2017 NHIS Questionnaire - Family

Family Identification

Document Version Date: 05-Jun-18

Question ID: FID.100_00.000   **Instrument Variable Name:**   HHCHANGE   **QuestionnaireFileName:**   Family

QuestionText: I have recorded that [your name is {fill fullname}, you are /fill ALIAS is] [fill sex], [fill age] years old, born on [fill birthdate].   [His/Her] national origin is [fill Hispanic origin], and [his/her] race is [fill race]:
Is this information correct?

1   Yes, this information is correct
2   No, correction(s) needed/more corrections needed

UniverseText: All nondeleted family members

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S [goto EXIT(HHC)]
else [goto FIDCC13]
<2> [goto CWHAT2]

Question ID: FID.245_00.000   **Instrument Variable Name:**   HHCHANGE_1   **QuestionnaireFileName:**   Family

QuestionText: I have recorded that {your name is/ALIAS is} {fill full name}, age is {fill age}, date of birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} {fill race} is:
Is this information correct?

1   Yes, this information is correct
2   No, correction(s) needed/more corrections needed

UniverseText: All nondeleted family members with a change made to their demographic information

SkipInstructions: <1> if no additional PX remain
if SCREENIN = 0 and I_SCRN_STATUS = S, GOTO EXIT(HHC)
else GOTO FIDCC13
<2> GOTO ERR_HHCHANGE_1

Hard Edit: ERR_HHCHANGE_1
* Press enter to go back to change some demographic information or arrow down and press enter to change your answer.

Default Goto should be CWHAT2

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Question ID: FID.250_00.000 **Instrument Variable Name:** MARITAL **QuestionnaireFileName:** Family

QuestionText: * ASK OR VERIFY

[fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?

1	Married
2	Widowed
3	Divorced
4	Separated
5	Never Married
6	Living with partner
7	Refused
9	Don't know

UniverseText: All persons, 14 and older, who don't have a marital status yet

SkipInstructions:
<1> [goto SPFLAG]
<2-5, R, D> [goto FIDCCI3]
<6> if LINTAL[FAMINT] = 1 [goto FIDCCI4]
else [goto COHAB1]

Question ID: FID.260_00.000 **Instrument Variable Name:** SPOUS **QuestionnaireFileName:** Family

QuestionText: * ASK OR VERIFY

Is [fill: your/ALIAS's] spouse living in the household?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: A potential spouse lives in the unit.

SkipInstructions:
<1> If SPOUS2[PX] = null [goto SPOUS2]
else [goto FIDCCI3]
<2,R,D> [goto FIDCCI3]

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Question ID: FID.270_00.000 **Instrument Variable Name:** SPOUS2 **QuestionnaireFileName:** Family

QuestionText: * Probe as necessary and enter the line number of the spouse.

[Display all possible spouse candidates]

01-25 Person # of spouse

UniverseText: Person has an unidentified spouse in the household.

SkipInstructions: Do not allow line number of the subject to be entered. If so [goto ERR_SPOUS2]
<1-25,R,D> [goto FIDCCI3]

Hard Edit: ERR1_SPOUS2

*Person can't be his or her own spouse.
*Please correct.

Soft Edit: ERR2_SPOUS2
*If [ALIAS (SPOUS2(PX)] is [ALIAS (PX)]'s spouse, [ALIAS (SPOUS2(PX))]'s RPREL value should be '02'.
*Correct relationship code at RPREL or change answer at SPOUS2.

*First GOTO is to change Relationship code of [ALIAS (SPOUS2(PX))]
*Second GOTO is to choose different spouse at SPOUS2

Questions involved	Value
RPREL: Relationship to Ref Person	RPREL(SPOUS2(PX))
SPOUS2	ALIAS (SPOUS2(PX))

ERR3_SPOUS2
*Do not read this message to the respondent.
*The married couple [ALIAS (SPOUS2(PX))] and [ALIAS (PX)] are both [SEX(PX)].
*Suppress message if correct.
*Otherwise, correct SEX of either person or choose different spouse.

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change SEX of spouse [ALIAS (SPOUS2(PX))]
*Third GOTO is to change SEX of [ALIAS(PX)]

Questions involved	Value
SPOUS2	ALIAS (SPOUS2(PX))
SEX	SEX (SPOUS2(PX))
SEX	SEX (PX)

ERR4_SPOUS2
*Age difference between spouses is greater than or equal to 30 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] spouse [ALIAS(SPOUS2(PX))] is
[AGE(SPOUS2(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different spouse at SPOUS2
*Second GOTO is to change AGE of spouse [ALIAS (SPOUS2(PX))]
*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved	Value
SPOUS2	ALIAS (SPOUS2(PX))
AGE	AGE (SPOUS2(PX))
AGE	AGE (PX)

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Question ID: FID.280_00.000 **Instrument Variable Name:** COHAB1 **QuestionnaireFileName:** Family

QuestionText: [fill: Have you/Has ALIAS] ever been married?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Marital status is "living with a partner."

SkipInstructions: <1> [goto COHAB2]
<2,R,D> if COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

Question ID: FID.290_00.000 **Instrument Variable Name:** COHAB2 **QuestionnaireFileName:** Family

QuestionText: What is [fill: your/ALIAS's] current legal marital status?

1	Married
2	Widowed
3	Divorced
4	Separated
7	Refused
9	Don't know

UniverseText: Person is currently cohabiting and has been married.

SkipInstructions: <1-4,R,D> If COHAB3[PX] = null [goto COHAB3]
else [goto FIDCCI3]

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Question ID: FID.300_00.000   **Instrument Variable Name:**   COHAB3   **QuestionnaireFileName:**   Family

QuestionText: * Probe as necessary and enter the line number of the cohabiting partner.

[Display all possible cohabitation candidates]

01-25   Person number

UniverseText: Cohabiting partner has yet to be identified.

SkipInstructions: If line number of the subject is entered [goto ERR_COHAB3]
<1-25,R,D> [goto FIDCCI3]

Hard Edit: ERR1_COHAB3

* Person can't be his or her own partner.
* Please correct.

Soft Edit: ERR2_COHAB3

*If [ALIAS (COHAB3(PX))] is [ALIAS (PX)]'s cohabiting partner, [ALIAS (COHAB3(PX))]'s RPREL value should be '03'.
*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]
*Second GOTO is to choose different cohabiting partner at COHAB3

Questions involved	Value
RPREL: Relationship to Ref Person	RPREL(COHAB3 (PX))
COHAB3	ALIAS (COHAB3 (PX))

ERR3_COHAB3
*If [ALIAS (COHAB3(PX))] and [ALIAS (PX)] are cohabiting partners, it is not possible for both to have RPREL codes equal to '04' for 'Child'. One of their RPREL codes should equal '12' for 'Other relative'.
*Correct relationship code at RPREL or change answer at COHAB3.

*First GOTO is to change Relationship code of [ALIAS (COHAB3(PX))]
*Second GOTO is to change Relationship code of [ALIAS (PX)]
*Third GOTO is to choose different cohabiting partner at COHAB3

Questions involved	Value
RPREL: Relationship to Ref Person	Child
RPREL: Relationship to Ref Person	Child
COHAB3	ALIAS (COHAB3 (PX))

ERR4_ COHAB3
*Age difference between cohabiting partners is greater than or equal to 20 years.
I have recorded [ALIAS (PX)] is [AGE(PX)] years old and [fill: his/her] cohabiting partner [ALIAS(COHAB3(PX))] is [AGE(COHAB3(PX))] years old. Are these ages and relationships correct?

*First GOTO is to choose different cohabiting partner at COHAB3
*Second GOTO is to change AGE of cohabiting partner [ALIAS (COHAB3(PX))]
*Third GOTO is to change AGE of [ALIAS(PX)]

Questions involved	Value
COHAB3	ALIAS (COHAB3 (PX))
AGE	AGE (COHAB3 (PX))
AGE	AGE (PX)

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Question ID: FID.322_00.000   **Instrument Variable Name:**   DEGREE4   **QuestionnaireFileName:**   Family

QuestionText: I noted that [father's fullname] is the father of [child's fullname]. Is [child's fullname] his biological, adoptive, step, foster, or [fill: son/daughter] in law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

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UniverseText: When the reference person is the person in question's parent.

SkipInstructions:
<1> if AGEDIFF <12 [goto ERR_DEGREE4]
if ERR_DEGREE4 = 1 [goto FIDCCI4B]
else reset DEGREE4 [goto DEGREE4] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Hard Edit:
ERR2_DEGREE4
*Age difference between father and child is [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

Soft Edit:
ERR1_DEGREE4
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif

ERR3_DEGREE4
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change Relationship code of [ALIAS(X2)]
*Second GOTO is to change Relationship code of [ALIAS(PX)]
*Third GOTO is to change AGE of father [ALIAS(X2)]
*Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (husband) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif

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Question ID: FID.324_00.000   **Instrument Variable Name:**   DEGREE5   **QuestionnaireFileName:**   Family

QuestionText: I noted that [mother's fullname] is the mother of [child's fullname]. Is [child's fullname] her biological, adoptive, step, foster, or [fill: son/daughter] in law?

1	Biological
2	Adoptive
3	Step
4	Foster
5	-in-law
7	Refused
9	Don't know

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UniverseText: When the reference person is the person in question's parent.

SkipInstructions: <1> if AGEDIFF <12 [goto ERR_DEGREE5]
if yes, continue the interview [goto FIDCCI4B]
else, reset DEGREE5 [goto DEGREE5] endif
else [goto FIDCCI4B]
<2-5,R,D> [goto FIDCCI4B]

Hard Edit: ERR2_DEGREE5
 *Age difference between mother and child is [AGEDIFF] years.
 I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.
 Are these ages and relationships correct?
 * Please correct relationship code or age.

 *First GOTO is to change Relationship code of [ALIAS(X2)]
 *Second GOTO is to change Relationship code of [ALIAS(PX)]
 *Third GOTO is to change AGE of mother [ALIAS(X2)]
 *Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

Soft Edit: ERR1_DEGREE5
*Age difference between mother and child is only [AGEDIFF] years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

 *First GOTO is to change Relationship code of [ALIAS(X2)]
 *Second GOTO is to change Relationship code of [ALIAS(PX)]
 *Third GOTO is to change AGE of mother [ALIAS(X2)]
 *Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif

ERR3_DEGREE5
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (X2)] is [AGE(X2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

 *First GOTO is to change Relationship code of [ALIAS(X2)]
 *Second GOTO is to change Relationship code of [ALIAS(PX)]
 *Third GOTO is to change AGE of mother [ALIAS(X2)]
 *Fourth GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
RPREL: Relationship to Ref Person	Spouse (wife) or Unmarried Partner
RPREL: Relationship to Ref Person	Child or Child of Partner
AGE	AGE (X2)
AGE	AGE(PX)

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If suppressed and additional persons remain, GOTO FIDCCI4
else GOTO FIDCCI4B, endif

Question ID: FID.326_00.000   **Instrument Variable Name:**   MOTHER   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify
  Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or mother-in-law)

  * Enter the line number of the mother or mother-in-law.
   If the mother or mother-in-law is not a household member, enter "0".

  * Choose mother over mother-in-law if both are present.

00	Mother not a household member
01-25	Person number of mother
97	Refused
99	Don't know

UniverseText: Potential mother in the Family, mother not already identified

SkipInstructions: <01-25> [goto MOTHERCK_A]
               <0,R,D> [goto FIDCCI5]

Question ID: FID.330_01.000   **Instrument Variable Name:** MOTHERCK_A   **QuestionnaireFileName:** Family

QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster mother or mother-in-law?

1	Biological mother
2	Adoptive mother
3	Step mother
4	Foster mother
5	Mother-in-law
7	Refused
9	Don't know

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UniverseText:
Mother is in the immediate family.

SkipInstructions:
<1> If AGEDIFF <12 [goto ERR_MOTHERCK_A]
if <1> [goto FIDCCI5]
elseif <2> [goto MOTHER]
elseif <3>, reset MOTHERCK_A [goto MOTHERCK_A]
else [goto FIDCCI5]
<2-5,R,D> [goto FIDCCI5]

Hard Edit:
ERR2_MOTHERCK_A
*Age difference between mother and child is [AGEDIFF] years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

Soft Edit:
ERR1_MOTHERCK_A
*Age difference between mother and child is only [AGEDIFF] years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI5

ERR3_MOTHERCK_A
*Age difference between mother and child is greater than or equal to 50 years.
I have recorded [ALIAS (LNMOM[PX])] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at MOTHER
*Second GOTO is to change AGE of mother [ALIAS (LNMOM[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
MOTHER	ALIAS (MOTHER [PX])
AGE	AGE(LNMOM[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI5

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Question ID: FID.340_00.000   **Instrument Variable Name:**   FATHER   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify

Is [fill: your/ALIAS's] father a household member? (Include biological (natural), adoptive, step, or foster father or father-in-law).

* Enter the line number of the father or father-in-law.

* If the father is not a household member, enter '0'.

* Choose father over father-in-law if both are present.

00	Father not in household
01-25	Person # of father
97	Refused
99	Don't know

UniverseText: Potential Father in Family, not already identified

SkipInstructions: <1-25> [goto FATHERCK_A]
<0,R,D> [goto FIDCCI4]

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Question ID: FID.350_01.000 **Instrument Variable Name:** FATHERCK_A **QuestionnaireFileName:** Family

QuestionText: [fill1: Are you/Is ALIAS] [fill2: ALIAS's/your] biological (natural), adoptive, step, or foster father or father-in-law?

1	Biological father
2	Adoptive father
3	Step father
4	Foster father
5	Father-in-law
7	Refused
9	Don't know

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UniverseText: Father is in the immediate family.

SkipInstructions: <1> If AGEDIFF <12 [goto ERR_FATHERCK_A]
if ERRFATHERCK_A = <1> [goto FIDCCI4]
elseif <2> [goto FATHER]
elseif <3> reset FATHERCK_A
[goto FATHERCK_A] endif
else [goto FIDCCI4]
<2-5,R,D> [goto FIDCCI4]

Hard Edit: ERR2_FATHERCK_A
*Age difference between father and child is [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is
[AGE(PX)] years old.
Are these ages and relationships correct?
* Please correct relationship code or age.

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

Soft Edit: ERR1_FATHERCK_A
*Age difference between father and child is only [AGEDIFF] years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is
[AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI4

ERR3_FATHERCK_A
*Age difference between father and child is greater than or equal to 50 years.
I have recorded [ALIAS(LNDAD[PX])] is [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is
[AGE(PX)] years old. Are these ages and relationships correct?

*First GOTO is to change code at FATHER
*Second GOTO is to change AGE of father [ALIAS (LNDAD[PX])]
*Third GOTO is to change AGE of child [ALIAS(PX)]

Questions involved	Value
FATHER	ALIAS(FATHER [PX])
AGE	AGE(LNDAD[PX])
AGE	AGE(PX)

if suppressed goto FIDCCI4

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

QuestionText: [fill: Do you/Does ALIAS] have a legal guardian?

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: FID.362_00.000   **Instrument Variable Name:**   LGGUARD2   **QuestionnaireFileName:**   Family

QuestionText: *Ask or verify.
Is [fill ALIAS'S] legal guardian a household member?

*Enter the line number of the legal guardian.
*If the legal guardian is not a household member, enter '0'.

00	Guardian not a household member
01-25	Person # of guardian
97	Refused
99	Don't know

UniverseText: Person less than 18 has legal guardian

SkipInstructions: <0-25, D, R> if additional persons remain, GOTO FIDCCI4
         else GOTO ROSTERCK

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Question ID: FID.380_00.000 **Instrument Variable Name:** KNOW2 **QuestionnaireFileName:** Family

QuestionText: * Verify or ask
Who in the family would you say knows about the health of all the family members?
[Display all family members who not deleted and > 17 or emancipated minors.]
* Mark all that apply, separate with commas.

1	Yes, knows family members' health
2	No, does not know family member's health
7	Refused
9	Don't know

UniverseText: More than one adult

SkipInstructions: <1-25,R,D>
if SCSEL = 0 [goto FINTRO2]
else [goto KNOWSC2]

Question ID: FID.390_03.000 **Instrument Variable Name:** FINTRO2 **QuestionnaireFileName:** Family

QuestionText: * Enter line number(s) of family members listed that are currently present. Enter up to 10 numbers, separate with commas.
[Display all family members who are not deleted and >17 or emancipated minors]
* If any persons listed are not present, say:
We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES) at home now?
* If yes, ask: Could they join us?
* If nobody is presently available, enter "96" to proceed to a callback screen.

1	Present
2	Not present

UniverseText: All nondeleted persons >17 or emancipated minors

SkipInstructions: <96> [goto FCALLBK1]
if only one PX selected [goto HLTH_BEG]
else [goto FAMRESP]

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Question ID: FID.390_04.000   **Instrument Variable Name:**   FAMRESP   **QuestionnaireFileName:**   Family

QuestionText: * Ask if necessary: With whom am I speaking?
* Enter the line number of the person you consider to be the main respondent for this family's health questions.

01-25   Person # of Family Respondent

UniverseText: More than 1 adult present.

SkipInstructions: goto HLTH_BEG

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Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.005_00.000   **Instrument Variable Name:**   FLAPLYLM   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: Are/Is]

* Read names
(fill roster of persons age 0-4)

limited in the kind or amount of play activities [fill2: they/he/she] can do because of a physical, mental, or emotional problem?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons less than 5 years of age

SkipInstructions: <1> [if only one child less than 5 years of age, store the person number in PLAPLYLM and goto PLAPLYUN; else, goto PLAPLYLM]
<2,R,D> [goto FSPEDEIS]

Question ID: FHS.010_00.000   **Instrument Variable Name:**   PLAPLYLM   **QuestionnaireFileName:**   Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than five years of age and at least one is limited in play activities

SkipInstructions: goto PLAPLYUN

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.020_00.000 **Instrument Variable Name:** PLAPLYUN **QuestionnaireFileName:** Family

QuestionText: Is [fill: ALIAS] able to take part AT ALL in the usual kinds of play activities done by most children [fill: ALIAS]'s age?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 5 years of age who are limited in play activities

SkipInstructions: repeat this question for all persons listed at PLAPLYLM, then goto FSPEDEIS

Question ID: FHS.050_00.000 **Instrument Variable Name:** FSPEDEIS **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill: Do you/Does/Do any of these family members,

* Read names

(fill roster of persons less than age 18)]

receive Special Educational or Early Intervention Services?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons less than 18 years of age

SkipInstructions: <1> [if only one person less than 18 years of age, store the person number in PSPEDEIS and goto PSPEDEM; else, goto PSPEDEIS]
 <2,R,D> [goto FLAADL]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.060_00.000   **Instrument Variable Name:** PSPEDEIS   **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than 18 years of age and at least one receives Special Educational or Early Intervention Services

SkipInstructions: goto PSPEDEM

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

Question ID: FHS.065_00.000   **Instrument Variable Name:** PSPEDEM   **QuestionnaireFileName:** Family

QuestionText: [fill: Do you/Does ALIAS] receive these services because of an emotional or behavioral problem?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who receive Special Educational or Early Intervention Services

SkipInstructions: repeat this question for all persons listed at PSPEDEIS, then goto FLAADL

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.070_00.000 **Instrument Variable Name:** FLAADL **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Because of a physical, mental, or emotional problem, [fill1: do you/does anyone in the family] need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

[fill2: Do not include family members age 2 and under.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 3 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PLAADL and goto LABATH; else, goto PLAADL]
<2,R,D> [goto FLAIADL]

Question ID: FHS.080_00.000 **Instrument Variable Name:** PLAADL **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 3 years of age or older and at least one needs the help of other persons with personal care needs

SkipInstructions: goto LABATH

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.090_01.000 **Instrument Variable Name:** LABATH **QuestionnaireFileName:** Family

QuestionText: [fill: Do you/Does ALIAS] need the help of other persons with...

Bathing or showering?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LADRESS

Question ID: FHS.090_02.000 **Instrument Variable Name:** LADRESS **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Dressing?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LAEAT

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.090_03.000 **Instrument Variable Name:** LAEAT **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Eating?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LABED

Question ID: FHS.090_04.000 **Instrument Variable Name:** LABED **QuestionnaireFileName:** Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting in or out of bed or chairs?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LATOILT

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.090_05.000   **Instrument Variable Name:**   LATOILT   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Using the toilet, including getting to the toilet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LAHOME

Question ID: FHS.090_06.000   **Instrument Variable Name:**   LAHOME   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

[fill: Do you/Does ALIAS] need the help of other persons with...

Getting around inside the home?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 3 years of age or older who need help with personal care needs

SkipInstructions: goto LABATH for the next persons listed at PLAADL; else, goto FLAIADL

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.150_00.000 **Instrument Variable Name:** FLAIADL **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Because of a physical, mental, or emotional problem, do [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAIADL and goto FLAWKNOW; else, goto PLAIADL]
<2,R,D> [goto FLAWKNOW]

Question ID: FHS.160_00.000 **Instrument Variable Name:** PLAIADL **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one needs the help of other persons in handling routine needs

SkipInstructions: goto FLAWKNOW

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.170_00.000 **Instrument Variable Name:** FLAWKNOW **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Does a physical, mental, or emotional problem NOW keep [fill: you/any of these family members

* Read names
(fill roster of persons age 18 or older)]

from working at a job or business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if only one person 18 years of age or older, store the person number in PLAWKNOW and goto FLAWALK; else, goto PLAWKNOW]
<2,R,D> [goto FLAWKLIM]

Question ID: FHS.180_00.000 **Instrument Variable Name:** PLAWKNOW **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one is unable to work due to a physical, mental, or emotional problem

SkipInstructions: all persons selected goto FLAWALK; else, goto FLAWKLIM

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.190_00.000   **Instrument Variable Name:**   FLAWKLIM   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work he/she/ Are any of these family members,

* Read names
(fill roster of persons age 18 or older)]

limited in the kind OR amount of work they] can do because of a physical, mental or emotional problem?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older not listed as being unable to work due to a physical, mental, or emotional problem

SkipInstructions: <1> [if only one person 18 years of age or older not selected at PLAWKNOW, store person number in PLAWKLIM and goto FLAWALK; else, goto PLAWKLIM]
<2,R,D> [goto FLAWALK]

Question ID: FHS.200_00.000   **Instrument Variable Name:**   PLAWKLIM   **QuestionnaireFileName:**   Family

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

Who is this?
(Anyone else?)

0	Unable to work
1	Limited in work
2	Not limited in work
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older able to work and at least one is limited in the kind or amount of work he/she can do

SkipInstructions: goto FLAWALK

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.210_00.000   **Instrument Variable Name:**   FLAWALK   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Because of a health problem, [fill: do you/does anyone in the family]
have difficulty walking without using any special equipment?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PLAWALK and goto FLAREMEM; else, goto PLAWALK]
<2,R,D> [goto FLAREMEM]

Question ID: FHS.220_00.000   **Instrument Variable Name:**   PLAWALK   **QuestionnaireFileName:**   Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one has difficulty walking without using special equipment

SkipInstructions: goto FLAREMEM

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.230_00.000 **Instrument Variable Name:** FLAREMEM **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: Are you/Is anyone in the family] LIMITED IN ANY WAY because of difficulty remembering or because [fill2: you/they] experience periods of confusion?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store person number in PLAREMEM and goto LAHCC; else, goto PLAREMEM]
<2,R,D> [goto FLIMANY]

Question ID: FHS.240_00.000 **Instrument Variable Name:** PLAREMEM **QuestionnaireFileName:** Family

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

Who is this?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one is limited due to difficulty remembering or periods of confusion

SkipInstructions: goto FLIMANY

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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.250_00.000   **Instrument Variable Name:**   FLIMANY   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill: Are you/ Is ALIAS/ Are any family members

* Read names
(fill roster of applicable persons)]

LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families – please see note on PLIMANY

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

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

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

Who is this?
(Anyone else?)

0	Limitation previously mentioned
1	Yes, limited in some other way
2	Not limited in any way
7	Refused
9	Don't know

UniverseText: All families – please see note on PLIMANY

SkipInstructions: goto LAHCC

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

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

QuestionText: (book) F1   ? [F1]

What conditions or health problems cause [fill: ALIAS]'s limitations?

* Enter all that apply, separate with commas.
* Do not probe except to clarify answer.

01	Vision/problem seeing
02	Hearing problem
03	Speech problem
04	Asthma/breathing problem
05	Birth defect
06	Injury
07	Intellectual disability, also known as mental retardation
08	Other developmental problem (for example, cerebral palsy)
09	Other mental, emotional or behavioral problem
10	Bone, joint, or muscle problem
11	Epilepsy or seizures
12	Learning disability
13	Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
90	Other impairment/problem (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/not sure

UniverseText: All persons less than 18 years of age who have at least one reported limitation

SkipInstructions: <1-4,6-13> [goto appropriate follow-up questions: LHCL01N - LHCL04N, LHCL06N - LHCL13N]
<5> [fill "96" in LHCL05N and fill "6" in LHCL05T]
<90> [goto LAHCC_S1]
<91> [goto LAHCC_S2]
<R,D> [repeat this question for the next person less than 18 years of age with a reported limitation; if no more persons less than 18 years of age with a reported limitation, goto LAHCA]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person less than 18 years of age with a reported limitation. The instrument then proceeds to LAHCA.

Question ID:	FHS.271_90.000	**Instrument Variable Name:**	LAHCC_S1	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHCL90N

Question ID:	FHS.271_91.000	**Instrument Variable Name:**	LAHCC_S2	**QuestionnaireFileName:**	Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHCL91N

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.280_01.000   **Instrument Variable Name:**   LHCL01N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing

SkipInstructions: <1-95,D> [goto LHCL01T]
<96> [fill "6" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL01T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.280_02.000   **Instrument Variable Name:**   LHCL01T   **QuestionnaireFileName:**   Family

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: All persons less than 18 years of age who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL01T]

if (LHCL01T = 4 and LHCL01N > AGE) or (LHCL01T = 3 and LHCL01N > AGE in months) or (LHCL01T = 2 and LHCL01N > AGE in weeks), goto ERR1_LHCL01T

Hard Edit: ERR1_LHCL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL01T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.282_01.000   **Instrument Variable Name:**   LHCL02N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a hearing problem

SkipInstructions: <1-95,D> [goto LHCL02T]
<96> [fill "6" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL02T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.282_02.000   **Instrument Variable Name:**   LHCL02T   **QuestionnaireFileName:**   Family

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: All persons less than 18 years of age who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL02T]

if (LHCL02T = 4 and LHCL02N > AGE) or (LHCL02T = 3 and LHCL02N > AGE in months) or (LHCL02T = 2 and LHCL02N > AGE in weeks), goto ERR1_LHCL02T

Hard Edit: ERR1_LHCL02T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL02T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.284_01.000   **Instrument Variable Name:**   LHCL03N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a speech problem?

* Enter number for time with a speech problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem

SkipInstructions: <1-95,D> [goto LHCL03T]
<96> [fill "6" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL03T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.284_02.000   **Instrument Variable Name:**   LHCL03T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

       * Enter time period for time with speech problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a speech problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL03T]

if (LHCL03T = 4 and LHCL03N > AGE) or (LHCL03T = 3 and LHCL03N > AGE in months) or (LHCL03T = 2 and LHCL03N > AGE in weeks), goto ERR1_LHCL03T

Hard Edit: ERR1_LHCL03T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHCL03T
 * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.286_01.000   **Instrument Variable Name:**   LHCL04N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had asthma or a breathing problem?

* Enter number for time with an asthma or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem

SkipInstructions: <1-95,D> [goto LHCL04T]
<96> [fill "6" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL04T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.286_02.000   **Instrument Variable Name:** LHCL04T   **QuestionnaireFileName:** Family

QuestionText: 2 of 2

     * Enter time period for time with asthma or a breathing problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to asthma/breathing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL04T]

if (LHCL04T = 4 and LHCL04N > AGE) or (LHCL04T = 3 and LHCL04N > AGE in months) or (LHCL04T = 2 and LHCL04N > AGE in weeks), goto ERR1_LHCL04T

Hard Edit: ERR1_LHCL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL04T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.288_01.000   **Instrument Variable Name:**   LHCL06N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had the injury that caused [fill2:your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury

SkipInstructions: <1-95,D> [goto LHCL06T]
<96> [fill "6" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL06T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.288_02.000   **Instrument Variable Name:**   LHCL06T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with the injury that caused [fill: your/his/her] limitation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to an injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL06T]

if (LHCL06T = 4 and LHCL06N > AGE) or (LHCL06T = 3 and LHCL06N > AGE in months) or (LHCL06T = 2 and LHCL06N > AGE in weeks), goto ERR1_LHCL06T

Hard Edit: ERR1_LHCL06T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHCL06T
 * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.290_01.000   **Instrument Variable Name:**   LHCL07N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to intellectual disability/mental retardation

SkipInstructions: <1-95,D> [goto LHCL07T]
<96> [fill "6" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL07T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.290_02.000 **Instrument Variable Name:** LHCL07T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to intellectual disability/mental retardation and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL07T]

if (LHCL07T = 4 and LHCL07N > AGE) or (LHCL07T = 3 and LHCL07N > AGE in months) or (LHCL07T = 2 and LHCL07N > AGE in weeks), goto ERR1_LHCL07T

Hard Edit: ERR1_LHCL07T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL07T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.292_01.000 **Instrument Variable Name:** LHCL08N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to some other developmental problem

SkipInstructions: <1-95,D> [goto LHCL08T]
<96> [fill "6" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL08T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.292_02.000   **Instrument Variable Name:**   LHCL08T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL08T]

if (LHCL08T = 4 and LHCL08N > AGE) or (LHCL08T = 3 and LHCL08N > AGE in months) or (LHCL08T = 2 and LHCL08N > AGE in weeks), goto ERR1_LHCL08T

Hard Edit: ERR1_LHCL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL08T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.294_01.000 **Instrument Variable Name:** LHCL09N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a mental, emotional, or behavioral problem?

* Enter number for time with a mental, emotional, or behavioral problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem

SkipInstructions: <1-95,D> [goto LHCL09T]
<96> [fill "6" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL09T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.294_02.000   **Instrument Variable Name:**   LHCL09T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with mental, emotional, or behavioral problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL09T]

if (LHCL09T = 4 and LHCL09N > AGE) or (LHCL09T = 3 and LHCL09N > AGE in months) or (LHCL09T = 2 and LHCL09N > AGE in weeks), goto ERR1_LHCL09T

Hard Edit: ERR1_LHCL09T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL09T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.296_01.000   **Instrument Variable Name:**   LHCL10N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a bone, joint, or muscle problem?

* Enter number for time with a bone, joint, or muscle problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem

SkipInstructions: <1-95,D> [goto LHCL10T]
<96> [fill "6" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL10T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.296_02.000   **Instrument Variable Name:**   LHCL10T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with bone, joint, or muscle problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL10T]

if (LHCL10T = 4 and LHCL10N > AGE) or (LHCL10T = 3 and LHCL10N > AGE in months) or (LHCL10T = 2 and LHCL10N > AGE in weeks), goto ERR1_LHCL10T

Hard Edit: ERR1_LHCL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL10T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.298_01.000 **Instrument Variable Name:** LHCL11N   **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures

SkipInstructions: <1-95,D> [goto LHCL11T]
<96> [fill "6" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL11T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.298_02.000   **Instrument Variable Name:**   LHCL11T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL11T]

if (LHCL11T = 4 and LHCL11N > AGE) or (LHCL11T = 3 and LHCL11N > AGE in months) or (LHCL11T = 2 and LHCL11N > AGE in weeks), goto ERR1_LHCL11T

Hard Edit: ERR1_LHCL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL11T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.300_01.000   **Instrument Variable Name:**   LHCL12N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a learning disability?

* Enter number for time with a learning disability.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability

SkipInstructions: <1-95,D> [goto LHCL12T]
<96> [fill "6" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL12T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.300_02.000   **Instrument Variable Name:**   LHCL12T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with learning disability.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL12T]

if (LHCL12T = 4 and LHCL12N > AGE) or (LHCL12T = 3 and LHCL12N > AGE in months) or (LHCL12T = 2 and LHCL12N > AGE in weeks), goto ERR1_LHCL12T

Hard Edit: ERR1_LHCL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL12T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.302_01.000 **Instrument Variable Name:** LHCL13N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had attention deficit/hyperactivity disorder?

* Enter number for time with attention deficit/hyperactivity disorder.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder

SkipInstructions: <1-95,D> [goto LHCL13T]
<96> [fill "6" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL13T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.302_02.000   **Instrument Variable Name:**   LHCL13T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with attention deficit/hyperactivity disorder.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to Attention Deficit/Hyperactivity Disorder and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL13T]

if (LHCL13T = 4 and LHCL13N > AGE) or (LHCL13T = 3 and LHCL13N > AGE in months) or (LHCL13T = 2 and LHCL13N > AGE in weeks), goto ERR1_LHCL13T

Hard Edit: ERR1_LHCL13T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL13T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.304_01.000   **Instrument Variable Name:**   LHCL90N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S1]?

* Enter number for time with [fill1: problem in LAHCC_S1]?
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1

SkipInstructions: <1-95,D> [goto LHCL90T]
<96> [fill "6" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL90T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.304_02.000 **Instrument Variable Name:** LHCL90T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S1].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL90T]

if (LHCL90T = 4 and LHCL90N > AGE) or (LHCL90T = 3 and LHCL90N > AGE in months) or (LHCL90T = 2 and LHCL90N > AGE in weeks), goto ERR1_LHCL90T

Hard Edit: ERR1_LHCL90T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL90T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.306_01.000   **Instrument Variable Name:**   LHCL91N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: problem in LAHCC_S2]?

* Enter number for time with [fill1: problem in LAHCC_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2

SkipInstructions: <1-95,D> [goto LHCL91T]
<96> [fill "6" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<R> [store "R" in LHCL91T and goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]

Question ID: FHS.306_02.000   **Instrument Variable Name:**   LHCL91T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with [fill: problem in LAHCC_S2].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to the problem entered at LAHCC_S2 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC for next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA]
<6> [goto ERR2_LHCL91T]

if (LHCL91T = 4 and LHCL91N > AGE) or (LHCL91T = 3 and LHCL91N > AGE in months) or (LHCL91T = 2 and LHCL91N > AGE in weeks), goto ERR1_LHCL91T

Hard Edit: ERR1_LHCL91T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHCL91T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.350_00.000   **Instrument Variable Name:**   LAHCA   **QuestionnaireFileName:**   Family

QuestionText: (book) F2

What conditions or health problems cause [fill: your/ALIAS's] limitations?

* Enter 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

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

UniverseText: All persons 18 years of age or older who have at least one reported limitation

SkipInstructions: <1-12,14-35> [goto appropriate follow-up questions: LHAL01N - LHAL12N, LHAL14N - LHAL35N]
<13> [fill "96" in LHAL13N and fill "6" in LHAL13T]
<90> [goto LAHCA_S1]
<91> [goto LAHCA_S2]
<R,D> [repeat this question for the next person 18 years of age or older with a reported limitation; if no more persons 18 years of age or older with a reported limitation, goto PHSTAT]

NOTE: This question and all appropriate follow-up questions are asked, in sequence, for each person 18 years of age or older with a reported limitation. The instrument then proceeds to PHSTAT.

Question ID: FHS.351_90.000   **Instrument Variable Name:**   LAHCA_S1   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHAL90N

Question ID: FHS.351_91.000   **Instrument Variable Name:**   LAHCA_S2   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What is the other impairment or problem?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons less than 18 years of age who have a limitation due to at least one condition not listed at LAHCC

SkipInstructions: goto LHAL91N

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.360_01.000   **Instrument Variable Name:**   LHAL01N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a vision problem or problem seeing?

* Enter number for time with a vision problem or problem seeing.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing

SkipInstructions: <1-95,D> [goto LHAL01T]
<96> [fill "6" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL01T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.360_02.000 **Instrument Variable Name:** LHAL01T **QuestionnaireFileName:** Family

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: All persons 18 years of age or older who have a limitation due to a vision problem or problem seeing and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL01T]

if LHAL01T = 4 and LHAL01N > AGE, goto ERR1_LHAL01T

Hard Edit: ERR1_LHAL01T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL01T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.362_01.000   **Instrument Variable Name:**   LHAL02N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hearing problem?

* Enter number for time with a hearing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hearing problem

SkipInstructions: <1-95,D> [goto LHAL02T]
<96> [fill "6" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL02T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.362_02.000 **Instrument Variable Name:** LHAL02T **QuestionnaireFileName:** Family

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: All persons 18 years of age or older who have a limitation due to a hearing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL02T]

if LHAL02T = 4 and LHAL02N > AGE, goto ERR1_LHAL02T

Hard Edit: ERR1_LHAL02T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL02T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.364_01.000   **Instrument Variable Name:**   LHAL03N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism

SkipInstructions: <1-95,D> [goto LHAL03T]
<96> [fill "6" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL03T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.364_02.000   **Instrument Variable Name:**   LHAL03T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since Birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to arthritis/rheumatism and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL03T]

if LHAL03T = 4 and LHAL03N > AGE, goto ERR1_LHAL03T

Hard Edit: ERR1_LHAL03T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL03T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.366_01.000 **Instrument Variable Name:** LHAL04N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a back or neck problem?

* Enter number for time with a back or neck problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a back or neck problem

SkipInstructions: <1-95,D> [goto LHAL04T]
<96> [fill "6" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL04T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID:	FHS.366_02.000	**Instrument Variable Name:** LHAL04T	**QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with back or neck problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a back or neck problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL04T]

if LHAL04T = 4 and LHAL04N > AGE, goto ERR1_LHAL04T

Hard Edit: ERR1_LHAL04T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL04T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.368_01.000 **Instrument Variable Name:** LHAL05N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury

SkipInstructions: <1-95,D> [goto LHAL05T]
<96> [fill "6" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL05T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.368_02.000   **Instrument Variable Name:**   LHAL05T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a fracture or bone/joint injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL05T]

if LHAL05T = 4 and LHAL05N > AGE, goto ERR1_LHAL05T

Hard Edit: ERR1_LHAL05T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL05T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.370_01.000   **Instrument Variable Name:**   LHAL06N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had the other injury that caused [fill2: your/his/her] limitation?

* Enter number for time with the injury.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury

SkipInstructions: <1-95,D> [goto LHAL06T]
<96> [fill "6" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL06T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.370_02.000   **Instrument Variable Name:**   LHAL06T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with other injury that caused [fill: your/his/her] limitation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some "other" injury and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL06T]

if LHAL06T = 4 and LHAL06N > AGE, goto ERR1_LHAL06T

Hard Edit: ERR1_LHAL06T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL06T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.372_01.000   **Instrument Variable Name:**   LHAL07N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a heart problem?

* Enter number for time with a heart problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a heart problem

SkipInstructions: <1-95,D> [goto LHAL07T]
<96> [fill "6" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL07T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.372_02.000   **Instrument Variable Name:**   LHAL07T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with heart problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a heart problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL07T]

if LHAL07T = 4 and LHAL07N > AGE, goto ERR1_LHAL07T

Hard Edit: ERR1_LHAL07T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL07T
 * "6" not selectable.

Question ID: FHS.374_01.000   **Instrument Variable Name:**   LHAL08N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a stroke problem?

* Enter number for time with a stroke problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a stroke problem

SkipInstructions: <1-95,D> [goto LHAL08T]
<96> [fill "6" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL08T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.374_02.000   **Instrument Variable Name:**   LHAL08T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a stroke problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL08T]

if LHAL08T = 4 and LHAL08N > AGE, goto ERR1_LHAL08T

Hard Edit: ERR1_LHAL08T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL08T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.376_01.000 **Instrument Variable Name:** LHAL09N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure

SkipInstructions: <1-95,D> [goto LHAL09T]
<96> [fill "6" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL09T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.376_02.000 **Instrument Variable Name:** LHAL09T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with hypertension or high blood pressure.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to hypertension/high blood pressure and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL09T]

if LHAL09T = 4 and LHAL09N > AGE, goto ERR1_LHAL09T

Hard Edit: ERR1_LHAL09T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL09T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.378_01.000   **Instrument Variable Name:**   LHAL10N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had diabetes?

* Enter number for time with diabetes.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to diabetes

SkipInstructions: <1-95,D> [goto LHAL10T]
<96> [fill "6" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL10T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.378_02.000 **Instrument Variable Name:** LHAL10T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with diabetes.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to diabetes and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL10T]

if LHAL10T = 4 and LHAL10N > AGE, goto ERR1_LHAL10T

Hard Edit: ERR1_LHAL10T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL10T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.380_01.000   **Instrument Variable Name:**   LHAL11N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a lung problem or breathing problem (e.g., asthma and emphysema)?

* Enter number for time with a lung problem or breathing problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a lung/breathing problem

SkipInstructions: <1-95,D> [goto LHAL11T]
<96> [fill "6" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL11T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.380_02.000 **Instrument Variable Name:** LHAL11T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with lung problem or breathing problem (e.g., asthma and emphysema).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a lung/breathing problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL11T]

if LHAL11T = 4 and LHAL11N > AGE, goto ERR1_LHAL11T

Hard Edit: ERR1_LHAL11T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL11T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.382_01.000   **Instrument Variable Name:**   LHAL12N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had cancer?

* Enter number for time with cancer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to cancer

SkipInstructions: <1-95,D> [goto LHAL12T]
<96> [fill "6" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL12T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.382_02.000   **Instrument Variable Name:**   LHAL12T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with cancer.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to cancer and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL12T]

if LHAL12T = 4 and LHAL12N > AGE, goto ERR1_LHAL12T

Hard Edit: ERR1_LHAL12T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL12T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.384_01.000   **Instrument Variable Name:**   LHAL14N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to intellectual disability/mental retardation

SkipInstructions: <1-95,D> [goto LHAL14T]
<96> [fill "6" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL14T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.384_02.000 **Instrument Variable Name:** LHAL14T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with intellectual disability/mental retardation.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to intellectual disability/mental retardation and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL14T]

if LHAL14T = 4 and LHAL14N > AGE, goto ERR1_LHAL14T

Hard Edit: ERR1_LHAL14T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL14T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.386_01.000 **Instrument Variable Name:** LHAL15N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some other developmental problem

SkipInstructions: <1-95,D> [goto LHAL15T]
<96> [fill "6" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL15T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.386_02.000   **Instrument Variable Name:**   LHAL15T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with developmental problem (e.g. cerebral palsy).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to some other developmental problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL15T]

if LHAL15T = 4 and LHAL15N > AGE, goto ERR1_LHAL15T

Hard Edit: ERR1_LHAL15T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL15T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.388_01.000   **Instrument Variable Name:**   LHAL16N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had senility?

* Enter number for time with senility.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to senility

SkipInstructions: <1-95,D> [goto LHAL16T]
<96> [fill "6" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL16T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.388_02.000   **Instrument Variable Name:**   LHAL16T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

  * Enter time period for time with senility.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to senility and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL16T]

if LHAL16T = 4 and LHAL16N > AGE, goto ERR1_LHAL16T

Hard Edit: ERR1_LHAL16T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL16T
 * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.390_01.000   **Instrument Variable Name:**   LHAL17N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem

SkipInstructions: <1-95,D> [goto LHAL17T]
<96> [fill "6" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL17T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

Question ID: FHS.390_02.000   **Instrument Variable Name:**   LHAL17T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with depression, anxiety, or an emotional problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to depression/anxiety/emotional problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL17T]

if LHAL17T = 4 and LHAL17N > AGE, goto ERR1_LHAL17T

Hard Edit: ERR1_LHAL17T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL17T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.392_01.000 **Instrument Variable Name:** LHAL18N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a weight problem?

* Enter number for time with a weight problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a weight problem

SkipInstructions: <1-95,D> [goto LHAL18T]
<96> [fill "6" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL18T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.392_02.000   **Instrument Variable Name:**   LHAL18T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with weight problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a weight problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL18T]

if LHAL18T = 4 and LHAL18N > AGE, goto ERR1_LHAL18T

Hard Edit: ERR1_LHAL18T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL18T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.394_01.000   **Instrument Variable Name:**   LHAL19N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to missing limbs

SkipInstructions: <1-95,D> [goto LHAL19T]
<96> [fill "6" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL19T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.394_02.000   **Instrument Variable Name:**   LHAL19T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with missing limb (finger, toe, or digit).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to missing limbs and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL19T]

if LHAL19T = 4 and LHAL19N > AGE, goto ERR1_LHAL19T

Hard Edit: ERR1_LHAL19T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL19T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.396_01.000   **Instrument Variable Name:**   LHAL20N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem

SkipInstructions: <1-95,D> [goto LHAL20T]
<96> [fill "6" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL20T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.396_02.000   **Instrument Variable Name:**   LHAL20T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with kidney, bladder or renal problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a kidney, bladder, or renal problem and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL20T]

if LHAL20T = 4 and LHAL20N > AGE, goto ERR1_LHAL20T

Hard Edit: ERR1_LHAL20T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL20T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.398_01.000   **Instrument Variable Name:**   LHAL21N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to circulation problems

SkipInstructions: <1-95,D> [goto LHAL21T]
<96> [fill "6" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL21T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.398_02.000   **Instrument Variable Name:**   LHAL21T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

         * Enter time period for time with circulation problem (including blood clots).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to circulation problems and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL21T]

     if LHAL21T = 4 and LHAL21N > AGE, goto ERR1_LHAL21T

Hard Edit: ERR1_LHAL21T
 * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL21T
 * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.400_01.000 **Instrument Variable Name:** LHAL22N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to benign tumors or cysts

SkipInstructions: <1-95,D> [goto LHAL22T]
<96> [fill "6" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL22T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.400_02.000   **Instrument Variable Name:**   LHAL22T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to benign tumors or cysts and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL22T]

if LHAL22T = 4 and LHAL22N > AGE, goto ERR1_LHAL22T

Hard Edit: ERR1_LHAL22T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL22T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.402_01.000   **Instrument Variable Name:**   LHAL23N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus

SkipInstructions: <1-95,D> [goto LHAL23T]
<96> [fill "6" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL23T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.402_02.000 **Instrument Variable Name:** LHAL23T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to fibromyalgia or lupus and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL23T]

if LHAL23T = 4 and LHAL23N > AGE, goto ERR1_LHAL23T

Hard Edit: ERR1_LHAL23T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL23T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.404_01.000   **Instrument Variable Name:**   LHAL24N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis

SkipInstructions: <1-95,D> [goto LHAL24T]
<96> [fill "6" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL24T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.404_02.000 **Instrument Variable Name:** LHAL24T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendinitis.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to osteoporosis or tendinitis and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL24T]

if LHAL24T = 4 and LHAL24N > AGE, goto ERR1_LHAL24T

Hard Edit: ERR1_LHAL24T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL24T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.406_01.000 **Instrument Variable Name:** LHAL25N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to epilepsy or seizures

SkipInstructions: <1-95,D> [goto LHAL25T]
<96> [fill "6" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL25T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.406_02.000   **Instrument Variable Name:**   LHAL25T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to epilepsy or seizures and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL25T]

if LHAL25T = 4 and LHAL25N > AGE, goto ERR1_LHAL25T

Hard Edit: ERR1_LHAL25T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL25T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.408_01.000   **Instrument Variable Name:**   LHAL26N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D> [goto LHAL26T]
<96> [fill "6" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL26T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.408_02.000 **Instrument Variable Name:** LHAL26T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis (MS) or muscular dystrophy (MD).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to multiple sclerosis or muscular dystrophy and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL26T]

if LHAL26T = 4 and LHAL26N > AGE, goto ERR1_LHAL26T

Hard Edit: ERR1_LHAL26T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL26T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.410_01.000   **Instrument Variable Name:**   LHAL27N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had polio(myelitis), paralysis or para/quadriplegia?

* Enter number for time with polio (myelitis) paralysis or para/quadriplegia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia

SkipInstructions: <1-95,D> [goto LHAL27T]
<96> [fill "6" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL27T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.410_02.000 **Instrument Variable Name:**   LHAL27T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with polio(myelitis), paralysis or para/quadriplegia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to polio, paralysis, or para/quadriplegia and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL27T]

if LHAL27T = 4 and LHAL27N > AGE, goto ERR1_LHAL27T

Hard Edit: ERR1_LHAL27T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL27T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.412_01.000   **Instrument Variable Name:**   LHAL28N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors

SkipInstructions: <1-95,D> [goto LHAL28T]
<96> [fill "6" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL28T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.412_02.000   **Instrument Variable Name:**   LHAL28T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

> * Enter time period for time with Parkinson's disease or tremors.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to Parkinson's disease or other tremors and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL28T]

if LHAL28T = 4 and LHAL28N > AGE, goto ERR1_LHAL28T

Hard Edit: ERR1_LHAL28T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL28T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.414_01.000   **Instrument Variable Name:** LHAL29N   **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome

SkipInstructions: <1-95,D> [goto LHAL29T]
<96> [fill "6" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL29T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.414_02.000 **Instrument Variable Name:** LHAL29T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with nerve damage (including carpal tunnel syndrome).

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to other nerve damage, including carpal tunnel syndrome, and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL29T]

if LHAL29T = 4 and LHAL29N > AGE, goto ERR1_LHAL29T

Hard Edit: ERR1_LHAL29T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL29T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.416_01.000   **Instrument Variable Name:**   LHAL30N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a hernia?

* Enter number for time with a hernia.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hernia

SkipInstructions: <1-95,D> [goto LHAL30T]
<96> [fill "6" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL30T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.416_02.000 **Instrument Variable Name:**   LHAL30T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

   * Enter time period for time with hernia.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to a hernia and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
   <6> [goto ERR2_LHAL30T]

   if LHAL30T = 4 and LHAL30N > AGE, goto ERR1_LHAL30T

Hard Edit: ERR1_LHAL30T
   * Time with condition cannot be greater than age. Please correct.
   ERR2_LHAL30T
   * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.418_01.000   **Instrument Variable Name:**   LHAL31N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had an ulcer?

* Enter number for time with an ulcer.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to an ulcer

SkipInstructions: <1-95,D> [goto LHAL31T]
<96> [fill "6" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL31T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.418_02.000   **Instrument Variable Name:**   LHAL31T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with ulcer.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to an ulcer and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL31T]

if LHAL31T = 4 and LHAL31N > AGE, goto ERR1_LHAL31T

Hard Edit: ERR1_LHAL31T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL31T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.420_01.000   **Instrument Variable Name:**   LHAL32N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids

SkipInstructions: <1-95,D> [goto LHAL32T]
<96> [fill "6" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL32T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.420_02.000   **Instrument Variable Name:**   LHAL32T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with varicose veins or hemorrhoids.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to varicose veins or hemorrhoids and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL32T]

if LHAL32T = 4 and LHAL32N > AGE, goto ERR1_LHAL32T

Hard Edit: ERR1_LHAL32T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL32T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.422_01.000   **Instrument Variable Name:**   LHAL33N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] 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.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout

SkipInstructions: <1-95,D> [goto LHAL33T]
<96> [fill "6" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL33T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.422_02.000 **Instrument Variable Name:** LHAL33T **QuestionnaireFileName:** Family

QuestionText: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to thyroid problems, Grave's disease, or gout and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL33T]

if LHAL33T = 4 and LHAL33N > AGE, goto ERR1_LHAL33T

Hard Edit: ERR1_LHAL33T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL33T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.424_01.000   **Instrument Variable Name:**   LHAL34N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had a knee problem?

* Enter number for time with a knee problem.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to knee problems

SkipInstructions: <1-95,D> [goto LHAL34T]
<96> [fill "6" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL34T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID:	FHS.424_02.000	**Instrument Variable Name:**	LHAL34T	**QuestionnaireFileName:** Family

QuestionText: 2 of 2

            * Enter time period for time with knee problem.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to knee problems and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL34T]

if LHAL34T = 4 and LHAL34N > AGE, goto ERR1_LHAL34T

Hard Edit: ERR1_LHAL34T
  * Time with condition cannot be greater than age. Please correct.
ERR2_LHAL34T
  * "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.426_01.000 **Instrument Variable Name:** LHAL35N **QuestionnaireFileName:** Family

QuestionText: 1 of 2

How long [fill: have you/has ALIAS] had migraine headaches?

* Enter number for time with migraine headaches.
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches

SkipInstructions: <1-95,D> [goto LHAL35T]
<96> [fill "6" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL35T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.426_02.000   **Instrument Variable Name:**   LHAL35T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to migraine headaches and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL35T]

if LHAL35T = 4 and LHAL35N > AGE, goto ERR1_LHAL35T

Hard Edit: ERR1_LHAL35T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL35T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.450_01.000   **Instrument Variable Name:**   LHAL90N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S1]?

* Enter number for time with [fill1: LAHCA_S1].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1

SkipInstructions: <1-95,D> [goto LHAL90T]
<96> [fill "6" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL90T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.450_02.000   **Instrument Variable Name:**   LHAL90T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

        * Enter time period for time with [fill: LAHCA_S1].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S1 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL90T]

if LHAL90T = 4 and LHAL90N > AGE, goto ERR1_LHAL90T

Hard Edit: ERR1_LHAL90T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL90T
* "6" not selectable.

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.452_01.000   **Instrument Variable Name:**   LHAL91N   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

How long [fill1: have you/has ALIAS] had [fill2: LAHCA_S2]?

* Enter number for time with [fill1: LAHCA_S2].
* Enter '95' for 95 or more.
* Enter '96' if since birth.

01-94	01-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2

SkipInstructions: <1-95,D> [goto LHAL91T]
<96> [fill "6" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<R> [store "R" in LHAL91T and goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]

2017 NHIS Questionnaire - Family

Family Health Status & Limitations

Document Version Date: 05-Jun-18

Question ID: FHS.452_02.000   **Instrument Variable Name:**   LHAL91T   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

* Enter time period for time with [fill: LAHCA_S2].

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
6	Since birth
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who have a limitation due to the problem entered at LAHCA_S2 and 1-95, D was entered for the "number" part of this two-part question

SkipInstructions: <1-4,R,D> [goto follow-up questions for next condition selected at LAHCA; if no more conditions, goto LAHCA for next person 18 years of age or older with a reported limitation; if no more persons, goto PHSTAT]
<6> [goto ERR2_LHAL91T]

if LHAL91T = 4 and LHAL91N > AGE, goto ERR1_LHAL91T

Hard Edit: ERR1_LHAL91T
* Time with condition cannot be greater than age. Please correct.
ERR2_LHAL91T
* "6" not selectable.

Question ID: FHS.500_00.000   **Instrument Variable Name:**   PHSTAT   **QuestionnaireFileName:**   Family

QuestionText: Would you say [fill: your/ALIAS's] health in general is excellent, very good, good, fair, or poor?

1	Excellent
2	Very good
3	Good
4	Fair
5	Poor
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: repeat for all persons in the family, goto FINJ3M

2017 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 05-Jun-18

Question ID: FFS.010_00.000 **Instrument Variable Name:** FSRUNOUT **QuestionnaireFileName:** Family

QuestionText: These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days.

The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

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

Question ID: FFS.020_00.000 **Instrument Variable Name:** FSLAST **QuestionnaireFileName:** Family

QuestionText: "The food that [fill 1: I/we] bought just didn't last, and [fill 1: I/we] didn't have money to get more." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

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

2017 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 05-Jun-18

Question ID: FFS.030_00.000   **Instrument Variable Name:**   FSBALANC   **QuestionnaireFileName:**   Family

QuestionText: "[fill 1: I/We] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [fill 2: you/your family] in the last 30 days?

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,2> [goto FSSKIP]
<3,D,R> [if FSRUNOUT in(1,2) or FSLAST in(1,2), goto FSSKIP; else goto FINJ3M]

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

QuestionText: In the last 30 days, did [fill 1: you/you or other adults in your family] ever cut the size of your meals or skip meals because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto FSSKDAYS]
<2,R,D> [goto FSLESS]

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

QuestionText: In the last 30 days, how many days did this happen?

01-30	Days
97	Refused
99	Don't know

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

SkipInstructions: <1-30,R,D> [goto FSLESS]

2017 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 05-Jun-18

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

QuestionText: In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

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

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

Question ID: FFS.070_00.000 **Instrument Variable Name:** FSHUNGRY **QuestionnaireFileName:** Family

QuestionText: In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

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

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

2017 NHIS Questionnaire - Family

Family Food Security

Document Version Date: 05-Jun-18

Question ID: FFS.080_00.000   **Instrument Variable Name:**   FSWEIGHT   **QuestionnaireFileName:**   Family

QuestionText: In the last 30 days, did you lose weight because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto FSNOTEAT]
<2,R,D> [if FSSKIP=1 or FSLESS=1 or FSHUNGRY=1, goto FSNOTEAT; else goto FINJ3M]

Question ID: FFS.090_00.000   **Instrument Variable Name:**   FSNOTEAT   **QuestionnaireFileName:**   Family

QuestionText: In the last 30 days, did [fill 1: you/you or other adults in your family] ever not eat for a whole day because there wasn't enough money for food?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families where adult(s) cut the size of meals or meals were skipped, ate less than they felt they should, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food

SkipInstructions: <1> [goto FSNEDAYS]
<2,R,D> [goto FINJ3M]

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

QuestionText: In the last 30 days, how many days did this happen?

01-30	Days
97	Refused
99	Don't know

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

SkipInstructions: <1-30,R,D> [goto FINJ3M]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.010_00.000 **Instrument Variable Name:** FINJ3M **QuestionnaireFileName:** Family

QuestionText: ? [F1]

The next set of questions is about INJURIES AND POISONINGS. People can be injured or poisoned unexpectedly, accidentally or on purpose. They may have hurt themselves or others may have caused them to be hurt.

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: did you/did you or anyone in your family] have an injury where any part of [fill3: your/the] body was hurt, for example, with a [fill4: (random set of injury examples)]?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in WFINJ3M and goto TFINJ3M; else, goto WFINJ3M]
<2,R,D> [goto FPOI3M]

Question ID: FIJ.012_00.000 **Instrument Variable Name:** WFINJ3M **QuestionnaireFileName:** Family

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

Who was this?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one person was injured during the past 3 months

SkipInstructions: <R,D> [goto FPOI3M]
else, goto TFINJ3M

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

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.014_00.000   **Instrument Variable Name:**   TFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] injured?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons injured during the past 3 months

SkipInstructions: <1-10,D> [goto MFINJ3M]
<R> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]
<11-91> [goto ERR_TFINJ3M]

Soft Edit: ERR_TFINJ3M

* ^TFINJ3M is unusually high. Please verify.

<Suppress> [goto MFINJ3M]
<Close> [reset TFINJ3M for new entry]
<Goto> [reset TFINJ3M for new entry]

Question ID: FIJ.016_00.000   **Instrument Variable Name:**   MFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these injuries/this injury/your injury or injuries/his injury or injuries/her injury or injuries]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of injury episodes during the past 3 months

SkipInstructions: <1> [if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M]
<2,R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.018_00.000   **Instrument Variable Name:**   MTFINJ3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Of [fill1: the ^TFINJ3M/all the] times that [fill2: you were/ALIAS was] injured, how many of those times was the injury serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their injury episode(s)

SkipInstructions: <1-91> [If MTFINJ3M gt TFINJ3M, goto ERR1_MTFINJ3M; else, if MTFINJ3M gt 3 and TFINJ3M eq D, goto ERR2_MTFINJ3M; else, goto IPDATEM]
<R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury episode, goto FPOI3M]

Hard Edit: ERR1_MTFINJ3M

[If (MTIFNJ3M gt TFINJ3M), display ERR1_MTFINJ3M]:

 [^MTFINJ3M] is greater than the total number of times you said [you were/ALIAS was] injured, which is [^TFINJ3M]. For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.

Goto
Close

Soft Edit: ERR2_MTFINJ3M

[If (TFINJ3M = 99 and MTFINJ3M gt 3), display ERR2_MTFINJ3M]:

^MTFINJ3M is an unusually high number of injuries for which a medical professional was consulted. Please verify.

*Read if necessary.

For this question, we are asking about the number of times [you were/ALIAS was] injured and a medical professional was consulted. For example, if you were injured three different times, but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that injury event.

Suppress
Goto
Close

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.020_00.000   **Instrument Variable Name:**   FPOI3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, that is since [fill1: (date 91 days before today's date)], [fill2: were you/ were you or anyone in your family] poisoned by swallowing or breathing in a harmful substance such as bleach, carbon monoxide, or too many pills or drugs? Do not include food poisoning, sun poisoning, or poison ivy rashes.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if single-person family, store person number in WFPOI3M and goto TFPOI3M; else, goto WFPOI3M]
<2,DK,R> [goto next section]

Question ID: FIJ.022_00.000   **Instrument Variable Name:**   WFPOI3M   **QuestionnaireFileName:**   Family

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

Who was this?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one person was poisoned during the past 3 months

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

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID:	FIJ.024_00.000	**Instrument Variable Name:**	TFPOI3M	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

DURING THE PAST THREE MONTHS, how many different times [fill: were you/was ALIAS] poisoned? Do not include food poisoning, sun poisoning, or poison ivy rashes.

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons poisoned during the past 3 months

SkipInstructions: <01-10, DK> [goto MFPOI3M]
<R> [goto TFPOI3M for next person with reported poisoning; if
no more persons with a poisoning, goto next section]
<11-91> [goto ERR_TFPOI3M]

Soft Edit: ERR_TFPOI3M

[If TFPOI3M gt 10, display ERR_TFPOI3M]
* ^TFPOI3M is unusually high. Please verify.

<Suppress> [goto MFPOI3M]
<Close> [goto TFPOI3M for new entry]
<Goto> [goto TFPOI3M for new entry]

Question ID:	FIJ.026_00.000	**Instrument Variable Name:**	MFPOI3M	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

Did [fill1: you /ALIAS] talk to or see a medical professional about [fill2: any of these poisonings/this poisoning/your poisoning or poisonings/his poisoning or poisonings/her poisoning or poisonings]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with at least one or an unknown number of poisoning episodes during the past 3 months

SkipInstructions: <1> [if TFPOI3M eq 1, fill "1" in MTFPOI3M and goto IPDATEM; else goto MTFPOI3M]
<2,DK,R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a   poisoning, goto next section]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.028_00.000   **Instrument Variable Name:**   MTFPOI3M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Of [fill1: the ^TFPOI3M/all the] times that [fill2: you were/ALIAS was] poisoned, how many of those times was the poisoning serious enough that a medical professional was consulted?

01-91	1-91 times
97	Refused
99	Don't know

UniverseText: All persons who consulted a medical professional for their poisoning episode(s)

SkipInstructions: <01-91> [If MTFPOI3M gt TFPOI3M, goto ERR1_MTFPOI3M; else, goto IPDATEM]
<DK, R> [goto TFPOI3M for next person with reported poisoning; if no more persons with a poisoning, goto next section]

If ((MTFPOI3M gt TFPOI3M) or (TFPOI3M eq DK and MTFPOI3M gt 3)), display ERR_MTFPOI3M]:

Hard Edit: ERR1_MTFPOI3M

[If (MTFPOI3M gt TFPOI3M), display ERR1_MTFPOI3M]:

 [^MTFPOI3M] is greater than the total number of times you said [you were/ALIAS was] poisoned, which is [^TFPOI3M]. For this question, we are asking about the number of times [you were/ALIAS was] poisoned and a medical professional was consulted. For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

<Close> [goto MTFPOI3M for new entry]
<Goto> [goto TFPOI3M or MTFPOI3M for new entry]

Soft Edit: ERR2_MTFPOI3M

[If TFPOI3M = 99 and MTFPOI3M gt 3), display ERR2_MTFINJ3M]:

* ^MTFINJ3M is an unusually high number.

For this question, we are asking about the number of times [you were/ALIAS was]
poisoned and a medical professional was consulted. For example, if you were poisoned three different times but only sought medical advice or treatment for one of those times, the answer would be one, even if you saw or talked to a trained medical professional more than once about that poisoning event.

Suppress
Goto
Close

Question ID: FIJ.050_01.000   **Instrument Variable Name:**   IPDATEM   **QuestionnaireFileName:**   Family

QuestionText: 1 of 3

* Please hand the calendar card to the respondent.

{if only 1 injury/poisoning episode for the person}
When did [fill1: your/ALIAS's] [fill2: injury/poisoning] happen for which a medical professional was consulted?

{first of multiple injury/poisoning episodes for the person}
Now I'm going to ask a few questions about the [fill3: ^MTFINJ3M/^MTFPOI3M] times [fill4: you were/ALIAS was] [fill5: injured/poisoned] for which a medical professional was consulted. Starting with the most recent time, when did this [fill2: injury/poisoning] happen?

{second plus of multiple injury/poisoning episodes for the person}
You just told me about [fill1: your/ALIAS's] [fill6: (month, day of previous event)] [fill7:most recent/second most recent/third most recent/fourth most recent][fill2: injury/poisoning]. What was the date of the [fill2: injury/poisoning] before that for which a medical professional was consulted?

* Enter month.

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: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-12> [goto IPDATED]
<R> [goto IPHOW]
<D> [goto IPDATENO]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.050_02.000 **Instrument Variable Name:** IPDATED **QuestionnaireFileName:** Family

QuestionText: 2 of 3

* Enter day.

01-31	1-31
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes where a valid month of episode was entered

SkipInstructions: <1-31> [goto IPDATEY]
<R> [goto IPHOW]
<D> [goto IPDATEMT]

Hard Edit: ERR_IPDATED

[fill1: IPDATED] is not a valid day for [fill2: IPDATEM].

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.050_03.000   **Instrument Variable Name:**   IPDATEY   **QuestionnaireFileName:**   Family

QuestionText: 3 of 3

* Enter year.

Year	Year
9997	Refused
9999	Don't know

UniverseText: All injury/poisoning episodes where a valid day of episode was entered

SkipInstructions: if IPDATEM, IPDATED and IPDATEY result in a future date; goto ERR_IPDATEY; else, if IPDATEM, IPDATED and IPDATEY result in a date prior to the start date of the 91 day reference period, goto ERR1_IPDATEY; else, goto IPHOW

Hard Edit: ERR_IPDATEY

* Future date invalid.

* Please correct.

<Close> [reset IPDATED for new entry]
<Goto> [reset IPDATED for new entry]

Soft Edit: ERR1_IPDATEY

* The reported date, [^IPDATEM(text)^IPDATED(numeric)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify the date and make any corrections.

ERR2_IPDATEY

*The reported date, [^IPDATEM(text)^IPDATED(numeric)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010]. NOTE: The start of the reference period falls in the [beginning/middle/end] of [month used in FIJ.010].

*Please verify the date and make any corrections.

ERR3_IPDATEY

* The reported date, [^IPDATEM(text)^IPDATEY(4-digit year)], falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify the date and make any corrections.

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.051_01.000   **Instrument Variable Name:**   IPDATENO   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2

Can you tell me approximately how long ago [fill1: your/ALIAS's] [fill2: injury/poisoning] happened?

*Enter number for time since event.

001-096	1-96
997	Refused
999	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode

SkipInstructions: <1-91> [goto IPDATETP]
<R,D> [goto IPHOW]

Question ID: FIJ.051_02.000   **Instrument Variable Name:**   IPDATETP   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2

*Enter number for time period since event.

^IPDATENO…

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where don't know was entered for month of episode and 1-91 was entered for the "number" part of this two-part question

SkipInstructions: goto IPHOW

Hard Edit: If IPDATENO GT 91 days (1) or
   IPDATENO GT 13 weeks (2) or
   IPDATENO GT 4 months (3) then goto ERR_IPDATETP

ERR_IPDATETP
defaul blaise message for now "Out of range"

Soft Edit: ERR1_IPDATETP

*The approximate date falls outside the reference period beginning [fill date used in FIJ.010].

*Please verify and make any corrections.

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.052_00.000   **Instrument Variable Name:**   IPDATEMT   **QuestionnaireFileName:**   Family

QuestionText: (book) F3   ? [F1]

Was this in the beginning of [fill: ^IPDATEM (text)], the middle of [fill: ^IPDATEM (text)], or the end of [fill: ^IPDATEM (text)]?

1   Beginning
2   Middle
3   End
7   Refused
9   Don't know

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

SkipInstructions: goto IPHOW

Question ID: FIJ.060_00.000   **Instrument Variable Name:**   IPHOW   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: How did [fill2: your/ALIAS's] [fill3: injury/poisoning] on [fill4: ^IPDATEM ^IPDATED (starting with most recent if multiple)] happen?/How did this [fill3: injury/poisoning] happen?] Please describe fully the circumstances or events leading to the [fill3: injury/poisoning], and any objects, substances, or other people involved.

* Enter the verbatim response, probing for as much detail as possible, including specifically what the person was doing at the time and all circumstances surrounding the event. Record all volunteered information.

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

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

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

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

QuestionText: ?[F1]

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

01	Fall
02	Driver or passenger in a motor vehicle (such as car, truck, van, motorcycle, etc.)
03	Rider of a bicycle/tricycle/unicycle
04	Driver or passenger of other mode of transportation (boat, plane, train, golf cart, etc.)
05	Pedestrian walking or on skateboard, skates, skis, etc. struck by vehicle or bike
06	Overexertion (includes twist, sprain, repetitive motion, whiplash, etc.)
07	Struck by or against something or someone, or struck by a falling object
08	Cutting or piercing by sharp object
09	Burned or scalded by fire or flame, hot objects, hot liquids, chemicals, etc.
10	Bite or sting (insect, animal, reptile, etc.)
11	Contact with machinery
12	Poisoning (excluding food poisoning)
13	Other
97	Refused
99	Don't know

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

SkipInstructions: <01-13,R,D> [goto IJBODY]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

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

QuestionText: ?[F1]

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

01	Fall
02	Driver or passenger in a motor vehicle (such as car, truck, van, motorcycle, etc.)
03	Rider of a bicycle/tricycle/unicycle
04	Driver or passenger of other mode of transportation (boat, plane, train, golf cart, etc.)
05	Pedestrian walking or on skateboard, skates, skis, etc. struck by vehicle or bike
06	Overexertion (includes twist, sprain, repetitive motion, whiplash, etc.)
07	Struck by or against something or someone, or struck by a falling object
08	Cutting or piercing by sharp object
09	Burned or scalded by fire or flame, hot objects, hot liquids, chemicals, etc.
10	Bite or sting (insect, animal, reptile, etc.)
11	Contact with machinery
12	Poisoning (excluding food poisoning)
13	Other
97	Refused
99	Don't know

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

SkipInstructions: <01-13,R,D> [goto IJBODY]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.070_00.000   **Instrument Variable Name:**   IJBODY   **QuestionnaireFileName:**   Family

QuestionText: (book) F4

* Enter up to 4 responses, separate with commas.

* Ask or verify.

In this injury, what parts of [fill: your/ALIAS's] body were hurt?

01	Ankle
02	Back
03	Buttocks
04	Chest
05	Ear
06	Elbow
07	Eye
08	Face
09	Finger/thumb
10	Foot
11	Forearm
12	Groin
13	Hand
14	Head (not face)
15	Hip
16	Jaw
17	Knee
18	Lower leg
19	Mouth
20	Neck
21	Nose
22	Shoulder
23	Stomach
24	Teeth
25	Thigh
26	Toe
27	Upper arm
28	Wrist
29	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes for which a medical professional was consulted

SkipInstructions: <1-28> [goto IJTYPE1]
<29> [goto IJBODYOS]
<R,D> [goto IPEV]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.071_00.000   **Instrument Variable Name:**   IJBODYOS   **QuestionnaireFileName:**   Family

QuestionText: *Read if necessary.

What other parts of the body were hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where some "other" part of the body was hurt

SkipInstructions: goto IJTYPE1

Question ID: FIJ.072_00.000   **Instrument Variable Name:**   IJTYPE1   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: first entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least one part of the body was hurt

SkipInstructions: <1-8,D> [goto IJTYPE2 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP1OS]
<R> [goto IPEV]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID:	FIJ.073_00.000	Instrument Variable Name:	IJTYP1OS	QuestionnaireFileName:	Family

QuestionText: ? [F1]

* Read if necessary.

How was [fill1: your/ALIAS's] [fill2: first entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the first body part was hurt in some "other" way

SkipInstructions: goto IJTYPE2 for next body part; if no more body parts, goto IPEV

Question ID:	FIJ.074_00.000	Instrument Variable Name:	IJTYPE2	QuestionnaireFileName:	Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: second entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least two body parts were hurt and the type of injury or don't know was entered for the first body part at IJTYPE1

SkipInstructions: <1-8,D> [goto IJTYPE3 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP2OS]
<R> [goto IPEV]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.075_00.000   **Instrument Variable Name:**   IJTYP2OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: second entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the second body part was hurt in some "other" way

SkipInstructions: goto IJTYPE3 for next body part; if no more body parts, goto IPEV

Question ID: FIJ.076_00.000   **Instrument Variable Name:**   IJTYPE3   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: third entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where at least three body parts were hurt and type of injury or don't know was entered for the second body part at IJTYPE2

SkipInstructions: <1-8,D> [goto IJTYPE4 for next body part entered at IJBODY; if no more body parts, goto IPEV]
<9> [goto IJTYP3OS]
<R> [goto IPEV]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.077_00.000   **Instrument Variable Name:**   IJTYP3OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: third entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the third body part was hurt in some "other" way

SkipInstructions: goto IJTYPE4 for next body part; if no more body parts, goto IPEV

Question ID: FIJ.078_00.000   **Instrument Variable Name:**   IJTYPE4   **QuestionnaireFileName:**   Family

QuestionText: (book) F5

*Enter up to 2 responses, separate with a comma.

* Ask or verify.

In what way was [fill1: your/ALIAS's] [fill2: fourth entry--^IJBODY (text) or ^IJBODYOS] hurt?

01	Broken bone or fracture
02	Sprain, strain, or twist
03	Cut
04	Scrape
05	Bruise
06	Burn
07	Insect bite
08	Animal bite
09	Other, specify
97	Refused
99	Don't know

UniverseText: All injury episodes where four body parts were hurt and type of injury or don't know was entered for the third body part at IJTYPE3

SkipInstructions: <1-8,R,D> [goto IPEV]
<9> [goto IJTYP4OS]

Question ID: FIJ.079_00.000   **Instrument Variable Name:**   IJTYP4OS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How else was [fill1: your/ALIAS's] [fill2: fourth entry -- ^IJBODY (text) or ^IJBODYOS] hurt?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury episodes where the fourth body part was hurt in some "other" way

SkipInstructions: if a poisoning episode, goto PPCC; else, goto IPEV

Question ID: FIJ.080_01.000   **Instrument Variable Name:**   PPCC   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this poisoning from..

A phone call to a poison control center?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPEV]
                          <R> [goto IPHOSP]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.080_02.000   **Instrument Variable Name:**   IPEV   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

An emergency vehicle, such as an ambulance or fire truck

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPER]
<R> [goto IPHOSP]

Question ID: FIJ.080_03.000   **Instrument Variable Name:**   IPER   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to an emergency room

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPDO]
<R> [goto IPHOSP]

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Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.080_04.000   **Instrument Variable Name:**   IPDO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A visit to a doctor's office or other health clinic

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPPCHCP]
<R> [goto IPHOSP]

Question ID: FIJ.080_05.000   **Instrument Variable Name:**   IPPCHCP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

A phone call to a doctor, nurse, or other health care professional

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPOTH]
<R> [goto IPHOSP]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.080_06.000   **Instrument Variable Name:**   IPOTH   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Any place else?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPOTHOS]
if [MTFINJ3M= 01-91 and IPEV=2] goto IPVER
<2> [if poisoning and episode and PPCC eq 2 and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else if an injury episode and IPEV eq 2 and IPER eq 2 and IPDO eq 2 and IPPCHCP eq 2, goto IPVER; else goto IPHOSP]
<R,D> [goto IPHOSP]

Question ID: FIJ.081_00.000   **Instrument Variable Name:**   IPOTHOS   **QuestionnaireFileName:**   Family

QuestionText: * Read lead-in if necessary.

Where else did [fill1: you/ALIAS] get MEDICAL ADVICE, TREATMENT, or FOLLOW-UP CARE for this [fill2: injury/poisoning]?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes where medical advice, treatment, or follow-up care was received from some "other" place

SkipInstructions: goto IPHOSP

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.082_00.000   **Instrument Variable Name:**   IPVER   **QuestionnaireFileName:**   Family

QuestionText: * Please verify.

[fill1: You/ALIAS] DID NOT receive any medical advice, treatment, or follow-up for this [fill2: injury/poisoning]. Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted, but no source of medical advice, treatment, or follow-up care was selected

SkipInstructions: <1>[If the subject HAS more injury/poisoning episodes, then go to FIJ.050_1for that subject. If the subject DOES NOT HAVE more injury/poisoning episodes, then go to FIJ.014/FIJ.024 for next person with an injury/poisoning. If no more family members with an injury/poisoning, go to next section.]
<2> [if poisoning, goto PPCC for new entries; else if injury, goto IPEV for new entries]

Hard Edit: ERR_IPVER

Question ID: FIJ.090_00.000   **Instrument Variable Name:**   IPHOSP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

[fill1: Were you/Was ALIAS] hospitalized for at least one night as a result of this [fill2: injury/poisoning]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1> [goto IPIHNO]
<2,R,D> [if an injury episode, goto IMTRAF; if a poisoning episode, goto PPOIS]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.091_00.000   **Instrument Variable Name:**   IPIHNO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

How many nights [fill: were you/was ALIAS] in the hospital?

* If still in hospital, ask how many nights up to today.

* Enter '95' for 95 or more nights.

01-94	1-94 nights
95	95+ nights
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted and resulted in hospitalization

SkipInstructions: <01-60,R,DK> if ICAUS1 eq 01, [goto IFALL]
 [if ICAUS1 eq 02 or 03 or 05, [goto IMTRAF]
 if ICAUS1 eq 04 or 06-13 or R, or DK, [goto IPWHAT]
 <61-95> [goto ERR_IPIHNO]

Soft Edit: [if IPIHNO gt 60, display ERR_IPIHNO]
* ^IPIHNO is unusually high. Please verify.

Suppress
Goto
Close

<Supress> [if ICAUS eq 01 or 02 or 03, goto IMTRAF]
if ICAUS eq 04 or 06 or 07 or 97, or 99, goto IPWHAT]
if ICAUS eq 05, goto IFALL]]
<Close, Goto> [reset IPIHNO for new entry]

Question ID: FIJ.109_00.000   **Instrument Variable Name:**   IMTRAF   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Ask or verify.

Did this accident occur on a public highway, street, or road?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: goto IMVWHO

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Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.110_00.000   **Instrument Variable Name:**   IMVWHO   **QuestionnaireFileName:**   Family

QuestionText: *Read all categories.

* Ask or verify.

[fill: Were you/Was ALIAS] injured as:

* Read answer categories.

1	The driver of a motor vehicle
2	A passenger in a motor vehicle
3	A pedestrian
4	A bicycle rider or tricycle rider
5	The rider of a scooter, skateboard, skates, or other non-motorized vehicle
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while in a motor vehicle; on a bike, scooter, skateboard, skates, skis, horse, etc.; or as a pedestrian who was struck by a vehicle such as a car or bicycle

SkipInstructions: <1,2> [goto IMVTYP]
<4,5> [goto IHELMT]
<3,R,D> [goto IPWHAT]

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Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.111_00.000   **Instrument Variable Name:**   IMVTYP   **QuestionnaireFileName:**   Family

QuestionText: (book) F6   ? [F1]

* Ask or verify.

What type of vehicle [fill: were you/was ALIAS] in?

01	Passenger car
02	Passenger truck, such as a pickup truck, van, or SUV
03	Bus
04	Large commercial truck, such as a semi-truck, big rig, or 18 wheeler
05	Motorcycle (including mopeds and minibikes)
06	All terrain vehicle or ski/snow-mobile
07	Farm equipment (such as a tractor)
08	Industrial or construction vehicle
09	Other
97	Refused
99	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a vehicle

SkipInstructions: <1,2,4> [goto ISBELT]
<5,6> [goto IHELMT]
<3,7,8,9,R,D> [goto IPWHAT]

Question ID: FIJ.112_00.000   **Instrument Variable Name:**   ISBELT   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] restrained at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while a driver or passenger of a car or truck

SkipInstructions: goto IPWHAT

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.113_00.000   **Instrument Variable Name:**   IHELMT   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Ask or verify.

[fill: Were you/Was ALIAS] wearing a helmet at the time of the accident?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All medically-consulted injury episodes that occurred while riding a bicycle, tricycle, scooter, skateboard, skates, or other nonmotorized vehicle; a motorcycle; or an all terrain vehicle or ski/snow-mobile

SkipInstructions: goto IPWHAT

Question ID: FIJ.130_00.000   **Instrument Variable Name:**   IFALL   **QuestionnaireFileName:**   Family

QuestionText: (book) F7

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

How did [fill: you/ALIAS] fall? Anything else?

01	Stairs, steps, or escalator
02	Floor or level ground
03	Curb (including sidewalk)
04	Ladder or scaffolding
05	Playground equipment
06	Sports field, court, or rink
07	Building or other structure
08	Chair, bed, sofa, or other furniture
09	Bathtub, shower, toilet, or commode
10	Hole or other opening
11	Other
97	Refused
99	Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.131_00.000   **Instrument Variable Name:**   IFALLWHY   **QuestionnaireFileName:**   Family

QuestionText: (book) F8

* Ask or verify.

What caused [fill: you/ALIAS] to fall?

1   Slipping or tripping
2   Jumping or diving
3   Bumping into an object or another person
4   Being shoved or pushed by another person
5   Losing balance or having dizziness (becoming faint or having a seizure)
6   Other
7   Refused
9   Don't know

UniverseText: All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IPWHAT

Question ID: FIJ.140_00.000   **Instrument Variable Name:**   PPOIS   **QuestionnaireFileName:**   Family

QuestionText: (book) F9   ? [F1]

* Ask or verify.

What did [fill: your/ALIAS's] poisoning result from?

1   Swallowing a drug or medical substance mistakenly or in overdose
2   Swallowing or touching a harmful solid or liquid substance
3   Inhaling harmful gases or vapors
4   Eating a poisonous plant or other substance mistaken for food
5   Being bitten by a poisonous animal
6   Other, please specify
7   Refused
9   Don't know

UniverseText: All poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-5,R,D> [goto IPWHAT]
                           <6> [goto PPOISOS]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.141_00.000   **Instrument Variable Name:**   PPOISOS   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

How did [fill: your/ALIAS's] poisoning occur?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All medically-consulted poisoning episodes where the poisoning resulted from some "other" reason

SkipInstructions: goto IPWHAT

Question ID: FIJ.150_00.000   **Instrument Variable Name:**   IPWHAT   **QuestionnaireFileName:**   Family

QuestionText: (book) F10   ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

What activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

01	Driving or riding in a motor vehicle
02	Working at a paid job
03	Working around the house or yard
04	Attending school
05	Unpaid work (such as volunteer work)
06	Sports and exercise
07	Leisure activity (excluding sports)
08	Sleeping, resting, eating, or drinking
09	Cooking
10	Being cared for (hands-on care from other person)
11	Other, please specify
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1-10,R,D> [goto IPWHER]
<11> [goto IPWHATOT]

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.151_00.000   **Instrument Variable Name:**   IPWHATOT   **QuestionnaireFileName:**   Family

QuestionText: * Read if necessary.

What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place

SkipInstructions: goto IPWHER

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Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.160_00.000   **Instrument Variable Name:**   IPWHER   **QuestionnaireFileName:**   Family

QuestionText: (book) F11   ? [F1]

* Enter up to 2 responses, separate with a comma.

* Ask or verify.

Where [fill1: were you/was ALIAS] when the [fill2: injury/poisoning] happened?

01	Home (inside)
02	Home (outside)
03	School (not residential)
04	Child care center or preschool
05	Residential institution (excluding hospital)
06	Health care facility (including hospital)
07	Street or highway
08	Sidewalk
09	Parking lot
10	Sport facility, athletic field, or playground
11	Shopping center, restaurant, store, bank, gas station, or other place of business
12	Farm
13	Park or recreation area (include bike or jog path)
14	River, lake, stream, or ocean
15	Industrial or construction area
16	Other public building
17	Other
97	Refused
99	Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

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

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.170_00.000   **Instrument Variable Name:**   IPEMP   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] employed full-time, part-time, or not employed?

1	Full-time
2	Part-time
3	Not employed
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older

SkipInstructions: <1,2> [goto IPWKLS]
<3,R,D> [goto IPSTU]

Question ID: FIJ.171_00.000   **Instrument Variable Name:**   IPWKLS   **QuestionnaireFileName:**   Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of work did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 13 years of age or older who were employed at the time of the episode

SkipInstructions: goto IPSTU

2017 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 05-Jun-18

Question ID: FIJ.180_00.000   **Instrument Variable Name:**   IPSTU   **QuestionnaireFileName:**   Family

QuestionText: At the time of this [fill1: injury/poisoning], [fill2: were you/was ALIAS] a full-time student, part-time student or not a student?

1	Full-time
2	Part-time
3	Not a student
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older

SkipInstructions: <1,2> [goto IPSCLS]
<3,R,DK> [If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]

Question ID: FIJ.181_00.000   **Instrument Variable Name:**   IPSCLS   **QuestionnaireFileName:**   Family

QuestionText: As a result of this [fill1: injury/poisoning], how many days of school did [fill2: you/ALIAS] miss?

1	None
2	Less than one day
3	One to five days
4	Six or more days
7	Refused
9	Don't know

UniverseText: All medically-consulted injury/poisoning episodes for persons 5 years of age or older who were students at the time of the episode

SkipInstructions: <1-4,R,DK>[If person HAS more injury/poisoning episodes, goto IPDATEM for that person; else if person DOES NOT HAVE more injury/poisoning episodes, goto TFINJ3M/TFPOI3M for next person with an injury/poisoning; else if no more family members with an injury/poisoning, goto next section]

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.010_00.000   **Instrument Variable Name:**   FDMED12M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDMED12M and goto FNMED12M; else, goto PDMED12M]
<2,R,D> [goto FNMED12M]

Question ID: FAU.020_00.000   **Instrument Variable Name:**   PDMED12M   **QuestionnaireFileName:**   Family

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

For which family member was medical care delayed?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one had medical care delayed due to worry about the cost during the past 12 months

SkipInstructions: goto FNMED12M

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

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.030_00.000   **Instrument Variable Name:**   FNMED12M   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

DURING THE PAST 12 MONTHS, was there any time when [fill1: you/someone in the family] needed medical care, but did not get it because [fill2: you/the family] couldn't afford it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PNMED12M and goto FHOSPYR; else, goto PNMED12M]
<2,R,D> [goto FHOSPYR]

Question ID: FAU.040_00.000   **Instrument Variable Name:**   PNMED12M   **QuestionnaireFileName:**   Family

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

Who didn't get needed care?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one didn't get medical care due to cost during the past 12 months

SkipInstructions: goto FHOSPYR

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

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.050_00.000   **Instrument Variable Name:**   FHOSPYR   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

[fill1: Have you/Including all infants born in a hospital, has anyone in the family] been hospitalized OVERNIGHT in the past 12 months? Do not include an overnight stay in the emergency room.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHOSPYR and goto HOSPNO; else, goto PHOSPYR]
<2,R,D> [goto FHCHM2W]

Question ID: FAU.060_00.000   **Instrument Variable Name:**   PHOSPYR   **QuestionnaireFileName:**   Family

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

Who was in a hospital overnight?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one was hospitalized overnight during the past 12 months (excluding ER)

SkipInstructions: goto HOSPNO

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

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.070_00.000   **Instrument Variable Name:**   HOSPNO   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

How many different times did [fill: you/ALIAS] stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

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

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-10> [goto HPNITE]
<11-365> [goto ERR_HOSPNO]
<R,D> [goto HPNITE]

Soft Edit: ERR_HOSPNO
* [fill: HOSPNO] is unusually high.
* Verify entry.
* Make corrections if necessary.

Question ID: FAU.110_00.000   **Instrument Variable Name:**   HPNITE   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Altogether how many nights [fill: were you/was ALIAS] in the hospital DURING THE PAST 12 MONTHS?

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

UniverseText: All persons who had an overnight hospital stay during the past 12 months (excluding ER)

SkipInstructions: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCHM2W]
<51-365> [goto ERR1_HPNITE]

 if HOSPNO gt HPNITE, goto ERR2_HPNITE

Soft Edit: ERR1_HPNITE
* [fill: HPNITE] is unusually high.
* Verify entry.
* Make corrections if necessary.

ERR2_HPNITE
* Do not read.
* [fill: HPNITE] night(s) is less than the total number of times in the hospital overnight.
* Please verify.

Note: If edit suppressed, store S in HPNITE_FLG

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.120_00.000   **Instrument Variable Name:**   FHCHM2W   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

These next questions are about health care received DURING THE LAST 2 WEEKS. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists (AHF-thal-MOL-oh-jists), and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors.

Do not include dental care. Do not include care while an overnight patient in a hospital.

DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] receive care
AT HOME from a nurse or other health care professional?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCHM2W and goto PHCHMN2W; else, goto PHCHM2W]
<2,R,D> [goto FHCPH2W]

Question ID: FAU.130_00.000   **Instrument Variable Name:**   PHCHM2W   **QuestionnaireFileName:**   Family

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

Who received care at home?
(Anyone else?)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: goto PHCHMN2W

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

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.140_00.000   **Instrument Variable Name:**   PHCHMN2W   **QuestionnaireFileName:**   Family

QuestionText: How many home visits did [fill: you/ Alias] receive DURING THE LAST 2 WEEKS?

     * Enter '50' for 50 or more visits.

01-50	1-50 home visits
97	Refused
99	Don't know

UniverseText: All persons who received care at home from a health care professional during the past 2 weeks (excluding dental care)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCPH2W]
<15-50> [goto ERR_PHCHMN2W]

Soft Edit: ERR_PHCHMN2W
* [fill: PHCHMN2W] is unusually high.
* Verify entry.
* DO NOT PROBE. Make corrections if necessary.

Question ID: FAU.150_00.000   **Instrument Variable Name:**   FHCPH2W   **QuestionnaireFileName:**   Family

QuestionText: DURING THE LAST 2 WEEKS, did [fill: you/anyone in the family] get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

     Do not include phone calls to make appointments, for billing questions or for prescription refills.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W]
<2,R,D> [goto FHCDV2W]

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.160_00.000 **Instrument Variable Name:** PHCPH2W **QuestionnaireFileName:** Family

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

Who was the phone call about?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received medical advice or test results over the phone during the past 2 weeks (excluding calls for appointments, billing questions, or prescription medicines)

SkipInstructions: goto PHCPHN2W

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

Question ID: FAU.170_00.000 **Instrument Variable Name:** PHCPHN2W **QuestionnaireFileName:** Family

QuestionText: DURING THE LAST 2 WEEKS, how many telephone calls

[fill1: did you make?]
[fill2: were made about [fill: Alias]?

* Enter '50' for 50 or more phone calls.

01-50	1-50 calls
97	Refused
99	Don't know

UniverseText: All persons for whom medical advice or test results were received over the phone from a health care professional during the past 2 weeks (excluding calls for appointments, billing questions, or prescription refills)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto FHCDV2W]
<15-50> [goto ERR_PHCPHN2W]

Soft Edit: ERR_PHCPHN2W
* [fill: PHCPHN2W] is unusually high.
* Verify that all calls were within the two week period.
* Make corrections if necessary.

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.180_00.000   **Instrument Variable Name:**   FHCDV2W   **QuestionnaireFileName:**   Family

QuestionText: DURING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place?

[fill2: Do not include times during an overnight hospital stay.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PHCDV2W and goto PHCDVN2W; else, goto PHCDV2W]
<2,R,D> [goto F10DVYR]

Question ID: FAU.190_00.000   **Instrument Variable Name:**   PHCDV2W   **QuestionnaireFileName:**   Family

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

Who received care?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one saw a health care professional in an office, clinic, emergency room, or some other place during the past 2 weeks (excluding visits during overnight hospital stays)

SkipInstructions: goto PHCDVN2W

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

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID: FAU.200_00.000   **Instrument Variable Name:**   PHCDVN2W   **QuestionnaireFileName:**   Family

QuestionText: How many times did [fill: you/ Alias] visit a doctor or other health care professional DURING THE LAST 2 WEEKS?

* Enter '50' for 50 or more visits.

01-50	1-50 times
97	Refused
99	Don't know

UniverseText: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)

SkipInstructions: <1-14,R,D> [repeat for all eligible persons, then goto F10DVYR]
<15-50> [goto ERR_PHCDVN2W]

Soft Edit: ERR_PHCDVN2W
* [fill: PHCDVN2W] is unusually high.
* Verify that all visits were within the two week reference period.
* Make corrections if necessary.

Question ID: FAU.210_00.000   **Instrument Variable Name:**   F10DVYR   **QuestionnaireFileName:**   Family

QuestionText: DURING THE PAST 12 MONTHS, did [fill: you/any member of the family] receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR]
<2,R,D> [goto FHICOV]

2017 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

Document Version Date: 05-Jun-18

Question ID:	FAU.220_00.000	**Instrument Variable Name:**	P10DVYR	**QuestionnaireFileName:**	Family

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

Who received care 10 or more times?
(Anyone else?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received care 10 or more times from a health care professional during the past 12 months (excluding telephone calls)

SkipInstructions: goto FHICOV

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

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.050_00.000   **Instrument Variable Name:**   FHICOV   **QuestionnaireFileName:**   Family

QuestionText: (book) F12 and (book) F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[fill: Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,R,D> [goto HIKIND]
<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.070_00.000   **Instrument Variable Name:**   HIKIND   **QuestionnaireFileName:**   Family

QuestionText: (book) F12 and (book) F14   ? [F1]

What kind of health insurance or health care coverage [fill: do you/does ALIAS] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

* Enter all that apply, separate with commas.

01	Private health insurance
02	Medicare
03	Medi-Gap
04	Medicaid
05	SCHIP (CHIP/Children's Health Insurance Program)
06	Military health care (TRICARE/VA/CHAMP-VA)
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	Single service plan (e.g., dental, vision, prescriptions)
11	No coverage of any type
97	Refused
99	Don't know

UniverseText: All persons in families where FHICOV= yes, don't know, or refused

SkipInstructions: <R,D> [goto HCSPFYR]
<1-10> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else, if HIKIND ne 10 goto SINCOV; else, goto HICHANGE]
<11> [if HIKIND = 1-10, goto ERR_HIKIND; else, if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB]

Hard Edit: ERR_HIKIND:
 * Cannot mark "No coverage of any kind" and another type.
 * Please correct.

Question ID: FHI.072_00.000   **Instrument Variable Name:**   MCAREPRB   **QuestionnaireFileName:**   Family

QuestionText: (book) F13
People covered by Medicare have a card that looks like this.
[fill: Are you/Is ALIAS] covered by Medicare?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 65 years of age or older in families not covered by health insurance or Medicare was not selected for those persons at HIKIND

SkipInstructions: if HIKIND ne 10, goto SINCOV; else, goto HICHANGE

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.073_00.000   **Instrument Variable Name:**   MCAIDPRB   **QuestionnaireFileName:**   Family

QuestionText: (book F14)

* Refer to flashcard F14 for state Medicaid names.

There is a program called Medicaid that pays for health care for persons in need. In this State it is also called (* fill State name). [fill: Are you/Is ALIAS] covered by Medicaid?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons less than 65 years of age with no insurance coverage of any type

SkipInstructions: goto SINCOV

Question ID: FHI.074_00.000   **Instrument Variable Name:**   SINCOV   **QuestionnaireFileName:**   Family

QuestionText: [fill 1: Do you/Does ALIAS] have a separate insurance plan that pays for only one type of service such as dental, vision, or prescriptions?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All persons in families not covered by health insurance or single service plan was not selected for those persons at HIKIND

SkipInstructions: goto HICHANGE

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.075_00.000   **Instrument Variable Name:**   HICHANGE   **QuestionnaireFileName:**   Family

QuestionText: I have recorded [fill1: you are/ALIAS is] [fill 2: covered by:

fill3: ^HIKIND] / not covered by health insurance.]

Is this correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: <1,R,D> [repeat for all eligible persons, then goto MCPART]
<2> [goto ERR_HICHANGE]

Hard Edit: ERR_HICHANGE

*Press enter to go back to HIKIND and update coverage.

Question ID: FHI.090_00.000   **Instrument Variable Name:**   MCPART   **QuestionnaireFileName:**   Family

QuestionText: {if subject ne respondent}:
Earlier I recorded that ALIAS is covered by Medicare. May I please see ALIAS's Medicare card to determine the type of coverage?

{if subject eq respondent}:
* Read if necessary.

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

* Fill in appropriate coverage type below.

1	Part A - Hospital only
2	Part B - Medical only
3	Both Part A and Part B
7	Refused
9	Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1-3> [goto MCCARD]
<R,D> [prefill MCCARD with a "2" and goto MCCHOICE]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.092_00.000   **Instrument Variable Name:**   MCCARD   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the type of coverage obtained from a Medicare card or some other form of documentation?

1	Yes
2	No

UniverseText: All persons with Part A Medicare coverage, Part B Medicare coverage, or both

SkipInstructions: if MCPART = 1, goto MCPARTD; else, goto MCCHOICE

Question ID: FHI.095_00.000   **Instrument Variable Name:**   MCCHOICE   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Medicare Advantage is the new name for Medicare Plus Choice plans. [fill: Are you/Is ALIAS] enrolled in a Medicare Advantage plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

SkipInstructions: goto MCHMO

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.100_00.000   **Instrument Variable Name:** MCHMO   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill: Are you/Is ALIAS] under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

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

Question ID: FHI.112_00.000   **Instrument Variable Name:** MCANAME   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

What is the name of [fill 1: your/ALIAS's] Medicare Advantage or Medicare HMO plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

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

SkipInstructions: <allow 80,R,D> goto MCPREM

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

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

QuestionText: Besides [fill 1: your/ALIAS's] Medicare Part B payment, [fill 2: are you/is ALIAS] paying a premium for [fill 3: your/his/her] Medicare Advantage or Medicare HMO plan?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: ? [F1]

Under [fill1: your/ALIAS's] Medicare plan, if [fill2: you need/he needs/she needs] to go to a different doctor or place for special care, [fill3: do you/does he/does she] need approval or a referral? Do not include emergency care.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare who signed up for part B coverage or for whom it is unknown if they signed up for Part B coverage

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

Question ID: FHI.118_00.000   **Instrument Variable Name:**   MCPARTD   **QuestionnaireFileName:**   Family

QuestionText: [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicare

SkipInstructions: <1,2,7,9> [goto MCPART for next person with Medicare; else goto MACHMD]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.120_00.000 **Instrument Variable Name:** MACHMD **QuestionnaireFileName:** Family

QuestionText: (book F14) ? [F1]

* Refer to flashcard F14 for state Medicaid names.

The next questions are about Medicaid coverage. In this State it is also called (fill State Name). [fill 2:you are/ALIAS is] listed as having Medicaid coverage. Can [fill 3: you/ALIAS] go to ANY doctor who will accept Medicaid or MUST [fill 4:you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons with Medicaid

SkipInstructions: 1,R,D [goto MXCHNG]
2 [goto MACHMD1]
3 [goto MACHMD2]

Question ID: FHI.130_00.000 **Instrument Variable Name:** MACHMD1 **QuestionnaireFileName:** Family

QuestionText: * Ask or verify.

What is the name of the health plan that provided the list?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with Medicaid who must select a doctor from a list of doctors

SkipInstructions: goto MANAM

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.131_00.000   **Instrument Variable Name:**   MACHMD2   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify.

What is the name of the health plan that assigned the doctor?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with Medicaid for whom a doctor is assigned

SkipInstructions: goto MANAM

Question ID: FHI.132_00.000   **Instrument Variable Name:**   MANAM   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Do not read. Was the Health Plan name obtained from a Health Plan Card or something with the Health Plan name on

| 1 | Yes |
| 2 | No |

UniverseText: All persons with Medicaid who must select a doctor from a list or for whom a doctor is assigned

SkipInstructions: goto MXCHNG

Question ID: FHI.135_00.010   **Instrument Variable Name:**   MXCHNG   **QuestionnaireFileName:**   Family

QuestionText: Was [fill: your/ALIAS's] Medicaid obtained 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: All persons with Medicaid coverage

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

2017 NHIS Questionnaire -   Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.135_00.020   **Instrument Variable Name:**   MEDPREM   **QuestionnaireFileName:**   Family

QuestionText: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [Fill 1 : your/ALIAS's] Medicaid plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with Medicaid coverage

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

---

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

QuestionText: Is the premium paid for this Medicaid plan based on income?

1	Yes
2	No
7	Refused
9	Don't know

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

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

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.156_00.000   **Instrument Variable Name:**   SSTYPE2   **QuestionnaireFileName:**   Family

QuestionText: (book) F15

* Enter all that apply, separate with commas.

You mentioned that [fill1: you have/ALIAS has] a single-service plan - that is, an insurance plan that provides one specific type of coverage. What type of service or care does [fill2: your/ALIAS's] single service plan or plans pay for?

01	Accidents
02	AIDS care
03	Cancer treatment
04	Catastrophic care
05	Dental care
06	Disability insurance
07	Hospice care
08	Hospitalization only
09	Long-term care
10	Prescriptions
11	Vision care
12	Other (specify)
97	Refused
99	Don't know

UniverseText: All persons with single service plans

SkipInstructions: <1-11,R,D> [repeat for all eligible persons, then goto FHICCI6]
<12> [goto SSOTHER]

Question ID: FHI.157_00.000   **Instrument Variable Name:**   SSOTHER   **QuestionnaireFileName:**   Family

QuestionText: * Other type of single-service plan

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with an "other" single service plan

SkipInstructions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.158_00.000   **Instrument Variable Name:**   FHICCI6   **QuestionnaireFileName:**   Family

QuestionText: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtained through work, purchased directly, or through a state or local government program or community program.

[fill2: We have the following persons listed as being covered by such plans:

* Read names.
(display roster of eligible persons)]

* Enter 1 to continue

1   Continue

UniverseText: All families with at least one person covered by private health insurance

SkipInstructions: goto HIPNAM1

Question ID: FHI.160_00.000   **Instrument Variable Name:**   HIPNAM1   **QuestionnaireFileName:**   Family

QuestionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have your health plan card or something with the plan name on it?

Verbatim   Verbatim response
7   Refused
9   Don't know

UniverseText: All families with at least one person covered by private health insurance

SkipInstructions: <verbatim> [goto PCARD1]
<R,D> [prefill PCARD1 with a "2" and goto HIPNAM1B]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.160_01.000 **Instrument Variable Name:** PCARD1 **QuestionnaireFileName:** Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

| 1 | Yes |
| 2 | No |

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM1

SkipInstructions: goto HIPNAM1B

Question ID: FHI.170_00.000 **Instrument Variable Name:** HIPNAM1B **QuestionnaireFileName:** Family

QuestionText:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by this plan?

* Indicate each family member covered by this plan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM1

SkipInstructions: <R,D> [if HIPNAM1= R or D, goto STNAME]
goto MORPLAN

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

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.171_00.000   **Instrument Variable Name:**   MORPLAN   **QuestionnaireFileName:**   Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM1 or a person number was entered at HIPNAM1B

SkipInstructions: <1> [goto HIPNAM2]
<2,R,D> [if no persons selected at HIPNAM1B, goto FHICCI8; else, if persons selected at HIPNAM1B, but not all persons with HIKIND = 1 or 3 selected at HIPNAM1B, goto HIVER1]

Question ID: FHI.172_00.000   **Instrument Variable Name:**   HIPNAM2   **QuestionnaireFileName:**   Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a second private health insurance plan

SkipInstructions: <verbatim> [goto PCARD2]
<R,D> [prefill PCARD2 with a "2" and goto HIPNAM2B]

Question ID: FHI.172_01.000   **Instrument Variable Name:**   PCARD2   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM2

SkipInstructions: goto HIPNAM2B

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.173_00.000   **Instrument Variable Name:**   HIPNAM2B   **QuestionnaireFileName:**   Family

QuestionText: * Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with a second private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM2

SkipInstructions: <R,D> [if HIPNAM2 eq R or D and persons selected at HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto HIVER1; else, if HIPNAM2 eq R or D and persons selected at HIPNAM1B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B, goto FHICCI8; else, if HIPNAM2 eq R or D and persons not selected at HIPNAM1B, goto FHICCI8; else, if a health plan name recorded in HIPNAM2, goto MORPLAN2] goto MORPLAN2

Question ID: FHI.174_00.000   **Instrument Variable Name:**   MORPLAN2   **QuestionnaireFileName:**   Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM2 or a person number was entered at HIPNAM2B

SkipInstructions: <1> [goto HIPNAM3]
<2,R,D> [if persons selected at HIPNAM2B or HIPNAM1B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM2B or HIPNAM1B, goto HIVER1; else, goto FHICCI8]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.175_00.000   **Instrument Variable Name:** HIPNAM3   **QuestionnaireFileName:** Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a third private health insurance plan

SkipInstructions: <verbatim> [goto PCARD3]
<R,D> [prefill PCARD3 with a "2" and goto HIPNAM3B]

Question ID: FHI.175_01.000   **Instrument Variable Name:** PCARD3   **QuestionnaireFileName:** Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM3

SkipInstructions: goto HIPNAM3B

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.176_00.000 **Instrument Variable Name:** HIPNAM3B **QuestionnaireFileName:** Family

QuestionText:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a third private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM3

SkipInstructions: <R,D> [if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto HIVER1; else, if HIPNAM3 eq R or D and persons selected at HIPNAM1B or HIPNAM2B, and all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B, goto FHICCI8; else, if HIPNAM3 eq R or D and persons not selected at HIPNAM1B and HIPNAM2B, goto FHICCI8; else, if the health plan name was entered at HIPNAM3, goto MORPLAN3] goto MORPLAN3

Question ID: FHI.177_00.000 **Instrument Variable Name:** MORPLAN3 **QuestionnaireFileName:** Family

QuestionText: * Ask if necessary

Are there any more private health insurance plans?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families where a private health insurance plan name was entered at HIPNAM3 or a person number was entered at HIPNAM3B

SkipInstructions: <1> [goto HIPNAM4]
<2,R,D> [if persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.178_00.000   **Instrument Variable Name:**   HIPNAM4   **QuestionnaireFileName:**   Family

QuestionText: What is the name of the next plan?

*Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All families with a fourth private health insurance plan

SkipInstructions: <verbatim> [goto PCARD4]
<R,D> [prefill PCARD4 with a "2" and goto HIPNAM4B]

Question ID: FHI.178_01.000   **Instrument Variable Name:**   PCARD4   **QuestionnaireFileName:**   Family

QuestionText: * Do not read. Was the health plan name obtained from a health plan card or something with the health plan name on it?

1	Yes
2	No

UniverseText: All private health insurance plans where the plan name was entered at HIPNAM4

SkipInstructions: goto HIPNAM4B

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.179_00.000 **Instrument Variable Name:** HIPNAM4B **QuestionnaireFileName:** Family

QuestionText:

* Ask or verify. Enter all that apply, separate with commas.

Which family members are covered by that plan?

* Indicate each family member covered by this plan.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4

SkipInstructions: <R,D> [if HIPNAM4 eq R or D and persons selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, but not all persons with HIKIND eq 1 or 3 selected at HIPNAM1B or HIPNAM2B or HIPNAM3B, goto HIVER1; else, goto FHICCI8]
goto FHICCI8

Question ID: FHI.180_00.000 **Instrument Variable Name:** HIVER1 **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: You are/ALIAS is] listed as having private insurance but [fill2: were/was] not mentioned as being covered by any of the plans we just discussed. [fill3: Are you/Is ALIAS] covered by private insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons who have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1> [goto HIVER2]
<2,R,D> [goto ERR_HIVER1]

Hard Edit: ERR_HIVER1

*Press ENTER to go back to HIKIND to update health insurance coverage.

Question ID:	FHI.190_00.000	**Instrument Variable Name:**	HIVER2	**QuestionnaireFileName:**	Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Is [fill: your/ALIAS's] health insurance plan the same as one of those already mentioned?

1	1st plan mentioned (^HIPNAM1)
2	2nd plan mentioned (^HIPNAM2)
3	3rd plan mentioned (^HIPNAM3)
4	4th plan mentioned (^HIPNAM4)
5	Some other plan not already mentioned
7	Refused
9	Don't know

UniverseText: All persons for whom it was verified they have private health insurance coverage, but were not mentioned as being covered by any of the reported plans

SkipInstructions: <1-4> [update responses for HIPNAM1B/HIPNAM2B/HIPNAM3B/HIPNAM4B and goto FHICCI8]
<5> [if 4 plans were reported, ignore this 5th plan and goto FHICCI8; else, goto HIPNAM2, or HIPNAM3, or HIPNAM4 accordingly to enter information on this plan]
<R,D> [goto FHICCI8]

Question ID:	FHI.195_01.000	**Instrument Variable Name:**	FHICCI8	**QuestionnaireFileName:**	Family

QuestionText: [fill1: Now I am going to ask some questions about the [fill2: plan/plans] you just told me about [fill3: /,starting with [fill4: ^HIPNAM1/Plan1]]./Next I would like to ask you about [fill5: ^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 2/Plan 3/Plan 4]].

* Enter 1 to continue.

1	Continue

UniverseText: All families where a private health insurance plan was reported

SkipInstructions: goto FHI200

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.200_01.000   **Instrument Variable Name:**   FHI200   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

* Enter line number of family member (from list below) in whose name this plan is held.

* Enter 0 if the policyholder is not on the family roster."

00	Policyholder not on family roster
01-25	Two-digit person number
97	Refused
99	Don't know

UniverseText: All private health insurance plans

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

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

QuestionText: How [fill1:are you/is ALIAS] related to the policyholder for [fill2: plan1/plan2/plan3/plan4]?

*Read if Necessary…

[fill3:You are/ALIAS is} the policyholder's…

1	Child (including stepchildren)
2	Spouse
3	Former spouse
4	Some other relationship
7	Refused
9	Don't know

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

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

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

QuestionText: Does this plan cover anyone who does not live here?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans with policyholder on family roster

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.210_01.000   **Instrument Variable Name:**   PLNWRK   **QuestionnaireFileName:**   Family

QuestionText: (book) F16   ? [F1]

Which one of these categories best describes how this plan was obtained?

01	Through employer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
07	Through a state/local government or community program
08	Other, specify
97	Refused
99	Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1-4,6> goto PLNPAY
<5,7,R,D> goto PLNEXCHG
<8> goto PLNWKSP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.211_01.000   **Instrument Variable Name:**   PLNWKSP   **QuestionnaireFileName:**   Family

QuestionText: *Read if necessary.

How was this plan obtained?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All private health insurance plans where the plan was obtained through an "other" source

SkipInstructions: Goto PLNEXCHG

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.215_01.010   **Instrument Variable Name:**   PLNEXCHG   **QuestionnaireFileName:**   Family

QuestionText: Was the plan obtained 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: All private health insurance plans that are not employer based, have not indicated through the exchange (or of unknown origins)

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

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.220_10.000   **Instrument Variable Name:**   PLNPAY   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Who pays for this health insurance plan?

* If government program is reported, probe for Medicare or Medicaid or SCHIP before entering code 7. If government is the employer, enter code 2.

01	Self or family (living in the household)
02	Employer or union
03	Someone outside the household
04	Medicare
05	Medicaid
06	Children's Health Insurance Program (CHIP/SCHIP)
07	State or local government or community program
97	Refused
99	Don't know

UniverseText: All private health insurance plans

SkipInstructions: <1-7,R,D> if includes '1' goto PLNPRE else goto PLNMGD

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.225_01.000   **Instrument Variable Name:**   PLNPRE   **QuestionnaireFileName:**   Family

QuestionText: Is the premium paid for this plan based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Private plan paid for by self or family

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

NOTE: This is a new question beginning in Q4 2013. Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.230_11.000   **Instrument Variable Name:**   HICOSTN   **QuestionnaireFileName:**   Family

QuestionText: 1 of 2   ? [F1]

How much [fill1: do you/does your family] currently spend for health insurance premiums for [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4]? Please include payroll deductions for premiums.

*Enter dollar amount for premium payments.

00001-99995	$1-$99,995
99997	Refused
99999	Don't know

UniverseText: All private health insurance plans paid for by self or family

SkipInstructions: <1-99995> [goto HICOSTT]
<R> [store "R" in HICOSTT and goto PLNMGD]
<D> [store "D" in HICOSTT and goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Soft Edit: ERR_HICOSTN
* [fill # from HICOSTN] is unusually high. Please verify.
Make corrections if necessary.

Question ID: FHI.230_12.000   **Instrument Variable Name:**   HICOSTT   **QuestionnaireFileName:**   Family

QuestionText: 2 of 2   ? [F1]

* Enter time period for premium payments.

01	Once a week
02	Once every 2 weeks
03	Once a month
04	Twice a month
05	Every 2 months
06	Quarterly (every 3 months)
07	Once a year
08	Twice a year
97	Refused
99	Don't know

UniverseText: All private health insurance plans with a valid response to HICOSTN

SkipInstructions: <1-8,R,D> [goto PLNMGD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.240_01.000   **Instrument Variable Name:**   PLNMGD   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Is [fill: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-Of-Service), fee-for-service, or indemnity or is it some other kind of plan?

1   HMO/IPA
2   PPO
3   POS
4   Fee-for-service/indemnity
5   Other
7   Refused
9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto HDHP

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.241_01.000   **Instrument Variable Name:**   HDHP   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

[If only one person covered by this plan:]

Is the annual deductible for medical care for this plan less than $1,300 or $1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

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

Is the family annual deductible for medical care for this plan less than $2,600 or $2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1   Less than [$1,300/$2,600]
2   [$1,300/$2,600] or more
7   Refused
9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: 1,R,D [goto MGCHMD]
2 [goto HSAHRA]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

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

QuestionText: ?[F1]

With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All high deductible private health plans

SkipInstructions: 1,2,R,D [goto MGCHMD]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.243_01.000   **Instrument Variable Name:** MGCHMD   **QuestionnaireFileName:** Family

QuestionText: Under this plan, can [fill1:you/ALIAS/the family members with this plan] choose ANY doctor or MUST [fill2:you/he/she/they] choose one from a specific group or list of doctors?

1	Any doctor
2	Select from group/list
7	Refused
9	Don't know

UniverseText: All private health insurance plans

SkipInstructions:
<1> [goto MGPRMD]
<2> [goto MGPYMD]
<R,D> [goto PCPREQ]

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.244_01.000   **Instrument Variable Name:**   MGPRMD   **QuestionnaireFileName:**   Family

QuestionText: [fill: Do you/Does ALIAS/Do the family members with this plan] have the option of choosing a doctor from a preferred or select list at a lower cost?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans where covered persons can choose any doctor

SkipInstructions: goto PCPREQ

Question ID: FHI.246_01.000   **Instrument Variable Name:**   MGPYMD   **QuestionnaireFileName:**   Family

QuestionText: If [fill1: you select/ALIAS selects/the family members with this plan select] a doctor who is not in the plan, will [fill2: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^ HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any or part of the cost?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans where covered persons must select from a group or list of doctors

SkipInstructions: goto PCPREQ

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.248_05.000   **Instrument Variable Name:**   PCPREQ   **QuestionnaireFileName:**   Family

QuestionText: Does this plan REQUIRE [fill1: you/ALIAS/the family members with this plan] to have a primary care doctor who approves all your care?

   1   Yes
   2   No
   7   Refused
   9   Don't know

UniverseText: Asked of all private health insurance plans

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

     NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.249_01.010   **Instrument Variable Name:**   PRRXCOV   **QuestionnaireFileName:**   Family

QuestionText: Does [fill1: ^HIPNAM1/^HIPNAM2/^HIPNAM3/^HIPNAM4/Plan 1/Plan 2/Plan 3/Plan 4] pay for any of the costs for medicines prescribed by a doctor?

     * Read if necessary: Does this plan have a drug benefit?

   1   Yes
   2   No
   7   Refused
   9   Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto PRDNCOV

     NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.249_02.010   **Instrument Variable Name:** PRDNCOV   **QuestionnaireFileName:** Family

QuestionText: Does [fill 1: ^HIPNAM1 or ^HIPNAM2, or ^HIPNAM3, or ^HIPNAM4 or Plan 1 or Plan 2 or Plan 3 or Plan 4] pay for any of the costs for dental care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All private health insurance plans

SkipInstructions: goto FHICCI8 for the next private health insurance plan; else, goto FCOVCONF

NOTE: Detailed questions about private health insurance plans are looped through for each plan mentioned in a family. Information on up to 4 plans per family is collected.

Question ID: FHI.249_03.000   **Instrument Variable Name:** FCOVCONF   **QuestionnaireFileName:** Family

QuestionText: If [fill1: you/your family] had to buy a health plan on [fill 2: your/its] own with no help from [fill 3: your/an] employer, how confident are you that [fill 1: you/your family] would be able to obtain affordable coverage Would you say…

*Read categories below.

1	Very confident
2	Somewhat confident
3	Not too confident
4	Not confident at all
7	Refused
9	Don't know

UniverseText: All families with an employer-based health plan

SkipInstructions: <1-4,R,D> goto STNAME1 or STNAME2 or STNAME3 or MILSPC or HILAST or HINOTYR

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

| **Question ID:** | FHI.250_00.000 | **Instrument Variable Name:** | STNAME1 | **QuestionnaireFileName:** | Family |

QuestionText: Earlier I recorded that [fill: you are/ALIAS is] covered by the Children's Health Insurance Program (CHIP/SCHIP). What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with SCHIP

SkipInstructions: goto CHXCHNG

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

QuestionText: Was [fill 1: your/ALIAS's] CHIP plan obtained through Healthcare.gov or the [Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with SCHIP

SkipInstructions: <1,2,R,D> goto STRFPRM1

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

QuestionText: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with SCHIP

SkipInstructions: <1> goto CHPRINC
<2,R,D> goto STDOC1

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

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

QuestionText: Is the premium paid for [fill 1: ^STNAME1/this CHIP plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1,2,R,D> goto STDOC1

Question ID: FHI.251_00.000   **Instrument Variable Name:**   STDOC1   **QuestionnaireFileName:**   Family

QuestionText: Under the [fill1:^STNAME1/SCHIP plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons with SCHIP

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

Question ID: FHI.257_00.000   **Instrument Variable Name:**   STNAME2   **QuestionnaireFileName:**   Family

QuestionText: Earlier I recorded that [fill: you are/ALIAS is] covered by a state sponsored health plan. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: goto OPXCHNG

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.257_00.010   **Instrument Variable Name:** OPXCHNG   **QuestionnaireFileName:** Family

QuestionText: Was [fill 1: your/ALIAS's] state sponsored health plan obtained 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: All persons with a state sponsored health plan

SkipInstructions: <1,2,R,D> goto STRFPRM2

Question ID: FHI.257_00.020   **Instrument Variable Name:** STRFPRM2   **QuestionnaireFileName:** Family

QuestionText: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] state-sponsored health plan?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with a state sponsored health plan

SkipInstructions: <1> goto SSPRINC
<2,R,D> goto STDOC2

Question ID: FHI.257_00.030   **Instrument Variable Name:** SSPRINC   **QuestionnaireFileName:** Family

QuestionText: Is the premium paid for [fill 1: ^STNAME2/this state sponsored plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Those with state sponsored health plan who pay a premium for their plan

SkipInstructions: <1,2,R,D> goto STDOC2

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.258_00.000 **Instrument Variable Name:** STDOC2 **QuestionnaireFileName:** Family

QuestionText: Under the [fill1:^STNAME2/state sponsored plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan or MUST [fill3: you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons covered by a state sponsored health plan

SkipInstructions: <1,2,R,D> goto STNAME3

Question ID: FHI.264_00.000 **Instrument Variable Name:** STNAME3 **QuestionnaireFileName:** Family

QuestionText: Earlier I recorded that [fill: you are/ALIAS is] covered by an other government program. What is the name of the plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons covered by an "other" government plan

SkipInstructions: goto OGXCHNG

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

QuestionText: Was [fill1: your/ALIAS's] other government program obtained 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: All persons with an other government program

SkipInstructions: <1,2,R,D> goto STRFPRM3

2017 NHIS Questionnaire - Family

Family Health Insurance

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

QuestionText: A health insurance premium is the amount you or a family member pays each month for health
care coverage. Do you or a family member pay a premium for [fill : your/ALIAS's] other government program?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with an other government program

SkipInstructions: <1> goto OGPRINC
<2,R,D> goto STDOC3

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

QuestionText: Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1,2,R,D> goto STDOC3

Question ID: FHI.265_00.000   **Instrument Variable Name:**   STDOC3   **QuestionnaireFileName:**   Family

QuestionText: Under the [fill1:^STNAME3/other government plan] can [fill2: you/ALIAS] go to ANY doctor who will accept this plan
or MUST [fill3:you/he/she] choose from a list of doctors or is a doctor assigned?

1	Any doctor
2	Select from list
3	Doctor is assigned
7	Refused
9	Don't know

UniverseText: All persons covered by an "other" government plan

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

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.270_00.000 **Instrument Variable Name:** MILSPC **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Enter all that apply, separate with commas.

Earlier I recorded that [fill1: you are/ALIAS is] covered by military health care. What types of military health care [fill2: are you/is ALIAS] covered by?

1	TRICARE
2	VA
3	CHAMP-VA
4	Other military coverage (specify)
7	Refused
9	Don't know

UniverseText: All persons with military health care

SkipInstructions: <1> [goto MILMAN]
<2,3,R,D> [repeat question for next person with military health care; else, goto HILAST]
<4> [goto MILSPCOT]

Question ID: FHI.271_00.000 **Instrument Variable Name:** MILSPCOT **QuestionnaireFileName:** Family

QuestionText: * Other military coverage

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with "other" military coverage

SkipInstructions: if MILSPC eq 1, goto MILMAN; else, goto MILSPC for the next person with military health care; else, goto HILAST

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Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.275_00.000   **Instrument Variable Name:**   MILMAN   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Is [fill: your/ALIAS's] TRICARE plan, TRICARE prime, TRICARE Extra, TRICARE Standard or TRICARE for Life?

1	TRICARE Prime
2	TRICARE Extra
3	TRICARE Standard
4	TRICARE for Life
5	TRICARE other (specify)
7	Refused
9	Don't know

UniverseText: All persons with TRICARE coverage

SkipInstructions: <1-4,R,D> [goto MILSPC for the next person with military health care; else, goto HILAST]
<5> [goto MILMANOT]

Question ID: FHI.276_00.000   **Instrument Variable Name:**   MILMANOT   **QuestionnaireFileName:**   Family

QuestionText: * Other type of TRICARE coverage

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons with "other" type of TRICARE coverage

SkipInstructions: goto MILSPC for the next person with military health care; else, goto HILAST

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Question ID: FHI.280_00.000   **Instrument Variable Name:**   HILAST   **QuestionnaireFileName:**   Family

QuestionText: (book) F17   ? [F1]

Not including Single Service Plans, about how long has it been since [fill: you/ALIAS] last had health care coverage?

1	6 months or less
2	More than 6 months, but less than 1 year
3	1 year
4	More than 1 year, but less than 3 years
5	3 years or more
6	Never
7	Refused
9	Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: goto HISTOP

Question ID: FHI.290_00.000   **Instrument Variable Name:**   HISTOP   **QuestionnaireFileName:**   Family

QuestionText: (book) F18

[fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you do/ALIAS does] not have health insurance?]

* Enter up to 5 reasons, separate with commas.

01	Person in family with health insurance lost job or changed employers
02	Got divorced or separated/death of spouse or parent
03	Became ineligible because of age/left school
04	Employer does not offer coverage/or not eligible for coverage
05	Cost is too high
06	Insurance company refused coverage
07	Medicaid/Medical plan stopped after pregnancy
08	Lost Medicaid/Medical plan because of new job or increase in income
09	Lost Medicaid (other)
10	Other (specify)
97	Refused
99	Don't know

UniverseText: All persons without known health insurance or with only single service plans

SkipInstructions: <1-9,R,D> [goto FHIKDB]
<10> [goto HISTOPOT]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.291_00.000   **Instrument Variable Name:** HISTOPOT   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

* Other reason for not having coverage

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons without known health insurance and an "other" reason for stopping or not having coverage

SkipInstructions: goto HISTOP for the next person without known health insurance coverage or only single service plans; else, goto FHIKDB

Question ID: FHI.300_00.000   **Instrument Variable Name:** HINOTYR   **QuestionnaireFileName:** Family

QuestionText: In the PAST 12 MONTHS, was there any time when [fill: you/ALIAS] did NOT have ANY health insurance or coverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons with known health insurance coverage except single service plans

SkipInstructions: <1> [goto HINOTMYR] <2,R,D> [goto FHICHNG]

Question ID: FHI.310_00.000   **Instrument Variable Name:** HINOTMYR   **QuestionnaireFileName:** Family

QuestionText: In the PAST 12 MONTHS, about how many months [fill: were you/was ALIAS] without coverage?

* If less than 1 month, enter '1'.

01-12	1-12 months
97	Refused
99	Don't know

UniverseText: All persons with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

SkipInstructions: goto HINOTYR for the next person with known health insurance coverage, except single service plans; else, goto FHIKDB

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

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

QuestionText: Did [fill1: you/ALIAS] have [fill2: type of health insurance coverage] for the past 12 months?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1,R,D> [goto HCSPFYR]
<2> [goto FHIKDB]

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Family Health Insurance

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

QuestionText: (book) F12 and (book) F14

If person is currently uninsured:

{Think about the last time [fill1: you/ALIAS] had health insurance or health care coverage. What type did [fill1: you/ALIAS] have?}

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

{I recorded that [fill1: you/ALIAS] had a period without health insurance in the past year. What type of health insurance or coverage did [fill1: you/ALIAS] have before this period?}

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

{What other types of health insurance or health care coverage did [fill1: you/ALIAS] have?}

*Enter all that apply, separate with commas.

01	Private health insurance
02	Medicare
03	Medi-Gap
04	Medicaid
05	SCHIP (CHIP/Children's Health Insurance Program)
06	Military health care (TRICARE/VA/CHAMP-VA)
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	Single service plan (e.g., dental, vision, prescriptions)
11	No coverage of any type
97	Refused
99	Don't know

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

SkipInstructions: <1> [goto PWRKB]
<2-11,R,D> [goto HCSPFYR]

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Family Health Insurance

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

QuestionText: Which one of these categories best describes how [fill1: your/ALIAS's] private health insurance was obtained?

01	Through employer
02	Through union
03	Through workplace, but don't know if employer or union
04	Through workplace, self-employed or professional association
05	Purchased directly
06	Through a state/local government or community program
07	Other, specify
97	Refused
99	Don't know

UniverseText: All persons who had private health insurance previously

SkipInstructions: <1-6,R,D> [goto HCSPFYR] <7> [goto PWRKBSP]

Question ID: FHI.317_00.010   **Instrument Variable Name:**   PWRKBSP   **QuestionnaireFileName:**   Family

QuestionText: *Enter how private health insurance was obtained.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: All persons who had private health insurance obtained from other source previously

SkipInstructions: <Allow 75 characters> [goto HCSPFYR]

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Question ID: FHI.320_00.000   **Instrument Variable Name:**   HCSPFYR   **QuestionnaireFileName:**   Family

QuestionText: (book) F19

The next question is about money that [fill1: you have/your family has] spent out of pocket on medical care. We do NOT want you to count health insurance premiums, over the counter drugs, or costs that you will be reimbursed for. In the PAST 12 MONTHS, about how much did [fill2: you/your family] spend for medical care and dental care?

0   Zero
1   Less than $500
2 $500 - $1,999
3 $2,000 - $2,999
4 $3,000 - $4,999
5 $5,000 or more
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: goto MEDBILL

Question ID: FHI.325_00.010   **Instrument Variable Name:**   MEDBILL   **QuestionnaireFileName:**   Family

QuestionText: In the past 12 months did [fill1: you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1,2,7,9> [goto MEDBPAY]

2017 NHIS Questionnaire - Family

Family Health Insurance

Document Version Date: 05-Jun-18

Question ID: FHI.327_00.010   **Instrument Variable Name:**   MEDBPAY   **QuestionnaireFileName:**   Family

QuestionText: [fill 1: Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1,2,7,9> if MEDBILL=2 [goto FSA]; else [goto MEDBNOP]

Question ID: FHI.327_00.020   **Instrument Variable Name:**   MEDBNOP   **QuestionnaireFileName:**   Family

QuestionText: [fill 1: Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families but those who said they don't have problems paying their medical bills

SkipInstructions: <1,2,7,9> [goto FSA]

Question ID: FHI.330_00.000   **Instrument Variable Name:**   FSA   **QuestionnaireFileName:**   Family

QuestionText: [fill 1: Do you/Does anyone in your family] have a Flexible Spending Account for health expenses? These accounts are offered by some employers to allow employees to set aside pre-tax dollars of their own money for their use throughout the year to reimburse themselves for their out-of-pocket expenses for health care. With this type of account, any money remaining in the account at the end of the year, following a short grace period, is lost to the employee.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All Families

SkipInstructions: goto PLBORN

Question ID: FSD.001_00.000   **Instrument Variable Name:**   PLBORN   **QuestionnaireFileName:**   Family

QuestionText: [fill: Were you/Was ALIAS] born in the United States?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons

SkipInstructions: <1> [store "1" in CITIZEN and goto PLBORN1]
<2> [goto PLBORN2]
<R,D> [goto CITIZEN]

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Family Socio-Demographic

Document Version Date: 05-Jun-18

Question ID: FSD.002_00.000   **Instrument Variable Name:**   PLBORN1   **QuestionnaireFileName:**   Family

QuestionText: In what state [fill: were you/was ALIAS] born?

01	Alabama
02	Alaska
03	Arizona
04	Arkansas
05	California
06	Colorado
07	Connecticut
08	Delaware
09	District of Columbia
10	Florida
11	Georgia
12	Hawaii
13	Idaho
14	Illinois
15	Indiana
16	Iowa
17	Kansas
18	Kentucky
19	Louisiana
20	Maine
21	Maryland
22	Massachusetts
23	Michigan
24	Minnesota
25	Mississippi
26	Missouri
27	Montana
28	Nebraska
29	Nevada
30	New Hampshire
31	New Jersey
32	New Mexico
33	New York
34	North Carolina
35	North Dakota
36	Ohio
37	Oklahoma
38	Oregon
39	Pennsylvania
40	Rhode Island
41	South Carolina
42	South Dakota
43	Tennessee
44	Texas
45	Utah
46	Vermont

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47	Virginia
48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming
57	United States (state unknown)

UniverseText: All persons born in the United States

SkipInstructions: <1-51,57> [goto HEADST]

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Family Socio-Demographic

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Question ID: FSD.003_00.000 **Instrument Variable Name:** PLBORN2 **QuestionnaireFileName:** Family

QuestionText: In what country [fill: were you/was ALIAS] born?

* Please record country of birth. If country not found, type "ZZ"

060	AMERICAN SAMOA
061	AM SAMOA
062	BAKER ISLAND
063	GUAM
064	HOWLAND ISLAND
065	JARVIS ISLAND
066	JOHNSTON ATOLL
067	KINGMAN REEF
068	MANUA ISLANDS
069	MIDWAY ISLANDS
070	NAVASSA ISLAND
071	NORTHERN MARIANAS
072	PALMYRA ATOLL
073	PUERTO RICO
074	ROTA
075	SAIPAN
076	SAND ISLAND
077	ST CROIX
078	ST JOHN
079	ST THOMAS
080	TINIAN
081	US OUTLYING AREA
082	US VIRGIN ISLANDS
083	USVI
084	VIRGIN ISLANDS
085	WAKE ISLAND
100	ABROAD
101	ABU DHABI
102	ADEN
103	AFGHANISTAN
104	AFRICA
105	ALBANIA
106	ALBERTA
107	ALGERIA
108	ALGIERS
109	ALSACE-LORRAINE
110	AMSTERDAM
111	ANEGADA
112	ANGOLA
113	ANGUILLA
114	ANGUILLA BWI
115	ANOJOUAN
116	ANTARCTICA
117	ANTIGUA
118	ANTIGUA & BARBUDA

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119	ANTIGUA WI
120	ANTILLES
121	ARAB PALESTINE
122	ARABIA
123	ARGENTINA
124	ARMENIA
125	ARUBA
126	ARUBA DWI
127	ARUBA NETHERLANDS
128	ASCENSION ISLAND
129	ASIA
130	ASIA MINOR
131	ASSAM
132	AT SEA
133	AUSTRALIA
134	AUSTRIA
135	AUSTRIA-HUNGARY
136	AZERBAIJAN
137	AZORES ISLANDS
138	BAHAMAS
139	BAHAMAS UK
140	BAHRAIN
141	BAJA CAL
142	BAJA CAL SUR
143	BALBOA
144	BANGLADESH
145	BARBADOS
146	BARBUDA
147	BAVARIA
148	BELARUS
149	BELFAST
150	BELGIAN CONGO
151	BELGIUM
152	BELIZE
153	BENIN
154	BERLIN
155	BERMUDA
156	BESSARABIA
157	BHUTAN
158	BOHEMIA
159	BOLIVIA
160	BONAIRE
161	BORNEO
162	BOSNIA
163	BOSNIA & HERZEGOVINA
164	BOTSWANA
165	BRASIL
166	BRAZIL
167	BRAZZAVILLE
168	BREMEN
169	BRITAIN

170	BRITISH COLUMBIA
171	BRITISH EAST AFRICA
172	BRITISH GUIANA
173	BRITISH GUYANA
174	BRITISH HONDURAS
175	BRITISH HONG KONG
176	BRITISH ISLES
177	BRITISH VI
178	BRITISH VIRGIN IS
179	BRITISH WEST INDIES
180	BRITISH WI
181	BRUNEI
182	BULGARIA
183	BURKINA FASO
184	BURMA
185	BURUNDI
186	BWI
187	BYELARUS
188	BYELORUSSIA
189	CAICOS ISLANDS
190	CAM PHA
191	CAM RANH
192	CAMBODIA
193	CAMEROON
194	CAN THO
195	CANADA
196	CANAL ZONE
197	CANARY ISLANDS
198	CANTON & ENDERBURY IS
199	CANTON ISLAND
200	CAPE VERDE
201	CARIBBEAN
202	CAYMAN ISLANDS
203	CENTRAL AFRICA
204	CENTRAL AFRICAN REP
205	CENTRAL AMERICA
206	CEYLON
207	CHAD
208	CHANNEL ISLANDS
209	CHIAPAS
210	CHIHUAHUA
211	CHILE
212	CHINA
213	CHINA HONG KONG
214	CHRISTMAS ISLAND
215	CHRISTMAS ISLAND, INDIAN OCEAN
216	COAHUILA
217	COLIMA
218	COLOMBIA
219	COMOROS
220	CONGO

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221	COOK ISLANDS
222	CORAL SEA ISLANDS
223	CORK
224	CORSICA
225	COSTA RICA
226	COTE D'IVORIE
227	CRETE
228	CRIMEA
229	CRISTOBAL
230	CROATIA
231	CUBA
232	CURACAO
233	CYPRUS
234	CZ
235	CZECH REPUBLIC
236	CZECHOSLOVAKIA
237	DA LAT
238	DA NANG
239	DAKAR
240	DANZIG
241	DELHI
242	DEMO PEOPLE'S REP OF KOREA
243	DEMO REP OF CONGO
244	DENMARK
245	DISTRITO FEDERAL
246	DJIBOUTI
247	DOM REP
248	DOMINICA
249	DOMINICA BWI
250	DOMINICA WI
251	DOMINICAN REPUBLIC
252	DUBAI
253	DUBLIN
254	DURANGO
255	DUTCH EAST INDIES
256	DUTCH GUIANA
257	DUTCH INDONESIA
258	DUTCH NEW GUINEA
259	EAST PAKISTAN
260	EAST PRUSSIA
261	EASTER ISLAND
262	EASTERN AFRICA
263	ECUADOR
264	EGYPT
265	EIRE
266	EL SALVADOR
267	ENGLAND
268	EQUATORIAL GUINEA
269	ERITREA
270	ESPANA
271	ESTONIA

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272	ETHIOPIA
273	EUROPA ISLAND
274	EUROPE
275	FALKLAND ISLANDS
276	FAROE ISLANDS
277	FEDERAL DISTRICT
278	FEDERAL REPUBLIC OF YUGOSLAVIA
279	FEDERATED STATES OF MICRONESIA
280	FIJI
281	FILIPINES
282	FINLAND
283	FOREIGN COUNTRY
284	FORMOSA
285	FRANCE
286	FRANKFURT
287	FRENCH GUIANA
288	FRENCH MOROCCO
289	FRENCH POLYNESIA
290	GABON
291	GALAPAGOS ISLANDS
292	GALWAY
293	GAMBIA
294	GAZA STRIP
295	GEORGIA
296	GERMANY
297	GHANA
298	GIA DINH
299	GIBRALTER
300	GLORIOSO ISLANDS
301	GOA
302	GRAND BAHAMA
303	GRAND CAYMAN
304	GRAND TURK
305	GREAT BRITAIN
306	GREAT COMORE
307	GREECE
308	GREENLAND
309	GRENADA
310	GUADALAJARA
311	GUADELOUPE
312	GUANAJUATO
313	GUATEMALA
314	GUERNSEY
315	GUERRERO
316	GUIANA
317	GUINEA
318	GUINEA-BISSAU
319	GUYANA
320	HA DONG
321	HAI PHONG
322	HAITI

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323	HAMBURG
324	HANOI
325	HANOVER
326	HAVANA
327	HEARD & MCDONALD ISLANDS
328	HERZEGOVINA
329	HESSE
330	HIDALGO
331	HIGH SEAS
332	HOLLAND
333	HONDURAS
334	HONG KONG
335	HUNGARY
336	HYDERABAD
337	ICELAND
338	INDIA
339	INDONESIA
340	INTERNATIONAL WATERS
341	IRAN
342	IRAQ
343	IRELAND
344	IRIAN JAYA
345	IRISH REPUBLIC
346	ISLE OF MAN
347	ISRAEL
348	ITALY
349	IVORY COAST
350	JALISCO
351	JAMAICA
352	JAN MEYAN
353	JAPAN
354	JAVA
355	JERSEY
356	JIBUTI
357	JORDAN
358	JUAN DE NOVA ISLAND
359	JUGOSLAVIA
360	KALININGRAD
361	KAMPUCHEA
362	KASHMIR
363	KAZAKHSTAN
364	KENYA
365	KHANH HUNG
366	KINSHASA
367	KIRIBATI
368	KOREA
369	KORO ISLAND
370	KUWAIT
371	KWAJALEIN
372	KWANTUNG
373	KYRGYZSTAN

374	LABRADOR
375	LABUAN
376	LAOS
377	LATAKIA
378	LATIN AMERICA
379	LATVIA
380	LEBANON
381	LEEWARD ISLANDS
382	LESOTHO
383	LIBERIA
384	LIBYA
385	LIECHTENSTEIN
386	LITHUANIA
387	LOAS
388	LONDONDERRY
389	LONG XUYEN
390	LORRAINE
391	LUBECK
392	LUXEMBOURG
393	MACAO
394	MACAU
395	MACEDONIA
396	MADAGASCAR
397	MADEIRA ISLANDS
398	MAINLAND CHINA
399	MAJORCA
400	MALAGASY REPUBLIC
401	MALAWI
402	MALAYSIA
403	MALDIVES
404	MALI
405	MALLORCA
406	MALTA
407	MACHURIA
408	MANICA
409	MANILA
410	MANITOBA
411	MARSHALL ISLANDS
412	MARTINIQUE
413	MAURITANIA
414	MAURITIUS
415	MAYOTTE ISLAND
416	MELANESIA
417	MEXICO
418	MICHOACAN
419	MICRONESIA
420	MIDDLE EAST
421	MOLDAVIA
422	MOLDOVA
423	MONACO
424	MONAGAS

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425	MONGOLIA
426	MONTENEGRO
427	MONTSERRAT
428	MORELOS
429	MOROCCO
430	MOZAMBIQUE
431	MY THO
432	N. IRELAND
433	NAM DINH
434	NAMIBIA
435	NAURU
436	NAYARIT
437	NEPAL
438	NETHERLANDS
439	NETH. ANTILLES
440	NETH. EAST INDIES
441	NEVIS ISLAND
442	NEW BRUNSWICK
443	NEW CALEDONIA
444	NEW GUINEA
445	NEW HEBRIDES
446	NEW SOUTH WALES
447	NEW ZEALAND
448	NEWFOUNDLAND
449	NHA TRANG
450	NICARAGUA
451	NIGER
452	NIGERIA
453	NIUE ISLAND
454	NORFOLK ISLAND
455	NORTH AFRICA
456	NORTH AMERICA
457	NORTH KOREA
458	NORTH VIETNAM
459	NORTHERN IRELAND
460	NORTHERN TERRITORY
461	NORWAY
462	NOVA SCOTIA
463	NUEVO LEON
464	OAXACA
465	OCEANIA
466	OKINAWA
467	OMAN
468	ONTARIO
469	OVERSEAS
470	PAKISTAN
471	PALAU
472	PALESTINE
473	PANAMA
474	PANAMA CANAL ZONE
475	PAPUA NEW GUINEA

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476	PARACEL ISLANDS
477	PARAGUAY
478	PELAGOSA
479	PEOPLE'S REP. OF CHINA
480	PEOPLE'S REP. OF CONGO
481	PERSIA
482	PERU
483	PHAN THIET
484	PHILIPPINES
485	PITCAIRN ISLAND
486	POLAND
487	POLYNESIA
488	PONAPE
489	PORTUGAL
490	PORTUGUESE INDIA
491	PRINCE EDWARD ISLAND
492	PRINCIPE ISLAND
494	PRUSSIA
495	PUEBLA
496	PUNJAB
497	PUNJAB, INDIA
498	PUNJAB, PAKISTAN
499	QATAR
500	QUANG LONG
501	QUEBEC
502	QUEENSLAND
503	QUERETARO
504	QUI NHON
505	RACH GIA
506	RAJASTHAN
507	RED CHINA
508	REPUBLIC OF CHINA
509	REPUBLIC OF CYPRUS
510	REPUBLIC OF IRELAND
511	REPUBLIC OF KOREA
512	REPUBLIC OF PANAMA
513	REP. OF PHILIPPINES
514	REP. OF SOUTH AFRICA
515	REPUBLICA DOMINICANA
516	REUNION ISLAND
517	RHODESIA
518	ROC
519	ROK
520	ROMANIA
521	ROTTERDAM
522	RUMANIA
523	RUSSIA
524	RUSSIAN FEDERATION
525	RWANDA
526	SAIGON
527	SALVADOR

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528	SAMOA
529	SAN ANDRES
530	SAN LUIS POTOSI
531	SAN MARINO
532	SAN SALVADOR
533	SAO TOME ISLAND
534	SAO TOME & PRINCIPE
535	SARAWAK
536	SASKATCHEWAN
537	SAUDI ARABIA
538	SAXONY
539	SCOTLAND
540	SENEGAL
541	SEOUL
542	SERBIA
543	SEYCHELLES
544	SHANGHAI
545	SHARJAH
546	SIBERIA
547	SICILY
548	SIERRA LEONE
549	SIKKIM
550	SINALOA
551	SINGAPORE
552	SLAVONIA
553	SLOVAK REPUBLIC
554	SLOVAKIA
555	SLOVENIA
556	SOLOMAN ISLANDS
557	SOMALIA
558	SONORA
559	SOUTH AFRICA
560	SOUTH AMERICA
561	SOUTH AUSTRALIA
562	SOUTH KOREA
563	SOUTH VIETNAM
564	SOUTH WALES
565	SOUTH YEMEN
566	SOUTHEAST ASIA
567	SOUTHERN AFRICA
568	SOUTHERN RHODESIA
569	SOVIET UNION
570	SPAIN
571	SPRATLEY ISLANDS
572	SRI LANKA
573	ST BARTHELEMY
574	ST BARTS
575	ST CHRISTOPHER
576	ST CHRISTOPHER-NEVIS
577	ST EUSTATIUS
578	ST HELENA

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579	ST KITTS
580	ST KITTS-NEVIS
581	ST LUCIA
582	ST MAARTEN
583	ST MARTIN
584	ST PIERRE & MIQUELON
585	ST VINCENT
586	ST VINCENT & THE GRENADINES
587	SUDAN
588	SUMATRA
589	SURINAM
590	SURINAME
591	SVALBARD
592	SWAZILAND
593	SWEDEN
594	SWITZERLAND
595	SYRIA
596	SYRIAN ARAB REP
597	TABASCO
598	TADZHIK
599	TAHITI
600	TAIWAN
601	TAIWAN ROC
602	TAJIKISTAN
603	TAMAULIPAS
604	TANGANYIKA
605	TANGIER
606	TANZANIA
607	TASMANIA
608	THAILAND
609	THANH HOA
610	THE GRENADINES
611	TIBET
612	TIJUANA
613	TLAXCALA
614	TOBAGO
615	TOGO
616	TOGOLAND
617	TOKELAU
618	TONGA
619	TORTOISE ISLANDS
620	TORTOLA
621	TRANSVAAL
622	TRANSYLVANIA
623	TRIESTE
624	TRINIDAD
625	TRINIDAD & TOBAGO
626	TRIPOLI
627	TROMELIN ISLAND
628	TRUK
629	TUNIS

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630	TUNISIA
631	TURKEY
632	TURKMENISTAN
633	TURKS & CAICOS IS
634	TURK ISLANDS
635	TUVALU
636	TUY HOA
637	UGANDA
638	UK
639	UKRAINE
640	UKRAINIA
641	UNION ISLANDS
642	UNION OF SOUTH AFRICA
643	UNION OF SOVIET SOCIALIST REPUBLICS
644	UNITED ARAB EMIRATES
645	UNITED KINGDOM
646	UPPER VOLTA
647	URUGUAY
648	USSR
649	USBEKISTAN
650	VANCOUVER
651	VANUATU
652	VATICAN CITY
653	VENEZUELA
654	VERACRUZ
655	VICTORIA
656	VIETNAM
657	VINH LONG
658	VUNG TAU
659	WALES
660	WALLIS & FUTUNA ISLANDS
661	WEST AFRICA
662	WEST BANK
663	WEST BENGAL
664	WEST INDIES
665	WEST PAKISTAN
666	WESTERN AUSTRALIA
667	WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	WINDWARD ISLANDS
671	WINNIPEG
672	WURZBERG
673	YAP
674	YAR
675	YEMEN
676	YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY

681	ZACATECAS
682	ZADAR
683	ZAIRE
684	ZAMBIA
685	ZANZIBAR
686	ZIMBABWE
687	ZURICH
688	ANDORRA
689	BRITISH INDIAN OCEAN TERRITORY
690	DEUTSCHLAND
691	FRENCH SOUTHERN AND ANTARCTIC LANDS
692	GRENADINES, THE
693	KOSOVO
694	MYANMAR
695	NORTHWEST TERRITORY
696	NUNAVUT TERRITORY
996	Country not listed
997	Refused
999	Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <60-85> [store "2" in CITIZEN and goto USYR]
                                      <100-696,996,R,D> [goto USYR]

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Family Socio-Demographic

Document Version Date: 05-Jun-18

Question ID:	FSD.004_00.000	**Instrument Variable Name:**	USYR	**QuestionnaireFileName:** Family

QuestionText: * Read if necessary.

Earlier I recorded [fill1: your/ALIAS's] date of birth as [fill2: AGEDOB@3(text version) AGEDOB@4, AGEDOB@5].

In what year did [fill3: you/ALIAS] come to the United States to stay?

1880-Current Year	1880-Current Year
9997	Refused
9999	Don't know

UniverseText: All persons not born in the United States

SkipInstructions: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]
<R,D> [goto USLONG]

NOTE: The "*Read if necessary…Earlier I recorded…" portion of this question is included for persons with complete date of birth information.

Hard Edit: ERR1_USYR

*Future year invalid: [fill: USYR]. Please correct.

ERR2_USYR: * [fill year from USYR] is prior to the person's birth year.

*Please correct.

Question ID:	FSD.005_00.000	**Instrument Variable Name:**	USLONG	**QuestionnaireFileName:** Family

QuestionText: About how long [fill1: have you/has ALIAS] been in the United States?

* Read if necessary: Earlier I recorded that [fill2: you are/ALIAS is] [fill3: AGE] years old.

*Enter '95' for 95 or more years.

*If less than 1 year given as a response, code the answer as '0'.

00-94	00-94 years
95	95+ years
97	Refused
99	Don't know

UniverseText: All persons not born in the United States and refused or don't know was reported for USYR

SkipInstructions: <0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN]
<R,D> [goto CITIZEN]

Hard Edit: ERR_LONG: * In US longer than alive!

* Please correct.

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Family Socio-Demographic

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Question ID: FSD.006_00.000 **Instrument Variable Name:** CITIZEN **QuestionnaireFileName:** Family

QuestionText: (book) F20 ?[F1]

[fill: Are you/Is ALIAS] a CITIZEN of the United States?

1	Yes, born in one of the 50 United States or the District of Columbia
2	Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3	Yes, born abroad to American parent(s)
4	Yes, U.S. citizen by naturalization
5	No, not a citizen of the United States
7	Refused
9	Don't know

UniverseText: All persons not born in the United States or a United States territory

SkipInstructions: <1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto HEADST]
<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; else, goto HEADST]
<R,D> [goto HEADST]

Hard Edit: ERR1_CITIZEN
*Already indicated birth outside the United States.
*Please correct.

ERR2_CITIZEN
*Already indicated birth outside United States territory.
*Please correct.

Soft Edit: ERR3_CITIZEN: Refused
Previously, you refused to say if [you/ALIAS] were/was born in the United States.
Would you like to change your answer to the question?

ERR4_CITIZEN: Don't Know
Previously, you didn't know if [you/ALIAS] were/was born in the United States.
Would you like to change your answer to the question?

Question ID: FSD.007_00.000 **Instrument Variable Name:** HEADST **QuestionnaireFileName:** Family

QuestionText: ?[F1]

Is [fill: ALIAS] now attending Head Start?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 7 years of age

SkipInstructions: <1> [if no more persons less than 7 years of age, goto EDUC; else, repeat this question for the next eligible person]
<2,R,D> [goto HEADSTEV]

Question ID: FSD.008_00.000   **Instrument Variable Name:**   HEADSTEV   **QuestionnaireFileName:**   Family

QuestionText: Has [fill: ALIAS] ever attended Head Start?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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Question ID: FSD.010_00.000   **Instrument Variable Name:**   EDUC   **QuestionnaireFileName:**   Family

QuestionText: (book) F21   ?[F1]

What is the HIGHEST level of school [fill: you have/ALIAS has] completed or the highest degree [fill: you have/ALIAS has] received? Please tell me the number from the card.

* Enter highest level of school completed.

00	Never attended/kindergarten only
01	1st grade
02	2nd grade
03	3rd grade
04	4th grade
05	5th grade
06	6th grade
07	7th grade
08	8th grade
09	9th grade
10	10th grade
11	11th grade
12	12th grade, no diploma
13	GED or equivalent
14	High School Graduate
15	Some college, no degree
16	Associate degree: occupational, technical, or vocational program
17	Associate degree: academic program
18	Bachelor's degree (Example: BA, AB, BS, BBA)
19	Master's degree (Example: MA, MS, MEng, MEd, MBA)
20	Professional School degree (Example: MD, DDS, DVM, JD)
21	Doctoral degree (Example: PhD, EdD)
96	Child under 5 years old
97	Refused
99	Don't know

UniverseText: All persons 5 years of age or older

SkipInstructions: repeat for all eligible persons, then goto ARMFVER

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

QuestionText: Earlier [fill1: you said/it was said] [fill2: you/alias] [fill3: were/was] on full-time active duty with the Armed Forces. Is this correct?

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto ARMFFC] <2,R,D> [goto ARMFEV]

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

QuestionText: [fill1: Have you/Has alias] ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

*Read if necessary. Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.

1	Yes
2	No
7	Refused
9	Don't know

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

SkipInstructions: <1> [goto ARMFFC] <2,R,D> [goto DOINGLW]

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

QuestionText: Did [fill1: you/alias] ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

*Read if necessary. This would include National Guard or reserve or active duty monitoring or conducting peace keeping operations in Bosnia Kosovo, in the Sinai between Egypt and Israel, or in response to the 2004 tsunami, or Haiti in 2010.

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?

*Enter all that apply, separate with commas.

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

01	Sept 2001 or later
02	August 1990 to August 2001 (including Persian Gulf War)
03	May 1975 to July 1990
04	Vietnam era (August 1964 to April 1975)
05	February 1955 to July 1964
06	Korean War (July 1950 to January 1955)
07	January 1947 to June 1950
08	December 1946 or earlier
97	Refused
99	Don't know

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

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

Hard Edit: If gray answer code is selected please display:
That selection is not valid at this time.
Please correct.

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

QuestionText: Did [fill1: you/alias] serve in the Persian Gulf during Operation Desert Shield or Operation Desert Storm between August 1990 and April 1991?

1	Yes
2	No
7	Refused
9	Don't know

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

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

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

QuestionText: (book) F22   ? [F1]

The next few questions are about employment status.

Which of the following [fill: were you/was ALIAS] doing last week?

* 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: All persons 18 years of age or older

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

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

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

QuestionText: ?[F1]

What is the main reason [fill1: you/ALIAS] did not [fill2: work last week/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/contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know

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

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

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

QuestionText: ?[F1]

How many hours [fill: did you work LAST WEEK at ALL jobs or businesses/did ALIAS work LAST WEEK at ALL jobs or businesses/do you USUALLY work at ALL jobs or businesses/does ALIAS USUALLY work at ALL jobs or businesses]?

001-168	1-168 hours
997	Refused
999	Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or working, but not for pay, at a job or business last week, or on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season

SkipInstructions: <1-34,R,D> [goto WRKFTALL]
<35-94> [goto WRKLYR]
<95-168> [goto ERR1_WRKHRS]

Soft Edit: * [Fill: WRKHRS] is an unusually high number.
* Please verify.

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Question ID: FSD.080_00.000   **Instrument Variable Name:** WRKFTALL   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

[fill: Do you/Does ALIAS] USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who worked less than 35 hours last week or did not know/refused to answer how many hours they worked last week

SkipInstructions: [goto WRKLYR]

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from DOINGLW to WRKFTALL for each eligible person, then proceeds to WRKLYR.

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

QuestionText: ?[F1]

Did [fill1: you/ALIAS] work for pay at any time in [fill2: last calendar year in 4-digit format]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older

SkipInstructions: <1> [goto WRKMYR]
<2,R,D> [goto HIEMPOF]

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Document Version Date: 05-Jun-18

Question ID: FSD.110_00.000   **Instrument Variable Name:**   WRKMYR   **QuestionnaireFileName:**   Family

QuestionText: How many months in [fill1: last calendar year in 4-digit format] did [fill2: you/ALIAS] have at least one job or business?

     * If less than one month, enter '1'.

01	1 month or less
02-12	2-12 months
97	Refused
99	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto ERNYR

Question ID: FSD.120_00.000   **Instrument Variable Name:**   ERNYR   **QuestionnaireFileName:**   Family

QuestionText: ?[F1]

     What is your best estimate of [fill1: your/ALIAS's] earnings before taxes and deductions from ALL jobs and businesses in [fill2: last calendar year in 4-digit format]?

     Include hourly wages, salaries, tips and commissions.

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

000001- 999994	$1-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

UniverseText: All persons 18 years of age or older who worked last year

SkipInstructions: goto HIEMPOF

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Document Version Date: 05-Jun-18

Question ID: FSD.130_00.000 **Instrument Variable Name:** HIEMPOF **QuestionnaireFileName:** Family

QuestionText: Regarding [fill1: your/ALIAS's] job or work last week, was health insurance offered to [fill2: you/ALIAS] through [fill1: your/ALIAS's] workplace?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons 18 years of age or older who were working for pay at a job or business, or with a job or business, but not at work, or working, but not for pay, at a family-owned job or business

SkipInstructions: goto INTROINC

NOTE ON QUESTIONNAIRE FLOW: The instrument cycles through the appropriate questions from WRKLYR to HIEMPOF for each eligible person, then proceeds to INTROINC.

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Family Income

Document Version Date: 05-Jun-18

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

QuestionText: * Read the following.

The next questions are about [fill1: your total/your total family] income in [fill2: last calendar year in 4-digit format] BEFORE TAXES.

Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

1   Enter 1 to continue

UniverseText: All families

SkipInstructions: goto FSAL

Question ID: FIN.030_00.000   **Instrument Variable Name:** FSAL   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from wages and salaries?]

[fill3: When answering these questions, please remember that by "combined family income," I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home).

Did any family members 18 and older, that is * Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...wages and salaries?]

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSAL and goto FSEINC; else, goto PSAL]
<2,R,D> [goto FSEINC]

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Family Income

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Question ID: FIN.040_00.000   **Instrument Variable Name:**   PSAL   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from wages and salaries in the last calendar year

SkipInstructions: goto FSEINC

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

Question ID: FIN.050_00.000   **Instrument Variable Name:**   FSEINC   **QuestionnaireFileName:**   Family

QuestionText: [fill1: Did you receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/ Did ALIAS receive income in [fill2: last calendar year in 4-digit format] from self-employment including business and farm income?/Did any family members 18 and older, that is

*Read names

(fill roster of people ge 18 years of age)

receive income in [fill2: last calendar year in 4-digit format] from...self-employment including business and farm income?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with one or more persons 18 years of age or older

SkipInstructions: <1> [if a single-person family, store the person number in PSEINC and goto FSSRR; else, goto PSEINC]
<2,R,D> [goto FSSRR]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.060_00.000   **Instrument Variable Name:** PSEINC   **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons 18 years of age or older and at least one received income from self-employment in the last calendar year

SkipInstructions: goto FSSRR

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

Question ID: FIN.070_00.000   **Instrument Variable Name:** FSSRR   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from Social Security or Railroad Retirement?

* Read if necessary: Social Security checks are either automatically deposited in the bank or mailed to arrive on the third of every month.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSRR and goto FSSRRD; else, goto PSSRR]
<2,R,D> [goto FPENS]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.080_00.000 **Instrument Variable Name:** PSSRR **QuestionnaireFileName:** Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year

SkipInstructions: goto FSSRRD

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

Question ID: FIN.082_00.000 **Instrument Variable Name:** FSSRRD **QuestionnaireFileName:** Family

QuestionText: Was [fill: your/any family member's *Read names

(fill roster of all persons selected at PSSRR and AGE LE 64)]

Social Security or Railroad Retirement income received as a disability benefit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with persons less than 65 years of age who received Social Security or Railroad Retirement income in the last calendar year

SkipInstructions: <1> [if only one person less than 65 years of age received Social Security or Railroad Retirement income, fill the person number in PSSRRDB and goto PSSRRD; else, goto PSSRRDB]
<2,R,D> [goto FPENS]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.084_00.000   **Instrument Variable Name:**   PSSRRDB   **QuestionnaireFileName:**   Family

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

Was {person's} Social Security or Railroad Retirement income received as a disability benefit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons less than 65 years of age who received income from Social Security or Railroad Retirement in the last calendar year and at least one received the income as a disability benefit

SkipInstructions: goto PSSRRD

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

Question ID: FIN.086_00.000   **Instrument Variable Name:**   PSSRRD   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/ALIAS] receive this benefit because [fill2: you are/he is/she is] disabled?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons less than 65 years of age who received Social Security or Railroad Retirement income as a disability benefit in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FPENS

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.090_00.000   **Instrument Variable Name:**   FPENS   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/any family members living here] receive income in [fill2: last calendar year in 4-digit format] from any disability pension [fill3: other than Social Security or Railroad Retirement]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PPENS and goto FOPENS; else, goto PPENS]
<2,R,D> [goto FOPENS]

Question ID: FIN.100_00.000   **Instrument Variable Name:**   PPENS   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

*Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from a disability pension (other than Social Security or Railroad Retirement) in the last calendar year

SkipInstructions: goto FOPENS

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

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.102_00.000   **Instrument Variable Name:**   FOPENS   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/any family members living here] receive income from any retirement or survivor pension other [fill2: than Social Security or Railroad Retirement/than a disability pension/than Social Security, Railroad Retirement, or a disability pension]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in POPENS and goto FSSI; else, goto POPENS]
<2,R,D> [goto FSSI]

Question ID: FIN.104_00.000   **Instrument Variable Name:**   POPENS   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from a retirement or survivor pension in the last calendar year

SkipInstructions: goto FSSI

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

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.110_00.000   **Instrument Variable Name:**   FSSI   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Did [fill: you/any family members] receive Supplemental Security Income (SSI)?

* Read if necessary: Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, fill the person number in PSSI and goto PSSID; else, goto PSSI]
<2,R,D> [goto FTANF]

Question ID: FIN.120_00.000   **Instrument Variable Name:**   PSSI   **QuestionnaireFileName:**   Family

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

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last calendar year

SkipInstructions: goto PSSID

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

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.122_00.000   **Instrument Variable Name:**   PSSID   **QuestionnaireFileName:**   Family

QuestionText: Did [fill1: you/ALIAS] receive SSI because [fill2: you have/he has/she has] a disability?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All persons who received SSI in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FTANF

Question ID: FIN.150_00.000   **Instrument Variable Name:**   FTANF   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At any time during [fill1: last calendar year in 4-digit format], even for one month, did [fill2: you/any family members living here] receive any CASH assistance from a state or county welfare program, such as (* fill specific program name)?

* Please do not include food stamps, SSI, energy assistance, or medical assistance payments.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PTANF and goto FOWBEN; else, goto PTANF]
<2,R,D> [goto FOWBEN]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.160_00.000 **Instrument Variable Name:** PTANF **QuestionnaireFileName:** Family

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

Who in the family received this?
(Anyone else?)

*Indicate each family member with this income.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families with two or more persons and at least one received cash assistance from a state or county welfare program in the last calendar year

SkipInstructions: goto FOWBEN

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

Question ID: FIN.164_00.000 **Instrument Variable Name:** FOWBEN **QuestionnaireFileName:** Family

QuestionText: At any time during [fill1: last calendar year in 4-digit format], did [fill2: you/any family members living here] receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in POWBEN and goto FINTRST; else, goto POWBEN]
<2,R,D> [goto FINTRST]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.166_00.000   **Instrument Variable Name:**   POWBEN   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from some "other" kind of welfare assistance in the last calendar year

SkipInstructions: goto FINTRST

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

Question ID: FIN.170_00.000   **Instrument Variable Name:**   FINTRST   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/any family members living here] receive income from interest bearing checking accounts, savings accounts, IRAs or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

* Do not include dividends

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINTRST and goto FDIVD; else, goto PINTRST]
<2,R,D> [goto FDIVD]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.180_00.000   **Instrument Variable Name:**   PINTRST   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received interest income in the last calendar year

SkipInstructions: goto FDIVD

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

Question ID: FIN.190_00.000   **Instrument Variable Name:**   FDIVD   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/any family members living here] receive income from dividends from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PDIVD and goto FCHLDSP; else, goto PDIVD]
<2,R,D> [goto FCHLDSP]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.200_00.000   **Instrument Variable Name:** PDIVD   **QuestionnaireFileName:** Family

QuestionText: * Ask or verify. Enter applicable line number(s). Separate with commas.

Who received this?
(Anyone else?)

* Indicate each family member with this income.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received dividend or net rental income in the last calendar year

SkipInstructions: goto FCHLDSP

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

Question ID: FIN.210_00.000   **Instrument Variable Name:** FCHLDSP   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

Did [fill: you/any family members living here] receive income from child support?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PCHLDSP and goto FINCOT; else, goto PCHLDSP]
<2,R,D> [goto FINCOT]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.220_00.000   **Instrument Variable Name:**   PCHLDSP   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate which child in the family this is for. If that child is no longer residing with this family, enter line number of custodial parent.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received income from child support in the last calendar year

SkipInstructions: goto FINCOT

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

Question ID: FIN.230_00.000   **Instrument Variable Name:**   FINCOT   **QuestionnaireFileName:**   Family

QuestionText: Did [fill: you/any family members living here] receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PINCOT and goto FINCTOT; else, goto PINCOT]
<2,R,D> [goto FINCTOT]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.240_00.000   **Instrument Variable Name:**   PINCOT   **QuestionnaireFileName:**   Family

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

Who received this?
(Anyone else?)

* Indicate each family member with this income

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one received some "other" source of income in the last calendar year

SkipInstructions: goto FINCTOT

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

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

QuestionText: [fill1: When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]

What is your best estimate of [fill2: your total income/the total income of all family members] from all sources, before taxes, in [fill3: last calendar year in 4 digit format]?

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

000000-999994	$0-$999,994
999995	$999,995+
999997	Refused
999999	Don't know

UniverseText: All families

SkipInstructions: <0-999> goto ERR1_FINCTOT
<250001-999995> goto ERR2_FINCTOT
<1000-250000> goto HOUSEOWN
<D,R> goto FPOV250

Soft Edit: ERR1_FINCTOT:
* Do not read to the respondent.
* $[fill: FINCTOT] is unusually low. Make corrections if necessary.

ERR2_FINCTOT:
* Do not read to the respondent.
* $[fill: FINCTOT] is unusually high. Make corrections if necessary.

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.255_00.000 **Instrument Variable Name:** FPOV250 **QuestionnaireFileName:** Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 250% of poverty threshold] or [fill2: 250% of poverty threshold] or more?

1	Less than [fill2: 250% of poverty threshold]
2	[fill2: 250% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: Respondents who don't know or refuse their total family income

SkipInstructions: <1> goto FPOV138
<2> if PCNT in('01','02') then goto FINC75;
else if PCNT in('04','07','08','09') then goto FPOV400;
else if PCNT in('03','05','06') then goto FINC100
<R,D> goto HOUSEOWN

Question ID: FIN.258_00.000 **Instrument Variable Name:** FPOV138 **QuestionnaireFileName:** Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 138% of poverty threshold] or [fill2: 138% of poverty threshold] or more?

1	Less than [fill2: 138% of poverty threshold]
2	[fill2: 138% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered less than 250% of poverty at FPOV250

SkipInstructions: <1> goto FPOV100
<2> goto FPOV200
<R,D> goto HOUSEOWN

Question ID: FIN.261_00.000 **Instrument Variable Name:** FPOV100 **QuestionnaireFileName:** Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 100% poverty threshold] or [fill2: 100% poverty threshold] or more?

1	Less than [fill2: 100% of poverty threshold]
2	[fill2: 100% poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered less than 138% of poverty at FPOV138

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

Question ID: FIN.264_00.000 **Instrument Variable Name:** FPOV200 **QuestionnaireFileName:** Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 200% of poverty threshold] or [fill2: 200% of poverty threshold] or more?

1	Less than [fill2: 200% of poverty threshold]
2	[fill2: 200% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered 138% of poverty or more at FPOV138

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

Question ID: FIN.267_00.000 **Instrument Variable Name:** FINC75 **QuestionnaireFileName:** Family

QuestionText: Was your total [fill: family] income from all sources less than $75,000 or $75,000 or more?

1	Less than $75,000
2	$75,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family

SkipInstructions: <1> goto FPOV400
<2> goto FINC100
<R,D> goto HOUSEOWN

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.270_00.000   **Instrument Variable Name:**   FINC100   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill: family] income from all sources less than $100,000 or $100,000 or more?

1	Less than $100,000
2	$100,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered $75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 3, 5, or 6 person family

SkipInstructions: <1> if PCNT in('01','02','05','06') then goto HOUSEOWN;
else if PCNT='03' then goto FPOV400
<2> > if PCNT in('01','02','03') then goto FINC150;
else if PCNT in ('05','06') then goto FPOV400
<R,D> [goto HOUSEOWN]

Question ID: FIN.273_00.000   **Instrument Variable Name:**   FPOV400   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill1: family/] income from all sources less than [fill2: 400% of poverty threshold] or [fill2: 400% of poverty threshold] or more?

1	Less than [fill2: 400% of poverty threshold]
2	[fill2: 400% of poverty threshold] or more
7	Refused
9	Don't know

UniverseText: The respondent answered less than $75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than $100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered $100,000 or more at FINC100 and he/she is from a 5 or 6 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 4, 7, 8, or 9+ person family

SkipInstructions: <1> if PCNT >= '08' then goto FINC150;
    else goto HOUSEOWN
<2> if PCNT in('01','02','03','07','08') goto HOUSEOWN;
    else if PCNT in('04','05','06') goto FINC150
<R,D> goto HOUSEOWN

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.276_00.000   **Instrument Variable Name:**   FINC150   **QuestionnaireFileName:**   Family

QuestionText: Was your total [fill: family] income from all sources less than $150,000 or $150,000 or more?

1	Less than $150,000
2	$150,000 or more
7	Refused
9	Don't know

UniverseText: The respondent answered $100,00 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty at FPOV400 and he/she is from a family of 8 or more persons

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

Question ID: FIN.280_00.000   **Instrument Variable Name:**   HOUSEOWN   **QuestionnaireFileName:**   Family

QuestionText: Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1,3,R,D> [goto FSSAPL]
<2> [goto FGAH]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.282_00.000   **Instrument Variable Name:** FGAH   **QuestionnaireFileName:** Family

QuestionText: ? [F1]

[fill: Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families that rent their house/apartment

SkipInstructions: goto FSSAPL

Question ID: FIN.300_00.000   **Instrument Variable Name:** FSSAPL   **QuestionnaireFileName:** Family

QuestionText: [fill: Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?/Have any family members living here EVER applied for Supplemental Security Income (SSI)? This includes people who applied for benefits, even if the claim was denied.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [if a single-person family, store the person number in PSSAPL and goto FSDAPL; else, goto PSSAPL]
<2,R,D> [goto FSDAPL]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID:	FIN.310_00.000	Instrument Variable Name:	PSSAPL	QuestionnaireFileName:	Family

QuestionText: *Ask or verify. Enter applicable line number(s), separate with a comma.

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for SSI benefits.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one applied for SSI

SkipInstructions: goto FSDAPL

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

Question ID:	FIN.330_00.000	Instrument Variable Name:	FSDAPL	QuestionnaireFileName:	Family

QuestionText: [fill: Have you EVER APPLIED for disability benefits from Social Security even if the claim was denied?/Have any family members living here EVER applied for disability benefits from Social Security? This includes people who applied for benefits, even if the claim was denied.]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All Families

SkipInstructions: <1> [if a single-person family, store the person number in PSDAPL and goto TANFMYR; else, goto PSDAPL]
<2,R,D> [goto TANFMYR]

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.340_00.000   **Instrument Variable Name:**   PSDAPL   **QuestionnaireFileName:**   Family

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

Who in the family applied for it?
(Anyone else?)

* Indicate each family member who applied for Social Security Disability benefits.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons and at least one applied for Social Security Disability benefits

SkipInstructions: goto TANFMYR

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

Question ID: FIN.350_00.000   **Instrument Variable Name:**   TANFMYR   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

Earlier I recorded that [fill1: you/ALIAS] received cash assistance from programs such as welfare or public assistance in [fill2: last calendar year in 4-digit format]. During [fill2: last calendar year in 4-digit format], about how many months did [fill1: you/ALIAS] receive this assistance?

*Enter '1' if less than one month.

01-12	1-12 months
97	Refused
99	Don't know

UniverseText: All persons who received cash assistance from public assistance programs in the last calendar year

SkipInstructions: repeat for all eligible persons, then goto FSNAP

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.360_00.000   **Instrument Variable Name:** FSNAP   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

At any time during [fill 1: last calendar year in 4-digit format], did [fill 2: you/any family members living here] receive [fill 3: food stamp benefits/SNAPNAME or food stamp benefits]?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families

SkipInstructions: <1> [goto FSNAPMYR]

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

Question ID: FIN.380_00.000   **Instrument Variable Name:** FSNAPMYR   **QuestionnaireFileName:** Family

QuestionText: ?[F1]

During [fill 1: last year in 4 digit format], about how many months were [fill 2: food stamp benefits/SNAPNAME or food stamp benefits] received?

* Enter "1" if less than 1 month

01-12	Months
97	Refused
99	Don't know

UniverseText: Family received food stamp/SNAP benefits in previous calendar year

SkipInstructions: Goto FINWIC to see if family fits into universe for this question.

2017 NHIS Questionnaire - Family

Family Income

Document Version Date: 05-Jun-18

Question ID: FIN.384_00.000   **Instrument Variable Name:**   FINWIC   **QuestionnaireFileName:**   Family

QuestionText: ? [F1]

At any time during [fill1: last calendar year in 4-digit format] did [fill2: you/anyone in your family] receive benefits from the WIC program, that is, the Women, Infants and Children program?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with females 12-55 years of age or children 0-5 years of age

SkipInstructions: <1> [if a single-person family, store the person number in PWIC and goto FMSSN; else, goto PWIC]
<2,R,D> [goto FMSSN]

Question ID: FIN.385_00.000   **Instrument Variable Name:**   PWIC   **QuestionnaireFileName:**   Family

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

Who in the family received this?
(Anyone else?)

* Indicate family members who were authorized to receive WIC benefits.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: All families with two or more persons who are female and between the ages of 12-55 or children between the ages of 0-5, and at least one received WIC benefits in the last calendar year

SkipInstructions: goto FMSSN

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

2017 NHIS Questionnaire - Person

English Language Proficiency

Document Version Date: 05-Jun-18

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

QuestionText: How well [fill: do you/ does ALIAS] speak English? Would you say…

*Read categories below.

1	Very well
2	Well
3	Not well
4	Not at all
7	Refused
9	Don't know

UniverseText: All persons age 5 and older

SkipInstructions: <1-4> goto next section