fill1: usted/ALIAS] con [fill2: type of health insurance coverage] durante los últimos 12 meses?

1. Sí  
2. No  
Don't Know  
Refused

**Universe:** All persons who are currently insured who were continuously covered in the past year

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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Health Insurance**
**Document Version Date: 05-Jun-18**


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**Question ID:** FHI.315\_00.010      **Instrument Variable Name:** FHIKDB      **QuestionnaireFileName:** Family

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

If person is currently uninsured:

{Pensando en la última vez que [fill1: usted/ALIAS] tuvo seguro de salud o cobertura de salud, ¿qué tipo tenía?}

If person had a period without coverage in the past year:

{Tengo anotado que [fill1: usted/ALIAS] estuvo por un tiempo sin seguro de salud durante el año pasado. ¿Qué tipo de seguro o cobertura tenía antes de este período?}

If person had a change in coverage type in the past year:

{Qué otros tipos de seguro de salud o cobertura de salud tuvo [fill1: usted/ALIAS]?}

\*Enter all that apply, separate with commas.

1. Seguro privado
  2. Medicare
  3. Medi-Gap
  4. Medicaid
  5. PCHIP (SCHIP/Programa de Seguro Médico para Niños)
  6. Cuidado militar/(TRICARE/para veteranos VA/ CHAMP-VA)
  7. Indian Health Service/Servicio de Salud Indígena
  8. Plan estatal
  9. Otro plan del gobierno
  10. Plan único (e.j. dental, visión, recetas)
  11. Ninguna cobertura
- Refused  
Don't know

**Universe:** All persons except those with continuous coverage who are currently uninsured for more than 1 year with no changes

**Skip Instructions:** <1> [goto PWRKB]  
<2-11,R,D> [goto HCSPFYR]

---

**Question ID:** FHI.316\_00.010      **Instrument Variable Name:** PWRKB      **QuestionnaireFileName:** Family

**Spanish Text:** ¿Cuáles de las siguientes categorías mejor describe como el seguro de salud privado [fill1: suyo/de ALIAS] fue obtenido?

1. A través del empleador/patrón
  2. A través de un sindicato
  3. A través del trabajo, pero no sabe si por el empleador o por un sindicato
  4. A través del trabajo, 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 persons who had private health insurance previously

**Skip Instructions:** <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**Question ID:** FHI.317\_00.010    **Instrument Variable Name:** PWRKBSP    **QuestionnaireFileName:** Family**Spanish Text:** \*Enter how private health insurance was obtained.**Universe:** All persons who had private health insurance obtained from other source previously**Skip Instructions:** <Allow 75 characters> [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. De \$500 a \$1,999
- 3. De \$2,000 a \$2,999
- 4. De \$3,000 a \$4,999
- 5. \$5,000 o más
- Refused
- Don't Know

**Universe:** All families**Skip Instructions:** goto MEDBILL

---

**Question ID:** FHI.325\_00.010    **Instrument Variable Name:** MEDBILL    **QuestionnaireFileName:** Family**Spanish Text:** Durante los últimos 12 meses, ¿[fill1: usted/alguien en la familia] tuvo dificultad para pagar o no pudo pagar alguna cuenta médica? Incluya cuentas de médicos, dentistas, hospitales y terapeutas, o para medicamentos, equipos, o cuidado para ancianos o a domicilio.

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:** All families**Skip Instructions:** <1,2,7,9> [goto MEDBPAY]

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**2017 NHIS Spanish Questionnaire -Family****Family Health Insurance**Document Version Date: 05-Jun-18

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**Question ID:** FHI.327\_00.010    **Instrument Variable Name:** MEDBPAY    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Actualmente [fill 1: tiene usted/tiene alguien de su familia] cuentas médicas que se están pagando poco a poco?  
Esto puede incluir cuentas médicas siendo pagadas con una tarjeta de crédito, a través de préstamos personales, o con arreglos de pagos con hospitales u otros proveedores. Las cuentas pueden ser de años anteriores o de este año.

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families**Skip Instructions:** <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]

---

**Question ID:** FHI.327\_00.020    **Instrument Variable Name:** MEDBNOP    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Actualmente [fill 1: tiene usted/tiene alguien en su familia] alguna cuenta médica que no puede pagar en absoluto?

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All families but those who said they don't have problems paying their medical bills**Skip Instructions:** <1,2,7,9> [goto FSA]

---

**Question ID:** FHI.330\_00.000    **Instrument Variable Name:** FSA    **QuestionnaireFileName:** Family**Spanish Text:**    ¿fill 1: Tiene usted/Tiene alguien de su familia] una Cuenta Flexible de Gastos para gastos de salud. Estas cuentas son ofrecidas por algunos empleadores para permitir a los empleados separar una porción de sus ganancias antes de los impuestos con el propósito de reembolsarse por los gastos médicos realizados. Con este tipo de cuenta, el empleado pierde cualquier dinero no que lse utilizó al fin del año después de un período de gracia.

1. Sí
  2. No
- Refused
- 
- Don't know

**Universe:** All Families**Skip Instructions:** goto PLBORN

---

**2017 NHIS Spanish Questionnaire -Family****Family Socio-Demographic**

Document Version Date: 05-Jun-18

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**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:** <1-51,57> [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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Socio-Demographic**
**Document Version Date: 05-Jun-18**


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**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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**2017 NHIS Spanish Questionnaire -Family**

**Family Socio-Demographic**

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

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**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.008\_00.000    **Instrument Variable Name:** HEADSTEV    **QuestionnaireFileName:** Family

**Spanish Text:**        ¿Asistió alguna vez [fill: Alias] al programa pre-escolar (Head Start)?

- 1. Sí
- 2. No
- Don't know
- Refused

**Universe:**            All persons less than 18 years of age and not currently enrolled in Head Start

**Skip Instructions:**    if no more persons less than 7 years of age, goto EDUC; else, goto HEADST for the next eligible person

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**2017 NHIS Spanish Questionnaire -Family**
**Family Socio-Demographic**
**Document Version Date: 05-Jun-18**


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**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 ARMFVER

---

**Question ID:** FSD.020\_00.000    **Instrument Variable Name:** ARMFVER    **QuestionnaireFileName:** Family

**Spanish Text:** Anteriormente [fill1: usted dijo/alguien dijo] que [fill2: usted/alias] [fill3: estaba/estaba] sirviendo a tiempo completo en las Fuerzas Armadas. ¿Es esto correcto?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** All families with a person age 18 or older who were said to be on active duty in the armed forces in the HHC section

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

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**2017 NHIS Spanish Questionnaire -Family**

**Family Socio-Demographic**

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

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**Question ID:** FSD.021\_00.000    **Instrument Variable Name:** ARMFEV    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Alguna vez [fill1: usted/ alias] ha estado en el servicio activo de las Fuerzas Armadas de los EE.UU., las Fuerzas de Reserva, o la Guardia Nacional?

\*Read if necessary. Servicio activo no incluye el entrenamiento para las Fuerzas de Reserva o la Guardia Nacional, pero SI incluye entrar en el servicio activo, por ejemplo, para servir dentro de los EE.UU. o en el extranjero apoyando operaciones militares o humanitarias.

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:**    All families with a person age 18 or older who is not currently on active duty or said R,D to active duty question

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

---

**Question ID:** FSD.022\_00.000    **Instrument Variable Name:** ARMFFC    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Sirvió [fill1: usted/alias] alguna vez en el extranjero durante un período de conflicto armado o en una misión humanitaria o de mantenimiento de la paz?

\*Read if necessary. Esto incluiría servicio activo en operaciones de monitoreo o mantenimiento de la paz como miembro de la Guardia Nacional o la reserva en Bosnia, Kosovo, en el Sinai entre Egitpo e Israel, o en respuesta al tsunami del 2004, o en Haiti en 2010.

- 1. Sí
- 2. No
- Refused
- Don't know

**Universe:**    All families with a person age 18 or older who has ever served in the armed forces

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

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**2017 NHIS Spanish Questionnaire -Family**

**Family Socio-Demographic**

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

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**Question ID:** FSD.023\_00.000    **Instrument Variable Name:** ARMFTMP    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Cuándo sirvió [fill1: usted/alias] en el SERVICIO ACTIVO de las Fuerzas Armadas de los EE.UU.?

\*Enter all that apply, separate with commas.

\*Enter all periods in which this person served. Enter the item even if the person served for just part of that period.

1. Sept 2001 o después
  2. Entre agosto 1990 y agosto 2001 (incluyendo la Guerra del Golfo Pérsico)
  3. Entre septiembre 1980 y julio 1990
  4. Entre mayo 1975 y agosto 1980
  5. Era de Vietnam (entre agosto 1964 y abril 1975)
  6. Entre marzo 1961 y julio 1964
  7. Entre febrero 1955 y febrero 1961
  8. Guerra de Korea (entre julio 1950 y enero 1955)
  9. Entre enero 1947 y junio 1950
  10. Segunda Guerra Mundial (entre diciembre 1941 y diciembre 1946)
  11. Noviembre 1941 o antes de esa fecha
- Refused  
Don't know

**Universe:**    All families with a person age 18 or older who has ever served in the armed forces

**Skip Instructions:**    <1,3-8,R,D> [goto DOINGLW] <2> [goto ARMFDS]

---

**Question ID:** FSD.024\_00.000    **Instrument Variable Name:** ARMFDS    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Sirvió [fill1: usted/alias] en el Golfo Pérsico durante el Operativo Desert Shield o el Operativo Desert Storm entre agosto de 1990 y abril de 1991?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    All families with a person age 18 or older who served from August 1990 to August 2001

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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Socio-Demographic**  
**Document Version Date: 05-Jun-18**


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**Question ID:** FSD.050\_00.000    **Instrument Variable Name:** DOINGLW    **QuestionnaireFileName:** Family

**Spanish Text:** (book) F22 ? [F1]

Las siguientes preguntas son sobre el estado de empleo.

¿Cuál de las siguientes actividades estaba haciendo [fill:usted/ Alias] la SEMANA PASADA?

1. Trabajando por pago en un empleo o negocio
  2. Empleado(a) pero no trabajando
  3. Buscando trabajo
  4. Trabajando, pero sin pago, en un empleo o negocio
  5. No trabajando en un empleo o negocio y no está buscando trabajo
- Refused  
Don't know

**Universe:** All persons 18 years of age or older

**Skip Instructions:** <1,4> [goto WRKHRS]  
<2,5> [goto WHYNOWRK]  
<3,R,D> [goto WRKLYR]

NOTE: A flashcard was added to this question in quarter 3 of 2005.

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**Question ID:** FSD.060\_00.000    **Instrument Variable Name:** WHYNOWRK    **QuestionnaireFileName:** Family

**Spanish Text:** ¿Cuál es la razón principal por la que [fill1: usted/ Alias] no [fill2: trabajo la semana pasada/ tuvo un trabajo o negocio la semana pasada]?

1. Cuidando al hogar o a la familia
  2. Asistiendo a la escuela
  3. Retirado(a)/jubilado(a)
  4. En vacaciones planeadas de antemano con su empleador
  5. Ausente del trabajo por razón de maternidad o cuidado infantil
  6. Incapacitado temporalmente para trabajar por cuestiones de salud
  7. Despedido temporalmente de su empleo (en "lay-off")
  8. Incapacitado a largo plazo
  9. Desempeña su trabajo o contrato sólo durante ciertas temporadas
  10. Otra
- Refused  
Don't know

**Universe:** All persons 18 years of age or older who were either with a job or business but not at work, or not working at a job or business and not looking for work

**Skip Instructions:** <1-3,8-10,R,D> [goto WRKLYR]  
<4-7> [goto WRKHRS]

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**2017 NHIS Spanish Questionnaire -Family****Family Socio-Demographic**Document Version Date: 05-Jun-18

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**Question ID:** FSD.070\_00.000    **Instrument Variable Name:** WRKHRS1    **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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**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.

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**Question ID:** FSD.100\_00.000    **Instrument Variable Name:** WRKLYR    **QuestionnaireFileName:** Family

**Spanish Text:**    ¿Recibió [fill1: usted/ Alias] pago por trabajo en cualquier momento en [fill2: last year in 4 digit format]?  
  
1. Sí  
2. No  
Don't know  
Refused

**Universe:**    All persons 18 years of age or older

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

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**2017 NHIS Spanish Questionnaire -Family****Family Socio-Demographic**Document Version Date: 05-Jun-18

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**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

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**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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**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 INTROINCNOTE 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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**2017 NHIS Spanish Questionnaire -Family**

**Family Income**

Document Version Date: 05-Jun-18

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

**Spanish Text:**    \* Read the following.

Las siguientes preguntas se tratan sobre los ingresos [fill1: totales suyos /totales de su familia] durante [fill2: last calendar year in 4- digit format] ANTES DE LOS IMPUESTOS.

Los ingresos son importantes para analizar la información de salud que obtenemos. Por ejemplo, con esta información, podemos determinar si personas con un nivel de ingresos utilizan ciertos servicios médicos con más o menos frecuencia que personas con otro nivel de ingresos. Puede asegurarse que, igual que a toda la información que usted ha proveído, la confidencialidad de sus respuestas será estrictamente mantenidas.

**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 acuérdesse 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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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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**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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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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**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.

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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 Security 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

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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.

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**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]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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 retirement 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.

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**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 enviados, 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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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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 deshabilitado(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) F23

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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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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.

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**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 intereses?

\* 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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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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.
 

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**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]
 

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**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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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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]

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**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 one 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.

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**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 FINCOT; else, goto PINCOT]  
<2,R,D> [goto FINCOT]

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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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 FINCTOT

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

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**Question ID:** FIN.250\_00.000    **Instrument Variable Name:** FINCTOT    **QuestionnaireFileName:** Family

**Spanish Text:** [fill1: Al responder a la siguiente pregunta, por favor recuerde de incluir sus ingresos MAS los ingresos de los miembros familiares viviendo en este hogar]

¿Cuál es su mejor estimado de todas las fuentes [fill2: sus ingresos totales/ los ingresos totales de los miembros familiares] antes de impuestos, durante el año [fill3: last calendar year in 4 digit format]?

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

\* 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:**
  
<0-999> goto ERR1\_FINCTOT
  
<250001-999995> goto ERR2\_FINCTOT
  
<1000-250000> goto HOUSEOWN
  
<D,R> goto FPOV250

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**2017 NHIS Spanish Questionnaire -Family****Family Income**Document Version Date: 05-Jun-18

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**Question ID:** FIN.255\_00.000    **Instrument Variable Name:** FPOV250    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Eran sus ingresos totales [fill: familiares/] de todas las fuentes menos de [fill1: fill based on 250% poverty threshold] o fue [fill1: fill based on 250% poverty threshold] o más?

1. Menos de [fill 2: 250 % of poverty threshold]
  2. [fill 2: 250 % of poverty threshold] o más
- Refused  
Don't know

**Universe:**    Respondents who don't know or refuse their total family income**Skip Instructions:**    <1> goto FPOV138  
<2> if PCNT in('01','02') then goto FINC75;  
else if PCNT in('04','07','08','09') then goto FPOV400;  
else if PCNT in('03','05','06') then goto FINC100  
<R,D> goto HOUSEOWN

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**Question ID:** FIN.258\_00.000    **Instrument Variable Name:** FPOV138    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Eran sus ingresos totales [fill: familiares/] de todas las fuentes menos de [fill1: fill based on 138% poverty threshold] o fue [fill1: fill based on 138% poverty threshold] o más?

1. Menos de [fill 2: 138 % of poverty threshold]
  2. [fill 2: 138 % of poverty threshold] o más
- Refused  
Don't know

**Universe:**    The respondent answered less than 250% of poverty at FPOV250**Skip Instructions:**    <1> goto FPOV100  
<2> goto FPOV200  
<R,D> goto HOUSEOWN

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**Question ID:** FIN.261\_00.000    **Instrument Variable Name:** FPOV100    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Eran sus ingresos totales [fill: familiares/] de todas las fuentes menos de [fill1: fill based on 100% poverty threshold] o fue [fill1: fill based on 100% poverty threshold] o más?

- 1 Menos de [fill1: fill based on 100% poverty threshold]
  - 2 [fill1: fill based on 100% poverty threshold] o más
- Refused  
Don't know

**Universe:**    The respondent answered less than 138% of poverty at FPOV138**Skip Instructions:**    <1,2,R,D> goto HOUSEOWN

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**2017 NHIS Spanish Questionnaire -Family****Family Income****Document Version Date: 05-Jun-18**

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**Question ID:** FIN.264\_00.000    **Instrument Variable Name:** FPOV200    **QuestionnaireFileName:** Family**Spanish Text:**    ¿Eran sus ingresos totales [fill: familiares/] de todas las fuentes menos de [fill1: fill based on 200% poverty threshold] o fue [fill1: fill based on 200% poverty threshold] o más?

- 1 Menos de [fill1: fill based on 200% poverty threshold]
- 2 [fill1: fill based on 200% poverty threshold] o más
- Refused
- Don't know

**Universe:**    The respondent answered 138% of poverty or more at FPOV138**Skip Instructions:**    <1,2,R,D> goto HOUSEOWN

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**Question ID:** FIN.267\_00.000    **Instrument Variable Name:** FINC75    **QuestionnaireFileName:** Family**Spanish Text:**    ¿El total de sus ingresos [fill: familiares] de todas fuentes fue menos de \$75,000 o fue \$75,000 o más?

- 1. Menos de \$75,000
- 2. \$75,000 o más
- Refused
- Don't know

**Universe:**    The respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family**Skip Instructions:**    <1> goto FPOV400  
<2> goto FINC100  
<R,D> goto HOUSEOWN

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**Question ID:** FIN.270\_00.000    **Instrument Variable Name:** FINC100    **QuestionnaireFileName:** Family**Spanish Text:**    ¿El total de sus ingresos [fill: familiares] de todas fuentes fue menos de \$100,000 o fue \$100,000 o más?

- 1. Menos de \$100,000
- 2. \$100,000 o más
- Refused
- Don't know

**Universe:**    The respondent answered \$75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 3, 5, or 6 person family**Skip Instructions:**    <1> if PCNT in('01','02','05','06') then goto HOUSEOWN;  
else if PCNT='03' then goto FPOV400  
<2> > if PCNT in('01','02','03') then goto FINC150;  
else if PCNT in ('05','06') then goto FPOV400  
<R,D> [goto HOUSEOWN]

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**2017 NHIS Spanish Questionnaire -Family****Family Income**Document Version Date: 05-Jun-18

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**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

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**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]

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**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 FSDAPLNOTE: 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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**2017 NHIS Spanish Questionnaire -Family**
**Family Income**
**Document Version Date: 05-Jun-18**


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**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]

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**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.

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**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 FSNAP

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**2017 NHIS Spanish Questionnaire -Family****Family Income**Document Version Date: 05-Jun-18

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**Question ID:** FIN.360\_00.000    **Instrument Variable Name:** FSNAP    **QuestionnaireFileName:** Family**Spanish Text:**    ¿En algún momento en el 2010 recibio [fill: usted/alguien de la familia] beneficios a través del programa de cupones/estampillas para alimentos?

\*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> [goto FSNAPMYR]<2, D, R> [Goto FINWIC to see if family falls into the universe for this question.]

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**Question ID:** FIN.380\_00.000    **Instrument Variable Name:** FSNAPMYR    **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:** Family received food stamp/SNAP benefits in previous calendar year**Skip Instructions:** Goto FINWIC to see if family fits into universe for this question.

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**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, Bebés, 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]

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**2017 NHIS Spanish Questionnaire -Family**

**Family Income**

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

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**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.

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**2017 NHIS Spanish Questionnaire -Person**

**English Language Proficiency**

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

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**Question ID:** FLG.010\_00.000    **Instrument Variable Name:** ENGLANG    **QuestionnaireFileName:** Person

**Spanish Text:**        ¿Con qué frecuencia habla [fill: usted/ALIAS] inglés? ¿Diría...

\*Read categories below.

1. Muy bien
  2. Bien
  3. No muy bien
  4. No, en nada
- Refused  
Don't know

**Universe:**            All persons age 5 and older

**Skip Instructions:**   <1-4> goto next section