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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Identification**

**Document Version Date: 22-Feb-16**

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**Question ID:** AID.005\_00.000 **Instrument Variable Name:** SADULT **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

\* If refused enter CTRL-R

- 1 Physical or mental condition prohibits responding
- 2 Sample adult is able to respond
- 3 Unknown

**UniverseText:** This is the Sample Adult and (the Sample Adult section has not been started or completed).

**SkipInstructions:** <1> if Sample Adult = demographics.hhc.RELRESP\_A  
goto beginning of adult.asd  
elseif Sample Adult = demographics.hhc.HHRESP  
goto beginning of adult.asd  
else  
goto AIDVERF\_S  
endif  
<2> goto callbk.ACALLBK1  
<3> goto PROX1  
<R> store '4' in ASTAT  
if recontact.RCIFLAG ne '1'  
goto recontact.RCI\_BEGIN procedure  
else  
goto back.OUTCOMEB1 procedure  
endif

---

**Question ID:** AID.010\_00.000 **Instrument Variable Name:** PROX1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

- 1 Yes
- 2 No

**UniverseText:** The Sample Adult's physical or mental condition prohibits responding.

**SkipInstructions:** <1> goto PROX2  
<2> goto PROX3

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**Question ID:** AID.015\_00.000 **Instrument Variable Name:** PROX2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

- 1 Relative who lives in household
- 2 Relative who doesn't live in household
- 3 Other caregiver
- 4 Other
- 7 Refused
- 9 Don't know

**UniverseText:** Knowledgeable proxy is available.

**SkipInstructions:** <1-4> goto AIDVERF\_S

---

**Question ID:** AID.020\_00.000 **Instrument Variable Name:** PROX3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

- 1 Yes
- 2 No

**UniverseText:** Knowledgeable proxy is not available.

**SkipInstructions:** <1> goto callbk.ACALLBK1  
<2> store '3' in ASTAT  
if recontact.RCIFLAG ne '1'  
    goto recontact.RCI\_BEGIN procedure  
else  
    goto back.OUTCOMEB1 procedure  
endif

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**Question ID:** AID.030\_00.000 **Instrument Variable Name:** AIDVERF\_S **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

\*If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes

2 No

**UniverseText:** Sample Adult is not the person entered in HHRESP or RELRESP\_A. Or PROX1 = 'Yes'.

**SkipInstructions:** <1> goto AIDVERF\_A  
<2> goto AIDSEX

---

**Question ID:** AID.040\_00.000 **Instrument Variable Name:** AIDSEX **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you Male or Female?

\* If don't know or refused enter your best guess of the person's sex.

1 Male

2 Female

**UniverseText:** Respondent said his/her sex is not correct.

**SkipInstructions:** <1,2> store AIDSEX in SEX  
goto ERR\_AIDSEX  
reset AIDVERF\_S  
goto AIDVERF\_S

**Hard Edit:** ERR\_AIDSEX

\*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF\_S (as the default goto)

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**Question ID:** AID.045\_00.000 **Instrument Variable Name:** AIDVERF\_A **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

\*If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes

2 No

**UniverseText:** Sample Adult said his/her sex is correct.

**SkipInstructions:** <1> goto AIDVERF\_D  
<2> goto AIDAGE

---

**Question ID:** AID.050\_00.000 **Instrument Variable Name:** AIDAGE **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old are you?

000-120 Age in years

997 Refused

999 Don't know

**UniverseText:** Respondent said his/her age is not correct

**SkipInstructions:** <0-120, Refused, Don't know>  
if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE  
reset AIDVERF\_A  
goto ERR\_AIDAGE  
else  
store AIDAGE in AGE  
goto AIDDOB\_M

**Soft Edit:** ERR\_AIDAGE

\*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF\_A (whether suppressed or not)

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**Question ID:** AID.055\_00.000 **Instrument Variable Name:** AIDVERF\_D **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

\*If respondent "refuses" or says "don't know", enter "1" for "yes".

1 Yes

2 No

**UniverseText:** Sample Adult said his/her age is correct.

**SkipInstructions:** <1> if AGE of Sample Adult le '17'  
goto NO\_MORE  
else  
goto beginning of adult.asd  
endif  
<2> goto AIDDOB\_M

---

**Question ID:** AID.060\_01.000 **Instrument Variable Name:** AIDDOB\_M **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 3

What is your birthday?

\*Enter month of birth.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 97 Refused
- 99 Don't know

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:** <01-12, Refused, Don't know> goto AIDDOB\_D

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**Question ID:** AID.060\_02.000 **Instrument Variable Name:** AIDDOB\_D **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 3

\*Enter day of birth.

**01-31** Day of the month

**97** Refused

**99** Don't know

**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:** <01-31,Refused,Don't know> goto AIDDOB\_Y

If days not valid, goto ERR\_AIDDOB\_D

**Hard Edit:** ERR\_AIDDOB\_D

\*[fill1: AIDDOB\_D] is not a valid day for [fill2: AIDDOB\_M].

\*Please correct.

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**Question ID:** AID.060\_03.000 **Instrument Variable Name:** AIDDOB\_Y **QuestionnaireFileName:** Sample Adult

**QuestionText:** 3 of 3

\*Enter year of birth.

**1880-2020** Year of birth

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**UniverseText:** Respondent said his/her date of birth is not correct or his/her age is not correct

**SkipInstructions:** <1880-2020, Refused, Don't know> if AIDVERF\_A = '2' (No) then reset AIDVERF\_A to empty  
     goto AIDVERF\_A  
     elseif AIDVERF\_D = '2' (No) then reset AIDVERF\_D to empty  
     goto AIDVERF\_D  
     endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)  
     goto ERR1\_AIDDOB\_Y  
     endif

(if birth month = '02' and birth day = '29' and this is not a leap year)  
     goto ERR2\_AIDDOB\_Y  
     endif

(if AIDDOB\_M = 'Ref' or 'DK') or (if AIDDOB\_D = 'Re'f or 'DK') or (if AIDDOB\_Y = 'Ref' or 'DK')  
     goto ERR3\_AIDDOB\_Y  
     else  
         store AIDDOB\_M in DOBM  
         store AIDDOB\_D in DOBD  
         store AIDDOB\_Y in DOBY  
         if AIDVERF\_A = '2' (No) then reset AIDVERF\_A to empty  
         goto AIDVERF\_A  
         elseif AIDVERF\_D = '2' (No) then reset AIDVERF\_D to empty  
         goto AIDVERF\_D  
         endif  
     endif

Calculate age from AIDDOB\_M, AIDDOB\_D, and AIDDOB\_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid  
     reset AIDVERF\_A or AIDVERF\_D.  
     goto ERR4\_AIDDOB\_Y  
     endif

**Hard Edit:** ERR1\_AIDDOB\_Y

\*Future date invalid: [fill1: <AIDDOB\_M> <AIDDOB\_D>, <AIDDOB\_Y>]  
 \*Please correct.

goto AIDDOB\_M (whether suppressed or not)

ERR2\_AIDDOB\_Y

\*Not a valid day: [fill1: <AIDDOB\_M> <AIDDOB\_D>, <AIDDOB\_Y>]  
 \*Please correct.

goto AIDDOB\_M (whether suppressed or not)

ERR3\_AIDDOB\_Y

\*DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]

goto AIDVERF\_A (whether suppressed or not)

ERR4\_AIDDOB\_Y

\* Data mismatched. Please fix Age or Birthday.

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- \* If still cannot reconcile, enter 'Don't know' for year of birth.
- \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.050\_00.000 **Instrument Variable Name:** WRKVER **QuestionnaireFileName:** Sample Adult

**QuestionText:** Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)  
(Fill2: with a job or business but not at work.)  
(Fill3: looking for work.)  
(Fill4: working, but not for pay, at a family-owned job or business.)  
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

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

**UniverseText:** Sample adults 18+ who were working or not working last week

**SkipInstructions:** <1>if DOINGLW2 = 1,2,4 [goto WHOWRK]  
else if DOINGLW2 = 3,5 [goto EVERWRK]  
<2> [go to WRKCOR]  
<R,D> [go to EVERWRK]

---

**Question ID:** ASD.060\_00.000 **Instrument Variable Name:** WRKCOR **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A1 ? [F1]

What is your correct working status?

\* Read answer categories.

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW.

**SkipInstructions:** <1,4> [goto to WHOWRK]  
<2,5> [goto WHYNOWK2]  
<3,R,D> [goto EVERWRK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.062\_00.000 **Instrument Variable Name:** DOINGLW2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Corrected Employment Status Last Week: (not displayed)

- 1 Working for pay at a job or business
- 2 With a job or business but not at work
- 3 Looking for work
- 4 Working, but not for pay, at a family-owned job or business
- 5 Not working at a job or business and not looking for work
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adults 18+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section

**SkipInstructions:** if DOINGLW2 = Refused or Don't know then  
[goto EVERWRK]  
endif

---

**Question ID:** ASD.065\_00.000 **Instrument Variable Name:** WHYNOWK2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

(Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

- 01 Taking care of house or family
- 02 Going to school
- 03 Retired
- 04 On a planned vacation from work
- 05 On family or maternity leave
- 06 Temporarily unable to work for health reasons
- 07 Have job or contract and off-season
- 08 On layoff
- 09 Disabled
- 10 Other
- 97 Refused
- 99 Don't know

**UniverseText:** Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

**SkipInstructions:** <1-10,D,R> if WRKCOR = 2 then  
[goto WHOWRK]  
else [goto EVERWRK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.066\_00.000 **Instrument Variable Name:** EVERWRK **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever held a job or worked at a business?

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

**UniverseText:** Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

**SkipInstructions:** <1> [goto WHOWRK]  
<2,D,R> [goto SCHOOLYR]

---

**Question ID:** ASD.070\_00.000 **Instrument Variable Name:** WHOWRK **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

(Fill1:For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

- Verbatim** Verbatim response
- 7 Refused
  - 9 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <90 char long,D,R> [goto KINDIND]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Socio-Demographic****Document Version Date: 22-Feb-16**

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**Question ID:** ASD.080\_00.000 **Instrument Variable Name:** KINDIND **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

**Verbatim** Verbatim response

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto KINDWRK]

---

**Question ID:** ASD.090\_00.000 **Instrument Variable Name:** KINDWRK **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

**Verbatim** Verbatim response

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto IMPACT]

---

**Question ID:** ASD.100\_00.000 **Instrument Variable Name:** IMPACT **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

**Verbatim** Verbatim response

7 Refused

9 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto SUPERVIS]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.105\_00.010 **Instrument Variable Name:** SUPERVIS **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you supervise other employees as part of your job?

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

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1,2,R,D> [goto WRKCAT]

---

**Question ID:** ASD.110\_00.000 **Instrument Variable Name:** WRKCAT **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A2 ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?  
\* Read answer choices if necessary.

- 1 Employee of a PRIVATE company for wages
- 2 A FEDERAL government employee
- 3 A STATE government employee
- 4 A LOCAL government employee
- 5 Self-employed in OWN business, professional practice or farm
- 6 Working WITHOUT PAY in a family-owned business or farm
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1-4,6,D,R>[goto LOCALNO]  
<5> [goto BUSINC]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.112\_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult

**QuestionText:** Is this business incorporated?

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

**UniverseText:** Sample adults 18+ who are self-employed

**SkipInstructions:** <1,2,D,R> [goto LOCALNO]

---

**Question ID:** ASD.120\_00.000 **Instrument Variable Name:** LOCALNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A3

Thinking about  
(Fill1: this MAIN job or business)  
(Fill2: your last week at the job you held the longest)  
(Fill3: your last week at the job you held most recently)

how many people (Fill4:work/Fill5: worked) at this location? Please include yourself.

- \* "People" includes both FULL- and PART-time employees.
- \* "Location" refers to the street address of the workplace.

- 01 1 employee
- 02 2-9 employees
- 03 10-24 employees
- 04 25-49 employees
- 05 50-99 employees
- 06 100-249 employees
- 07 250-499 employees
- 08 500-999 employees
- 09 1000 employees or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1-9, R,D> [goto WRKLONGN]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Socio-Demographic**

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**Question ID:** ASD.140\_01.000 **Instrument Variable Name:** WRKLONGN **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

**001-365** 1-365  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1-365> [goto WRKLONGT]  
 <D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65)  
 [goto HOURPD] ;  
 Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)  
 [goto WRKLONGH]

**Question ID:** ASD.140\_02.000 **Instrument Variable Name:** WRKLONGT **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period.

**1** Day(s)  
**2** Week(s)  
**3** Month(s)  
**4** Year(s)

**UniverseText:** Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

**SkipInstructions:** <4> if WRKLONGN gt AGE then [goto ERR\_WRKLONGT]  
 <1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]  
 else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)  
 [goto WRKLONGH]

**Hard Edit:** ERR\_WRKLONGT

\* Number of years is greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASD.146\_00.000 **Instrument Variable Name:** WRKLONGH **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

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

**UniverseText:** Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

**SkipInstructions:** <1,2,R,D> [goto HOURPD]

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**Question ID:** ASD.150\_00.000 **Instrument Variable Name:** HOURPD **QuestionnaireFileName:** Sample Adult

**QuestionText:** [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

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

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1,2,D,R> [goto PDSICK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASD.160\_00.000 **Instrument Variable Name:** PDSICK **QuestionnaireFileName:** Sample Adult

**QuestionText:** [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

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

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

**SkipInstructions:** <1,2,D,R>  
if DOINGLW2 = 1,2,4 then [goto ONEJOB];  
else if DOINGLW2=3,5 then [goto WRKLYR2];  
else if DOINGLW2=D, R then [goto next section]

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**Question ID:** ASD.170\_00.000 **Instrument Variable Name:** ONEJOB **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have more than one job or business?

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

**UniverseText:** Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

**SkipInstructions:** <1,2,R,D> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Socio-Demographic**

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**Question ID:** ASD.210\_00.000 **Instrument Variable Name:** WRKLYR2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

- 0 Had job last week
- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

**SkipInstructions:** <1,2,D,R> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.010\_00.000 **Instrument Variable Name:** HYPEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Now I am going to ask you about certain medical conditions.  
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto HYPDIFV]  
<2,R,D> [goto CHLEV]

---

**Question ID:** ACN.020\_00.000 **Instrument Variable Name:** HYPDIFV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

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

**UniverseText:** Sample adults 18+ who were told they had hypertension

**SkipInstructions:** <1> [goto HYPYR]  
<2,R,D> [goto HYPMDEV2]

---

**Question ID:** ACN.020\_00.010 **Instrument Variable Name:** HYPYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

\*Enter '1' if respondent is taking medication to control his/her high blood pressure.

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

**UniverseText:** Sample adults 18+ who were ever told they had hypertension (2+ visits)

**SkipInstructions:** <1,2,R,D> [goto HYPMDEV2]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.022\_02.020 **Instrument Variable Name:** HYPMDEV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was any medicine EVER prescribed by a doctor for your high blood pressure?

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

**UniverseText:** Sample adults 18+ who have ever been told they had high blood pressure

**SkipInstructions:** <1> [goto HYPMED2]  
<2,R,D> [goto CHLEV]

---

**Question ID:** ACN.022\_03.030 **Instrument Variable Name:** HYPMED2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

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

**UniverseText:** Sample adults 18+ who were ever prescribed medicine for high blood pressure

**SkipInstructions:** <1,2,R,D> [goto CHLEV]

---

**Question ID:** ACN.023\_00.010 **Instrument Variable Name:** CHLEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had high cholesterol?

\*Enter '1' if respondent is taking medication to control his/her high cholesterol.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CHLYR]  
<2,R,D> [goto CHDEV]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.023\_00.020 **Instrument Variable Name:** CHLYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had high cholesterol?

\*Enter '1' if respondent is taking medication to control his/her high cholesterol.

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

**UniverseText:** Sample adults 18+ who were ever told they had high cholesterol

**SkipInstructions:** <1,2,R,D> [goto CHLMDEV2]

---

**Question ID:** ACN.023\_03.030 **Instrument Variable Name:** CHLMDEV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was any medication EVER prescribed by a doctor to help lower your cholesterol?

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

**UniverseText:** Sample adults 18+ who have ever been told they had high cholesterol

**SkipInstructions:** <1> [goto CHLMDNW2]  
<2,R,D> [goto CHDEV]

---

**Question ID:** ACN.023\_04.040 **Instrument Variable Name:** CHLMDNW2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

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

**UniverseText:** Sample adults 18+ who were ever prescribed medicine for high cholesterol

**SkipInstructions:** <1,2,R,D> [goto CHDEV]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.031\_01.000 **Instrument Variable Name:** CHDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had  
... Coronary heart disease?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto ANGEV]

---

**Question ID:** ACN.031\_02.000 **Instrument Variable Name:** ANGEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:  
Have you EVER been told by a doctor or other health professional that you had  
... Angina, also called angina pectoris?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto MIEV]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

---

**Question ID:** ACN.031\_03.000 **Instrument Variable Name:** MIEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A heart attack (also called myocardial infarction)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HRTEV]

---

**Question ID:** ACN.031\_04.000 **Instrument Variable Name:** HRTEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

\* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto STREV]

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---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.031\_05.000 **Instrument Variable Name:** STREV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto EPHEV]

---

**Question ID:** ACN.031\_06.000 **Instrument Variable Name:** EPHEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto COPDEV]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.035\_00.000 **Instrument Variable Name:** COPDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [if AGE GE 40, goto ASPMEDEV  
else goto AASMEV]

---

**Question ID:** ACN.040\_00.010 **Instrument Variable Name:** ASPMEDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?

\* If the respondent volunteers they have been told to take an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

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

**UniverseText:** Sample adults 40+

**SkipInstructions:** <1> [goto ASPMEDAD]  
<2,R,D> [goto ASPONOWN]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.040\_00.020 **Instrument Variable Name:** ASPMEDAD **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW following this advice?

\* If the respondent provides an answer such as "sometimes," "occasionally," or "from time to time," enter 1 for "yes."

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

**UniverseText:** Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

**SkipInstructions:** <1,R,D> [goto AASMEV]  
<2> [goto ASPMDMED]

---

**Question ID:** ACN.040\_00.030 **Instrument Variable Name:** ASPMDMED **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

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

**UniverseText:** Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

**SkipInstructions:** <1,2,R,D> [goto AASMEV]

---

**Question ID:** ACN.040\_00.040 **Instrument Variable Name:** ASPONOWN **QuestionnaireFileName:** Sample Adult

**QuestionText:** On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

\* If the respondent volunteers they are taking an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

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

**UniverseText:** Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to take aspirin every day

**SkipInstructions:** <1,2,R,D> [goto AASMEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.080\_00.000 **Instrument Variable Name:** AASMEV **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

Have you EVER been told by a doctor or other health professional that you had asthma?

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

**UniverseText:** Sample adults 18+**SkipInstructions:** <1> [goto AASSTILL]  
<2,R,D> [goto ULCEV]

---

**Question ID:** ACN.085\_00.000 **Instrument Variable Name:** AASSTILL **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

Do you still have asthma?

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

**UniverseText:** Sample adults 18+ who were ever told they have asthma**SkipInstructions:** <1,2,R,D> [go to AASMYR]

---

**Question ID:** ACN.090\_00.000 **Instrument Variable Name:** AASMYR **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

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

**UniverseText:** Sample adults 18+ who were ever told they had asthma**SkipInstructions:** <1,2,R,D> [goto AASMERYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.100\_00.000 **Instrument Variable Name:** AASMERYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

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

**UniverseText:** Sample adults 18+ who were ever told they had asthma

**SkipInstructions:** <1,2,R,D> [go to ULCEV]

---

**Question ID:** ACN.110\_00.000 **Instrument Variable Name:** ULCEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...An ulcer

This could be a stomach, duodenal or peptic ulcer.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ULCYR]  
<2,R,D> [goto ULCCOLEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.120\_00.000 **Instrument Variable Name:** ULCYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS have you had

... An ulcer?

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

**UniverseText:** Sample adults 18+ who were ever told they had an ulcer

**SkipInstructions:** <1,2,R,D> [goto ULCCOLEV]

---

**Question ID:** ACN.120\_00.010 **Instrument Variable Name:** ULCCOLEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had Crohn's disease or ulcerative colitis?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto CANEV]

---

**Question ID:** ACN.130\_00.000 **Instrument Variable Name:** CANEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CANKIND\_1]  
<2,R,D> if SEX=2 [goto PREGEVER];  
else if SEX=1 [goto DBHVPAY]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.140\_00.001 **Instrument Variable Name:** CANKIND\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** What kind of cancer was it?

\* Enter code for the first kind of cancer.

- 01 Bladder
  - 02 Blood
  - 03 Bone
  - 04 Brain
  - 05 Breast
  - 06 Cervix
  - 07 Colon
  - 08 Esophagus
  - 09 Gallbladder
  - 10 Kidney
  - 11 Larynx-windpipe
  - 12 Leukemia
  - 13 Liver
  - 14 Lung
  - 15 Lymphoma
  - 16 Melanoma
  - 17 Mouth/tongue/lip
  - 18 Ovary
  - 19 Pancreas
  - 20 Prostate
  - 21 Rectum
  - 22 Skin (non-melanoma)
  - 23 Skin (DK what kind)
  - 24 Soft tissue (muscle or fat)
  - 25 Stomach
  - 26 Testis
  - 27 Throat - pharynx
  - 28 Thyroid
  - 29 Uterus
  - 30 Other
  - 97 Refused
  - 99 Don't know
-

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-30,R,D> [goto CANAGE\_1]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1\_CANKIND\_1]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2\_CANKIND\_1]

**Hard Edit:** ERR1\_CANKIND\_1

\* Code 6 or 18 or 29 is unavailable for males.

ERR2\_CANKIND\_1

\* Code 20 or 26 is unavailable for females.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.140\_00.002 **Instrument Variable Name:** CANKIND\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:**

\* Enter code for the second kind of cancer.

\* Enter '96' for no more.

- 01 Bladder
  - 02 Blood
  - 03 Bone
  - 04 Brain
  - 05 Breast
  - 06 Cervix
  - 07 Colon
  - 08 Esophagus
  - 09 Gallbladder
  - 10 Kidney
  - 11 Larynx-windpipe
  - 12 Leukemia
  - 13 Liver
  - 14 Lung
  - 15 Lymphoma
  - 16 Melanoma
  - 17 Mouth/tongue/lip
  - 18 Ovary
  - 19 Pancreas
  - 20 Prostate
  - 21 Rectum
  - 22 Skin (non-melanoma)
  - 23 Skin (DK what kind)
  - 24 Soft tissue (muscle or fat)
  - 25 Stomach
  - 26 Testis
  - 27 Throat - pharynx
  - 28 Thyroid
  - 29 Uterus
  - 30 Other
  - 96 No more
  - 97 Refused
  - 99 Don't know
-

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

**UniverseText:** Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_1.

**SkipInstructions:** <1-30,R,D>[goto CANAGE\_2]  
<96> if SEX=2 [goto PREGEVER];  
    else IF SEX=1 [goto DBHVPAY]

IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1\_CANKIND\_2]

IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2\_CANKIND\_2]

**Hard Edit:** ERR1\_CANKIND\_2

\* Code 6 or 18 or 29 is unavailable for males.

ERR2\_CANKIND\_2

\* Code 20 or 26 is unavailable for females.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.140\_00.003 **Instrument Variable Name:** CANKIND\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:**

\* Enter code for the third kind of cancer.

\* Enter '96' for no more.

- 01 Bladder
  - 02 Blood
  - 03 Bone
  - 04 Brain
  - 05 Breast
  - 06 Cervix
  - 07 Colon
  - 08 Esophagus
  - 09 Gallbladder
  - 10 Kidney
  - 11 Larynx-windpipe
  - 12 Leukemia
  - 13 Liver
  - 14 Lung
  - 15 Lymphoma
  - 16 Melanoma
  - 17 Mouth/tongue/lip
  - 18 Ovary
  - 19 Pancreas
  - 20 Prostate
  - 21 Rectum
  - 22 Skin (non-melanoma)
  - 23 Skin (DK what kind)
  - 24 Soft tissue (muscle or fat)
  - 25 Stomach
  - 26 Testis
  - 27 Throat - pharynx
  - 28 Thyroid
  - 29 Uterus
  - 30 Other
  - 96 No more
  - 97 Refused
  - 99 Don't know
-

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

**UniverseText:** Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_2.

**SkipInstructions:** <1-30,R,D>[goto CANAGE\_3]  
<96> if SEX=2 [goto PREGEVER];  
    else IF SEX=1 [goto DBHVPAY]  
  
IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1\_CANKIND\_3]  
  
IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2\_CANKIND\_3]

**Hard Edit:** ERR1\_CANKIND\_3  
  
\* Code 6 or 18 or 29 is unavailable for males.  
  
ERR2\_CANKIND\_3  
  
\* Code 20 or 26 is unavailable for females.

---

**Question ID:** ACN.140\_00.004 **Instrument Variable Name:** CANKIND\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Enter '95' if respondent offers more than 3 kinds of cancer.  
  
\* Enter '96' for no more.

**95** More than three kinds  
**96** No more

**UniverseText:** Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND\_3

**SkipInstructions:** <95,96> if SEX=2 [goto PREGEVER];  
    else IF SEX=1 [goto DBHVPAY]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16****Question ID:** ACN.150\_00.001 **Instrument Variable Name:** CANAGE\_1 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND\_1 / Fill2: this cancer] was first diagnosed?

**001-100** 1-100 years  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> goto CANKIND\_2  
 <R> and <R> at CANKIND\_1 if SEX=2 [goto PREGEVER];  
 else IF SEX=1 [goto DBHVPAY]  
 <R> and CANKIND\_1 NE <R> [goto CANKIND\_2]

If number in CANAGE\_1 greater than person years old (AGE) [goto ERR\_CANAGE\_1]

**Hard Edit:** ERR\_CANAGE\_1

\* [Fill2: CANAGE\_1] years old is older than age[fill3: AGE].  
 \* Please correct.

**Question ID:** ACN.150\_00.002 **Instrument Variable Name:** CANAGE\_2 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND\_2/Fill2: this cancer] was first diagnosed?

**001-100** 1-100 years  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer

**SkipInstructions:** <1-100, D> [goto CANKIND\_3]  
 <R> and <R> at CANKIND\_2 if SEX=2 [goto PREGEVER];  
 else IF SEX=1 [goto DBHVPAY]  
 <R> and CANKIND\_2 NE <R> [goto CANKIND\_3]

If number in CANAGE\_2 greater than person years old (AGE) [goto ERR\_CANAGE\_2]

**Hard Edit:** ERR\_CANAGE\_2

\* [Fill2: CANAGE\_2] years old is older than your age[fill3: AGE].  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.150\_00.003 **Instrument Variable Name:** CANAGE\_3 **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

How old were you when [Fill1: CANKIND\_3/Fill2: this cancer ] was first diagnosed?

**001-100** 1-100 years  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> [goto CANKIND\_4]  
<R> and <R> at CANKIND\_3 if SEX=2 [goto PREGEVER];  
else IF SEX=1 [goto DBHVPAY]  
<R> and CANKIND\_3 NE <R> [goto CANKIND\_4]

If number in CANAGE\_3 greater than person years old (AGE) [goto ERR\_CANAGE\_3]

**Hard Edit:** ERR\_CANAGE\_3

\* [Fill2: CANAGE\_3] years old is older than your age[fill3: AGE].  
\* Please correct.

---

**Question ID:** ACN.154\_00.010 **Instrument Variable Name:** PREGEVER **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you ever been pregnant?

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

**UniverseText:** Female Sample adults 18+**SkipInstructions:** <1,2,R,D> [goto DBHVPAY]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.155\_00.010 **Instrument Variable Name:** DBHVPAY **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following ...

Increase your physical activity or exercise?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVCLY]

---

**Question ID:** ACN.155\_00.020 **Instrument Variable Name:** DBHVCLY **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Reduce the amount of fat or calories in your diet?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVWLY]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.155\_00.030 **Instrument Variable Name:** DBHVWLY **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, have you been told by a doctor or health professional to do any of the following...

Participate in a weight loss program?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVPAN]

---

**Question ID:** ACN.155\_00.040 **Instrument Variable Name:** DBHVPAN **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW doing any of the following...

Increasing your physical activity or exercise?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVCLN]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.155\_00.050 **Instrument Variable Name:** DBHVCLN **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

Are you NOW doing any of the following...

Reducing the amount of fat or calories in your diet?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DBHVWLN]

---

**Question ID:** ACN.155\_00.060 **Instrument Variable Name:** DBHVWLN **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

Are you NOW doing any of the following...

Participating in a weight loss program?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DIBREL]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.155\_00.070 **Instrument Variable Name:** DIBREL **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes or sugar diabetes?

\*Include only blood relatives. Do not include step-relatives or those unrelated by blood.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto DIBEV1]

---

**Question ID:** ACN.160\_00.000 **Instrument Variable Name:** DIBEV1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** ?[F1]  
[Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/  
[Fill2:Have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]

- 1 Yes
- 2 No
- 3 Borderline or prediabetes
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto DIBAGE]  
<2,R,D> [goto DIBPRE1]  
<3> [goto DIBTEST]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.165\_00.000 **Instrument Variable Name:** DIBPRE1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

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

**UniverseText:** Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes

**SkipInstructions:** <1,2,R,D> [goto DIBTEST]

---

**Question ID:** ACN.167\_00.010 **Instrument Variable Name:** DIBTEST **QuestionnaireFileName:** Sample Adult

**QuestionText:** About how long has it been since you last had a blood test for high blood sugar or diabetes?

- 1 1 year ago or less
- 2 More than 1 year, but not more than 2 years ago
- 3 More than 2 years, but not more than 3 years ago
- 4 More than 3 years ago
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do not have diabetes

**SkipInstructions:** <1-5,R,D> if DIBPRE1='1' [goto DIBPILL];  
else if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];  
else (SEX=2 and PREGEVER=1) [goto DIBGDM]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.170\_00.000 **Instrument Variable Name:** DIBAGE **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

How old were you when a doctor or other health professional FIRST told you that you had diabetes or sugar diabetes?

**000 thru 100** Age at which diagnosed

**997** Refused

**999** Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-100 R,D> [goto DIBTYPE]

If number in DIBAGE greater than person years old (AGE) goto ERR\_ DIBAGE

**Hard Edit:** ERR\_ DIBAGE

\* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].

\* Please correct.

---

**Question ID:** ACN.175\_00.010 **Instrument Variable Name:** DIBTYPE **QuestionnaireFileName:** Sample Adult

**QuestionText:** What type of diabetes do you have?

\*Read answer categories below.

**1** Type 1

**2** Type 2

**3** Other

**7** Refused

**9** Don't know

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

**SkipInstructions:** <1-3,R,D> [goto DIBPILL]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.180\_00.000 **Instrument Variable Name:** DIBPILL **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

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

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**SkipInstructions:** <1,2,R,D> [goto INSLN1]

---

**Question ID:** ACN.190\_00.000 **Instrument Variable Name:** INSLN1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Insulin can be taken by shot or pump. Are you NOW taking insulin?

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

**UniverseText:** Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar

**SkipInstructions:** <1> if DIBEV1=1 and INSLN1=1 [goto DIBINS2]  
else if DIBEV1 ne 1 and (SEX=2 and PREGEVER=1) [goto DIBGDM]  
else DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]  
<2,R,D> SEX=2 and PREGEVER=1 [goto DIBGDM]  
else if DIBEV1=1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto AHAYFYR]  
else if DIBEV1 ne 1 and SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.190\_00.010 **Instrument Variable Name:** DIBINS2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

- 1 Less than 1 month
- 2 1 month to less than 6 months
- 3 6 months to less than 1 year
- 4 1 year or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

**SkipInstructions:** <1-4,R,D> [goto DIBINS3]

---

**Question ID:** ACN.190\_00.020 **Instrument Variable Name:** DIBINS3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Since you started taking insulin, have you ever stopped taking it for more than 6 months?

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

**UniverseText:** Sample adults 18+ with diabetes who have ever taken insulin by shot or pump

**SkipInstructions:** <1> if DIBINS2=1,2,3 [goto DIBINS4]  
else if SEX=1 or SEX=2 and PREGEVER=2,R,D [goto AHAYFYR];  
else (SEX=2 and PREGEVER=1) [goto DIBGDM]  
<2,R,D> if (SEX=2 and PREGEVER=1) [goto DIBGDM]  
else [goto AHAYFYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.190\_00.030 **Instrument Variable Name:** DIBINS4 **QuestionnaireFileName:** Sample Adult**QuestionText:** Was this only during the first year after you were diagnosed with diabetes?

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

**UniverseText:** Sample adults 18+ who started taking insulin within a year of being diagnosed with diabetes and stopped taking it for more than six months**SkipInstructions:** <1,2,R,D> if SEX=1 or (SEX=2 and PREGEVER=2,R,D) [goto DIBPRGM];  
else (SEX=2 and PREGEVER=1) [goto DIBGDM]

---

**Question ID:** ACN.195\_00.010 **Instrument Variable Name:** DIBGDM **QuestionnaireFileName:** Sample Adult**QuestionText:** [Fill1: Were you FIRST told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?/  
Were you EVER told by a doctor or other health professional that you had diabetes, sugar diabetes, or gestational diabetes during pregnancy?]

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

**UniverseText:** Female Sample adults 18+ who have ever been pregnant**SkipInstructions:** <1,2,R,D> [goto DIBBABY]

---

**Question ID:** ACN.197\_00.010 **Instrument Variable Name:** DIBBABY **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER had a baby that weighed 9 pounds (4 kg) or more at birth?

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

**UniverseText:** Female Sample adults 18+ who have ever been pregnant**SkipInstructions:** <1,2,R,D> if DIBEV1=1 [goto AHAYFYR];  
else if DIBEV=2,R,D [goto DIBPRGM]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.198\_00.010 **Instrument Variable Name:** DIBPRGM **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about a year-long program that can help people prevent Type 2 diabetes. This program has weekly sessions during the first 6 months and monthly sessions over the last 6 months. People in the program receive support from a lifestyle coach on achieving and maintaining a healthy lifestyle.

Have you EVER participated in this type of year-long program to prevent Type 2 diabetes?

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

**UniverseText:** Sample adults 18+ who have not been diagnosed with diabetes

**SkipInstructions:** <1,2,R,D> [goto DIBREFER]

---

**Question ID:** ACN.198\_00.020 **Instrument Variable Name:** DIBREFER **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has a doctor or other health care professional ever referred you to such a program to prevent Type 2 diabetes?

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

**UniverseText:** Sample adults 18+ who have not been diagnosed with diabetes

**SkipInstructions:** <1> if DIBPRGM=1 [goto AHAYFYR];  
else if DIBPRGM=2,R,D [goto DIBBEGIN]  
<2,R,D> [goto DIBBEGIN]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.198\_00.030 **Instrument Variable Name:** DIBBEGIN **QuestionnaireFileName:** Sample Adult

**QuestionText:** How interested are you in beginning such a year-long program to prevent Type 2 diabetes? Would you say...

\*Read categories below.

- 1 Very interested
- 2 Somewhat interested
- 3 Not interested
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have not participated in a diabetes prevention program and were not referred to one

**SkipInstructions:** <1-3,R,D> [goto AHAYFYR]

---

**Question ID:** ACN.201\_01.000 **Instrument Variable Name:** AHAYFYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Hay fever?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SINYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.201\_02.000 **Instrument Variable Name:** SINYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto CBRCHYR]

---

**Question ID:** ACN.201\_03.000 **Instrument Variable Name:** CBRCHYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto KIDWKYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.201\_04.000 **Instrument Variable Name:** KIDWKYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had  
.....Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto LIVYR]

---

**Question ID:** ACN.201\_05.000 **Instrument Variable Name:** LIVYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had  
...Any kind of liver condition?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto JNTSYMP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.250\_00.000 **Instrument Variable Name:** JNTSYMP **QuestionnaireFileName:** Sample Adult**QuestionText:** The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

**UniverseText:** Sample adults 18+**SkipInstructions:** <1> [goto JMTHP]  
<2,R,D> [goto ARTH]

---

**Question ID:** ACN.260\_00.000 **Instrument Variable Name:** JMTHP **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A5

Which joints are affected?

\* Enter all that apply, separate with commas.

- 01 Shoulder-right
- 02 Shoulder-left
- 03 Elbow-right
- 04 Elbow-left
- 05 Hip-right
- 06 Hip-left
- 07 Wrist-right
- 08 Wrist-left
- 09 Knee-right
- 10 Knee-left
- 11 Ankle-right
- 12 Ankle-left
- 13 Toes-right
- 14 Toes-left
- 15 Fingers/thumb-right
- 16 Fingers/thumb-left
- 17 Other joint not listed
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days**SkipInstructions:** <1-17,R,D> [goto JNTCHR]

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 22-Feb-16

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**Question ID:** ACN.270\_00.000 **Instrument Variable Name:** JNTCHR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did your joint symptoms FIRST begin more than 3 months ago?

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

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1,2,R,D> [goto JNTHP]

---

**Question ID:** ACN.280\_00.000 **Instrument Variable Name:** JNTHP **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER seen a doctor or other health professional for these joint symptoms?

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

**UniverseText:** Sample adults 18+ who had joint pain in the past 30 days

**SkipInstructions:** <1,2,R,D> [goto ARTH]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.290\_00.000 **Instrument Variable Name:** ARTH **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ARTHLMT]  
<2,R,D> if JNTSYMP = 1 [goto ARTHLMT];  
elseif JNTSYMP ne 1 [goto PAINECK]

---

**Question ID:** ACN.295\_00.000 **Instrument Variable Name:** ARTHLMT **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

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

**UniverseText:** Sample adults 18+ with joint pain or arthritis

**SkipInstructions:** <1,2,R,D> [goto PAINECK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.300\_00.000 **Instrument Variable Name:** PAINECK **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

DURING THE PAST THREE MONTHS, did you have

... Neck pain?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto PAINLB]

---

**Question ID:** ACN.310\_00.000 **Instrument Variable Name:** PAINLB **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

\* Read if necessary.

DURING THE PAST THREE MONTHS, did you have

... Low back pain?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PAINLEG]  
<2,R,D> [goto PAINFACE]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 22-Feb-16

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**Question ID:** ACN.320\_00.000 **Instrument Variable Name:** PAINLEG **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

Did this pain spread down either leg to areas below the knees?

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

**UniverseText:** Sample adults 18+ with low back pain in the past 3 months

**SkipInstructions:** <1,2,R,D> [goto PAINFACE]

---

**Question ID:** ACN.331\_01.000 **Instrument Variable Name:** PAINFACE **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AMIGR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.331\_02.000 **Instrument Variable Name:** AMIGR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary:

DURING THE PAST THREE MONTHS, did you have

...Severe headache or migraine?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ACOLD2W]

---

**Question ID:** ACN.350\_00.000 **Instrument Variable Name:** ACOLD2W **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 WEEKS?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto AINTIL2W]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Conditions****Document Version Date: 22-Feb-16**

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**Question ID:** ACN.360\_00.000 **Instrument Variable Name:** AINTIL2W **QuestionnaireFileName:** Sample Adult**QuestionText:** Did you have a stomach or intestinal illness with vomiting or diarrhea that started DURING THE LAST TWO WEEKS?

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

**UniverseText:** Sample adults 18+**SkipInstructions:** <1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW];  
else if SEX=1 or AGE >49 [goto HRAIDNOW]

---

**Question ID:** ACN.370\_00.000 **Instrument Variable Name:** PREGNOW **QuestionnaireFileName:** Sample Adult**QuestionText:** Are you currently pregnant?

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

**UniverseText:** Female sample adults 18-49 years of age**SkipInstructions:** <1> if INTERVIEW\_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];  
else [goto HRAIDNOW]  
<R> [goto HRAIDNOW]  
<2,D> [goto PREGFLYR]

---

**Question ID:** ACN.370\_00.010 **Instrument Variable Name:** PREGFLYR **QuestionnaireFileName:** Sample Adult**QuestionText:** [fill1: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?]

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

**UniverseText:** Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July**SkipInstructions:** <1,2,R,D> [goto HRAIDNOW]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.400\_00.000 **Instrument Variable Name:** HRAIDNOW **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHEARST1]  
<2,R,D> [goto HRAIDDEV]

---

**Question ID:** ACN.410\_00.000 **Instrument Variable Name:** HRAIDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever used a hearing aid(s) in the past?

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

**UniverseText:** Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

**SkipInstructions:** <1,2,R,D> [goto AHEARST1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.420\_00.000 **Instrument Variable Name:** AHEARST1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

- 1 Excellent
- 2 Good
- 3 A little trouble hearing
- 4 Moderate trouble
- 5 A lot of trouble
- 6 Deaf
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-6,R,D> [goto AVISION]

---

**Question ID:** ACN.430\_00.000 **Instrument Variable Name:** AVISION **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have any trouble seeing, even when wearing glasses or contact lenses?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ABLIND]  
<2,R,D> [goto VIM\_DREV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.000 **Instrument Variable Name:** ABLIND **QuestionnaireFileName:** Sample Adult

**QuestionText:** Are you blind or unable to see at all?

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

**UniverseText:** Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

**SkipInstructions:** <1,2,R,D> [goto VIM\_DREV]

---

**Question ID:** ACN.440\_00.010 **Instrument Variable Name:** VIM\_DREV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER been told by a doctor or other health professional that you had  
...Diabetic retinopathy?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [go to VIMLS\_DR]  
[2,R,D> [goto VIM\_CAEV]

---

**Question ID:** ACN.440\_00.020 **Instrument Variable Name:** VIMLS\_DR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of diabetic retinopathy?

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

**UniverseText:** Sample adults 18+ told they have diabetic retinopathy

**SkipInstructions:** <1,2,R,D> [goto VIM\_CAEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.030 **Instrument Variable Name:** VIM\_CAEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary.

Have you EVER been told by a doctor or other health professional that you had  
...Cataracts?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [go to VIMLS\_CA]  
[2,R,D> [goto VIM\_GLEV]

---

**Question ID:** ACN.440\_00.040 **Instrument Variable Name:** VIMLS\_CA **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of cataracts?

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

**UniverseText:** Sample adults 18+ told they have cataracts

**SkipInstructions:** [1,2,R,D> [goto VIMCSURG]

---

**Question ID:** ACN.440\_00.045 **Instrument Variable Name:** VIMCSURG **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever had cataract surgery?

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

**UniverseText:** Sample adults 18+ ever had cataracts

**SkipInstructions:** <1, 2,R,D> [go to VIM\_GLEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.050 **Instrument Variable Name:** VIM\_GLEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Glaucoma?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [go to VIMLS\_GL]  
[2,R,D> [goto VIM\_MDEV]

---

**Question ID:** ACN.440\_00.060 **Instrument Variable Name:** VIMLS\_GL **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of glaucoma?

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

**UniverseText:** Sample adults 18+ told they have glaucoma

**SkipInstructions:** <1,2,R,D> [goto VIM\_MDEV]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.070 **Instrument Variable Name:** VIM\_MDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Macular Degeneration

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [go to VIMLS\_MD];  
<2,R,D> and ABLIND=2,R,D,' ' [goto VIMGLASS]  
else if <2,R,D> and ABLIND=1 [goto AVISREH]

---

**Question ID:** ACN.440\_00.080 **Instrument Variable Name:** VIMLS\_MD **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost any vision because of macular degeneration?

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

**UniverseText:** Sample adults 18+ told they have macular degeneration

**SkipInstructions:** <1,2,R,D>and ABLIND=2,R,D,' ' [goto VIMGLASS];  
else <1,2,R,D> and ABLIND=1 [goto AVISREH]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.100 **Instrument Variable Name:** VIMGLASS **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you currently wear eyeglasses or contact lenses?

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

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <1,> [go to VIMREAD];  
<2,R,D> and AVISION=1 [go to AVISREH];  
else <2,R,D> and AVISION=2,R,D [goto AVDF\_NWS]

---

**Question ID:** ACN.440\_00.110 **Instrument Variable Name:** VIMREAD **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?

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

**UniverseText:** Sample adults 18+ wear glasses or contacts

**SkipInstructions:** <1,2,R,D> [go to VIMDRIVE]

---

**Question ID:** ACN.440\_00.120 **Instrument Variable Name:** VIMDRIVE **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?

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

**UniverseText:** Sample adults 18+ wear glasses or contacts

**SkipInstructions:** <1,2,R,D> and  
If AVISION=1 [go to AVISREH];  
Else if AVISION=2,R,D [goto AVDF\_NWS]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.440\_00.130 **Instrument Variable Name:** AVISREH **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

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

**UniverseText:** Sample adults 18+ who have trouble seeing

**SkipInstructions:** <1 2,R,D> [goto AVISDEV]

---

**Question ID:** ACN.440\_00.140 **Instrument Variable Name:** AVISDEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?

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

**UniverseText:** Sample adults 18+ who have trouble seeing

**SkipInstructions:** <1 2,R,D> and if ABLIND = 2,R,D then [goto AVDF\_NWS];  
else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.441\_00.010 **Instrument Variable Name:** AVDF\_NWS **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]  
how difficult is it for you

...To read ordinary print in newspapers

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF\_CLS]

---

**Question ID:** ACN.441\_00.020 **Instrument Variable Name:** AVDF\_CLS **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]  
how difficult is it for you

...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF\_NIT]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.441\_00.030 **Instrument Variable Name:** AVDF\_NIT **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]  
how difficult is it for you

...To go down steps, stairs, or curbs in dim light or at night

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF\_DRV]

---

**Question ID:** ACN.441\_00.040 **Instrument Variable Name:** AVDF\_DRV **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]  
how difficult is it for you

...To drive during daytime in familiar places

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF\_PER]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.441\_00.050 **Instrument Variable Name:** AVDF\_PER **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight,]  
how difficult is it for you

...To notice objects off to the side while you are walking along

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVDF\_CRD]

---

**Question ID:** ACN.441\_00.060 **Instrument Variable Name:** AVDF\_CRD **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because of your eyesight, / Fill 2: Because of your eyesight, ]  
how difficult is it for you

...To find something on a crowded shelf

\*Read categories below.

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all because of eyesight
- 6 Do not do this activity for other reasons
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who are not blind

**SkipInstructions:** <0-4,6,R,D> [goto AVISEXAM]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.442\_00.010 **Instrument Variable Name:** AVISEXAM **QuestionnaireFileName:** Sample Adult

**QuestionText:** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

- 1 Less than one month
- 2 1-12 months
- 3 13-24 months
- 4 More than 2 years
- 5 Never
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto AVISACT]

---

**Question ID:** ACN.442\_00.020 **Instrument Variable Name:** AVISACT **QuestionnaireFileName:** Sample Adult

**QuestionText:** Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury?  
This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AVISPROT]  
<2,R,D> [goto LUPPRT]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date:** 22-Feb-16

---

**Question ID:** ACN.442\_00.030 **Instrument Variable Name:** AVISPROT **QuestionnaireFileName:** Sample Adult

**QuestionText:** When doing these activities, on average, do you wear eye protection always, most of the time, some of the time, or none of the time?

- 1 Always
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ and do participate in activities that can cause eye injury

**SkipInstructions:** <1-4,R,D> [goto LUPPRT]

---

**Question ID:** ACN.451\_00.000 **Instrument Variable Name:** LUPPRT **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you lost all of your upper and lower natural (permanent) teeth?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[CHPAIN6M]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Conditions**

**Document Version Date: 22-Feb-16**

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**Question ID:** ACN.460\_00.010 **Instrument Variable Name:** CHPAIN6M **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past six months, how often did you have pain? Would you say...

\*Read answer categories below.

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,R,D> [goto next section]  
<2,3,4> [goto PAINLMT]

---

**Question ID:** ACN.460\_00.020 **Instrument Variable Name:** PAINLMT **QuestionnaireFileName:** Sample Adult

**QuestionText:** Over the past six months, how often did pain limit your life or work activities? Would you say...

\*Read answer categories below.

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had chronic pain in the past 6 months

**SkipInstructions:** <1-4,R,D> [goto the next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.040\_00.000 **Instrument Variable Name:** WKDAYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

\* Enter '0' for None.

**000** None  
**001-366** 1-366 days  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

**SkipInstructions:** <0-366,R,D> [goto BEDDAYR]  
<120-366> [goto ERR\_WKDAYR]

**Soft Edit:** ERR\_WKDAYR

\* [Fill: WKDAYR] is an unusually large number.  
\* Please verify.

---

**Question ID:** AHS.050\_00.000 **Instrument Variable Name:** BEDDAYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

\* Enter '0' for None.

**000** None  
**001-366** 1-366 days  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-366,R,D> [goto AHSTATYR]  
<120-366> [goto ERR\_BEDDAYR]

**Soft Edit:** ERR\_BEDDAYR

\* [Fill: BEDDAYR] is an unusually large number.  
\* Please verify.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.060\_00.000 **Instrument Variable Name:** AHSTATYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-3,R,D> [goto SPECEQ]

---

**Question ID:** AHS.070\_00.000 **Instrument Variable Name:** SPECEQ **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto FLWALK]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.091\_01.000 **Instrument Variable Name:** FLWALK **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLCLIMB]

---

**Question ID:** AHS.091\_02.000 **Instrument Variable Name:** FLCLIMB **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSTAND]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.091\_03.000 **Instrument Variable Name:** FLSTAND **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSIT]

---

**Question ID:** AHS.091\_04.000 **Instrument Variable Name:** FLSIT **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Sit for about 2 hours?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSTOOP]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

---

**Question ID:** AHS.091\_05.000 **Instrument Variable Name:** FLSTOOP **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLREACH]

---

**Question ID:** AHS.091\_06.000 **Instrument Variable Name:** FLREACH **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLGRASP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.141\_01.000 **Instrument Variable Name:** FLGRASP **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLCARRY]

---

**Question ID:** AHS.141\_02.000 **Instrument Variable Name:** FLCARRY **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLPUSH]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

---

**Question ID:** AHS.141\_03.000 **Instrument Variable Name:** FLPUSH **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Push or pull large objects like a living room chair?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSHOP]

---

**Question ID:** AHS.171\_01.000 **Instrument Variable Name:** FLSHOP **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLSOCL]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.171\_02.000 **Instrument Variable Name:** FLSOCL **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-4,6,R,D> [goto FLRELAX]

---

**Question ID:** AHS.171\_03.000 **Instrument Variable Name:** FLRELAX **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A6

\* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

- 0 Not at all difficult
- 1 Only a little difficult
- 2 Somewhat difficult
- 3 Very difficult
- 4 Can't do at all
- 6 Do not do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.200\_00.000 **Instrument Variable Name:** AFLHCA **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A7

What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091\_1 through AHS.171\_3)][fill2: these activities]?

\* Enter condition number for all that apply, separate with commas.

\* Do not probe, except to clarify answer.

- 01 Vision/problem seeing
  - 02 Hearing problem
  - 03 Arthritis/rheumatism
  - 04 Back or neck problem
  - 05 Fracture, bone/joint injury
  - 06 Other injury
  - 07 Heart problem
  - 08 Stroke problem
  - 09 Hypertension/high blood pressure
  - 10 Diabetes
  - 11 Lung/breathing problem(for example, asthma and emphysema)
  - 12 Cancer
  - 13 Birth defect
  - 14 Intellectual disability, also known as mental retardation
  - 15 Other developmental problem (for example, cerebral palsy)
  - 16 Senility
  - 17 Depression/anxiety/emotional problem
  - 18 Weight problem
  - 19 Missing limbs (fingers, toes or digits), amputee
  - 20 Kidney, bladder or renal problems
  - 21 Circulation problems (including blood clots)
  - 22 Benign Tumors, Cysts
  - 23 Fibromyalgia, lupus
  - 24 Osteoporosis, tendinitis
  - 25 Epilepsy, seizures
  - 26 Multiple Sclerosis (MS), Muscular Dystrophy (MD)
  - 27 Polio(myelitis), paralysis, para/quadriplegia
  - 28 Parkinson's disease, other tremors
  - 29 Other nerve damage, including carpal tunnel syndrome
  - 30 Hernia
  - 31 Ulcer
  - 32 Varicose veins, hemorrhoids
  - 33 Thyroid problems, Grave's disease, gout
  - 34 Knee problems (not arthritis (03), not joint injury(05))
  - 35 Migraine headaches (not just headaches)
  - 90 Other impairment/problem (Specify one)
  - 91 Other impairment/problem (Specify one)
  - 97 Refused
  - 99 Don't know/Not sure
-

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**UniverseText:** Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

**SkipInstructions:** [1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order  
 <13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV ]  
 <90> [goto AFLHCA\_S1]  
 <91> [goto AFLHCA\_S2]  
 Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)  
 < R,D> [goto SMKEV (next section)]

---

**Question ID:** AHS.201\_90.000 **Instrument Variable Name:** AFLHCA\_S1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Enter other impairment/problem.

**Verbatim** Verbatim response  
 7 Refused  
 9 Don't know

**UniverseText:** Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

**SkipInstructions:** <50 chars>[goto AHCL90N]  
 >ENTER< only with no description [goto ERR1\_AFLHCA\_S1]  
 Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

**Hard Edit:** \$ You should enter something specific.

---

**Question ID:** AHS.201\_91.000 **Instrument Variable Name:** AFLHCA\_S2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Enter other impairment/problem.

**Verbatim** Verbatim response  
 7 Refused  
 9 Don't know

**UniverseText:** Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

**SkipInstructions:** <50 chars>[goto AHCL91N]  
 >ENTER< only with no description [goto ERR1\_AFLHCA\_S1]

**Hard Edit:** \$ You should enter something specific.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.300\_01.000 **Instrument Variable Name:** AHCL01N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a vision problem or problem seeing?

\* Enter number for time with your vision problem or problem seeing..

\* Enter '95' for 95 or more.

\* Enter '96' if since birth.

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

**UniverseText:** Sample adults 18+ who had difficulty due to a vision problem or problem seeing

**SkipInstructions:** <1-95,D>[goto AHCL01T]  
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.300\_02.000 **Instrument Variable Name:** AHCL01T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with vision problem or problem seeing.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL01T  
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1\_AHCL01T

**Hard Edit:** ERR1\_AHCL01T

\*Time with condition cannot be greater than age.  
\* Please correct.

ERR2\_AHCL01T

\* "6" not selectable.

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.301\_01.000 **Instrument Variable Name:** AHCL02N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a hearing problem?

\* Enter number for time with a hearing problem.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a hearing problem

**SkipInstructions:** <1-95,D>[goto AHCL02T]  
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Status & Limitations**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHS.301\_02.000 **Instrument Variable Name:** AHCL02T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with hearing problem.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL02T  
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1\_AHCL02T

**Hard Edit:** ERR1\_AHCL02T

\* Time with condition cannot be greater than age.  
\* Please correct.

ERR2\_AHCL02T

\* "6" not selectable.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.302\_01.000 **Instrument Variable Name:** AHCL03N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had arthritis or rheumatism?

\* Enter number for time with arthritis or rheumatism.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to arthritis or rheumatism

**SkipInstructions:** <1-95,D>[goto AHCL03T]  
 <R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.302\_02.000 **Instrument Variable Name:** AHCL03T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with arthritis or rheumatism.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL03T  
 [if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1\_AHCL03T

**Hard Edit:** ERR\_AHCL03T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.303\_01.000 **Instrument Variable Name:** AHCL04N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a back or neck problem?

\* Enter number for time with back or neck problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a back or neck problem

**SkipInstructions:** <1-95,D>[goto AHCL04T]  
 <R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.303\_02.000 **Instrument Variable Name:** AHCL04T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with back or neck problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL04T  
 [if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1\_AHCL04T

**Hard Edit:** ERR\_AHCL04T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.304\_01.000 **Instrument Variable Name:** AHCL05N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a fracture, bone, or joint injury?

\* Enter number for time with a fracture, bone, or joint injury.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

**SkipInstructions:** <1-95,D>[goto AHCL05T]  
 <R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.304\_02.000 **Instrument Variable Name:** AHCL05T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL05T  
 [if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1\_AHCL05T

**Hard Edit:** ERR\_AHCL05T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.305\_01.000 **Instrument Variable Name:** AHCL06N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

\* Enter number for time with injury that caused your limitation.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

**SkipInstructions:** <1-95,D>[goto AHCL06T]  
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.305\_02.000 **Instrument Variable Name:** AHCL06T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with (fill: other) injury.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL06T  
[if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1\_AHCL06T

**Hard Edit:** ERR\_AHCL06T  
\* Time with condition cannot be greater than age.  
\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.306\_01.000 **Instrument Variable Name:** AHCL07N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a heart problem?

\* Enter number for time with a heart problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a heart problem

**SkipInstructions:** <1-95,D>[goto AHCL07T]  
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.306\_02.000 **Instrument Variable Name:** AHCL07T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with heart problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL07T  
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1\_AHCL07T

**Hard Edit:** ERR\_AHCL07T  
\* Time with condition cannot be greater than age.  
\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.307\_01.000 **Instrument Variable Name:** AHCL08N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a stroke problem?

\* Enter number for time with a stroke problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a stroke problem

**SkipInstructions:** <1-95,D>[goto AHCL08T]  
 <R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.307\_02.000 **Instrument Variable Name:** AHCL08T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with stroke problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL08T  
 [if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1\_AHCL08T

**Hard Edit:** ERR\_AHCL08T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.308\_01.000 **Instrument Variable Name:** AHCL09N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had hypertension or high blood pressure?

\* Enter number for time with hypertension or high blood pressure.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to hypertension or high blood pressure

**SkipInstructions:** <1-95,D>[goto AHCL09T]  
 <R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.308\_02.000 **Instrument Variable Name:** AHCL09T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with hypertension or high blood pressure.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL09T  
 [if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1\_AHCL09T

**Hard Edit:** ERR\_AHCL09T

\* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.309\_01.000 **Instrument Variable Name:** AHCL10N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had diabetes?

\* Enter number for time with diabetes.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to diabetes

**SkipInstructions:** <1-95,D>[goto AHCL10T]  
 <R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.309\_02.000 **Instrument Variable Name:** AHCL10T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with diabetes.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL10T  
 [if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1\_AHCL10T

**Hard Edit:** ERR\_AHCL10T

\* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.310\_01.000 **Instrument Variable Name:** AHCL11N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

\* Enter number for time with a lung or breathing problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a lung or breathing problem

**SkipInstructions:** <1-95,D>[goto AHCL11T]  
 <R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.310\_02.000 **Instrument Variable Name:** AHCL11T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL11T  
 [if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1\_AHCL11T

**Hard Edit:** ERR\_AHCL11T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.311\_01.000 **Instrument Variable Name:** AHCL12N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had cancer?

\* Enter number for time with cancer.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to cancer

**SkipInstructions:** <1-95,D>[goto AHCL12T]  
 <R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.311\_02.000 **Instrument Variable Name:** AHCL12T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with cancer.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL12T  
 [if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1\_AHCL12T

**Hard Edit:** ERR\_AHCL12T

\* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.313\_01.000 **Instrument Variable Name:** AHCL14N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had intellectual disability, also known as mental retardation?

\* Enter number for time with intellectual disability/mental retardation.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to intellectual disability/mental retardation

**SkipInstructions:** <1-95,D>[goto AHCL14T]  
 <R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.313\_02.000 **Instrument Variable Name:** AHCL14T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with intellectual disability/mental retardation.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL14T  
 [if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1\_AHCL14T

**Hard Edit:** ERR\_AHCL14T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.314\_01.000 **Instrument Variable Name:** AHCL15N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

\* Enter number for time with a developmental problem.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a developmental problem

**SkipInstructions:** <1-95,D>[goto AHCL15T]  
 <R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.314\_02.000 **Instrument Variable Name:** AHCL15T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with developmental problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL15T  
 [if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1\_AHCL15T

**Hard Edit:** ERR\_AHCL15T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.315\_01.000 **Instrument Variable Name:** AHCL16N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had senility?

\* Enter number for time with senility.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to senility

**SkipInstructions:** <1-95,D>[goto AHCL16T]  
 <R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.315\_02.000 **Instrument Variable Name:** AHCL16T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with senility.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL16T  
 [if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1\_AHCL16T

**Hard Edit:** ERR\_AHCL16T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.316\_01.000 **Instrument Variable Name:** AHCL17N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had depression, anxiety, or an emotional problem?

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

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

**SkipInstructions:** <1-95,D>[goto AHCL17T]  
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.316\_02.000 **Instrument Variable Name:** AHCL17T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL17T  
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1\_AHCL17T

**Hard Edit:** ERR\_AHCL17T

\* Time with condition cannot be greater than age.  
\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.317\_01.000 **Instrument Variable Name:** AHCL18N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a weight problem?

\* Enter number for time with a weight problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a weight problem

**SkipInstructions:** <1-95,D>[goto AHCL18T]  
 <R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.317\_02.000 **Instrument Variable Name:** AHCL18T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with weight problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL18T  
 [if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1\_AHCL18T

**Hard Edit:** ERR\_AHCL18T

\* Time with condition cannot be greater than age.

\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.318\_01.000 **Instrument Variable Name:** AHCL19N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

\* Enter number for time with a missing limb.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a missing limb

**SkipInstructions:** <1-95,D>[goto AHCL19T]  
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.318\_02.000 **Instrument Variable Name:** AHCL19T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with missing limb.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
<6> goto ERR2\_AHCL19T  
[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1\_AHCL19T

**Hard Edit:** ERR\_AHCL19T

\* Time with condition cannot be greater than age.  
\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.319\_01.000 **Instrument Variable Name:** AHCL20N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a kidney, bladder or renal problem?

\* Enter number for time with a kidney, bladder or renal problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

**SkipInstructions:** <1-95,D>[goto AHCL20T]  
 <R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.319\_02.000 **Instrument Variable Name:** AHCL20T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL20T  
 [if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1\_AHCL20T

**Hard Edit:** ERR\_AHCL20T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.320\_01.000 **Instrument Variable Name:** AHCL21N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a circulation problem (including blood clots)?

\* Enter number for time with a circulation problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a circulation problem

**SkipInstructions:** <1-95,D>[goto AHCL21T]  
 <R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.320\_02.000 **Instrument Variable Name:** AHCL21T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with circulation problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL21T  
 [if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1\_AHCL21T

**Hard Edit:** ERR\_AHCL21T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.321\_01.000 **Instrument Variable Name:** AHCL22N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had benign tumors or cysts?

\* Enter number for time with benign tumors or cysts.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to benign tumors or cysts

**SkipInstructions:** <1-95,D>[goto AHCL22T]  
 <R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.321\_02.000 **Instrument Variable Name:** AHCL22T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL22T  
 [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1\_AHCL22T

**Hard Edit:** ERR\_AHCL22T

\* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.322\_01.000 **Instrument Variable Name:** AHCL23N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had fibromyalgia or lupus?

\* Enter number for time with fibromyalgia or lupus.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to fibromyalgia or lupus

**SkipInstructions:** <1-95,D>[goto AHCL23T]  
 <R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.322\_02.000 **Instrument Variable Name:** AHCL23T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with fibromyalgia or lupus.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL23T  
 [if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1\_AHCL23T

**Hard Edit:** ERR\_AHCL23T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.323\_01.000 **Instrument Variable Name:** AHCL24N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had osteoporosis or tendinitis?

\* Enter number for time with osteoporosis or tendinitis.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

**SkipInstructions:** <1-95,D>[goto AHCL24T]  
 <R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.323\_02.000 **Instrument Variable Name:** AHCL24T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with osteoporosis or tendinitis.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL24T  
 [if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1\_AHCL24T

**Hard Edit:** ERR\_AHCL24T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.324\_01.000 **Instrument Variable Name:** AHCL25N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had epilepsy or seizures?

\* Enter number for time with epilepsy or seizures.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to epilepsy or seizures

**SkipInstructions:** <1-95,D>[goto AHCL25T]  
 <R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.324\_02.000 **Instrument Variable Name:** AHCL25T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with epilepsy or seizures.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL25T  
 [if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1\_AHCL25T

**Hard Edit:** ERR\_AHCL25T

\* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.325\_01.000 **Instrument Variable Name:** AHCL26N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

**SkipInstructions:** <1-95,D>[goto AHCL26T]  
 <R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.325\_02.000 **Instrument Variable Name:** AHCL26T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with multiple sclerosis or muscular dystrophy.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL26T  
 [if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1\_AHCL26T

**Hard Edit:** ERR\_AHCL26T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.326\_01.000 **Instrument Variable Name:** AHCL27N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had polio(myelitis), paralysis or para/quadruplegia?

\* Enter number for time with polio (myelitis), paralysis or para/quadruplegia.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadruplegia

**SkipInstructions:** <1-95,D>[goto AHCL27T]  
 <R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.326\_02.000 **Instrument Variable Name:** AHCL27T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with polio(myelitis), paralysis or para/quadruplegia.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL27T  
 [if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto ERR1\_AHCL27T

**Hard Edit:** ERR\_AHCL27T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.327\_01.000 **Instrument Variable Name:** AHCL28N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had Parkinson's disease or tremors?

\* Enter number for time with Parkinson's disease or tremors.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

**SkipInstructions:** <1-95,D>[goto AHCL28T]  
 <R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.327\_02.000 **Instrument Variable Name:** AHCL28T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with Parkinson's disease or tremors.

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

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL28T  
 [if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1\_AHCL28T

**Hard Edit:** ERR\_AHCL28T

\* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.328\_01.000 **Instrument Variable Name:** AHCL29N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

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

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to nerve damage

**SkipInstructions:** <1-95,D>[goto AHCL29T]  
 <R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.328\_02.000 **Instrument Variable Name:** AHCL29T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with nerve damage.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL29T  
 [if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1\_AHCL29T

**Hard Edit:** ERR\_AHCL29T

\* Time with condition cannot be greater than age.

\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.329\_01.000 **Instrument Variable Name:** AHCL30N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a hernia?

\* Enter number for time with a hernia.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a hernia

**SkipInstructions:** <1-95,D>[goto AHCL30T]  
 <R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.329\_02.000 **Instrument Variable Name:** AHCL30T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with hernia.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL30T  
 [if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1\_AHCL30T

**Hard Edit:** ERR\_AHCL30T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.330\_01.000 **Instrument Variable Name:** AHCL31N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had an ulcer?

\* Enter number for time with an ulcer.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to an ulcer

**SkipInstructions:** <1-95,D>[goto AHCL31T]  
 <R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.330\_02.000 **Instrument Variable Name:** AHCL31T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with ulcer.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL31T  
 [if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1\_AHCL31T

**Hard Edit:** ERR\_AHCL31T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.331\_01.000 **Instrument Variable Name:** AHCL32N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had varicose veins or hemorrhoids?

\* Enter number for time with varicose veins or hemorrhoids.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

**SkipInstructions:** <1-95,D>[goto AHCL32T]  
 <R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.331\_02.000 **Instrument Variable Name:** AHCL32T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with varicose veins or hemorrhoids.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL32T  
 [if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1\_AHCL32T

**Hard Edit:** ERR\_AHCL32T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

**Question ID:** AHS.332\_01.000 **Instrument Variable Name:** AHCL33N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

\* Enter number for time with a thyroid problem, Grave's disease or gout.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

**SkipInstructions:** <1-95,D>[goto AHCL33T]  
 <R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

**Question ID:** AHS.332\_02.000 **Instrument Variable Name:** AHCL33T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

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

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL33T  
 [if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1\_AHCL33T

**Hard Edit:** ERR\_AHCL33T  
 \* Time with condition cannot be greater than age.  
 \* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.333\_01.000 **Instrument Variable Name:** AHCL34N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had a knee problem?

\* Enter number for time with a knee problem.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to a knee problem

**SkipInstructions:** <1-95,D>[goto AHCL34T]  
 <R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.333\_02.000 **Instrument Variable Name:** AHCL34T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with knee problem.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL34T  
 [if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1\_AHCL34T

**Hard Edit:** ERR1\_AHCL34T

\* Time with condition cannot be greater than age.  
 \* Please correct.

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.334\_01.000 **Instrument Variable Name:** AHCL35N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had migraine headaches?

\* Enter number for time with migraine headaches.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to migraine headaches

**SkipInstructions:** <1-95,D>[goto AHCL35T]  
 <R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.334\_02.000 **Instrument Variable Name:** AHCL35T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with migraine headaches.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL35T  
 [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1\_AHCL35T

**Hard Edit:** ERR1\_AHCL35T

\* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.335\_01.000 **Instrument Variable Name:** AHCL90N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had {problem in AFLHCA90}?

\* Enter number for time with {problem in AFLHCA90}.

\* Enter '95" for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

**SkipInstructions:** <1-95,D>[goto AHCL90T]  
 <R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

---

**Question ID:** AHS.335\_02.000 **Instrument Variable Name:** AHCL90T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with {problem in AFLHCA90}.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA\_S2]  
 Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL90T  
 [if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1\_AHCL90T

**Hard Edit:** ERR\_AHCL90T

\* Time with condition cannot be greater than age.

\* Please correct.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Status & Limitations**

Document Version Date: 22-Feb-16

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**Question ID:** AHS.336\_01.000 **Instrument Variable Name:** AHCL91N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long have you had {problem in AFLHCA91}?

\* Enter number for time with {problem in AFLHCA91}.

\* Enter '95' for 95 or more.

\* Enter "96" if since birth.

<b>01-94</b>	01-94
<b>95</b>	95+
<b>96</b>	Since birth
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

**SkipInstructions:** <1-95,D>[goto AHCL91T]  
 <R>[store "R" in AHCL91T] [goto SMKEV (next section)]  
 <96>[store "6" in AHCL91T] [goto SMKEV (next section)]

---

**Question ID:** AHS.336\_02.000 **Instrument Variable Name:** AHCL91T **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time with {problem in AFLHCA91}.

<b>1</b>	Day(s)
<b>2</b>	Week(s)
<b>3</b>	Month(s)
<b>4</b>	Year(s)
<b>6</b>	Since birth
<b>7</b>	Refused
<b>9</b>	Don't know

**UniverseText:** Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

**SkipInstructions:** <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]  
 <6> goto ERR2\_AHCL91T  
 [if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1\_AHCL91T

**Hard Edit:** ERR\_AHCL91T

\* Time with condition cannot be greater than age.  
 \* Please correct.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.010\_00.000 **Instrument Variable Name:** SMKEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1>[goto SMKREG]  
<2,R,D>[goto ECIGEV2]

---

**Question ID:** AHB.020\_00.000 **Instrument Variable Name:** SMKREG **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when you FIRST started to smoke fairly regularly?

\* Enter '6' if less than 6 years old.

\* Enter '95' if 95 years old or older.

\* Enter '96' if never smoked regularly.

- 06-84 6 - 84 years
- 85 85 years or older
- 96 Never smoked regularly
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who ever smoked 100 cigarettes

**SkipInstructions:** <6-95,96,R,D> [goto SMKNOW]  
If SMKREG gt AGE and SMKREG ne <96>, goto ERR\_SMKREG

**Hard Edit:** ERR\_SMKREG

- \* Starting age exceeded current age.
  - \* Please correct.
-

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.030\_00.000 **Instrument Variable Name:** SMKNOW **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you NOW smoke cigarettes every day, some days or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who ever smoked 100 cigarettes

**SkipInstructions:** <1>[goto CIGSDA1]  
<2>[goto CIGDAMO]  
<3>[goto SMKQTNO]  
<D,R>[goto ECIGEV2]

---

**Question ID:** AHB.040\_01.000 **Instrument Variable Name:** SMKQTNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How long has it been since you quit smoking cigarettes?

\* Enter number for time since quit smoking.

\* Enter '95' for 95 years old or older.

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

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:** <1-95> [goto SMKQTTP]  
<D,R> [goto ECIGEV2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.040\_02.000 **Instrument Variable Name:** SMKQTTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for time since quit smoking.

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

**UniverseText:** Sample adults 18+ who quit smoking

**SkipInstructions:** <1-4> [goto ECIGEV2]  
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1\_SMKQTTP  
if (SMKREG + SMKQTNO gt AGE), goto ERR2\_SMKQTTP.

**Hard Edit:** ERR2\_SMKQTTP

\* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).  
\* Please correct.

**Soft Edit:** ERR1\_SMKQTTP

\* Respondent quit smoking before age 15?  
\* Please verify.

**Question ID:** AHB.050\_00.000 **Instrument Variable Name:** CIGSDA1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** On the average, how many cigarettes do you now smoke a day?

\* Enter '1' if less than 1 cigarette.

\* Enter '95' if 95 or more cigarettes.

- 01-94 1 - 94 cigarettes
- 95 95+ cigarettes
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who are current every day smokers

**SkipInstructions:** <1-95,R,D> [goto CIGQTYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.060\_00.000 **Instrument Variable Name:** CIGDAMO **QuestionnaireFileName:** Sample Adult

**QuestionText:** On how many of the PAST 30 DAYS did you smoke a cigarette?

\*Enter '0' for None.

- 00 None
- 01-30 1-30 days
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who are current some day smokers

**SkipInstructions:** <0>[goto CIGQTYR]  
<1-30,R,D> [goto CIGSDA2]

---

**Question ID:** AHB.070\_00.000 **Instrument Variable Name:** CIGSDA2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

\* Enter '1' if less than 1.

\* Enter '95' if 95 or more cigarettes.

- 01-94 1-94 cigarettes
- 95 95+ cigarettes
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who are current some day smokers

**SkipInstructions:** <1-95,D,R> [goto CIGQTYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.080\_00.000 **Instrument Variable Name:** CIGQTYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

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

**UniverseText:** Sample adults 18+ who are every day or someday smokers

**SkipInstructions:** <1,2,R,D> [goto ECIGEV2]

---

**Question ID:** AHB.085\_00.010 **Instrument Variable Name:** ECIGEV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

\*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ECIGCUR2]  
<2,R,D> [goto CIGAREV2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.085\_00.020 **Instrument Variable Name:** ECIGCUR2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now use e-cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used e-cigarettes

**SkipInstructions:** <1,R,D> [go to CIGAREV2]  
<2,3> [go to ECIG30D2]

---

**Question ID:** AHB.085\_00.030 **Instrument Variable Name:** ECIG30D2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** On how many of the PAST 30 DAYS have you used e-cigarettes?

- 0-30 0-30
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who now use e-cigarettes some days or not at all

**SkipInstructions:** <0-30,R,D> [goto CIGAREV2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.085\_00.040 **Instrument Variable Name:** CIGAREV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

\*Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

\*Read if necessary: Do not include electronic cigars or e-cigars.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto CIGCUR2]  
<2, R, D> [goto PIPEV2]

---

**Question ID:** AHB.085\_00.050 **Instrument Variable Name:** CIGCUR2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

**SkipInstructions:** <1 R,D> [go to PIPEV2]  
<2,3> [go to CIG30D2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.085\_00.060 **Instrument Variable Name:** CIG30D2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

- 00-30 00-30
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

**SkipInstructions:** <0-30,R,D> [goto PIPEV2]

---

**Question ID:** AHB.085\_00.070 **Instrument Variable Name:** PIPEV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER smoked a pipe filled with tobacco-either a regular pipe, water pipe, or hookah EVEN ONE TIME?

\*Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

\*Read if necessary: Do not include electronic pipes or e-pipes.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto PIPECUR2]  
<2,R,D> [goto SMKLSTB1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.085\_00.080 **Instrument Variable Name:** PIPECUR2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you now smoke pipes filled with tobacco – either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

\*Read if necessary: Do not include pipes filled with substances other than tobacco.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

**SkipInstructions:** <1-3,R,D> [goto SMKLBSTB1]

---

**Question ID:** AHB.085\_00.090 **Instrument Variable Name:** SMKLBSTB1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

\*Read if necessary: Do not include nicotine replacement therapy products (such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.)

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SMKLBSCR2]  
<2,R,D> [goto VIGNO]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.085\_00.100 **Instrument Variable Name:** SMKLSR2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you NOW use smokeless tobacco products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever used smokeless tobacco products

**SkipInstructions:** <1-3,R,D> [goto VIGNO]

---

**Question ID:** AHB.090\_01.000 **Instrument Variable Name:** VIGNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

\* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

\* Enter number for vigorous leisure-time physical activities.

\* Enter '0' for Never.

\* Enter '996' if unable to do this type of activity.

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,996,R,D>[goto MODNO]  
<1-995>[goto VIGTP]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.090\_02.000 **Instrument Variable Name:** VIGTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for vigorous leisure-time physical activities.

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:** <1-4> goto VIGLNGNO  
 [if (VIGNO gt <4> and VIGTP eq <1>) or  
 (VIGNO gt <28> and VIGTP eq <2>) or  
 (VIGNO gt <31> and VIGTP eq <3>) or  
 (VIGNO gt <365> and VIGTP eq <4>) goto ERR1\_VIGTP]

**Soft Edit:** ERR1\_VIGTP

\* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.  
 \* Please verify.

**Question ID:** AHB.100\_01.000 **Instrument Variable Name:** VIGLNGNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

\* Enter number for length of vigorous leisure-time physical activities.

- 001-995 1-995
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:** <1-995>[goto VIGLNGTP]  
 <R,D>[goto MODNO]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.100\_02.000 **Instrument Variable Name:** VIGLNGTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for length of vigorous leisure-time physical activities.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do vigorous activities

**SkipInstructions:** <1,2>goto MODNO

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1\_VIGLNGTP;

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2\_VIGLNGTP

**Hard Edit:** ERR1\_VIGLNGTP

- \* Question asked for activities lasting at least 10 minutes.
- \* Please correct.

**Soft Edit:** ERR2\_VIGLNGTP

- \* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.
- \* Please verify.

**Question ID:** AHB.110\_01.000 **Instrument Variable Name:** MODNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

\* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

\* Enter number of light or moderate leisure-time physical activities.

\* Enter '0' for Never.

\* Enter '996' if unable to do this type of activity.

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-995>[goto MODTP]  
<0, 996, R,D>[goto STRNGNO]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.110\_02.000 **Instrument Variable Name:** MODTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for light or moderate leisure-time physical activities

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:** <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or  
(MODNO gt <28> and MODTP eq <2>) or  
(MODNO gt <31> and MODTP eq <3>) or  
(MODNO gt <365> and MODTP eq <4>)] goto ERR\_MODNO

**Soft Edit:** ERR\_MODNO

\* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.  
\* Please verify.

**Question ID:** AHB.120\_01.000 **Instrument Variable Name:** MODLNGNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

\* Enter number for length of light or moderate leisure-time physical activities.

- 001-995 1-995
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:** <1-995>[goto MODLNGTP]  
<R,D>[goto STRNGNO]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.120\_02.000 **Instrument Variable Name:** MODLNGTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for length of light or moderate leisure-time physical activities.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do light or moderate activities

**SkipInstructions:** <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1\_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2\_MODLNGTP

**Hard Edit:** ERR1\_MODLNGTP

- \* Question asked for activities lasting at least 10 minutes.
- \* Please correct.

**Soft Edit:** ERR2\_MODLNGTP

- \* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.
- \* Please verify.

**Question ID:** AHB.130\_01.000 **Instrument Variable Name:** STRNGNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

\* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

\* Enter number for strengthening activities.

\* Enter '0' for Never.

\* Enter '996' for Unable to do this type activity

- 000 Never
- 001-995 1-995 time(s)
- 996 Unable to do this type activity
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-995>[goto STRNGTP]  
<0, 996,R,D>[goto ALC1YR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors****Document Version Date: 22-Feb-16**

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**Question ID:** AHB.130\_02.000 **Instrument Variable Name:** STRNGTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

\* Enter time period for strengthening activities

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who do strengthening activities**SkipInstructions:** <1-4> [goto ALC1YR]  
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or  
(STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto  
ERR\_STRNGTP]**Soft Edit:** ERR\_STRNGTP\* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.  
\* Please verify.

---

**Question ID:** AHB.140\_00.000 **Instrument Variable Name:** ALC1YR **QuestionnaireFileName:** Sample Adult**QuestionText:** These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

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

**UniverseText:** Sample adults 18+**SkipInstructions:** <1> [goto ALC12MNO]  
<2,R,D> [goto ALCLIFE]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.150\_00.000 **Instrument Variable Name:** ALCLIFE **QuestionnaireFileName:** Sample Adult

**QuestionText:** In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

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

**UniverseText:** Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

**SkipInstructions:** <1> [goto ALC12MNO]  
<2,R,D> [goto AHGT\_FT]

---

**Question ID:** AHB.160\_01.000 **Instrument Variable Name:** ALC12MNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

\* Read if necessary: "How many days per week, per month or per year did you drink?"

\* Enter number for how often alcoholic beverages were consumed in the past year.

\*Enter '0' for Never.

- 000 Never
- 001-365 1-365 days
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

**SkipInstructions:** <1-365>[goto ALC12MTP]  
<0,D,R>[goto AHGT\_FT]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.160\_02.000 **Instrument Variable Name:** ALC12MTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for how often alcoholic beverages were consumed in the past year.

- 0 Never/None
- 1 Week
- 2 Month
- 3 Year
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who drank at least once in the past year

**SkipInstructions:** <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR\_ALC12MTP]

**Hard Edit:** ERR\_ALC12MTP

\* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.  
\* Please correct.

**Question ID:** AHB.170\_00.000 **Instrument Variable Name:** ALCAMT **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

\* Enter '1' if less than 1 drink.

\* Enter '95' if 95 or more drinks.

- 01-94 1-94 drinks
- 95 95+ drinks
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have had at least 1 drink in the past year

**SkipInstructions:** <1-95,D,R>[goto ALC5UPNO]  
<10-95>[goto ERR\_ALCAMT]

**Soft Edit:** ERR\_ALCAMT

\* [Fill: ALCAMT] drinks is an unusually high number.  
\* Please verify.  
\* Do not probe

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Health Behaviors**

**Document Version Date: 22-Feb-16**

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**Question ID:** AHB.180\_01.000 **Instrument Variable Name:** ALC5UPNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** ? [F1]

1 of 2

In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

\* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 or more] drinks in a single day?

\* Enter number of days.

\* Enter '0' for Never/None.

<b>000</b>	Never/None
<b>001-365</b>	1-365 days
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults 18+ who have had at least 1 drink in the past year

**SkipInstructions:** <1-365>[goto ALC5UPTP]  
<0,R,D>[goto AHGT\_FT]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.180\_02.000 **Instrument Variable Name:** ALC5UPTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\* Enter time period for days per week, per month or per year.

- 0 Never/None
- 1 Per week
- 2 Per month
- 3 Per year
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**SkipInstructions:** <1-3> [goto BINGE1]  
 [If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or  
 (ALC5UPNO gt <31> & ALC5UPTP = <2>) or  
 (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1\_ALC5UPTP  
 [if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per  
 year with 5 or more (for males)/4+ (females) drinks (calculated from ALC5UPNO and ALC5UPTP)] goto  
 ERR2\_ALC5UPTP]

**Hard Edit:** ERR1\_ALC5UPTP  
 \* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.  
 \* Please correct  
 ERR2\_ALC5UPTP  
 \* Number of days had [fill: 5 or more/4 or more] drinks exceeds number of days drank.  
 \* Please correct.  
 \* Do not probe.

**Question ID:** AHB.181\_00.000 **Instrument Variable Name:** BINGE1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** This question was added to the instrument in October 2014, replacing the BINGE question. Data for BINGE1 appear on in-house NCHS files only and are not included on the public use release.

? [F1]

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

\* Enter '0' if none.

\* Enter '60' if 60 or more times.

- 00-60 0-60
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

**SkipInstructions:** <0-60,R,D> [goto AHGT\_FT]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.190\_01.000 **Instrument Variable Name:** AHGT\_FT **QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

\* Enter "M" to record metric measurements

02-07 2-7 feet  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <2-7> [goto AHGT\_IN]  
<R.D> [goto AWGT\_LB]  
<M> [goto AHGT\_M]  
[if AHGT\_FT NE<2-7,R,D,M> goto ERR1\_AHGT\_FT]  
[if AHGT\_FT = <2,3> goto ERR2\_AHGT\_FT]

**Hard Edit:** ERR1\_AHGT\_FT

\* Only 2-7, Don't Know/Refused or M allowed in this field.  
\* Please correct.

**Soft Edit:** ERR2\_AHGT\_FT

\* Respondent's height in feet is [fill: AHGT\_FT]?  
\* Please verify.

**Question ID:** AHB.190\_02.000 **Instrument Variable Name:** AHGT\_IN **QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

\* Enter '0' if exactly [fill1: AHGT\_FT] feet tall.

00-11 0-11 inches  
97 Refused  
99 Don't know

**UniverseText:** Sample adults 18+ who answered their height in feet

**SkipInstructions:** <empty> goto ERR\_AHGT\_IN  
<0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or  
(SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69'))  
goto ERR2\_AHGT\_IN  
else  
goto AWGT\_LB

**Hard Edit:** ERR1\_AHGT\_IN

\* If [fill: AHGT\_FT] feet exactly, enter "0"; otherwise enter number of inches.

**Soft Edit:** ERR2\_AHGT\_IN

\* Please verify that the height was entered correctly. Probe only if necessary.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors**

Document Version Date: 22-Feb-16

**Question ID:** AHB.190\_03.000 **Instrument Variable Name:** AHGT\_M **QuestionnaireFileName:** Sample Adult

**QuestionText:** How tall are you without shoes?

\* Enter height in metric.

**0-2** 0-2 meters  
**7** Refused  
**9** Don't know

**UniverseText:** Sample adults 18+ who choose to give their height in metric measurements

**SkipInstructions:** <empty> goto ERR\_AHGT\_M  
 <0-2> goto AHGT\_CM  
 <R,D> goto AWGT\_LB

**Hard Edit:** ERR\_AHGT\_M

\* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

**Question ID:** AHB.190\_04.000 **Instrument Variable Name:** AHGT\_CM **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Enter centimeters.

**000-241** 0-241 centimeters  
**997** Refused  
**999** Don't know

**UniverseText:** Sample adults 18+ who answered their height in meters

**SkipInstructions:** <empty> goto ERR2\_AHGT\_CM  
 <0-241,R,D> if (AHGT\_M eq '2' and AHGT\_CM gt '41') or (AHGT\_M eq '1' and AHGT\_CM gt '141')  
     goto ERR1\_AHGT\_CM  
     elseif (SEX = '1' and (AHTCM lt '156' or AHTCM gt '192')) or  
           (SEX = '2' and (AHTCM lt '143' or AHTCM gt '176'))  
     goto ERR3\_AHGT\_CM  
     else  
     goto AWGT\_LB

**Hard Edit:** ERR1\_AHGT\_CM

\* Total height exceeds maximum allowed.  
 \* Please correct.

ERR2\_AHGT\_CM

\* If [fill: AHGT\_M] meters exactly, enter "0"; otherwise enter number of centimeters.

**Soft Edit:** ERR3\_AHGT\_CM

\* Please verify that the height was entered correctly. Probe only if necessary.

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors****Document Version Date: 22-Feb-16**


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**Question ID:** AHB.200\_01.000 **Instrument Variable Name:** AWGT\_LB **QuestionnaireFileName:** Sample Adult

**QuestionText:** How much do you weigh without shoes?

\* Enter "M" to record metric measurements

\* Enter '500' for 500 pounds or more

**050-500** 50-500 pounds

**997** Refused

**999** Don't know

**M** Metric

**UniverseText:** Sample adults 18+

**SkipInstructions:** <50-500> if AWGT\_LB lt '50' or AWGT\_LB gt '500'  
     goto ERR1\_AWGT\_LB  
     elseif ((SEX = '1' and (AWGT\_LB lt '113' or AWGT\_LB gt '316')) or  
           ((SEX = '2' and (AWGT\_LB lt '96' or AWGT\_LB gt '293')))  
     goto ERR2\_AWGT\_LB  
     elseif AHGT\_FLG = '1' and AWGT\_FLG = '1'  
     [goto next section]  
     else  
     calculate the BMI (Body Mass Index) - See BMI spec page  
     <R,D> [goto next section]

**Hard Edit:** ERR1\_AWGT\_LB

\* Weight is out of range (50-500).

\* Please correct.

**Soft Edit:** ERR2\_AWGT\_LB

\* Please verify that the weight was entered correctly. Probe only if necessary.

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Health Behaviors****Document Version Date: 22-Feb-16**

---

**Question ID:** AHB.200\_02.000 **Instrument Variable Name:** AWGT\_KG **QuestionnaireFileName:** Sample Adult

**QuestionText:** How much do you weigh without shoes?

\* Enter weight in kilograms

**023-226** 23-226 kilograms

**997** Refused

**999** Don't know

**UniverseText:** Sample adults 18+ who choose to give their weight in metric measurements

**SkipInstructions:** <23-226> if AWGT\_KG lt '23' or AWGT\_KG gt '226'  
    goto ERR1\_AWGT\_KG  
    elseif ((SEX = '1' and (AWGT\_KG lt '51' or AWGT\_KG gt '143')) or  
          ((SEX = '2' and (AWGT\_KG lt '43' or AWGT\_KG gt '133'))  
          goto ERR2\_AWGT\_KG  
    elseif AHGT\_FLG = '1' and AWGT\_FLG = '1'  
        goto next section  
    else  
        calculate the BMI (Body Mass Index) - See BMI spec page  
<R,D> goto next section

**Hard Edit:** ERR1\_AWGT\_KG

\*Weight is out of range (23-226).

\* Please correct.

**Soft Edit:** ERR2\_AWGT\_KG

\* Please verify that the weight was entered correctly. Probe only if necessary.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.020\_00.000 **Instrument Variable Name:** AUSUALPL **QuestionnaireFileName:** Sample Adult

**QuestionText:** Is there a place that you USUALLY go to when you are sick or need advice about your health?

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-3> [goto APLKIND]  
<2,R,D> [goto AHCPLKND]

---

**Question ID:** AAU.030\_00.000 **Instrument Variable Name:** APLKIND **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

**SkipInstructions:** <1-5> [go to AHCPLROU]  
<6,R,D> [go to AHCPLKND]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

---

**Question ID:** AAU.035\_00.000 **Instrument Variable Name:** AHCPLROU **QuestionnaireFileName:** Sample Adult

**QuestionText:** Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

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

**UniverseText:** Sample adults aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place that they usually go to when they are sick or need advice about their health

**SkipInstructions:** <1> [goto AHCCHGYR]  
<2,R,D> [go to AHCPLKND]

---

**Question ID:** AAU.037\_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

**QuestionText:** What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

**UniverseText:** Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

**SkipInstructions:** <0-6,R,D> if AUSUALPL=2,R,D [goto APRVTRYR]; ELSE [goto AHCCHGYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

---

**Question ID:** AAU.040\_00.000 **Instrument Variable Name:** AHCCHGYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

**SkipInstructions:** <1>[goto AHCCHGHI]  
<2,R,D>[goto APRVTRYR]

---

**Question ID:** AAU.050\_00.000 **Instrument Variable Name:** AHCCHGHI **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this change for a reason related to health insurance?

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

**UniverseText:** Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

**SkipInstructions:** <1,2,R,D> [goto APRVTRYR]

---

**Question ID:** AAU.051\_00.010 **Instrument Variable Name:** APRVTRYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,>[goto APRVTRFD ]  
<2,R,D>[goto ADRNANP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.053\_00.010 **Instrument Variable Name:** APRVTRFD **QuestionnaireFileName:** Sample Adult

**QuestionText:** Were you able to find a general doctor or provider who could see you?

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

**UniverseText:** Sample adults 18+ who had trouble finding a provider

**SkipInstructions:** <1,2,R,D>[goto ADRNANP]

---

**Question ID:** AAU.057\_00.010 **Instrument Variable Name:** ADRNANP **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new patient?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ADRNAI]

---

**Question ID:** AAU.059\_00.010 **Instrument Variable Name:** ADRNAI **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care coverage?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY\_1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.061\_01.000 **Instrument Variable Name:** AHCDLY\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:**

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY\_2]

---

**Question ID:** AAU.061\_02.000 **Instrument Variable Name:** AHCDLY\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY\_3]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.061\_03.000 **Instrument Variable Name:** AHCDLY\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY\_4]

---

**Question ID:** AAU.061\_04.000 **Instrument Variable Name:** AHCDLY\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCDLY\_5]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.061\_05.000 **Instrument Variable Name:** AHCDLY\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_1]

---

**Question ID:** AAU.111\_01.000 **Instrument Variable Name:** AHCAFY\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

---

**Question ID:** AAU.111\_02.000 **Instrument Variable Name:** AHCAFY\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_3]

---

**Question ID:** AAU.111\_03.000 **Instrument Variable Name:** AHCAFY\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_4]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.111\_04.000 **Instrument Variable Name:** AHCAFY\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_5]

---

**Question ID:** AAU.111\_05.010 **Instrument Variable Name:** AHCAFY\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...To see a specialist.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AHCAFY\_6]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.111\_06.010 **Instrument Variable Name:** AHCAFY\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Follow-up care.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto AWORPAY]

---

**Question ID:** AAU.113\_00.010 **Instrument Variable Name:** AWORPAY **QuestionnaireFileName:** Sample Adult

**QuestionText:** If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-3,R,D>[goto AHICOMP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

Document Version Date: 22-Feb-16

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**Question ID:** AAU.113\_00.020 **Instrument Variable Name:** AHICOMP **QuestionnaireFileName:** Sample Adult

**QuestionText:** In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it better, worse, or about the same?

- 1 Better
- 2 Worse
- 3 About the same
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,3,R,D>[goto ARX12MO]

---

**Question ID:** AAU.126\_01.010 **Instrument Variable Name:** ARX12MO **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ARX12\_1]  
<2,R,D> [goto ARX12\_5]

---

**Question ID:** AAU.127\_01.010 **Instrument Variable Name:** ARX12\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the following true for you?

... You skipped medication doses to save money.

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

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12\_2]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.127\_02.010 **Instrument Variable Name:** ARX12\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

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

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12\_3]

---

**Question ID:** AAU.127\_03.010 **Instrument Variable Name:** ARX12\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You delayed filling a prescription to save money.

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

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12\_4]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.127\_04.010 **Instrument Variable Name:** ARX12\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You asked your doctor for a lower cost medication to save money.

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

**UniverseText:** Sample adults 18+ who had been prescribed medication in the past 12 months

**SkipInstructions:** <1,2,R,D>[goto ARX12\_5]

---

**Question ID:** AAU.127\_05.010 **Instrument Variable Name:** ARX12\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, were any of the following true for you?

...You bought prescription drugs from another country to save money.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ARX12\_6]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.127\_06.010 **Instrument Variable Name:** ARX12\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You used alternative therapies to save money.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[goto ADENLONG]

---

**Question ID:** AAU.135\_00.000 **Instrument Variable Name:** ADENLONG **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

- 0 Never
- 1 6 months or less
- 2 More than 6 mos, but not more than 1 yr ago
- 3 More than 1 yr, but not more than 2 yrs ago
- 4 More than 2 yrs, but not more than 5 yrs ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-5,R,D>[ goto AHCSY1\_1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.141\_01.000 **Instrument Variable Name:** AHCSY1\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1\_2]

---

**Question ID:** AAU.141\_02.000 **Instrument Variable Name:** AHCSY1\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), or eye doctor (someone who prescribes eyeglasses).

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1\_3]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.141\_03.000 **Instrument Variable Name:** AHCSY1\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1\_4]

---

**Question ID:** AAU.141\_04.000 **Instrument Variable Name:** AHCSY1\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1\_5]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.141\_05.000 **Instrument Variable Name:** AHCSY1\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[ goto AHCSY1\_6]

---

**Question ID:** AAU.141\_06.000 **Instrument Variable Name:** AHCSY1\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>[if SEX=1 goto AHCSY8\_8; else if SEX=2 goto AHCSYR7]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.200\_00.000 **Instrument Variable Name:** AHCSYR7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read lead-in if necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

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

**UniverseText:** Sample female adults aged 18+ years

**SkipInstructions:** <1,2,R,D> [go to AHCSY8\_8]

---

**Question ID:** AAU.211\_01.000 **Instrument Variable Name:** AHCSY8\_8 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [go to AHCSY8\_9]

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---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.211\_02.000 **Instrument Variable Name:** AHCSY8\_9 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHCSYR10]  
<2,R,D> [goto AHERNOYR]

---

**Question ID:** AAU.230\_00.000 **Instrument Variable Name:** AHCSYR10 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Does that doctor treat children and adults (a doctor in general practice or family medicine)?

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

**UniverseText:** Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

**SkipInstructions:** <1,2,R,D> [go to AHERNOYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.240\_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

- 00 None
- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

---

**Question ID:** AAU.243\_00.010 **Instrument Variable Name:** AERVISND **QuestionnaireFileName:** Sample Adult

**QuestionText:** Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [go to AERHOS]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date:** 22-Feb-16

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**Question ID:** AAU.245\_00.010 **Instrument Variable Name:** AERHOS **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did this emergency room visit result in a hospital admission?

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [go to AERREAS1]

---

**Question ID:** AAU.248\_01.010 **Instrument Variable Name:** AERREAS1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Tell me which of these apply to your last emergency room visit?

... You didn't have another place to go

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS2]

---

**Question ID:** AAU.248\_02.020 **Instrument Variable Name:** AERREAS2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your doctor's office or clinic was not open

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS3]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
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**Question ID:** AAU.248\_03.030 **Instrument Variable Name:** AERREAS3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your health provider advised you to go

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS4]

---

**Question ID:** AAU.248\_04.040 **Instrument Variable Name:** AERREAS4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

... The problem was too serious for the doctor's office or clinic

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS5]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

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**Question ID:** AAU.248\_05.050 **Instrument Variable Name:** AERREAS5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Only a hospital could help you

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS6]

---

**Question ID:** AAU.248\_06.060 **Instrument Variable Name:** AERREAS6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

... the emergency room is your closest provider

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS7]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
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**Question ID:** AAU.248\_07.070 **Instrument Variable Name:** AERREAS7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you get most of your care at the emergency room

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AERREAS8]

---

**Question ID:** AAU.248\_08.080 **Instrument Variable Name:** AERREAS8 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you arrived by ambulance or other emergency vehicle

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

**UniverseText:** Sample adults 18+ who had at least one ER visit in the past year

**SkipInstructions:** <1,2,R,D> [goto AHCHYR]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date:** 22-Feb-16

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**Question ID:** AAU.250\_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1>[goto AHCHMOYR]  
<2,R,D>[goto AHCNOYR]

---

**Question ID:** AAU.260\_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- 01-12 01-12 months
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who received home care from a health professional during the past 12 months

**SkipInstructions:** <1-12,R,D>[goto AHCHNOYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Access to Health Care & Utilization**Document Version Date: 22-Feb-16

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**Question ID:** AAU.270\_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A10

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

- |    |            |
|----|------------|
| 01 | 1          |
| 02 | 2-3        |
| 03 | 4-5        |
| 04 | 6-7        |
| 05 | 8-9        |
| 06 | 10-12      |
| 07 | 13-15      |
| 08 | 16 or more |
| 97 | Refused    |
| 99 | Don't know |

**UniverseText:** Sample adults 18+ who received home care from a health professional during the past 12 months**SkipInstructions:** <1-8,R,D>[goto AHCNOYR]

---

**Question ID:** AAU.280\_00.000 **Instrument Variable Name:** AHCNOYR **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.

- |    |            |
|----|------------|
| 00 | None       |
| 01 | 1          |
| 02 | 2-3        |
| 03 | 4-5        |
| 04 | 6-7        |
| 05 | 8-9        |
| 06 | 10-12      |
| 07 | 13-15      |
| 08 | 16 or more |
| 97 | Refused    |
| 99 | Don't know |

**UniverseText:** Sample adults 18+**SkipInstructions:** <0-8,R,D>[goto ASRGYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.290\_00.000 **Instrument Variable Name:** ASRGYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

\* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ASRGNOYR]  
<2,R,D> [goto AMDLONG]

---

**Question ID:** AAU.300\_00.000 **Instrument Variable Name:** ASRGNOYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

\* Enter "95" for 95 or more times.

- 01-94 1-94 times
- 95 95+ times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who had surgery or surgical procedures during past 12 months

**SkipInstructions:** <1-95,R,D> [goto AMDLONG]  
<11-95> [goto ERR\_ASGYR]

**Soft Edit:** \* {ASRGYR} is an unusually large number.  
\* Please verify.

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.305\_00.000 **Instrument Variable Name:** AMDLONG **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) A8 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

- 0 Never
- 1 6 months or less
- 2 More than 6 mos, but not more than 1 yr ago
- 3 More than 1 yr, but not more than 2 yrs ago
- 4 More than 2 yrs, but not more than 5 yrs ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-5,R,D> [goto HIT1A]

---

**Question ID:** AAU.309\_00.010 **Instrument Variable Name:** HIT1A **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Look up health information on the Internet.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HIT2A]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.309\_00.020 **Instrument Variable Name:** HIT2A **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Fill a prescription.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HIT3A]

---

**Question ID:** AAU.309\_00.030 **Instrument Variable Name:** HIT3A **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Schedule an appointment with a health care provider.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HIT4A]

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---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.309\_00.040 **Instrument Variable Name:** HIT4A **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Communicate with a health care provider by email.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto HIT5A]

---

**Question ID:** AAU.309\_00.050 **Instrument Variable Name:** HIT5A **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Use online chat groups to learn about health topics.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto FLUVACYR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.310\_00.000 **Instrument Variable Name:** FLUVACYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** ?[F1]

DURING THE PAST 12 MONTHS, have you had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto FLUVACTP]  
<2,R,D> [ goto SHTPNUYR]

---

**Question ID:** AAU.311\_00.000 **Instrument Variable Name:** FLUVACTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this a shot, or was it a vaccine sprayed in the nose?

\* Read if necessary: A flu shot is injected in the arm.

\*Read if necessary: The flu nasal spray is called FluMist™

- 1 Flu shot
- 2 Flu nasal spray (spray, mist or drop in nose)
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have received a flu vaccination in the past year

**SkipInstructions:** <1,2,R,D> [goto FLUVAC\_M]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.312\_01.000 **Instrument Variable Name:** FLUVAC\_M **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

During what month and year did you receive your most recent flu vaccination?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have had a flu vaccination in the past 12 months, regardless of type

**SkipInstructions:** <1-12,D> [ goto FLUVAC\_Y]  
<R> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW\_MONTH=1-3,8-12 [goto FLUSHPG1];  
else if FLUVACTP=1 PREGNOW=1 and INTERVIEW\_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];  
else [goto SHTPNUYR]

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Access to Health Care & Utilization**

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**Question ID:** AAU.312\_02.000 **Instrument Variable Name:** FLUVAC\_Y **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\*Enter year of most recent flu vaccination.

**1880-2030** Year of birth  
**9997** Refused  
**9999** Don't know

**UniverseText:** Sample adults 18+ who gave a month for their last flu vaccination or who didn't know the month

**SkipInstructions:** <valid year,R,D> if FLUVACTP=1 and PREGNOW=1 and INTERVIEW\_MONTH=1-3,8-12 [goto FLUSHPG1];  
 else if FLUVACTP=1 and PREGNOW=1 and INTERVIEW\_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];  
 else [goto SHTPNUYR]

[If FLUVAC\_M and FLUVAC\_Y = a future date [goto ERR1\_FLUVAC\_Y]

[If FLUVAC\_M and FLUVAC\_Y = a date prior to birth [goto ERR2\_FLUVAC\_Y ]

[If FLUVAC\_M and FLUVAC\_Y = a date before 12 months ago [goto ERR3\_FLUVAC\_Y ]

ERR1\_FLUVAC\_Y

\*Future date invalid

ERR2\_FLUVAC\_Y

\*Date before birth

ERR3\_FLUVAC\_Y

\*Date more than 12 months ago

**Question ID:** AAU.313\_00.000 **Instrument Variable Name:** FLUSHPG1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you get a flu shot before or during your current pregnancy?

**1** Before this pregnancy  
**2** During this pregnancy  
**7** Refused  
**9** Don't know

**UniverseText:** Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December

**SkipInstructions:** <1-3,R,D> [goto SHTPNUYR]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.314\_00.000 **Instrument Variable Name:** FLUSHPG2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** [Fill1: Earlier you said you were pregnant sometime since August 1st, [last year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

- 1 Before this pregnancy
- 2 During this pregnancy
- 3 After this pregnancy
- 7 Refused
- 9 Don't know

**UniverseText:** Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been determined to be pregnant at a specific point in the past year

**SkipInstructions:** <1-3,R,D> [goto SHTPNUYR]

---

**Question ID:** AAU.320\_00.000 **Instrument Variable Name:** SHTPNUYR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APOX]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.330\_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had chickenpox?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto APOX12MO]  
<2,R,D> [goto AHEP]

---

**Question ID:** AAU.340\_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had chickenpox in the PAST 12 MONTHS?

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

**UniverseText:** Sample adults 18+ who have ever had chickenpox

**SkipInstructions:** <1,2,R,D> [goto AHEP]

---

**Question ID:** AAU.350\_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER had hepatitis?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHEPBTST]  
<2,R,D> [goto AHEPLIV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.360\_00.000 **Instrument Variable Name:** AHEPLIV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever lived with someone who had hepatitis?

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

**UniverseText:** Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

**SkipInstructions:** <1,2,R,D> [goto AHEPBTST]

---

**Question ID:** AAU.365\_00.010 **Instrument Variable Name:** AHEPBTST **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever had a blood test for hepatitis B?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto SHTHEPB]

---

**Question ID:** AAU.370\_00.000 **Instrument Variable Name:** SHTHEPB **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you EVER received the hepatitis B vaccine?

\* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto SHEPDOS]  
<2,R,D> [goto SHTHEPA]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Access to Health Care & Utilization**Document Version Date: 22-Feb-16

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**Question ID:** AAU.380\_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

**QuestionText:** Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- 1 Received at least 3 doses
- 2 Received less than 3 doses
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever received the Hepatitis B vaccine

**SkipInstructions:** <1,2,R,D> [goto SHTHEPA]

---

**Question ID:** AAU.390\_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

**QuestionText:** The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> goto SHEPANUM  
<2,R,D> [goto AHEPCTST]

---

**Question ID:** AAU.400\_00.010 **Instrument Variable Name:** SHEPANUM **QuestionnaireFileName:** Sample Adult

**QuestionText:** How many hepatitis A shots did you receive?

\*Enter '96' if all shots were received

- 01-95 01-95 shots
- 96 Received all shots
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have had a hepatitis A vaccine

**SkipInstructions:** <1-95,96,R,D> [goto AHEPCTST]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

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---

**Question ID:** AAU.405\_00.010 **Instrument Variable Name:** AHEPCTST **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever had a blood test for hepatitis C?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AHEPCRES]  
<2,R,D> if AGE GE 50 goto SHINGLES  
elseif AGE LT 50 goto SHTTD

---

**Question ID:** AAU.405\_00.020 **Instrument Variable Name:** AHEPCRES **QuestionnaireFileName:** Sample Adult

**QuestionText:** What is the MAIN reason you were tested for hepatitis C? Was it because...

\*Read answer categories below.

- 1 You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
- 2 You were born from 1945 through 1965
- 3 You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
- 4 Some other reason
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had a blood test for hepatitis C

**SkipInstructions:** <1-4,R,D> if AGE GE 50 [goto SHINGLES];  
elseif AGE LT 50 goto SHTTD

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Access to Health Care & Utilization****Document Version Date: 22-Feb-16**

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**Question ID:** AAU.410\_00.010 **Instrument Variable Name:** SHINGLES **QuestionnaireFileName:** Sample Adult**QuestionText:** Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

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

**UniverseText:** Sample adults 50+**SkipInstructions:** <1,2,R,D> [goto SHTTD]

---

**Question ID:** AAU.420\_00.010 **Instrument Variable Name:** SHTTD **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you received a tetanus shot in the past 10 years?

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

**UniverseText:** Sample adults 18+**SkipInstructions:** <1> goto SHTTD05  
<2,R,D> and AGE >64 [goto LIVEV]  
Else if <2,R,D> and AGE <65 [goto SHTHPV2]

---

**Question ID:** AAU.430\_00.010 **Instrument Variable Name:** SHTTD05 **QuestionnaireFileName:** Sample Adult**QuestionText:** Was your most recent tetanus shot given in 2005 or later?

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

**UniverseText:** Sample adults 18+ who have had a tetanus shot in the past 10 years**SkipInstructions:** <1,R> [goto SHTTDAP]  
<2,D> if AGE le 64 [goto SHTHPV2]  
elseif AGE gt 64 goto LIVEV

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.440\_00.010 **Instrument Variable Name:** SHTTDAP **QuestionnaireFileName:** Sample Adult

**QuestionText:** There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark) or Boostrix (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (trademark).

- 1 Yes-included pertussis
- 2 No-did not include pertussis
- 3 Doctor did not say
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

**SkipInstructions:** <1-3,R,D> if age le 64 [goto SHTHPV2];  
else [goto LIVEV]

---

**Question ID:** AAU.446\_00.010 **Instrument Variable Name:** SHTHPV2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever received an HPV shot or vaccine?

\*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

\*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults LE 64

**SkipInstructions:** <1> [goto SHHPVDOS]  
<2,3,R,D> [goto LIVEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.448\_00.010 **Instrument Variable Name:** SHHPVDOS **QuestionnaireFileName:** Sample Adult

**QuestionText:** How many HPV shots did you receive?  
\* Enter '50' if 50 or more shots  
\* Enter '96' for all shots

<b>01-49</b>	1-49 shots
<b>50+</b>	50+
<b>96</b>	All shots
<b>97</b>	Refused
<b>99</b>	Don't know

**UniverseText:** Sample adults LE 64 who received an HPV shot

**SkipInstructions:** <1-50,96,R,D> [goto AHPVAGE]  
<51-95> [goto ERR\_SHHPVDOS]

**Hard Edit:** ERR\_SHHPVDOS  
  
\* Shots should be in the range 1-50 or 96 for all shots.  
  
\* Please correct.

---

**Question ID:** AAU.449\_00.010 **Instrument Variable Name:** AHPVAGE **QuestionnaireFileName:** Sample Adult

**QuestionText:** How old were you when you received your first HPV shot?

<b>008-064</b>	8-64 years
<b>997</b>	Refused
<b>999</b>	Don't know

**UniverseText:** Sample adults LE 64 who received an HPV shot

**SkipInstructions:** <8-120,R,D> [goto LIVEV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.450\_00.010 **Instrument Variable Name:** LIVEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto TRAVEL]

---

**Question ID:** AAU.460\_00.010 **Instrument Variable Name:** TRAVEL **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto WRKHLTH]

---

**Question ID:** AAU.465\_00.010 **Instrument Variable Name:** WRKHLTH **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

\*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto WRKDIR] <2,R,D> [goto APSBCHK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.470\_00.010 **Instrument Variable Name:** WRKDIR **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR HANDS ON CONTACT WITH PATIENTS.

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

**UniverseText:** Sample adults 18+ who work or volunteer in a health-care setting

**SkipInstructions:** <1,2,R,D> [goto APSBPCHK]

---

**Question ID:** AAU.500\_00.010 **Instrument Variable Name:** APSBPCHK **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health professional?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APSCHCHK]

---

**Question ID:** AAU.510\_00.010 **Instrument Variable Name:** APSCHCHK **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health professional?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto APSBSCHK]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.520\_00.010 **Instrument Variable Name:** APSBSCHK **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> and SEX=1 and AGE GE 40 [goto APSCOL]  
If <1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET]  
Else <1,2,R,D> and SEX=2 [goto APSPAP]

---

**Question ID:** AAU.530\_00.010 **Instrument Variable Name:** APSPAP **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

\*Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

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

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1,2,R,D> if AGE GE 30 [goto APSMAM];  
else <1,2,R,D and AGE<30 [goto APSDIET]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**  
**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.540\_00.010 **Instrument Variable Name:** APSMAM **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you had a Mammogram DURING THE PAST 12 MONTHS?

\*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

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

**UniverseText:** Female sample adults 30+

**SkipInstructions:** <1,2,R,D> if AGE GE 40 [gotoAPSCOL];  
else <1,2,R,D and AGE<40> [goto APSDIET]

---

**Question ID:** AAU.550\_00.010 **Instrument Variable Name:** APSCOL **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

\*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

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

**UniverseText:** Sample adults 40+

**SkipInstructions:** <1,2,R,D> [goto APSDIET]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

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**Question ID:** AAU.560\_00.010 **Instrument Variable Name:** APSDIET **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC];  
else [goto AINDINS]

---

**Question ID:** AAU.570\_00.010 **Instrument Variable Name:** APSSMKC **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

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

**UniverseText:** Sample adults 18+ currently who smoke every day or some days

**SkipInstructions:** <1,2,R,D> [goto AINDINS]

---

**Question ID:** AAU.600\_00.010 **Instrument Variable Name:** AINDINS **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer, union, or government program?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AINDPRCH]  
<2,R,D> if age LT 65 [goto AEXCHNG];  
else age GE 65 [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.600\_00.020 **Instrument Variable Name:** AINDPRCH **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was a plan purchased?

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

**UniverseText:** Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

**SkipInstructions:** <1> [goto AINDWHO]  
<2,R,D> if age LT 65 [goto AEXCHNG];  
else [goto next section]

---

**Question ID:** AAU.600\_00.030 **Instrument Variable Name:** AINDWHO **QuestionnaireFileName:** Sample Adult

**QuestionText:** Was this plan for yourself, someone else in your family, or both?

- 1 Self
- 2 Someone else in family
- 3 Both
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> [goto AINDDIF1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.600\_00.040 **Instrument Variable Name:** AINDDIF1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** How difficult was it to find a plan with the type of coverage you needed? Would you say...

\*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> [goto AINDDIF2]

---

**Question ID:** AAU.600\_00.050 **Instrument Variable Name:** AINDDIF2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** How difficult was it to find a plan you could afford? Would you say...

\*Read categories below.

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not at all difficult
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who purchased health insurance directly in the past 3 years

**SkipInstructions:** <1-3,R,D> if age LT 65 [goto AEXCHNG];  
else [goto next section]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Access to Health Care & Utilization**

**Document Version Date: 22-Feb-16**

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**Question ID:** AAU.605\_00.010 **Instrument Variable Name:** AEXCHNG **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

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

**UniverseText:** Sample adults LT 65 years

**SkipInstructions:** <1,2,R,D> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.005\_00.000 **Instrument Variable Name:** ASIINTRO **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer use, the respondent's neighborhood, sexual identity, financial worries, mental health, and HIV testing.

\*Enter 1 to Continue.

**1** Continue

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> goto ACICPUSE

---

**Question ID:** ASI.130\_00.000 **Instrument Variable Name:** ACICPUSE **QuestionnaireFileName:** Sample Adult

**QuestionText:** These questions are about you and your neighborhood.

How often do you use a computer?

\*Read answer categories.

**1** Never or almost never

**2** Some days

**3** Most days

**4** Every day

**7** Refused

**9** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACISATHC]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.140\_00.000 **Instrument Variable Name:** ACISATHC **QuestionnaireFileName:** Sample Adult

**QuestionText:** In general, how satisfied are you with the health care you received in the past 12 months?

\*Read answer categories.

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 5 You haven't had health care in the past 12 months
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACITENUR]

---

**Question ID:** ASI.150\_00.000 **Instrument Variable Name:** ACITENUR **QuestionnaireFileName:** Sample Adult

**QuestionText:** About how long have you lived in your present neighborhood?

- 1 Less than 1 year
- 2 1-3 years
- 3 4-10 years
- 4 11-20 years
- 5 More than 20 years
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACINHELP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.160\_00.000 **Instrument Variable Name:** ACINHELP **QuestionnaireFileName:** Sample Adult

**QuestionText:** How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say...

\*Read answer categories.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINCNT0]

---

**Question ID:** ASI.170\_00.000 **Instrument Variable Name:** ACINCNT0 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say...

\*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINTRU]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

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**Question ID:** ASI.180\_00.000 **Instrument Variable Name:** ACINTRU **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say...

\*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACINKNT]

---

**Question ID:** ASI.190\_00.000 **Instrument Variable Name:** ACINKNT **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say...

\*Read answer categories if necessary.

- 1 Definitely agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D>  
[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.220\_00.000 **Instrument Variable Name:** ACISIM **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI1

Which of the following best represents how you think of yourself?

- 1 Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 5 I don't know the answer
- 7 Refused

**UniverseText:** Male sample adults 18+

**SkipInstructions:** <1-5,R> [goto ACIRETR]

---

**Question ID:** ASI.240\_00.000 **Instrument Variable Name:** ACISIF **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI2

Which of the following best represents how you think of yourself?

- 1 Lesbian or gay
- 2 Straight, that is, not lesbian or gay
- 3 Bisexual
- 4 Something else
- 5 I don't know the answer
- 7 Refused

**UniverseText:** Female sample adults 18+

**SkipInstructions:** <1-5,R> [goto ACIRETR]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.260\_00.000 **Instrument Variable Name:** ACIRETR **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you...

\*Read answer categories.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACIMEDC]

---

**Question ID:** ASI.270\_00.000 **Instrument Variable Name:** ACIMEDC **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACISTLV]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.280\_00.000 **Instrument Variable Name:** ACISTLV **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to maintain the standard of living you enjoy? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACICNHC]

---

**Question ID:** ASI.290\_00.000 **Instrument Variable Name:** ACICNHC **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to pay medical costs for normal healthcare? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACICCOLL]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.300\_00.000 **Instrument Variable Name:** ACICCOLL **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not having enough money to pay for your children's college? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 5 This does not apply to me
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACINBILL]

---

**Question ID:** ASI.310\_00.000 **Instrument Variable Name:** ACINBILL **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not having enough to pay your normal monthly bills? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACIHCST]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.320\_00.000 **Instrument Variable Name:** ACIHCST **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-4,R,D> [goto ACICCMP]

---

**Question ID:** ASI.330\_00.000 **Instrument Variable Name:** ACICCMP **QuestionnaireFileName:** Sample Adult

**QuestionText:** How worried are you right now about not being able to make the minimum payments on your credit cards? Are you...

\*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 5 I don't have credit cards
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACISLEEP]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.340\_00.000 **Instrument Variable Name:** ACISLEEP **QuestionnaireFileName:** Sample Adult

**QuestionText:** On average, how many hours of sleep do you get in a 24-hour period?

\*Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

- 01-24** 1-24 hours
- 97** Refused
- 99** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5>[goto ERR\_SLEEP];  
<1-24, R,D>[goto ACISLPFL]

**Soft Edit:** ERR\_SLEEP

\*Average number of hours of sleep is [ACISLEEP].  
\* Please verify.

---

**Question ID:** ASI.350\_00.000 **Instrument Variable Name:** ACISLPFL **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, how many times did you have trouble falling asleep?

\*Enter '0' if respondent did not have trouble falling asleep in the past week.

\*Enter '7' for 7 or more times.

- 00** Did not have trouble falling asleep in the past week
- 01-06** 1-6 times
- 07** 7 or more times
- 97** Refused
- 99** Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto ACISLPST]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.360\_00.000 **Instrument Variable Name:** ACISLPST **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, how many times did you have trouble staying asleep?

\*Enter '0' if respondent did not have trouble staying asleep in the past week.

\*Enter '7' for 7 or more times.

- 00 Did not have trouble staying asleep in the past week
- 01-06 1-6 times
- 07 7 or more times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto ACISLPMD]

---

**Question ID:** ASI.370\_00.000 **Instrument Variable Name:** ACISLPMD **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, how many times did you take medication to help you fall asleep or stay asleep?

\*Enter '0' if respondent did not take medication to help sleep in the past week.

\*Enter '7' for 7 or more times.

- 00 Did not take medication to help sleep in the past week
- 01-06 1-6 times
- 07 7 or more times
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto ACIREST]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.380\_00.000 **Instrument Variable Name:** ACIREST **QuestionnaireFileName:** Sample Adult

**QuestionText:** In the past week, on how many days did you wake up feeling well rested?

\*Enter '0' if respondent never felt well rested in the past week.

- 00 Never felt rested in the past week
- 01-07 1-7 days
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <0-7,R,D> [goto MHSAD\_CK]

---

**Question ID:** ASI.390\_00.000 **Instrument Variable Name:** MHSAD\_CK **QuestionnaireFileName:** Sample Adult

**QuestionText:** Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

- 1 Enter 1 to continue

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto ACISAD]

---

**Question ID:** ASI.390\_01.000 **Instrument Variable Name:** ACISAD **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

DURING THE PAST 30 DAYS, how often did you feel

...So sad that nothing could cheer you up?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACINERV]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.390\_02.000 **Instrument Variable Name:** ACINERV **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Nervous?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIRSTLS]

---

**Question ID:** ASI.390\_03.000 **Instrument Variable Name:** ACIRSTLS **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIHOPLS]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.390\_04.000 **Instrument Variable Name:** ACIHOPLS **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Hopeless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIEFFRT]

---

**Question ID:** ASI.390\_05.000 **Instrument Variable Name:** ACIEFFRT **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D> [goto ACIWTHLS]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Selected Items****Document Version Date: 22-Feb-16**

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**Question ID:** ASI.390\_06.000 **Instrument Variable Name:** ACIWTHLS **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI5

\* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1-5,R,D>  
if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto  
ACIMUCH];  
else [goto ACIBLD12]

---

**Question ID:** ASI.400\_00.000 **Instrument Variable Name:** ACIMUCH **QuestionnaireFileName:** Sample Adult

**QuestionText:** We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

**SkipInstructions:** <1-4,R,D> [goto ACIBLD12]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date:** 22-Feb-16

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**Question ID:** ASI.405\_00.000 **Instrument Variable Name:** ACIBLD12 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

During the PAST 12 MONTHS, have you donated blood?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto ACIHIVT]

---

**Question ID:** ASI.410\_00.000 **Instrument Variable Name:** ACIHIVT **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,R,D> [goto next section]  
<2> [goto ACIHIVWN]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Selected Items**

**Document Version Date: 22-Feb-16**

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**Question ID:** ASI.420\_00.000 **Instrument Variable Name:** ACIHIVWN **QuestionnaireFileName:** Sample Adult

**QuestionText:** (book) ASI6

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested?

- 01 It's unlikely you've been exposed to HIV
- 02 You were afraid to find out if you were HIV positive (that you had HIV)
- 03 You didn't want to think about HIV or about being HIV positive
- 04 You were worried your name would be reported to the government if you tested positive
- 05 You didn't know where to get tested
- 06 You don't like needles
- 07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
- 08 Some other reason
- 09 No particular reason
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who have never been tested for HIV

**SkipInstructions:** <1-9,R,D> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.010\_00.000 **Instrument Variable Name:** BALEV **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about dizziness or balance problems. Have you EVER had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance? Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto BALAGE]  
<2,R,D> [goto BRPROB1]

---

**Question ID:** BAL.020\_00.000 **Instrument Variable Name:** BALAGE **QuestionnaireFileName:** Sample Adult

**QuestionText:** At what age were you FIRST BOTHERED by dizziness, lightheadedness, feeling as if you are going to pass out or faint, or with unsteadiness or feeling off-balance?

\*Do not include times when drinking alcohol.

\*Enter '996' if since birth.

- 001-996 001-996
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have ever had a balance or dizziness problem

**SkipInstructions:** <1-120, 996,R,D> [goto BDIZZ1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.040\_00.000 **Instrument Variable Name:** BDIZZ1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB1]

---

**Question ID:** BAL.050\_01.000 **Instrument Variable Name:** BRPROB1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next questions are about problems related to dizziness or balance. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had severe fatigue

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB2]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.050\_02.000 **Instrument Variable Name:** BRPROB2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Drifting to the side when trying to walk straight

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB3]

---

**Question ID:** BAL.050\_03.000 **Instrument Variable Name:** BRPROB3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Bumping into one side or the other when walking through a doorway

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB4]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.050\_04.000 **Instrument Variable Name:** BRPROB4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking in the dark without using support

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB5]

---

**Question ID:** BAL.050\_05.000 **Instrument Variable Name:** BRPROB5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking on uneven ground or surfaces

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB6]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.050\_06.000 **Instrument Variable Name:** BRPROB6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Had fear of heights

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D> [goto BRPROB7]

---

**Question ID:** BAL.050\_07.000 **Instrument Variable Name:** BRPROB7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty riding an escalator or moving walkway

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1,2,R,D>  
if BALEV=2,R,D and BRPROB1 through BRPROB7 all=2 then [goto BBIO1];  
else if BALEV=1 and BDIZZ1=2 and BRPROB1 through BRPROB7 all=2 then [goto BHOSP2];  
else where (BDIZZ1(e)=1) or (any BRPROB1 -BRPROB6 = 1 or BRPROB7=1,R,D) [goto BTYPE\_1 ]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.060\_01.000 **Instrument Variable Name:** BTYPE\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

A spinning or vertigo sensation or other illusion of motion such as tipping, tilting, or rocking

\*Read if necessary: Vertigo is an illusion of rotation or other motion, as if riding a carousel.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_2]

---

**Question ID:** BAL.060\_02.000 **Instrument Variable Name:** BTYPE\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...A floating, spacey, or disconnected sensation

\*Read if necessary: Your head doesn't feel quite right or normal.

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_3]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.060\_03.000 **Instrument Variable Name:** BTYPE\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling lightheaded, without a sense of motion

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_4]

---

**Question ID:** BAL.060\_04.000 **Instrument Variable Name:** BTYPE\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling as if you are going to pass out or faint

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_5]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.060\_05.000 **Instrument Variable Name:** BTYPE\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Blurring of your vision when you move your head

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_6]

---

**Question ID:** BAL.060\_06.000 **Instrument Variable Name:** BTYPE\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling off-balance or unsteady

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTYPE\_7]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Balance**

Document Version Date: 22-Feb-16

**Question ID:** BAL.060\_07.000 **Instrument Variable Name:** BTYPE\_7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Other dizziness or balance problem.

\* Read if necessary: Do not include times when drinking alcohol.

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

**UniverseText:** Sample adults 18+ had a dizziness or balance problem in the last 12 months or at least one balance related problem in the past 12 months

**SkipInstructions:** <1,2,R,D> if BALEV=2,R,D and (all BTYPE\_1 -BTYPE\_7 = 2,R,D) [goto BBIO1];  
 else if BALEV=1 and (all BRPROB1-BRPROB7= 2,R,D) and (all BTYPE\_1 -BTYPE\_7 = 2,R,D) [goto BHOSP2]  
 else if BDIZZ1=1 and (all BTYPE\_1 -BTYPE\_7 = 2,R,D) fill '7' in BBOTH1 and [goto BAGE1]  
 else if two or more BTYPE\_1 - BTYPE\_7 = 1,7,9 [goto BBOTH1];  
 else [goto BAGE1]

**Question ID:** BAL.070\_00.000 **Instrument Variable Name:** BBOTH1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems bothered you the most?

\*Read answer categories below.

- 01 the spinning, vertigo, or motion sensation
- 02 the floating, spacey, or disconnected feeling
- 03 the feeling of lightheadedness
- 04 the feeling like you are about to pass out
- 05 Blurred vision
- 06 Unsteadiness
- 07 Other dizziness or balance problem
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ and more than one balance symptom

**SkipInstructions:** <1-7,R,D> [goto BAGE1]

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.080\_00.000 **Instrument Variable Name:** BAGE1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** About how old were you when (Fill: most bothersome or only feeling) first happened?

- \* Read if necessary. If unsure, estimate as best you can.
- \* Enter '996' if since birth.

- 1-996
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1-120> if BAGE1 gt AGE  
[goto ERR2\_BAGE1];  
Else  
[goto BOFTN]  
<121-995> [goto ERR1\_BAGE1]  
<'996', R, D> [goto BOFTN]  
  
If BAGE1= 121-995 then display ERR1\_BAGE1:  
  
\* 121-995 years not allowed in this field.  
\*Please correct.  
  
If BAGE gt AGE, then display ERR2\_BAGE:  
\* Time with condition cannot be greater than age.  
\* Please correct.

---

**Question ID:** BAL.100\_01.000 **Instrument Variable Name:** BOFTN **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

DURING THE PAST 12 MONTHS, about how often have you had (Fill: most bothersome or only feeling)?

\*Please tell me the number of times per day, per week, per month.

\*Enter '996' for 'Constantly' or 'Almost Always'.

- 1-996
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1-365> [goto BOFTT]  
<996,R,D> [goto BLAST1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.100\_02.000 **Instrument Variable Name:** BOFTT **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\*Enter time period.

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

**UniverseText:** Sample adults 18+ who gave a number to how often they had the dizziness or balance problem

**SkipInstructions:** <1-4,R,D> [goto BLAST1]

---

**Question ID:** BAL.110\_00.000 **Instrument Variable Name:** BLAST1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long from beginning to end does each occurrence, i.e., episode, bout or "attack", of (Fill: most bothersome or only feeling) usually last?

\* Read if necessary. Only count the duration of individual spells or bouts, not a whole cluster of them, and don't include other related symptoms. For example, do not include nausea or vomiting.

\*Probe if needed.

- 01 1 day to less than 14 days
- 02 3 months or longer
- 03 8 hours to less than 24 hours
- 04 20 minutes to less than 8 hours
- 05 Two minutes to less than 20 minutes
- 06 Momentary, or less than two minutes
- 07 2 weeks to less than 3 months
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1-7, R,D> [goto BTRG\_01]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.120\_01.000 **Instrument Variable Name:** BTRG\_01 **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next questions are about things that trigger your balance or dizziness problems.

Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Looking up or down, leaning head back or bending forward

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTRG\_02]

---

**Question ID:** BAL.120\_02.000 **Instrument Variable Name:** BTRG\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Rolling over in bed

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

**SkipInstructions:** <1,2,R,D> [goto BTRG\_03]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.120\_03.000 **Instrument Variable Name:** BTRG\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Getting up after sitting or lying down

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

**SkipInstructions:** <1,2,R,D> [goto BTRG\_04]

---

**Question ID:** BAL.120\_04.000 **Instrument Variable Name:** BTRG\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Headache, including migraine

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

**UniverseText:** Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

**SkipInstructions:** <1,2,R,D> [goto BTRG\_05]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.120\_05.000 **Instrument Variable Name:** BTRG\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...A visual problem such as double vision, or your eyes "jerk", "bounce", move rapidly or oscillate

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ have a dizziness or at least one balance symptom and does not almost always have unsteadiness

**SkipInstructions:** <1,2,R,D> [goto BTRG\_06]

---

**Question ID:** BAL.120\_06.000 **Instrument Variable Name:** BTRG\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Riding in a car, bus, airplane, boat, or train

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTRG\_07]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.120\_07.000 **Instrument Variable Name:** BTRG\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Walking down a grocery store aisle

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTRG\_08]

---

**Question ID:** BAL.120\_08.000 **Instrument Variable Name:** BTRG\_08 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Hearing loud sounds

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTRG\_09]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.120\_09.000 **Instrument Variable Name:** BTRG\_09 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Blowing your nose

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BTRG\_10]

---

**Question ID:** BAL.120\_10.000 **Instrument Variable Name:** BTRG\_10 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following usually cause or trigger your dizziness or balance problem(s)? Please say yes or no to each.

...Taking prescription medicines or drugs, or over-the-counter medications, e.g., for allergy or sleep aids

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BSAME]

---

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.130\_01.000 **Instrument Variable Name:** BSAME\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Nausea or vomiting

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_1]  
<2,R,D> [goto BSAME\_2]

---

**Question ID:** BAL.130\_02.000 **Instrument Variable Name:** BSAME\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Hearing loss in only one ear

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_2]  
<2,R,D> [goto BSAME\_3]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.130\_03.000 **Instrument Variable Name:** BSAME\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Ringing, buzzing, or roaring in one ear-medical term is Tinnitus (TIN-uh-tus)

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_3]  
<2,R,D> [goto BSAME\_4]

---

**Question ID:** BAL.130\_04.000 **Instrument Variable Name:** BSAME\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Fullness, pressure, or stuffed-up feeling in one ear without pain

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_4]  
<2,R,D> [goto BSAME\_5]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.130\_05.000 **Instrument Variable Name:** BSAME\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Sinus congestion

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_5]  
<2,R,D> [goto BSAME\_6]

---

**Question ID:** BAL.130\_06.000 **Instrument Variable Name:** BSAME\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Anxiety

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_6];  
<2,R,D> [goto BSAME\_7]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.130\_07.000 **Instrument Variable Name:** BSAME\_7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Do any of the following problems happen around the same time as your dizziness or balance problem(s)? Please say yes or no to each.

...Depression

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

**UniverseText:** Sample adults 18+ who had a dizziness or balance problem in the past 12 months or who identified at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BONLY\_7];  
<2,R,D> [goto BHOSP2]

---

**Question ID:** BAL.140\_01.000 **Instrument Variable Name:** BONLY\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have nausea or vomiting only when you have dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had nausea or vomiting around the same time as their dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BSAME\_2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.140\_02.000 **Instrument Variable Name:** BONLY\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have hearing loss only when you have dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had hearing loss around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSAME\_3]

---

**Question ID:** BAL.140\_03.000 **Instrument Variable Name:** BONLY\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have ringing in your ear or tinnitus only when you have dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had tinnitus around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSAME\_4]

---

---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

---

**Question ID:** BAL.140\_04.000 **Instrument Variable Name:** BONLY\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have fullness, pressure, or stuffiness in your ear only when you have dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had fullness, pressure, or stuffiness in their ear around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSAME\_5]

---

**Question ID:** BAL.140\_05.000 **Instrument Variable Name:** BONLY\_5 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have sinus congestion only when you have the dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had sinus congestion around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSAME\_6]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.140\_06.000 **Instrument Variable Name:** BONLY\_6 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have anxiety only when you have the dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had anxiety around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSAME\_7]

---

**Question ID:** BAL.140\_07.000 **Instrument Variable Name:** BONLY\_7 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you have depression only when you have the dizziness or balance problem(s) or do you have it regardless?

\* Read if necessary. We mean around the same time, or just before, during or following the dizziness or balance problem(s).

- 1 Only
- 2 Regardless
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had depression around the same time as their dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BHOSP2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.150\_00.000 **Instrument Variable Name:** BHOSP2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever gone to a hospital or emergency room about a dizziness or balance problem?

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

**UniverseText:** Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BHOSPNO1]  
<2, R, D> [goto BHP1]

---

**Question ID:** BAL.160\_00.000 **Instrument Variable Name:** BHOSPNO1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about a dizziness or balance problem?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ and ever been to ER about dizziness

**SkipInstructions:** <0-6, R,D> [goto BHP1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Balance****Document Version Date: 22-Feb-16**

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**Question ID:** BAL.170\_00.000 **Instrument Variable Name:** BHP1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER seen a doctor or other health professional, except for in the emergency room, about a dizziness or balance problem?

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

**UniverseText:** Sample adults 18+ who have ever had a balance or dizziness problem or who had at least one symptom in the past 12 months**SkipInstructions:** <1,2,R,D> if BALEV=1 and BDIZZ1=2,R,D and all from BTYPE\_1-BTYPE\_7=2,R,D [goto BBIO1];  
else if BDIZZ1=1 or any from BTYPE\_1-BTYPE\_7=1 and BHP1=2,R,D and BHOSP2=2,R,D [goto BTRET1];  
else if BDIZZ1=1 or any from BTYPE\_1-BTYPE\_7=1 and BHP1=2,R,D and BHOSP2=1 [goto BFIRST1];  
else if BDIZZ1=1 or any from BTYPE\_1-BTYPE\_7=1 and BHP1=1 [goto BHP1\_01]

---

**Question ID:** BAL.180\_01.000 **Instrument Variable Name:** BHP1\_01 **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)? Please say yes or no to each.

... Family doctor, internal medicine doctor or general practitioner

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem**SkipInstructions:** < 1, 2, R,D> [goto BHP1\_02]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_02.000 **Instrument Variable Name:** BHP1\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Cardiologist or heart specialist

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_03]

---

**Question ID:** BAL.180\_03.000 **Instrument Variable Name:** BHP1\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Ear, nose, and throat doctor

\* Ear, nose, and throat doctors are also known as: “otolaryngologists”, “otologists” or “neurotologists”

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_04]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_04.000 **Instrument Variable Name:** BHP1\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Neurologist

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_05]

---

**Question ID:** BAL.180\_05.000 **Instrument Variable Name:** BHP1\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_06]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_06.000 **Instrument Variable Name:** BHP1\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Dentist, orthodontist or oral surgeon

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> and SEX =2 [goto BHP1\_07];  
Else if SEX=1 [goto BHP1\_08]

---

**Question ID:** BAL.180\_07.000 **Instrument Variable Name:** BHP1\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Gynecologist or OB/GYN

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

**UniverseText:** Female sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_08]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_08.000 **Instrument Variable Name:** BHP1\_08 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Psychiatrist, psychologist or social worker

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_09]

---

**Question ID:** BAL.180\_09.000 **Instrument Variable Name:** BHP1\_09 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_10]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_10.000 **Instrument Variable Name:** BHP1\_10 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Occupational therapist, physical therapist or rehabilitation ("rehab") specialist/doctor

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_11]

---

**Question ID:** BAL.180\_11.000 **Instrument Variable Name:** BHP1\_11 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Physician assistant or nurse practitioner

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_12]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_12.000 **Instrument Variable Name:** BHP1\_12 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Nutritionist or dietician

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_13]

---

**Question ID:** BAL.180\_13.000 **Instrument Variable Name:** BHP1\_13 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Audiologist

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** <1,2,R,D> [goto BHP1\_14]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.180\_14.000 **Instrument Variable Name:** BHP1\_14 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Foot doctor

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BHP1\_15]

---

**Question ID:** BAL.180\_15.000 **Instrument Variable Name:** BHP1\_15 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary: DURING THE PAST 5 YEARS, have you seen any of the following types of doctors or health professionals about your dizziness or balance problem(s)?  
Please say yes or no to each.

...Some other health professional

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto B5YRS1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.190\_00.000 **Instrument Variable Name:** B5YRS1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, about how many times have you seen a doctor or other health professional about your dizziness or balance problem(s)?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional about a dizziness or balance problem

**SkipInstructions:** < 0-6,R,D> [goto BFIRST]

---

**Question ID:** BAL.200\_00.000 **Instrument Variable Name:** BFIRST1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** How long ago did you FIRST see a doctor or other health professional, including emergency room physicians about your dizziness or balance problem(s)?

- 1 Less than 12 months
- 2 12 months to less than 3 years
- 3 3 years to less than 5 years
- 4 5 years to less than 10 years
- 5 10 years to less than 15 years
- 6 15 years or more
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

**SkipInstructions:** < 1-6,R,D> [goto BHELP1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.220\_00.000 **Instrument Variable Name:** BHELP1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** How much do you feel these doctors or other health professionals helped your dizziness or balance problem(s)? Would you say...

\*Read answer categories below.

- 1 No help at all
- 2 A little help
- 3 Moderate help
- 4 A lot of help
- 5 Problem was cured or no longer exists
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem

**SkipInstructions:** <1,R,D> [goto BDIAG1]  
<2,3,4,5> [goto BTHLP\_N]

---

**Question ID:** BAL.230\_01.000 **Instrument Variable Name:** BTHLP\_N **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

About how long was it between the first time you saw a doctor or other health professional about your dizziness or balance problem(s) until you began to feel helped by treatments or advice you received?

Please tell me the number of days, weeks, months or years.

- 1-365
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who feel doctor or other health professional helped dizziness at least a little

**SkipInstructions:** <1-365, D> [goto BTHLP\_T];  
<R> [goto BDIAG1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Balance****Document Version Date: 22-Feb-16**

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**Question ID:** BAL.230\_02.000 **Instrument Variable Name:** BTHLP\_T **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

\*Enter time period for time since last saw a doctor or other health professional.

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

**UniverseText:** Sample adults 18+ who gave a number to the time between when first saw doctor and began to feel help, or said DK to the number part of this question**SkipInstructions:** <1-3,R,D> [goto BDIAG1]  
<4> if (BTHLP\_T gt AGE and BTHLP\_T=4) [goto ERR\_BTHLP\_T]  
else [goto BDIAG1]

- \* Time with condition cannot be greater than age.
  - \* Please correct
- 

**Question ID:** BAL.240\_00.000 **Instrument Variable Name:** BDIAG1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Did any of the doctors or health care professionals tell you the cause or give you a diagnosis for your dizziness or balance problem(s)?

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and who ever saw a doctor or other health professional (including ER) about a dizziness or balance problem**SkipInstructions:** <1> [goto BCAUS1]  
<2,R,D> [goto BTRET1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Balance****Document Version Date: 22-Feb-16**

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**Question ID:** BAL.250\_00.000 **Instrument Variable Name:** BCAUS1 **QuestionnaireFileName:** Sample Adult**QuestionText:** What did the doctor(s) or health care professional(s) tell you was the cause or causes of your dizziness or balance problem(s)?

\* Enter all that apply, separate with commas.

\* Read the list if necessary.

- 01 Allergies
- 02 Anxiety or depression
- 03 Benign positional vertigo (BPV or BPPV)
- 04 Crystals-loose or dislodged in ear
- 05 Diabetes
- 06 Headache or migraines
- 07 Head or neck trauma or concussion
- 08 Heart disease
- 09 Inner ear infection, viral labyrinthitis
- 10 Ménière's (Men-e-AIRZ) disease
- 11 Neurological-multiple sclerosis (MS), seizures, etc.
- 12 Side effects from medications (antibiotics, cancer treatments, etc.)
- 13 Stroke
- 14 Other health problem(s)
- 97 Refused
- 99 Don't know

**UniverseText:** Sample adults 18+ who were told cause of dizziness or balance problem**SkipInstructions:** <1-14,R,D> [goto BTRET1]

---

**Question ID:** BAL.260\_00.000 **Instrument Variable Name:** BTRET1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER taken or tried anything to treat your dizziness or balance problem(s) such as physical therapy, certain exercises, avoiding certain foods, taking medicines, surgery, or wearing magnets or wristbands?

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months**SkipInstructions:** <1> [goto BTRT1\_01]  
<2,R,D> [goto BSTAT1]

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_01.000 **Instrument Variable Name:** BTRT1\_01 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever tried any of the following treatments? Please say yes or no to each.

...Exercises or physical therapy

\* Do not include Tai Chi, Yoga, or Qi Gong.

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_02]

---

**Question ID:** BAL.270\_02.000 **Instrument Variable Name:** BTRT1\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Bed rest for several hours or days

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_03]

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---

**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_03.000 **Instrument Variable Name:** BTRT1\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

... Head rolling maneuver by a doctor or therapist (Epley maneuver)

\* Do not include treatment by a chiropractor.

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_04]

---

**Question ID:** BAL.270\_04.000 **Instrument Variable Name:** BTRT1\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

... Steroid injections into the ear

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_05]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_05.000 **Instrument Variable Name:** BTRT1\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Gentamicin (jen-tah-MI-sin) injection into the ear

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_06]

---

**Question ID:** BAL.270\_06.000 **Instrument Variable Name:** BTRT1\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Surgery

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_07]

---

**Question ID:** BAL.270\_07.000 **Instrument Variable Name:** BTRT1\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Low salt diet

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_08]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_08.000 **Instrument Variable Name:** BTRT1\_08 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Avoiding or cutting back on certain foods or drinks such as chocolate, coffee, or alcohol

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D>  
if SMKEV=1 [goto BTRT1\_09];  
else [goto BTRT1\_10]

---

**Question ID:** BAL.270\_09.000 **Instrument Variable Name:** BTRT1\_09 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Quitting or reducing use of tobacco or cigarettes

\* Enter '2' for non-smokers.

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem who have ever smoked

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_10]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_10.000 **Instrument Variable Name:** BTRT1\_10 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Prescription medicine or drugs

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_11]

---

**Question ID:** BAL.270\_11.000 **Instrument Variable Name:** BTRT1\_11 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Over-the-counter medicines such as allergy medications or sleep aids or Dramamine patches

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_12]

---

**Question ID:** BAL.270\_12.000 **Instrument Variable Name:** BTRT1\_12 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Psychiatric treatment

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_13]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_13.000 **Instrument Variable Name:** BTRT1\_13 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Massage therapy or chiropractic treatment or manipulation

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_14]

---

**Question ID:** BAL.270\_14.000 **Instrument Variable Name:** BTRT1\_14 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Acupuncture

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_15]

---

**Question ID:** BAL.270\_15.000 **Instrument Variable Name:** BTRT1\_15 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BTRT1\_16]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.270\_16.000 **Instrument Variable Name:** BTRT1\_16 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever tried any of the following treatments? Please say yes or no to each.

...Wearing magnets or acupressure wristband

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

**UniverseText:** Sample adults 18+ treated for dizziness or balance problem

**SkipInstructions:** < 1,2,R,D> [goto BSTAT1]

---

**Question ID:** BAL.280\_00.000 **Instrument Variable Name:** BSTAT1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have your dizziness or balance problem(s) gotten worse, stayed the same, improved somewhat, or improved greatly?

- 1 Gotten worse
- 2 Stayed the same
- 3 Improved somewhat
- 4 Improved greatly
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1-4, R, D> [goto BMEDIC1]

---

**Question ID:** BAL.300\_00.000 **Instrument Variable Name:** BMEDIC1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you regularly take any medicine that makes your dizziness or balance problem(s) worse?

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1,2, R, D> [goto BCHNG1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.310\_00.000 **Instrument Variable Name:** BCHNG1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do your dizziness or balance problems prevent you in any way from doing things you otherwise could do?

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1> [goto BCHG1\_01]  
<2, R,D> [goto BM12WS]

---

**Question ID:** BAL.320\_01.000 **Instrument Variable Name:** BCHG1\_01 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Driving a motor vehicle

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_02]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.320\_02.000 **Instrument Variable Name:** BCHG1\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Riding in a car, bus, airplane, boat or train

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_03]

---

**Question ID:** BAL.320\_03.000 **Instrument Variable Name:** BCHG1\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Exercising or taking walks

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_04]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.320\_04.000 **Instrument Variable Name:** BCHG1\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Walking down a flight of stairs

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_05]

---

**Question ID:** BAL.320\_05.000 **Instrument Variable Name:** BCHG1\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Participating in social activities outside your home

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_06]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.320\_06.000 **Instrument Variable Name:** BCHG1\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Performing household chores, such as cleaning or laundry

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BCHNG\_07]

---

**Question ID:** BAL.320\_07.000 **Instrument Variable Name:** BCHG1\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Going to the toilet

\* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'  
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months and whose problem prevents them from doing things

**SkipInstructions:** <1,2,R,D> [goto BM12WS\_N]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.350\_00.000 **Instrument Variable Name:** BM12WS **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of your dizziness or balance problems?

Enter '0' for none.

**000-365** 000-365 days

**997** Refused

**999** Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <0-365,R,D> [goto BM12RA]

---

**Question ID:** BAL.355\_00.000 **Instrument Variable Name:** BM12RA **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how many days of other regularly scheduled activities - excluding work and school days - have you missed because of your dizziness or balance problems?

Enter '0' for none.

**000-365** 000-365 days

**997** Refused

**999** Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <0-365,R,D> [goto BPROB1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.360\_00.000 **Instrument Variable Name:** BPROB1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how much of a problem was your dizziness or balance condition? Would you say it was no problem, a small problem, a moderate problem, a big problem, or a very big problem?

- 1 No problem
- 2 A small problem
- 3 A moderate problem
- 4 A big problem
- 5 A very big problem
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1-5,R,D> [goto BMED\_1]

---

**Question ID:** BAL.370\_01.000 **Instrument Variable Name:** BMED\_1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Meclizine or Antivert™ for dizziness, nausea or vomiting

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1,2,R,D> [goto BMED\_2]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.370\_02.000 **Instrument Variable Name:** BMED\_2 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Other medicine or patches for motion sickness, nausea or vomiting

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1,2,R,D> [goto BMED\_3]

---

**Question ID:** BAL.370\_03.000 **Instrument Variable Name:** BMED\_3 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Medicines for anxiety or depression

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1,2,R,D> [goto BMED\_4]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.370\_04.000 **Instrument Variable Name:** BMED\_4 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Chemotherapy (ke-mo-THER-ah-pe) drugs

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** < 1,2,R,D> [goto BBIO1]

---

**Question ID:** BAL.380\_00.000 **Instrument Variable Name:** BBIO1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have any of your biological, that is, BLOOD relatives such as parents, brothers, sisters, or children had a problem with dizziness, balance, or falling, NOT related to aging?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** < 1,2,R,D> if BDIZZ1=1 or any from BTYPE\_1-BTYPE\_7=1 [goto BFALL5Y]; else [goto BFALL12M]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.385\_00.000 **Instrument Variable Name:** BFALL12M **QuestionnaireFileName:** Sample Adult

**QuestionText:** This next question is about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST YEAR, have you fallen at least one time?

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

**UniverseText:** Sample adults 18+ who did not have a balance or dizziness problem in the past 12 months and did not have at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto either section shown below]  
If FDRN\_FLG= '1' [goto VIS\_0 / AFD.090\_00.000]  
Else if FDRN\_FLG= '2' [goto AWEBUSE / AWB.010\_00.000]

---

**Question ID:** BAL.390\_00.000 **Instrument Variable Name:** BFALL5Y **QuestionnaireFileName:** Sample Adult

**QuestionText:** These next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST 5 YEARS, have you fallen at least one time?

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1> if BTYPE\_1=1 [goto BFL1\_01];  
else if BTYPE\_2 =1 [goto BFL1\_02];  
else if BTYPE\_3 =1 [goto BFL1\_03];  
else if BTYPE\_4 =1[goto BFL1\_04];  
else if BTYPE\_5 =1[goto BFL1\_05];  
else if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7=1 [goto BFL1\_07];  
<2,R,D> [goto BNR FALL]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.400\_01.000 **Instrument Variable Name:** BFL1\_01 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling a sense of spinning or other movement sensation?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of feeling a sense of spinning or other movement sensation and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> if BTYPE\_2=1 [goto BFL1\_02];  
else if BTYPE\_3=1 [goto BFL1\_03];  
else if BTYPE\_4=1 [goto BFL1\_04];  
else if BTYPE\_5=1 [goto BFL1\_05];  
else if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7=1 [goto BFL1\_07];  
else [goto BFALL12A]

---

**Question ID:** BAL.400\_02.000 **Instrument Variable Name:** BFL1\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a floating, spacey, or disconnected feeling?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of a floating, spacey, or disconnected feeling and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> if BTYPE\_3=1 [goto BFL1\_03];  
else if BTYPE\_4=1 [goto BFL1\_04];  
else if BTYPE\_5=1 [goto BFL1\_05];  
else if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7=1 [goto BFL1\_07];  
else [goto BFALL12A]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.400\_03.000 **Instrument Variable Name:** BFL1\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling lightheaded?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of feeling lightheaded and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> if BTYPE\_4=1 [goto BFL1\_04];  
else if BTYPE\_5=1 [goto BFL1\_05];  
else if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7=1 [goto BFL1\_07];  
else [goto BFALL12A]

---

**Question ID:** BAL.400\_04.000 **Instrument Variable Name:** BFL1\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling like you are about to pass out?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of feeling like they are about to pass out and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> if BTYPE\_5=1 [goto BFL1\_05];  
else if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7 =1[goto BFL1\_07];  
else [goto BFALL12A]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.400\_05.000 **Instrument Variable Name:** BFL1\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having blurred vision?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of blurred vision and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> if BTYPE\_6=1 [goto BFL1\_06];  
else if BTYPE\_7=1 [goto BFL1\_07];  
else [goto BFALL12A]

---

**Question ID:** BAL.400\_06.000 **Instrument Variable Name:** BFL1\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a general feeling of being unsteady or off-balance?

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

**UniverseText:** Sample adults 18+ who have a balance symptom of unsteadiness and have fallen past 5 years

**SkipInstructions:** <1,2,R,D>  
if BTYPE\_7=1 [goto BFL1\_07];  
else [goto BFALL12A]

---

**Question ID:** BAL.400\_07.000 **Instrument Variable Name:** BFL1\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having and other or general problem with dizziness or imbalance?

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

**UniverseText:** Sample adults 18+ who have an other or general balance symptom and have fallen past 5 years

**SkipInstructions:** <1,2,R,D> [goto BFALL12A]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.410\_00.000 **Instrument Variable Name:** BFALL12A **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?

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

**UniverseText:** Sample adults 18+ who had a fall in past 5 years

**SkipInstructions:** <1> go to BF12M\_NO  
<2,R,D> [goto BFTIME1]

---

**Question ID:** BAL.420\_01.000 **Instrument Variable Name:** BF12M\_NO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

DURING THE PAST 12 MONTHS, about how many times per day, week, or month have you fallen?

- 001-365 001-365
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have fallen at least once a month in last 12 months

**SkipInstructions:** <1-365,D> [goto BF12M\_TP]  
<R> [goto BINJ1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult****Adult Balance****Document Version Date: 22-Feb-16**

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**Question ID:** BAL.420\_02.000 **Instrument Variable Name:** BF12M\_TP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

\* Enter time period for time fallen.

- 1 Day(s)
- 2 Week(s)
- 3 Month(s)
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the last 12 months and gave a number for time fallen or said DK to number part of this question**SkipInstructions:** If (BF12M\_NO ge 10 and BF12M\_TP='1'), then [goto ERR\_BF12M\_TP];  
If (BF12M\_NO ge 50 and BF12M\_TP='2'), then [goto ERR\_BF12M\_TP];  
If (BF12M\_NO ge 200 and BF12M\_TP='3'), then [goto ERR\_BF12M\_TP];  
<1-3,R,D> [goto BINJ1]If (BF12M\_NO ge 10 and BF12M\_TP='1') or (BF12M\_NO ge 50 and BF12M\_TP='2') or (BF12M\_NO ge 200 and BF12M\_TP='3'),  
then ERR\_BF12M\_TP:\* [Fill1: BF12M\_NO] times per [Fill2: BF12M\_TP] is unusually high.  
\* Please verify.

---

**Question ID:** BAL.430\_00.000 **Instrument Variable Name:** BFTIME1 **QuestionnaireFileName:** Sample Adult**QuestionText:** DURING THE PAST 12 MONTHS, how many times have you fallen?

\*Read if necessary. If unsure, estimate as best you can.

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-7 times
- 5 8 or more times
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who haven't fallen at least once a month in the past 12 months**SkipInstructions:** <0> [goto BNRFALL]  
<1-5, R,D> [goto BINJ1]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.440\_00.000 **Instrument Variable Name:** BINJ1 **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you have an injury as a result of a fall? For example, with a bruise, cut or wound, sprain, dislocation, fracture, broken bones, back pain, head or neck injury.

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1> [goto BINJWS]  
<2,R,D> [goto BFWH\_01]

---

**Question ID:** BAL.450\_00.000 **Instrument Variable Name:** BINJWS **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls?

\* Enter '996 if doesn't work or go to school.

- 000-996 000-996 days
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who were injured by fall(s) in the past 12 months

**SkipInstructions:** <0-365,996,R,D> [goto BINJHP]

---

**Question ID:** BAL.455\_00.000 **Instrument Variable Name:** BINJHP **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, did you talk to or see a doctor or other health professional about any injuries that you had as a result of a fall or falling?

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

**UniverseText:** Sample adults 18+ who were injured by fall(s) in the past 12 months

**SkipInstructions:** <1> [goto BINJHPN]  
<2,R,D> [goto BFWH\_01]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.457\_00.000 **Instrument Variable Name:** BINJHPN **QuestionnaireFileName:** Sample Adult

**QuestionText:** Thinking about your worst injury that resulted from a fall or falling DURING THE PAST 12 MONTHS, how many times did you talk to or see a medical professional about that injury?

- 0 None
- 1 1 time
- 2 2 times
- 3 3-4 times
- 4 5-9 times
- 5 10-14 times
- 6 15 or more times
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who talked to a doctor or other health professional about falls or falling in the past 12 months

**SkipInstructions:** <0-6,R,D> [goto BFWH\_01]

---

**Question ID:** BAL.460\_01.000 **Instrument Variable Name:** BFWH\_01 **QuestionnaireFileName:** Sample Adult

**QuestionText:** Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You tripped, stumbled, or slipped

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_02]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.460\_02.000 **Instrument Variable Name:** BFWH\_02 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You blacked out or fainted

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_03]

---

**Question ID:** BAL.460\_03.000 **Instrument Variable Name:** BFWH\_03 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were playing sports or exercising

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2 R,D> [goto BFWH\_04]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.460\_04.000 **Instrument Variable Name:** BFWH\_04 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with vision

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_05]

---

**Question ID:** BAL.460\_05.000 **Instrument Variable Name:** BFWH\_05 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had weakness or numbness in one or both legs

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_06]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.460\_06.000 **Instrument Variable Name:** BFWH\_06 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had not eaten recently or you had low blood sugar

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_07]

---

**Question ID:** BAL.460\_07.000 **Instrument Variable Name:** BFWH\_07 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You drank too much alcohol

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_08]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.460\_08.000 **Instrument Variable Name:** BFWH\_08 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem using a walker, cane, or other aid that helps you get around

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_09]

---

**Question ID:** BAL.460\_09.000 **Instrument Variable Name:** BFWH\_09 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with shoes, sandals or socks

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BFWH\_10]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.460\_10.000 **Instrument Variable Name:** BFWH\_10 **QuestionnaireFileName:** Sample Adult

**QuestionText:** \* Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...Some other reason

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

**UniverseText:** Sample adults 18+ who have fallen at least once a month in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BNRFALL]

---

**Question ID:** BAL.470\_00.000 **Instrument Variable Name:** BNRFALL **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, how many times have you slipped or lost your balance and caught yourself WITHOUT falling?

- 0 None
- 1 1 time
- 2 2 times
- 3 3 to 4 times
- 4 5 to 7 times
- 5 8 or more times

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <0-5,R,D> [goto BINTHI]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.475\_01.000 **Instrument Variable Name:** BINTHI **QuestionnaireFileName:** Sample Adult

**QuestionText:** DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.

...To look up health information on your dizziness or balance problems

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BINTTR]

---

**Question ID:** BAL.475\_02.000 **Instrument Variable Name:** BINTTR **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons? Please say yes or no to each.

...To learn about medical or other recommended treatments for your dizziness or balance problems

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D> [goto BINTRS]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Balance**

**Document Version Date: 22-Feb-16**

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**Question ID:** BAL.475\_03.000 **Instrument Variable Name:** BINTRS **QuestionnaireFileName:** Sample Adult

**QuestionText:** \*Read if necessary. DURING THE PAST 12 MONTHS, have you used the Internet for any of the following reasons?  
Please say yes or no to each.

...To learn about rehabilitation services or intervention programs for your dizziness or balance problems

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

**UniverseText:** Sample adults 18+ who had a balance or dizziness problem in the past 12 months or who had at least one symptom in the past 12 months

**SkipInstructions:** <1,2,R,D>  
If FDRN\_FLG= '1' [goto VIS\_0 / AFD.090\_00.000]  
Else if FDRN\_FLG= '2' [goto AWEBUSE / AWB.010\_00.000]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Internet and Email Usage**

**Document Version Date: 22-Feb-16**

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**Question ID:** AWB.010\_00.000 **Instrument Variable Name:** AWEBUSE **QuestionnaireFileName:** Sample Adult

**QuestionText:** The next questions are about your Internet and email use.

Do you use the Internet?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AWEBOFNO] <2,R,D> [goto AWEBEML]

---

**Question ID:** AWB.020\_01.000 **Instrument Variable Name:** AWEBOFNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How often do you use the Internet?

\*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

\*Enter number.

- 001-995 1-995
- 997 Refused
- 999 Don't know

**UniverseText:** Sample adults 18+ who use the Internet

**SkipInstructions:** <1-995> [goto AWEBOFTP]  
<R,D> [goto AWEBEML]<1-995> [goto AWEBOFTP]  
<R,D> [goto AWEBEML]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Internet and Email Usage**

**Document Version Date:** 22-Feb-16

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**Question ID:** AWB.020\_02.000 **Instrument Variable Name:** AWEBOFTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\*Enter time period for how often Internet is used.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

**SkipInstructions:** <1-4,R,D> [goto AWEBEML]

---

**Question ID:** AWB.030\_00.000 **Instrument Variable Name:** AWEBEML **QuestionnaireFileName:** Sample Adult

**QuestionText:** Do you send or receive emails?

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

**UniverseText:** Sample adults 18+

**SkipInstructions:** <1> [goto AWEBEMAD] <2,R,D> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Internet and Email Usage**

**Document Version Date: 22-Feb-16**

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**Question ID:** AWB.040\_00.000 **Instrument Variable Name:** AWEBEMAD **QuestionnaireFileName:** Sample Adult

**QuestionText:** We may want to contact you to obtain additional health-related information.

May I have your email address?

\*Enter email address.

\*Enter 'N' for none.

allow 75

97 Refused

99 Don't Know

**UniverseText:** Sample adults 18+ who send or receive email

**SkipInstructions:** <address> [goto AWBEMNO] <N,R,D> [goto next section]

---

**Question ID:** AWB.050\_01.000 **Instrument Variable Name:** AWEBMNO **QuestionnaireFileName:** Sample Adult

**QuestionText:** 1 of 2

How often do you check this email account?

\*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

\*Enter number.

001-995 1-995

997 Refused

999 Don't know

**UniverseText:** Sample adults 18+ who gave an email address

**SkipInstructions:** <1-995> [goto AWBEMTP] <R,D> [goto next section]

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**DRAFT 2016 NHIS Questionnaire - Sample Adult**

**Adult Internet and Email Usage**

**Document Version Date: 22-Feb-16**

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**Question ID:** AWB.050\_02.000 **Instrument Variable Name:** AWEBMTP **QuestionnaireFileName:** Sample Adult

**QuestionText:** 2 of 2

\*Enter time period for how often email is checked.

- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 7 Refused
- 9 Don't know

**UniverseText:** Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

**SkipInstructions:** <1-4,R,D> [goto next section]

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