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**2012 NHIS Spanish Questionnaire - Functioning And Disability****Adult Functioning and Disability**Document Version Date: 23-May-13

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**Question ID:** AFD.090\_00.000    **Instrument Variable Name:** VIS\_0    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** Ahora, voy a hacerle preguntas sobre su capacidad para realizar diferentes actividades, y también sobre su estado de ánimo. Aunque algunas de estas preguntas pueden sonarles parecidas a otras que ya contestó, es importante que se las preguntemos todas.

¿Usa espejuelos/anteojos?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:** <1,2,R,D> goto VIS\_SS

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**Question ID:** AFD.100\_00.000    **Instrument Variable Name:** VIS\_SS    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** Las siguientes preguntas son nuevas y estamos probándolas. Algunas puede que le suenen parecidas a otras que ya ha contestado.

¿Tiene dificultad para ver, aún cuando tiene puestos espejuelos/anteojos? ¿Diría que no tiene ninguna dificultad, alguna dificultad, mucha dificultad, o usted no puede hacerlo?

- 1 Ninguna dificultad
  - 2 Alguna dificultad
  - 3 Mucha dificultad
  - 4 No puede hacerlo
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB)

**Skip Instructions:** <1-4,R,D>[goto HEAR\_1]

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**Question ID:** AFD.140\_00.000    **Instrument Variable Name:** HEAR\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** ¿Utiliza un aparato auditivo/audífono?

1. Sí
  2. No
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:** <1> [goto HEAR\_2]  
<2,R,D> [goto HEAR\_SS]

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**Question ID:** AFD.170\_00.000    **Instrument Variable Name:** HEAR\_3    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para oír lo que se habla en una conversación con otra persona en una habitación sin ruido [fill: aún cuando usa su(s) aparato(s) auditivo(s)/audífono(s)]? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty hearing, even when using a hearing aid

**Skip Instructions:**    <1-3,R,D>[goto HEAR\_4]  
                                 <4>[goto MOB\_SS]

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**Question ID:** AFD.170\_00.001    **Instrument Variable Name:** HEAR\_4    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para oír lo que se habla en una conversación con otra persona en una habitación con más ruido {fill:aún cuando usa su(s) aparato(s) auditivo(s)/audífono(s)}? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

**Skip Instructions:**    <1-4,R,D>[goto MOB\_SS]

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**Question ID:** AFD.180\_00.000    **Instrument Variable Name:** MOB\_SS    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene alguna dificultad para caminar o subir escalones? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-4,R,D> goto MOB\_2

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**Question ID:** AFD.200\_00.000    **Instrument Variable Name:** MOB\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Utiliza algún equipo o recibe ayuda para moverse de un lugar a otro?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1>[goto MOB\_3A]  
<2,R,D>[goto MOB\_4]

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**Question ID:** AFD.200\_00.001    **Instrument Variable Name:** MOB\_3A    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Utiliza cualquiera de los siguientes...

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

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3B

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**Question ID:** AFD.200\_00.002    **Instrument Variable Name:** MOB\_3B    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

Andador?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3C

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**Question ID:** AFD.200\_00.003    **Instrument Variable Name:** MOB\_3C    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

Muletas?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3D

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**Question ID:** AFD.200\_00.004    **Instrument Variable Name:** MOB\_3D    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

Silla de ruedas o aparato de movilidad?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3E

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**Question ID:** AFD.200\_00.005    **Instrument Variable Name:** MOB\_3E    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

Prótesis (pierna/pie)?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3F

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**Question ID:** AFD.200\_00.006    **Instrument Variable Name:** MOB\_3F    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

La ayuda de otra persona?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> goto MOB\_3G

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**Question ID:** AFD.200\_00.007    **Instrument Variable Name:** MOB\_3G    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    \*Read if necessary.

¿Utiliza cualquiera de los siguientes...

Algún otro tipo de equipo o de ayuda?

1. Sí
2. No
- Refused
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around

**Skip Instructions:**    <1,2,R,D> if MOB\_3D=1, [goto COM\_SS];  
else if MOB\_3D=2,R,D [goto MOB\_4]

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**Question ID:** AFD.210\_00.000    **Instrument Variable Name:** MOB\_4    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para caminar 100 yardas sobre terreno plano, esa distancia equivale a un campo de fútbol norteamericano o una cuadra de ciudad {fill: sin usar su método de ayuda}? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
2. Alguna dificultad
3. Mucha dificultad
4. No puede hacerlo
- Refused
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

**Skip Instructions:**    <1-3,R,D>[goto MOB\_5]  
<4>[goto MOB\_6]

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**Question ID:** AFD.220\_00.000    **Instrument Variable Name:** MOB\_5    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para caminar un tercio de milla sobre terreno plano, esa distancia equivale a cinco campos de fútbol norteamericanos o cinco cuadras de ciudad {fill: sin usar su método de ayuda}? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, do not use a wheelchair or scooter, and have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground (without the use of their aid)

**Skip Instructions:**    <1,2,R,D> goto MOB\_6

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**Question ID:** AFD.230\_00.000    **Instrument Variable Name:** MOB\_6    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para subir o bajar 12 escalones? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter

**Skip Instructions:**    <1-4,R,D> if MOB\_2 IN (2,R,D) [goto COM\_SS];  
else if MOB\_2=1 [goto MOB\_7]

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**Question ID:** AFD.240\_00.000    **Instrument Variable Name:** MOB\_7    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para caminar 100 yardas sobre terreno plano, esa distancia equivale a un campo de fútbol norteamericano o una cuadra de ciudad cuando usa su ayuda para caminar? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and use equipment or receive help for getting around but do not use a wheelchair or scooter

**Skip Instructions:**    <1-3,R,D>[goto MOB\_8]  
<4>[goto COM\_SS]

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**Question ID:** AFD.250\_00.000    **Instrument Variable Name:** MOB\_8    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para caminar un tercio de milla, esa distancia equivale a cinco campos de fútbol norteamericanos, cuando usa su ayuda para caminar? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, use equipment or receive help for getting around but do not use a wheelchair or scooter, and who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty walking 100 yards on level ground, when using their aid

**Skip Instructions:**    <1-4,R,D> goto COM\_SS

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**Question ID:** AFD.270\_00.000    **Instrument Variable Name:** COM\_SS    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Usando su idioma cotidiano, tiene dificultad para comunicar, por ejemplo entendiendo a otros o hacerse entendido(a)? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-4,R,D> goto COM\_2

---

**Question ID:** AFD.290\_00.000    **Instrument Variable Name:** COM\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Utiliza la lengua de señas?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1,2,R,D> goto COG\_SS

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**Question ID:** AFD.300\_00.000    **Instrument Variable Name:** COG\_SS    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para recordar las cosas o para concentrarse? Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1>[goto UB\_SS]  
<2-4,R,D>[goto COG\_1]

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**Question ID:** AFD.310\_00.000    **Instrument Variable Name:** COG\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para recordar las cosas, para concentrarse, o ambos?

- 1 Dificultad solo para recordar
- 2 Dificultad solo para concentrarse
- 3 Dificultad para recordar y para concentrarse
- Refused
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have some difficulty, a lot of difficulty, or are unable to remember or concentrate, or don't know or refused if they are able to remember or concentrate

**Skip Instructions:**    <1,3,R,D>[goto COG\_2]  
<2>[goto UB\_SS]

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**Question ID:** AFD.320\_00.000    **Instrument Variable Name:** COG\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Con qué frecuencia tiene dificultad para recordar las cosas? ¿Diría que algunas veces, frecuentemente, o siempre?

- 1. Algunas veces
- 2. Frecuentemente
- 3. Siempre
- Refused
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering

**Skip Instructions:**    <1-3,R,D> goto COG\_3

---

**Question ID:** AFD.330\_00.000    **Instrument Variable Name:** COG\_3    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para recordar algunas cosas, muchas cosas, o casi todo?

- 1. Algunas cosas
- 2. Muchas cosas
- 3. Casi todo
- Refused
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have difficulty remembering or don't know or refused if they have difficulty remembering

**Skip Instructions:**    <1-3,R,D> goto UB\_SS

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**Question ID:** AFD.360\_00.000    **Instrument Variable Name:** UB\_SS    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para el cuidado propio, tal como lavarse todo el cuerpo o vestirse? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-4,R,D> goto UB\_1

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**Question ID:** AFD.370\_00.000    **Instrument Variable Name:** UB\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para subir un pomo de agua o de soda de 2 litros desde el nivel de la cintura hasta el nivel de los ojos? Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-4,R,D> goto UB\_2

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**Question ID:** AFD.380\_00.000    **Instrument Variable Name:** UB\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Tiene dificultad para utilizar las manos o los dedos, tal como para recoger objetos pequeños, por ejemplo, un botón o lápiz, o para abrir o cerrar contenedores o botellas? ¿Diría que tiene ninguna dificultad, alguna dificultad, mucha dificultad, o no puede hacerlo?

1. Ninguna dificultad
  2. Alguna dificultad
  3. Mucha dificultad
  4. No puede hacerlo
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-4,R,D> goto ANX\_1

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**Question ID:** AFD.410\_00.000    **Instrument Variable Name:** ANX\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Con qué frecuencia se siente preocupado(a), nervioso(a) o ansioso(a)? ¿Diría que diariamente, semanalmente, mensualmente, unas cuantas veces al año, o nunca?

1. Diariamente
  2. Semanalmente
  3. Mensualmente
  4. Unas cuantas veces al año
  5. Nunca
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-5,R,D> goto ANX\_2

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**Question ID:** AFD.420\_00.000    **Instrument Variable Name:** ANX\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Toma medicamentos para estos sentimientos?

1. Sí
  2. No
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1,R,D> [goto ANX\_3]  
<2> if ANX\_1=5 [goto DEP\_1];  
else [goto ANX\_3]

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**Question ID:** AFD.430\_00.000    **Instrument Variable Name:** ANX\_3    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    Pensando en la última vez que sintió preocupado(a), nervioso(a) o ansioso(a), ¿cómo describiría el nivel de estos sentimientos? ¿Diría que un poco, mucho, o algo en el medio?

1. Un poco
  2. Mucho
  3. Algo entre un poco y mucho
- Refused  
Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

**Skip Instructions:**    <1-3,R,D> goto DEP\_1

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**Question ID:** AFD.450\_00.000    **Instrument Variable Name:** DEP\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Con qué frecuencia se siente deprimido(a)? ¿Diría que diariamente, semanalmente, mensualmente, unas cuantas veces al año, o nunca?

1. Diariamente
  2. Semanalmente
  3. Mensualmente
  4. Unas cuantas veces al año
  5. Nunca
- Refused

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1-5,R,D> goto DEP\_2

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**Question ID:** AFD.460\_00.000    **Instrument Variable Name:** DEP\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    ¿Toma medicamentos para la depresión?

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

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:**    <1,R,D> [goto DEP\_3]  
 <2> if DEP\_1=5 [goto PAIN\_2];  
 else [goto DEP\_3]

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**Question ID:** AFD.470\_00.000    **Instrument Variable Name:** DEP\_3    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:**    Pensando en la última vez que se sintió deprimido(a), ¿qué tanto deprimido(a) se sintió? ¿Diría que un poco, mucho, o algo en el medio?

1. Un poco
  2. Mucho
  3. Algo entre un poco y mucho
- Refused
- 
- Don't know

**Universe:**    Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

**Skip Instructions:**    <1-3,R,D> goto PAIN\_2

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**Question ID:** AFD.500\_00.000    **Instrument Variable Name:** PAIN\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** En los últimos 3 meses, ¿con qué frecuencia ha tenido dolor? ¿Diría que nunca, algunos días, la mayoría de los días, o todos los días?

1. Nunca
  2. Algunos días
  3. La mayoría de los días
  4. Todos los días
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:** <1> [goto TIRED\_1]  
<2,3,4,R,D> [goto PAIN\_4]

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**Question ID:** AFD.520\_00.000    **Instrument Variable Name:** PAIN\_4    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** Pensando en la última vez que usted tuvo dolor, ¿cuánto tiempo duró el dolor? ¿Diría que parte del día, la mayoría del día, o todo el día.

1. Parte del día
  2. La mayoría del día
  3. Todo el día
- Refused  
Don't know

**Universe:** 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

**Skip Instructions:** <1-3,R,D> goto TIRED\_1

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**Question ID:** AFD.540\_00.000    **Instrument Variable Name:** TIRED\_1    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** En los últimos 3 meses, ¿con qué frecuencia se sintió muy cansado(a) o agotado(a)? ¿Diría que nunca, algunos días, la mayoría de los días, o todos los días?

1. Nunca
  2. Algunos días
  3. La mayoría de los días
  4. Todos los días
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB) and were randomly selected to receive the Functioning and Disability (AFD) section

**Skip Instructions:** <1>[goto next section]  
<2-4,R,D>[goto TIRED\_2]

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**Question ID:** AFD.550\_00.000    **Instrument Variable Name:** TIRED\_2    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** Pensando en la última vez que se sintió muy cansado(a) o agotado(a), ¿cuánto tiempo duró? ¿Diría que parte del día, la mayoría del día, o todo el día?

1. Parte del día
  2. La mayoría del día
  3. Todo el día
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

**Skip Instructions:** <1-3,R,D> goto TIRED\_3

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**Question ID:** AFD.560\_00.000    **Instrument Variable Name:** TIRED\_3    **QuestionnaireFileName:** Functioning And Disability

**Spanish Text:** Pensando de la última vez que se sintió así, ¿cómo describiría el nivel de cansancio? ¿Diría que un poco, mucho, o algo entre un poco y mucho?

1. Un poco
  2. Mucho
  3. Algo entre un poco y mucho
- Refused  
Don't know

**Universe:** Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

**Skip Instructions:** <1-3,R,D> goto next section

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