Adult Functioning and Disability

| Question ID: | AFD.090_00. | 000 Instrument Variable Name: | VIS_0 | QuestionnaireFileName: | Functioning And Disability |
|-----------------------------------|--|---|---------------------|---|---------------------------------|
| QuestionText: | | | | o do different activities, and how yo u have already answered, it is impor | |
| | Do you we | ar glasses? | | | |
| 1 | Yes | | | | |
| 2 | No | | | | |
| 7 | Refused | | | | |
| 9 | Don't kno | W | | | |
| UniverseTex | | ple adults 18+ who were asked t Functioning and Disability (AFD | | questions (FDB) and were randoml | y selected to receive |
| SkipInstruct | tions: <10 | 2,R,D> goto VIS_SS | | | |
| | | | | | |
| Juestion ID: | AFD.100_00. | 000 Instrument Variable Name: | VIS_SS | QuestionnaireFileName: | Functioning And Disability |
| | Do you ha | | | QuestionnaireFileName: ould you say no difficulty, some dif | Disability |
| | Do you ha | ve difficulty seeing, even when w or are you unable to do this? | | | Disability |
| QuestionText: | Do you ha difficulty, | ve difficulty seeing, even when w or are you unable to do this? ılty | | | Disability |
| QuestionText: 1 | Do you ha difficulty, No difficu | ve difficulty seeing, even when w or are you unable to do this? ılty ïculty | | | Disability |
| QuestionText: 1 2 | Do you ha difficulty, No difficu Some diff A lot of d | ve difficulty seeing, even when w or are you unable to do this? ılty ïculty | | | Disability |
| QuestionText: 1 2 3 | Do you ha difficulty, No difficu Some diff A lot of d | ve difficulty seeing, even when w or are you unable to do this? Ilty iculty ifficulty | | | Disability |
| QuestionText: 1 2 3 4 | Do you ha difficulty, No difficu Some diff A lot of d Cannot do | ve difficulty seeing, even when w or are you unable to do this? Ilty iculty ifficulty o at all/unable to do | | | Disability |
| 2 3 4 7 | Do you ha difficulty, No difficu Some diff A lot of d Cannot do Refused Don't kno | ve difficulty seeing, even when w or are you unable to do this? ilty iculty ifficulty o at all/unable to do w | vearing glasses? Wo | | Disability ficulty, a lot of |

Adult Functioning and Disability

| Question ID: | AFD.140_ | _00.000 | Instrument Var | iable Name: | HEAR_1 | QuestionnaireFileName: | Functioning And Disability |
|-----------------------------------|---|--|--|---|-------------------|---|-------------------------------|
| QuestionText: | Do you | ı use a h | earing aid? | | | | |
| 1 | Yes | | | | | | |
| 2 | No | | | | | | |
| 7 | Refus | ed | | | | | |
| 9 | Don't | know | | | | | |
| UniverseTex | | | dults 18+ who tioning and Dis | | | questions (FDB) and were random | ly selected to receive |
| SkipInstruct | | | o HEAR_2] [goto HEAR_S | | | | |
| | | | | SS] | | | |
| Question ID: | | | [goto HEAK_3 | | HEAR_2 | QuestionnaireFileName: | Functioning And Disability |
| | AFD.145_ | _00.000 | Instrument Var | iable Name: | | QuestionnaireFileName: of the time, some of the time, rarely | Disability |
| | AFD.145_ How o | _00.000 | Instrument Var | iable Name: | | | Disability |
| QuestionText: | AFD.145_ How o All of | _00.000 ften do y | Instrument Var ou use your hea | iable Name: | | | Disability |
| QuestionText: 1 | AFD.145_ How o All of | _00.000 ften do y the time of the tim | Instrument Var ou use your hea | iable Name: | | | Disability |
| QuestionText: 1 2 | AFD.145_ How o All of Some | _00.000 ften do y the time of the time | Instrument Var ou use your hea | iable Name: | | | Disability |
| QuestionText: 1 2 3 | AFD.145 How o All of Some Rarely | 00.000 ften do y the time of the time | Instrument Var ou use your hea | iable Name: | | | Disability |
| QuestionText: 1 2 3 4 | AFD.145_ How o All of Some Rarely Never | _00.000 ften do y the time of the time ed | Instrument Var ou use your hea | iable Name: | | | Disability |
| 2 3 4 7 | AFD.145_ How o All of Some Rarely Never Refus Don't t: | 00.000 ften do y the time of the time ed know Sample a | Instrument Var ou use your hea ne dults 18+ who | iable Name: aring aid(s)? V were asked th | Would you say all | of the time, some of the time, rarely questions (FDB), were randomly s | Disability 7, or never? |

Adult Functioning and Disability

| | AFD.150_ | 00.000 Instrument Variable Name: | HEAR_SS | QuestionnaireFileName: | Functioning And Disability |
|-----------------------------------|--|---|--|--|--|
| QuestionText: | | have difficulty hearing [fill:, even difficulty, or are you unable to do the | | ing aid(s)]? Would you say no di | fficulty, some difficulty, |
| 1 | No dif | ficulty | | | |
| 2 | Some | difficulty | | | |
| 3 | A lot o | f difficulty | | | |
| 4 | Canno | t do at all/unable to do | | | |
| 7 | Refuse | d | | | |
| 9 | Don't l | know | | | |
| UniverseTex | | Cample adults 18+ who were asked the Functioning and Disability (AFD | | uestions (FDB) and were randoml | y selected to receive |
| SkipInstruct | | <1-3,R,D>[goto HEAR_3] <4> [goto MOB_SS] | | | |
| | | | | | |
| Question ID: | AFD.170_ | 00.000 Instrument Variable Name: | HEAR_3 | QuestionnaireFileName: | Functioning And Disability |
| - | Do you | 00.000 Instrument Variable Name: have difficulty hearing what is said aring aid(s)]? Would you say no dif | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| - | Do you your he | have difficulty hearing what is said aring aid(s)]? Would you say no dif | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| QuestionText: | Do you your he No dif | have difficulty hearing what is said aring aid(s)]? Would you say no dif | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| QuestionText: | Do you your he No dif Some | have difficulty hearing what is said aring aid(s)]? Would you say no dif ficulty | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| QuestionText: 1 2 | Do you your he No dif Some A lot c | have difficulty hearing what is said aring aid(s)]? Would you say no dif ficulty difficulty | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| QuestionText: 1 2 3 | Do you your he No dif Some A lot c | have difficulty hearing what is said aring aid(s)]? Would you say no dif ficulty difficulty f difficulty t do at all/unable to do | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| QuestionText: 1 2 3 4 | Do you your he No dif Some A lot c Canno | have difficulty hearing what is said aring aid(s)]? Would you say no dif ficulty difficulty f difficulty t do at all/unable to do d | in a conversation with | n one other person in a quiet roon | Disability [fill: even when using |
| 2 3 4 7 | Do you your he No dif Some A lot o Canno Refuse Don't l t: S | have difficulty hearing what is said aring aid(s)]? Would you say no dif ficulty difficulty f difficulty t do at all/unable to do d | in a conversation with ficulty, some difficult ficulty, some difficult ficulty, some difficulty quart the family disability quarts | h one other person in a quiet roon ty, a lot of difficulty, or are you un uestions (FDB), were randomly se ficulty, some difficulty, a lot of d | Disability n [fill: even when using nable to do this? lected to receive the |

Adult Functioning and Disability

| Question ID: | AFD.170_00.00 |)1 Instrument Variable Name: | HEAR_4 | QuestionnaireFileName: | Functioning And Disability |
|--|--|---|--|--|---|
| QuestionText: | | | | th one other person in a noisier roo ifficulty, a lot of difficulty, or are | |
| 1 | No difficult | у | | | |
| 2 | Some diffic | ulty | | | |
| 3 | A lot of diff | ïculty | | | |
| 4 | Cannot do a | at all/unable to do | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| UniverseText | Funct don't | ioning and Disability (AFD) s | ection, and have no di earing what is said in a | uestions (FDB), were randomly se fficulty, some difficulty, a lot of d a conversation with one other perso | ifficulty, or refuse or |
| | | | | | |
| SkipInstructio | ons: <1-4,] | R,D>[goto MOB_SS] | | | |
| | | R,D>[goto MOB_SS])() Instrument Variable Name: | MOB_SS | QuestionnaireFileName: | Functioning And Disability |
| Question ID: | AFD.180_00.00 |)() Instrument Variable Name: | | QuestionnaireFileName: ay no difficulty, some difficulty, a | Disability |
| Question ID: | AFD.180_00.00 Do you have | 0 Instrument Variable Name: difficulty walking or climbin o do this? | | - | Disability |
| Question ID: | AFD.180_00.00 Do you have you unable t | 0) Instrument Variable Name: difficulty walking or climbin o do this? y | | - | Disability |
| Question ID: QuestionText: 1 | AFD.180_00.00 Do you have you unable t No difficult Some diffic | 0) Instrument Variable Name: difficulty walking or climbin o do this? y ulty | | - | Disability |
| Question ID: QuestionText: 1 2 | AFD.180_00.00 Do you have you unable t No difficult Some diffic A lot of diff | 0) Instrument Variable Name: difficulty walking or climbin o do this? y ulty | | - | Disability |
| Question ID: QuestionText: 1 2 3 | AFD.180_00.00 Do you have you unable t No difficult Some diffic A lot of diff | 0 Instrument Variable Name: difficulty walking or climbin o do this? y ulty iculty | | - | Disability |
| Question ID: QuestionText: 1 2 3 4 | AFD.180_00.00 Do you have you unable t No difficult Some diffic A lot of diff Cannot do a | 0 Instrument Variable Name: difficulty walking or climbin o do this? y ulty iculty | | - | Disability |
| Question ID: QuestionText: 1 2 3 4 7 | AFD.180_00.00 Do you have you unable t No difficult Some diffic A lot of diffic Cannot do a Refused Don't know |)0 Instrument Variable Name: • difficulty walking or climbin o do this? y ulty ficulty tt all/unable to do | g steps? Would you sa the family disability q | - | Disability lot of difficulty, or are |

Adult Functioning and Disability

| Question ID: | AFD.200 | _00.000 | Instrument Variable | e Name: | MOB_2 | QuestionnaireFileName: | Functioning And Disability |
|--|--|---|---|------------|---------------------------------|--|--------------------------------------|
| QuestionText: | Do yo | u use any | equipment or recei | ve help fo | or getting around? | | |
| 1 | Yes | | | | | | |
| 2 | No | | | | | | |
| 7 | Refu | sed | | | | | |
| 9 | Don' | t know | | | | | |
| UniverseTex | t: | | dults 18+ who were tioning and Disabili | | | uestions (FDB) and were random | y selected to receive |
| SkipInstruct | | | | | | | |
| | ions: | | MOB_3A] [goto MOB_4] | | | | |
| | | <2,R,D> | | e Name: | MOB_3A | QuestionnaireFileName: | Functioning And Disability |
| Question ID: | AFD.200 | <2,R,D> | [goto MOB_4] | e Name: | | QuestionnaireFileName: | |
| Question ID: | AFD.200 Do yc | <2,R,D> | [goto MOB_4] Instrument Variable of the following | e Name: | | QuestionnaireFileName: | |
| Question ID: | AFD.200 Do yc | <2,R,D> _00.001 | [goto MOB_4] Instrument Variable of the following | e Name: | | QuestionnaireFileName: | |
| Question ID: QuestionText: | AFD.200 Do yo Cane | <2,R,D> _00.001 | [goto MOB_4] Instrument Variable of the following | e Name: | | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 | AFD.200 Do yc Cane Yes | <2,R,D> 00.001 ou use any or walkin | [goto MOB_4] Instrument Variable of the following | e Name: | | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 2 | AFD.200 Do yo Cane Yes No Refu | <2,R,D> 00.001 ou use any or walkin | [goto MOB_4] Instrument Variable of the following | e Name: | | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 2 7 | AFD.200 Do yo Cane Yes No Refu Don't | <2,R,D> 00.001 ou use any or walkin sed know Sample a | [goto MOB_4] Instrument Variable of the following g stick? dults 18+ who were | e asked th | MOB_3A e family disability q | QuestionnaireFileName: Lestions (FDB), were randomly se eent or receive help for getting arc | Disability elected to receive the |

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2016 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

| | AFD.200_00.002 Instrument Variable Name | e: MOB_3B | QuestionnaireFileName: | Functioning And Disability |
|---------------|---|-----------|------------------------|-------------------------------|
| QuestionText: | *Read if necessary. | | | |
| | Do you use any of the following | | | |
| | Walker or Zimmer frame? | | | |
| 1 | Yes | | | |
| 2 | No | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseTex | xt: Sample adults 18+ who were asked Functioning and Disability (AFD) | | | |
| SkipInstruct | tions: <1,2,R,D> goto MOB_3C | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| Question ID: | AFD.200_00.003 Instrument Variable Name | e: MOB_3C | QuestionnaireFileName: | Functioning And Disability |
| QuestionText: | *Read if necessary. | | | |
| | Do you use any of the following | | | |
| | Do you use any of the following | | | |
| | Crutches? | | | |
| 1 | | | | |
| 1 2 | Crutches? | | | |
| | Crutches? Yes | | | |
| 2 | Crutches? Yes No | | | |
| 2 7 | Crutches? Yes No Refused Don't know | | | |

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2016 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

| | AFD.200_00.004 Ins | trument Variable Name: | MOB_3D | QuestionnaireFileName: | Functioning And Disability |
|-------------------------|--|--|-----------------------|--|--------------------------------------|
| QuestionText: | *Read if necessary | | | | |
| | Do you use any of | the following | | | |
| | Wheelchair or scoo | oter? | | | |
| 1 | Yes | | | | |
| 2 | No | | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| UniverseTex | - | | | nestions (FDB), were randomly seent or receive help for getting are | |
| SkipInstruct | ions: <12 R D> (| goto MOB_3E | | | |
| | | | | | |
| Question ID: | AFD.200_00.005 Ins | trument Variable Name: | MOB_3E | QuestionnaireFileName: | Functioning And Disability |
| - | AFD.200_00.005 Ins | | MOB_3E | QuestionnaireFileName: | • |
| - | _ | | MOB_3E | QuestionnaireFileName: | • |
| - | *Read if necessary | the following | MOB_3E | QuestionnaireFileName: | 6 |
| - | *Read if necessary Do you use any of | the following | MOB_3E | QuestionnaireFileName: | 6 |
| QuestionText: | *Read if necessary Do you use any of Artificial limb (leg | the following | MOB_3E | QuestionnaireFileName: | 6 |
| QuestionText: | *Read if necessary Do you use any of Artificial limb (leg Yes | the following | MOB_3E | QuestionnaireFileName: | • |
| QuestionText: 1 2 | *Read if necessary Do you use any of Artificial limb (leg Yes No | the following | MOB_3E | QuestionnaireFileName: | • |
| 2 7 | *Read if necessary Do you use any of Artificial limb (leg Yes No Refused Don't know t: Sample adu | the following /foot)? ts 18+ who were asked th | e family disability q | QuestionnaireFileName: nestions (FDB), were randomly se tent or receive help for getting arc | Disability elected to receive the |

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2016 NHIS Questionnaire - Functioning And Disability

Adult Functioning and Disability

| Question ID: | AFD.200 | _00.006 Instrument Variable Name: | MOB_3F | QuestionnaireFileName : | Functioning And Disability |
|---------------|---------|---|--------|--------------------------------|-------------------------------|
| QuestionText: | *Read | if necessary. | | | |
| | Do yo | u use any of the following | | | |
| | Some | one's assistance? | | | |
| 1 | Yes | | | | |
| 2 | No | | | | |
| 7 | Refus | ed | | | |
| 9 | Don't | know | | | |
| UniverseTex | | Sample adults 18+ who were asked the Functioning and Disability (AFD) sect | | | |
| SkipInstruct | tions: | <1,2,R,D> goto MOB_3G | | | |
| Question ID: | AFD.200 | _00.007 Instrument Variable Name: | MOB_3G | QuestionnaireFileName: | Functioning And Disability |
| QuestionText: | *Read | if necessary. | | | |
| | Do yo | u use any of the following | | | |
| | Other | type of equipment or help? | | | |
| 1 | Yes | | | | |
| 2 | No | | | | |
| 7 | Refus | ed | | | |
| 9 | Don't | know | | | |
| UniverseTex | | Sample adults 18+ who were asked the Functioning and Disability (AFD) sect | | | |
| SkipInstruct | | <1,2,R,D> if MOB_3D=1, [goto COM else if MOB_3D=2,R,D [goto MOB_4 | | | |

Adult Functioning and Disability

| Question ID: | AFD.210_00.000 | nstrument Variable Name: | MOB_4 | QuestionnaireFileName: | Functioning And Disability |
|--|--|---|---|--|---|
| QuestionText: | | out the use of your aid(s)]? | | would be about the length of one for a lifficulty, some difficulty, a lot of difficulty. | |
| 1 | No difficulty | | | | |
| 2 | Some difficulty | | | | |
| 3 | A lot of difficul | ty | | | |
| 4 | Cannot do at al | /unable to do | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| UniverseText | | lults 18+ who were asked th ng and Disability (AFD) see | | questions (FDB), were randomly se a wheelchair or scooter | elected to receive the |
| SkipInstructi | ons: <1-3,R,D <4>[goto | >[goto MOB_5] MOB_6] | | | |
| | | | | | |
| Question ID: | AFD.220_00.000 | nstrument Variable Name: | MOB_5 | QuestionnaireFileName: | Functioning And Disability |
| - | – Do you have dif | ficulty walking a third of a not out the use of your aid(s)]? | mile on level groun | QuestionnaireFileName: d, that would be the length of five f difficulty, some difficulty, a lot of o | Disability ootball fields or five city |
| - | – Do you have dif blocks [fill: with | ficulty walking a third of a not out the use of your aid(s)]? | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: | Do you have dif blocks [fill: with unable to do this | ficulty walking a third of a sout the use of your aid(s)]? | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: | Do you have dif blocks [fill: with unable to do this No difficulty | ficulty walking a third of a sout the use of your aid(s)]? | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: 1 2 | Do you have dif blocks [fill: with unable to do this No difficulty Some difficulty | ficulty walking a third of a sout the use of your aid(s)]? ? ty | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: 1 2 3 | Do you have dif blocks [fill: with unable to do this No difficulty Some difficulty A lot of difficulty | ficulty walking a third of a sout the use of your aid(s)]? ? ty | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: 1 2 3 4 | Do you have dif blocks [fill: with unable to do this No difficulty Some difficulty A lot of difficul Cannot do at al | ficulty walking a third of a sout the use of your aid(s)]? ? ty | mile on level groun | d, that would be the length of five f | Disability ootball fields or five city |
| QuestionText: 1 2 3 4 7 | Do you have dif blocks [fill: with unable to do this No difficulty Some difficulty A lot of difficul Cannot do at al Refused Don't know : Sample ad Functioni difficulty. | ficulty walking a third of a sout the use of your aid(s)]? ? ty /unable to do lults 18+ who were asked the source of the source | mile on level groun 'Would you say no he family disability ction, do not use a v | d, that would be the length of five f | Disability ootball fields or five city difficulty, or are you elected to receive the difficulty, some |

Adult Functioning and Disability

| Question ID: | AFD.230_ | 00.000 Instrument Variable Na | ame: MOB_6 | QuestionnaireFileName: | Functioning And Disability |
|--|--|--|--|---|---|
| QuestionText: | - | have difficulty walking up or o unable to do this? | down 12 steps? Would y | ou say no difficulty, some difficulty | y, a lot of difficulty, or |
| 1 | No dif | ficulty | | | |
| 2 | | difficulty | | | |
| 3 | | f difficulty | | | |
| 4 | Canno | t do at all/unable to do | | | |
| 7 | Refuse | d | | | |
| 9 | Don't | know | | | |
| UniverseText |] | | D) section, and did not | questions (FDB), were randomly s use any equipment or receive help v | |
| SkipInstructi | ions: « | | | | |
| Question ID: | 6 | <pre><1-4,R,D> if MOB_2 IN (2,R,I else if MOB_2=1 [goto MOB_7]</pre> | 7] | QuestionnaireFileName: | Functioning And |
| Question ID: | 6 | lse if MOB_2=1 [goto MOB_7 | 7] | QuestionnaireFileName: | Functioning And Disability |
| - | AFD.240_ Do you | lse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya | 7] ame: MOB_7 ards on level ground, tha | QuestionnaireFileName: t would be about the length of one ome difficulty, a lot of difficulty, or | Disability football field or one cit |
| - | AFD.240_ Do you block, this? | lse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: | AFD.240_ Do you block, y this? No dif | lse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: | AFD.240_ Do you block, ' this? No dif Some | olse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would ficulty | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: 1 2 | AFD.240_ Do you block, this? No dif Some A lot o | olse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would ficulty difficulty | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: 1 2 3 | AFD.240_ Do you block, this? No dif Some A lot o | lise if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would ficulty difficulty f difficulty t do at all/unable to do | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: 1 2 3 4 | AFD.240_ Do you block, this? No dif Some A lot o Canno | olse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would ficulty difficulty of difficulty if difficulty t do at all/unable to do d | 7] ame: MOB_7 ards on level ground, tha | t would be about the length of one | Disability football field or one cit |
| QuestionText: 1 2 3 4 7 | AFD.240_ Do you block, y this? No dif Some A lot o Canno Refuse Don't t: | olse if MOB_2=1 [goto MOB_7 00.000 Instrument Variable Na have difficulty walking 100 ya when using your aid(s)? Would ficulty difficulty if difficulty if difficulty t do at all/unable to do id snow Sample adults 18+ who were as | ame: MOB_7 ards on level ground, tha I you say no difficulty, so | t would be about the length of one | Disability football field or one cit are you unable to do elected to receive the |

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| Question ID: | AFD.250_00.000 Instrument Variable Name: | MOB_8 | QuestionnaireFileName: | Functioning And Disability |
|--|--|---|--|---------------------------------|
| QuestionText: | Do you have difficulty walking a third of a blocks, when using your aid(s)? Would you this? | | | |
| 1 | No difficulty | | | |
| 2 | Some difficulty | | | |
| 3 | A lot of difficulty | | | |
| 4 | Cannot do at all/unable to do | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText | : Sample adults 18+ who were asked t Functioning and Disability (AFD) se wheelchair or scooter, and who have they have difficulty walking 100 yar | ction, use equipment no difficulty, some | or receive help for getting around difficulty, a lot of difficulty, or refu | but do not use a |
| SkinInstructio | | as on rever ground, v | | |
| SkipInstructio | | | | |
| | | COM_SS | QuestionnaireFileName: | Functioning And Disability |
| Question ID: | ons: <1-4,R,D> goto COM_SS | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficult | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficult No difficulty | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have di Would you say no difficulty, some difficult No difficulty Some difficulty | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: QuestionText: 1 2 3 | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficult No difficulty Some difficulty A lot of difficulty | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: QuestionText: 1 2 3 4 | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficult No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do | COM_SS | QuestionnaireFileName: ng, for example, understanding or | Disability |
| Question ID: QuestionText: 1 2 3 4 7 | ons: <1-4,R,D> goto COM_SS AFD.270_00.000 Instrument Variable Name: Using your usual language, do you have dif Would you say no difficulty, some difficult No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do Refused Don't know | COM_SS fficulty communicati y, a lot of difficulty, he family disability o | QuestionnaireFileName: ng, for example, understanding or or are you unable to do this? | Disability being understood? |

Adult Functioning and Disability

| Question ID: | AFD.290 <u></u> | _00.000 | Instrument Va | ariable Name: | COM_2 | QuestionnaireFileName | Functioning And Disability |
|--|--|---|--|------------------------------------|---|-------------------------------|--|
| QuestionText: | Do you | ı use sigi | language? | | | | |
| 1 | Yes | | | | | | |
| 2 | No | | | | | | |
| 7 | Refus | ed | | | | | |
| 9 | Don't | know | | | | | |
| UniverseTex | | | | o were asked th isability (AFD) | | questions (FDB) and were rand | omly selected to receive |
| SkipInstruct | ions: | <1,2,R,D | > goto COG_ | SS | | | |
| | | | | | | | |
| Question ID: | AFD.300_ | _00.000 | Instrument Va | ariable Name: | COG_SS | QuestionnaireFileName | |
| - | Do you | ı have di | ficulty remen | | | QuestionnaireFileName | Disability |
| | Do you | ı have di | | | | | Disability |
| | Do you are you | ı have di | ficulty remen | | | | Disability |
| QuestionText: | Do you are you No di | ı have di ı unable | ficulty remen o do this? | | | | Disability |
| QuestionText: | Do you are you No di Some | 1 have di 1 unable fficulty | ficulty remen o do this? | | | | Disability |
| QuestionText: 1 2 | Do you are you No di Some A lot | 1 have di 1 unable fficulty difficulty of difficulty | ficulty remen o do this? | nbering or cond | | | Disability |
| QuestionText: 1 2 3 | Do you are you No di Some A lot | 1 have di 1 unable fficulty difficult <u>i</u> of difficu of difficu | ficulty remen o do this? , , | nbering or cond | | | Disability |
| 2 3 4 | Do you are you No di Some A lot Canno | 1 have di 1 unable fficulty difficulty of difficut of difficut of do at a ed | ficulty remen o do this? , , | nbering or cond | | | Disability |
| QuestionText: 1 2 3 4 7 | Do you are you No di Some A lot Canno Refus Don't | i have di i unable fficulty difficulty of difficu of do at a ed know Sample a | ficulty remen o do this? , lty l/unable to do dults 18+ who | nbering or cond | centrating? Would ne family disability | | Disability culty, a lot of difficulty, or |

Adult Functioning and Disability

| Question ID: | AFD.310 | _00.000 In | nstrument Variable Name: | COG_1 | QuestionnaireFileName: | Functioning And Disability |
|-----------------------------------|---|--|---|--|--|---|
| QuestionText: | Do yo | u have diff | iculty remembering, conce | ntrating, or both? | | |
| 1 | Diffi | culty remer | nbering only | | | |
| 2 | Diffi | culty conce | ntrating only | | | |
| 3 | Diffi | culty with b | ooth remembering and cond | centrating | | |
| 7 | Refu | sed | | | | |
| 9 | Don' | know | | | | |
| UniverseTex | xt: | Functionin | | ction, and have some | uestions (FDB), were randomly see e difficulty, a lot of difficulty, or ar o remember or concentrate | |
| SkipInstruct | tions: | <1,3,R,D> <2>[goto] | [goto COG_2] UB_SS] | | | |
| | | | | | | |
| Question ID: | AFD.320 | _00.000 h | nstrument Variable Name: | COG_2 | QuestionnaireFileName: | Functioning And Disability |
| - | | _ | | | QuestionnaireFileName: sometimes, often or all of the time | Disability |
| - | How | _ | | | - | Disability |
| QuestionText: | How | – often do yo etimes | | | - | Disability |
| QuestionText: | How o Some Ofter | – often do yo etimes | | | - | Disability |
| QuestionText: 1 2 | How o Some Ofter | - often do yo etimes 1 f the time | | | - | Disability |
| QuestionText: 1 2 3 | How o Some Ofter All o Refu | - often do yo etimes 1 f the time | | | - | Disability |
| QuestionText: 1 2 3 7 | How of Some Ofter All o Refu Don't | often do yo etimes f the time sed know Sample ad Functionir or concent had difficu | u have difficulty remember ults 18+ who were asked the g and Disability (AFD) se rate, or refused to answer of | ting? Would you say he family disability of ction, and had some or didn't know if the ficulty both remembe | uestions (FDB), were randomly se difficulty, a lot of difficulty, or we had difficulty remembering or co ring and concentrating, or refused | Disability ?? elected to receive the re unable to remember ncentrating AND they |

Adult Functioning and Disability

| Question ID: | AFD.330_00.000 | Instrument Variable Name: | COG_3 | QuestionnaireFileName: | Functioning And Disability |
|--|---|---|--|--|-------------------------------|
| QuestionText: | Do you have dif | ficulty remembering a few t | hings, a lot of thing | s, or almost everything? | |
| 1 | A few things | | | | |
| 2 | A lot of things | | | | |
| 3 | Almost everyth | ing | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| | had diffic | | ficulty both rememb | y had difficulty remembering or co ering and concentrating, or refused or both | |
| SkipInstructio | ons: <1-3,R,D | > goto UB_SS | | | |
| | | > goto UB_SS Instrument Variable Name: | UB_SS | QuestionnaireFileName: | Functioning And Disability |
| Question ID: | AFD.360_00.000 | Instrument Variable Name: | as washing all over | QuestionnaireFileName: or dressing? Would you say no diff | Disability |
| Question ID: | AFD.360_00.000 | Instrument Variable Name: ficulty with self care, such a | as washing all over | | Disability |
| Question ID: | AFD.360_00.000 | Instrument Variable Name: ficulty with self care, such a or are you unable to do this | as washing all over | | Disability |
| Question ID: | AFD.360_00.000 Do you have dif lot of difficulty, No difficulty | Instrument Variable Name: ficulty with self care, such a or are you unable to do this | as washing all over | | Disability |
| Question ID: | AFD.360_00.000 Do you have dif lot of difficulty, No difficulty Some difficulty | Instrument Variable Name: ficulty with self care, such a or are you unable to do this | as washing all over | | Disability |
| Question ID: QuestionText: 1 2 3 | AFD.360_00.000 Do you have dif lot of difficulty, No difficulty Some difficulty A lot of difficulty | Instrument Variable Name: ficulty with self care, such a or are you unable to do this | as washing all over | | Disability |
| Question ID: 2 QuestionText: 1 2 3 4 | AFD.360_00.000 Do you have dif lot of difficulty, No difficulty Some difficulty A lot of difficu Cannot do at al | Instrument Variable Name: ficulty with self care, such a or are you unable to do this | as washing all over | | Disability |
| Question ID: QuestionText: 1 2 3 4 7 | AFD.360_00.000 Do you have dif lot of difficulty, No difficulty Some difficulty A lot of difficu Cannot do at al Refused Don't know : Sample a | Instrument Variable Name: ficulty with self care, such a or are you unable to do this , lty l/unable to do | as washing all over of several | | Disability |

Adult Functioning and Disability

| culty, some |
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Adult Functioning and Disability

| Question ID: | AFD.410_00.000 Inst | rument Variable Name: | ANX_1 | QuestionnaireFileName: | Functioning And Disability |
|--|--|--|------------------------|--|-------------------------------|
| QuestionText: | How often do you f | eel worried, nervous or a | anxious? Would you | say daily, weekly, monthly, a few | times a year, or never? |
| 1 | Daily | | | | |
| 2 | Weekly | | | | |
| 3 | Monthly | | | | |
| 4 | A few times a year | | | | |
| 5 | Never | | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| UniverseTex | - | s 18+ who were asked th ng and Disability (AFD) | | uestions (FDB) and were random | ly selected to receive |
| | | | | | |
| SkipInstruct | | oto ANX_2 | | | |
| SkipInstruct | | | ANX_2 | QuestionnaireFileName: | Functioning And Disability |
| | ions: <1-5,R,D> g AFD.420_00.000 Inst | | ANX_2 | QuestionnaireFileName: | |
| Question ID: | ions: <1-5,R,D> g AFD.420_00.000 Inst | rument Variable Name: | ANX_2 | QuestionnaireFileName: | |
| Question ID: QuestionText: | ions: <1-5,R,D> g AFD.420_00.000 Inst Do you take medica | rument Variable Name: | ANX_2 | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 | ions: <1-5,R,D> g AFD.420_00.000 Inst Do you take medica Yes | rument Variable Name: | ANX_2 | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 2 | ions: <1-5,R,D> g AFD.420_00.000 Inst Do you take medica Yes No | rument Variable Name: | ANX_2 | QuestionnaireFileName: | |
| Question ID: QuestionText: 1 2 7 | ions: <1-5,R,D> ge AFD.420_00.000 Inst Do you take medica Yes No Refused Don't know t: Sample adult | rument Variable Name: tion for these feelings? | ne family disability q | QuestionnaireFileName: uestions (FDB) and were random | Disability |

Adult Functioning and Disability

Document Version Date: 12-Jun-17

| | AFD.430_00.000 | Instrument Variable Name: | ANX_3 | QuestionnaireFileName: | Functioning And Disability |
|------------------|---|---|--------------------|---------------------------------------|-------------------------------|
| QuestionText: | | the last time you felt worried a little, a lot, or somewhere i | | ous, how would you describe the lev | rel of these feelings? |
| 1 | A little | | | | |
| 2 | A lot | | | | |
| 3 | Somewhere in | between a little and a lot | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| SkipInstructi | | f they take medication for the D> goto DEP_1 | se reenings | | |
| Question ID: | AFD.450_00.000 | Instrument Variable Name: | DEP_1 | QuestionnaireFileName: | Functioning And Disability |
| QuestionText: | How often do | you feel depressed? Would yo | u say daily, weekl | y, monthly, a few times a year, or no | ever? |
| | | | | | |
| 1 | Daily | | | | |
| 1 2 | • | | | | |
| | Daily Weekly Monthly | | | | |
| 2 | Weekly | year | | | |
| 2 3 | Weekly Monthly | year | | | |
| 2 3 4 | Weekly Monthly A few times a | year | | | |
| 2 3 4 5 | Weekly Monthly A few times a Never | year | | | |

SkipInstructions: <1-5,R,D> goto DEP_2

Adult Functioning and Disability

| Question ID: | AFD.460_ | 00.000 Instrum | nent Variable Name: | DEP_2 | QuestionnaireFileName: | Functioning And Disability |
|------------------------------|--|--|---|---|--|--|
| QuestionText: | Do you | take medicatio | n for depression? | | | |
| 1 | Yes | | | | | |
| 2 | No | | | | | |
| 7 | Refuse | d | | | | |
| 9 | Don't | now | | | | |
| UniverseTex | | | 8+ who were asked th and Disability (AFD) | | questions (FDB) and were randoml | y selected to receive |
| SkipInstruct | | (1,R,D> [goto] (2> if DEP_1=) else [goto TI else [goto D] | 5 and CHPAIN6M=2 RED_1]; | -4,R,D [goto PAIN | Ŋ_2]; | |
| | | | | | | |
| Question ID: | AFD.470_ | 00.000 Instrum | nent Variable Name: | DEP_3 | QuestionnaireFileName: | Functioning And Disability |
| - | _ | g about the las | | _ | QuestionnaireFileName: l did you feel? Would you say a little | Disability |
| - | Thinkir | g about the las 1? | | _ | - | Disability |
| QuestionText: | Thinkin betwee | g about the las 1? | | _ | - | Disability |
| QuestionText: | Thinkin betwee A little A lot | g about the las 1? | | _ | - | Disability |
| QuestionText: | Thinkin betwee A little A lot | g about the las 1? where in betwee | t time you felt depress | _ | - | Disability |
| QuestionText: 1 2 3 | Thinkin betwee A little A lot Somey | g about the las 1? where in betwee d | t time you felt depress | _ | - | Disability |
| 2 3 7 | Thinkin betwee A little A lot Somev Refuse Don't l t: S | g about the las ? where in betwee d cnow sample adults 1 Functioning and | t time you felt depress n a little and a lot 8+ who were asked th l Disability (AFD) sec ow often they feel dep | sed, how depressed the family disability tion, and feel dep | - | Disability e, a lot, or somewhere in elected to receive the times a year or refused |

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| Question ID: | AFD.500_00.000 |) Instrument Variable Name: | PAIN_2 | QuestionnaireFileName: | Functioning And Disability |
|---------------|-----------------|------------------------------------|------------------|--|-------------------------------|
| QuestionText: | In the past 3 i | nonths, how often did you hav | e pain? Would yo | u say never, some days, most days, o | r every day? |
| 1 | Never | | | | |
| 2 | Some days | | | | |
| 3 | Most days | | | | |
| 4 | Every day | | | | |
| 7 | Refused | | | | |
| 9 | Don't know | | | | |
| UniverseText | · · · · · | | | y questions (FDB) and were randoml previously indicated that they had pa | ~ |
| SkipInstructi | .0 | oto TIRED_1] R,D> [goto PAIN_4] | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | Disability |
|---------------|---|
| QuestionText: | Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between? |
| 1 | A little |
| 2 | A lot |
| 3 | Somewhere in between a little and a lot |
| 7 | Refused |
| 9 | Don't know |
| UniverseText: | Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months |

PAIN_4

QuestionnaireFileName:

Functioning And

SkipInstructions: <1-3,R,D> goto TIRED_1

AFD.520_00.000 Instrument Variable Name:

Question ID:

Adult Functioning and Disability

| Question ID: | AFD.540_00 | .000 Instrument Variable Name: | TIRED_1 | QuestionnaireFileName: | Functioning And Disability |
|------------------|--------------------------|--|-------------------------|--|-------------------------------|
| QuestionText: | In the past every day | · · · | l very tired or exhaus | sted? Would you say never, some of | lays, most days, or |
| 1 | Never | | | | |
| 2 | Some da | ys | | | |
| 3 | Most day | 'S | | | |
| 4 | Every da | у | | | |
| 7 | Refused | | | | |
| 9 | Don't kn | OW | | | |
| UniverseTex | | nple adults 18+ who were asked th Functioning and Disability (AFD | | uestions (FDB) and were randoml | y selected to receive |
| SkipInstruct | | >[goto next section] 4,R,D>[goto TIRED_2] | | | |
| Question ID: | AFD.550_00 | .000 Instrument Variable Name: | TIRED_2 | QuestionnaireFileName: | Functioning And Disability |
| QuestionText: | | about the last time you felt very ti r all of the day? | red or exhausted, ho | w long did it last? Would you say | some of the day, most of |
| 1 | Some of | the day | | | |
| 2 | Most of | | | | |
| 3 | All of th | eday | | | |
| 7 | Refused | | | | |
| | | 5 | | | |
| 9 | Don't kn | | | | |
| 9 UniverseTex | t: Sa Fu | ow nple adults 18+ who were asked th | ction, and felt very ti | uestions (FDB), were randomly se red or exhausted some days, most hausted in the past 3 months | |

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Document Version Date: 12-Jun-17

| Question ID: | AFD.560_00.000 Instrument Variable Name | : TIRED_3 | QuestionnaireFileName: | Functioning And Disability |
|---------------|---|------------------------|--|-------------------------------|
| QuestionText: | Thinking about the last time you felt this or somewhere in between? | way, how would you | describe the level of tiredness? Wou | ıld you say a little, a lot, |
| 1 | A little | | | |
| 2 | A lot | | | |
| 3 | Somewhere in between a little and a lot | | | |
| 7 | Refused | | | |
| 9 | Don't know | | | |
| UniverseText | - | section, and felt very | questions (FDB), were randomly se tired or exhausted some days, most xhausted in the past 3 months | |
| | 1000 | | | |

SkipInstructions: <1-3,R,D> goto next section