2011 NHIS Questionnaire - Family
Family Disability: Version 2
Document Version Date: 30-May-12

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons age 1 or older

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 5 or older

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

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

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

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 15 or older

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