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2015 NHIS Questionnaire - Family

Family Identification

Question ID:	FID.100_00.000	Instrument Variable Name:	HHCHANGE	QuestionnaireFileName:	Family
QuestionText:		lis/Her] national origin is [fill		LIAS is] [fill sex], [fill age] year [his/her] race is [fill race]:	s old, born on [fill
1	Yes, this info	rmation is correct			
2	No, correctio	n(s) needed/more corrections	needed		
UniverseTe	All non	deleted family members			
SkipInstruc	if SCRI else [go	to additional PX remain EENIN = 0 and I_SCRN_STA to FIDCC13] oto CWHAT2]	ATUS = S [goto EXIT(HHC)]	
-	FID.110_00.000	Instrument Variable Name:	CWHAT2	QuestionnaireFileName:	Family
Question ID: QuestionText:	FID.110_00.000		CWHAT2	QuestionnaireFileName:	Family
-	FID.110_00.000 * Change(s) n	Instrument Variable Name:			Family
-	FID.110_00.000 * Change(s) n	Instrument Variable Name: eeded for [ALIAS].			Family
QuestionText:	FID.110_00.000 * Change(s) n * Enter each r	Instrument Variable Name: eeded for [ALIAS].			Family
QuestionText:	FID.110_00.000 * Change(s) n * Enter each r Name	Instrument Variable Name: eeded for [ALIAS].			Family
QuestionText: 1 2	FID.110_00.000 * Change(s) n * Enter each r Name Age or DOB	Instrument Variable Name: eeded for [ALIAS]. umber that applies. If a wrong			Family
QuestionText: 1 2 3	FID.110_00.000 * Change(s) n * Enter each r Name Age or DOB Sex	Instrument Variable Name: eeded for [ALIAS]. umber that applies. If a wrong			Family
QuestionText: 1 2 3 4	FID.110_00.000 * Change(s) n * Enter each r Name Age or DOB Sex National orig Race	Instrument Variable Name: eeded for [ALIAS]. umber that applies. If a wrong			Family

Family Identification

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/he 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
SkipInstructio	ons: <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
Question ID:	Default Goto should be CWHAT2 FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family
Question ID:	
-	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family
-	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY
QuestionText:	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner?
QuestionText:	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married
QuestionText: 1 2	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed
QuestionText: 1 2 3	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed Divorced
QuestionText: 1 2 3 4	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed Divorced Separated
QuestionText: 1 2 3 4 5	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed Divorced Separated Never Married
QuestionText: 1 2 3 4 5 6	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed Divorced Separated Never Married Living with partner
QuestionText: 1 2 3 4 5 6 7	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Widowed Divorced Separated Never Married Living with partner Refused Don't know
QuestionText: 1 2 3 4 5 6 7 9 UniverseText	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Married Widowed Divorced Separated Never Married Living with partner Refused Don't know . All persons, 14 and older, who don't have a marital status yet
QuestionText: 1 2 3 4 5 6 7 9	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Married Widowed Divorced Separated Never Married Living with partner Refused Don't know . All persons, 14 and older, who don't have a marital status yet
QuestionText: 1 2 3 4 5 6 7 9 UniverseText	FID.250_00.000 Instrument Variable Name: MARITAL QuestionnaireFileName: Family * ASK OR VERIFY [fill: Are you/Is ALIAS] now married, widowed, divorced, separated, never married, or living with a partner? Married Married Widowed Divorced Separated Never Married Living with partner Refused Don't know . All persons, 14 and older, who don't have a marital status yet

Family Identification

Question ID:	FID.260_00.000	Instrument Variable Name:	SPOUS	QuestionnaireFileName:	Family
QuestionText:	* ASK OR V	ERIFY			
	Is [fill: your/.	ALIAS's] spouse living in the h	nousehold?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: A pote	ntial spouse lives in the unit.			
SkipInstruct	else [g	SPOUS2[PX] = null [goto SPO oto FIDCCI3] >> [goto FIDCCI3]	DUS2]		

Family Identification

Question ID:	FID.270_	00.000	Instrument Variable Name:	SPOU	JS2	QuestionnaireFileName:	Family
QuestionText:	* Prot	e as nec	essary and enter the line nun	nber of the	e spouse.		
	[Displ	ay all po	ssible spouse candidates]				
01-25	Perso	n # of sp	oouse				
UniverseTex	xt:	Person l	nas an unidentified spouse in	the house	ehold.		
SkipInstruct	tions:		allow line number of the sub ,D> [goto FIDCCI3]	ject to be	entered. If so [goto	ERR_SPOUS2]	
Hard Edit:		ERR1_	SPOUS2				
			a can't be his or her own spot correct.	ise.			
Soft Edit:		*If [AL	SPOUS2 IAS (SPOUS2(PX)] is [ALL t relationship code at RPRE		-		value should be '02'.
			OTO is to change Relations d GOTO is to choose differe			S2(PX))]	
			ns involved : Relationship to Ref Person 2		lue REL(SPOUS2(PX AS (SPOUS2(PX)		
		*Do no *The m *Suppre	SPOUS2 read this message to the res arried couple [ALIAS (SPO ess message if correct. vise, correct SEX of either p	US2(PX))			
		*Secon	OTO is to choose different s d GOTO is to change SEX o GOTO is to change SEX of	f spouse [ALIAS (SPOUS2	PX))]	
		Questio SPOUS SEX SEX	ns involved 2	SE	lue IAS (SPOUS2(PX) X (SPOUS2(PX)) X (PX)))	
		*Age di I have r	SPOUS2 fference between spouses is ecorded [ALIAS (PX)] is [A POUS2(PX))] years old. Ar	GE(PX)]	years old and [fill:	his/her] spouse [ALIAS(SP	OUS2(PX))] is
		*Secon	OTO is to choose different s d GOTO is to change AGE of GOTO is to change AGE of	of spouse	ALIAS (SPOUS2(PX))]	
		Questio SPOUS AGE AGE	ns involved 2	AC	lue IAS (SPOUS2(PX) SE (SPOUS2(PX)) SE (PX)		

Family Identification

Question ID:	FID.280_00	.000	Instrument Va	ariable Name:	COHAB1	QuestionnaireF	ileName:	Family
QuestionText:	[fill: Ha	/e you/	Has ALIAS] (ever been mar	rried?			
1	Yes							
2	No							
7	Refuse	l						
9	Don't k	ıow						
UniverseTex	at: N	arital s	tatus is "livin	g with a partn	ier."			
SkipInstruct	<	2,R,D>		PX] = null [g	oto COHAB3]			
Question ID:) FIDCCI3]	ariable Nome:	COUAP2	Questionneire	Nome	Family
Question ID:				ariable Name:	СОНАВ2	QuestionnaireF	ileName:	Family
Question ID: QuestionText:	FID.290_00	.000	Instrument Va		COHAB2 marital status?	QuestionnaireF	ileName:	Family
-	FID.290_00	.000 [fill: yo	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText:	FID.290_00 What is	.000 [fill: yo	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText:	FID.290_00 What is Married	.000 [fill: yo led	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText: 1 2	FID.290_00 What is Married Widow	2.000 [fill: yo ed	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText: 1 2 3	FID.290_00 What is Married Widow Divorce	.000 [fill: yo ed ed ed	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText: 1 2 3 4	FID.290_00 What is Married Widow Divorce Separat	.000 [fill: yo ed ed ed	Instrument Va			QuestionnaireF	ileName:	Family
QuestionText: 1 2 3 4 7	FID.290_00 What is Marriee Widow Divorce Separat Refuse Don't k	.000 [fill: yo ed ed i l now	Instrument Va ur/ALIAS's]	current legal		QuestionnaireF	ileName:	Family

Family Identification

Question ID: FID.30	0_00.000 Instrument Variable Name:	COHAB3	QuestionnaireFileName:	Family
QuestionText: * Pr	robe as necessary and enter the line number	of the cohabiting pa	artner.	
[Dis	splay all possible cohabitation candidates]			
01-25 Per	rson number			
UniverseText:	Cohabiting partner has yet to be identified	ed.		
SkipInstructions:	If line number of the subject is entered [<1-25,R,D> [goto FIDCCI3]	goto ERR_COHAB	3]	
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 should be '03'.		-	X))]'s RPREL value
	*Correct relationship code at RPREL or	change answer at C	OHAB3.	
	*First GOTO is to change Relationship of *Second GOTO is to choose different co			
	Questions involved RPREL: Relationship to Ref Person COHAB3	Value RPREL(COHAB ALIAS (COHAB		
	ERR3_COHAB3 *If [ALIAS (COHAB3(PX))] and [ALIA codes equal to '04' for 'Child'. One of t *Correct relationship code at RPREL or	their RPREL codes	should equal '12' for 'Other rel	
	*First GOTO is to change Relationship of *Second GOTO is to change Relationship *Third GOTO is to choose different coh	ip code of [ALIAS ([PX)]	
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person COHAB3	Value Child Child ALIAS (COHAI	33 (PX))	
	ERR4_ COHAB3 *Age difference between cohabiting par I have recorded [ALIAS (PX)] is [AGE([ALIAS(COHAB3(PX))] is [AGE(COH	PX)] years old and	[fill: his/her] cohabiting partner	
	*First GOTO is to choose different coha *Second GOTO is to change AGE of co *Third GOTO is to change AGE of [AL	habiting partner [AI		
	Questions involved COHAB3 AGE AGE	Value ALIAS (COHAI AGE (COHAB3 AGE (PX)		

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Family Identification

Question ID:	FID.322_00.000	Instrument Variable Name:	DEGREE4	QuestionnaireFileName:	Family
QuestionText:		ther's fullname] is the father ughter] in law?	of [child's fullname].	Is [child's fullname] his biologica	l, adoptive, step, foster,
1	Biological				
2	Adoptive				
3	Step				
4	Foster				
5	-in-law				
7	Refused				
9	Don't know				

Family Identification

UniverseText:	When the reference person is the person in question's parent.				
SkipInstructions:	<1> if AGEDIFF <12 [goto ERR_DEGRE if ERR_DEGREE4 = 1 [goto FIDCCI4B] else reset DEGREE4 [goto DEGREE4] en else [goto FIDCCI4B] <2-5,R,D> [goto FIDCCI4B]				
Hard Edit:	ERR2_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X Are these ages and relationships correct? * Please correct relationship code or age.	is [AGEDIFF] years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old.			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
Soft Edit:	ERR1_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	is only [AGEDIFF] years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*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 RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			
	If suppressed and additional persons rema else GOTO FIDCCI4B, endif	in, GOTO FIDCCI4			
	ERR3_DEGREE4 *Age difference between father and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	is greater than or equal to 50 years. 2)] years old and his child [ALIAS(PX)] is [AGE(PX)] years old. Are			
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of father *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] [ALIAS(X2)]			
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (husband) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)			

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Family Identification

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

Family Identification

Question ID:	FID.324_00.000	Instrument Variable Name:	DEGREE5	QuestionnaireFileName:	Family
QuestionText:		other's fullname] is the mothe son/daughter] in law?	r of [child's fullname].	Is [child's fullname] her biolog	gical, adoptive, step,
1	Biological				
2	Adoptive				
3	Step				
4	Foster				
5	-in-law				
7	Refused				
9	Don't know				

Family Identification

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 I have recorded [ALIAS (X2)] is [AGE(X Are these ages and relationships correct? * Please correct relationship code or age.	t is [AGEDIFF] years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old.				
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of mothe *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] r [ALIAS(X2)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)				
Soft Edit:	ERR1_DEGREE5 *Age difference between mother and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	l is only [AGEDIFF] years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are				
	*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 RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)				
	If suppressed and additional persons remain, GOTO FIDCCI4 else GOTO FIDCCI4B, endif					
	ERR3_DEGREE5 *Age difference between mother and child I have recorded [ALIAS (X2)] is [AGE(X these ages and relationships correct?	l is greater than or equal to 50 years. 2)] years old and her child [ALIAS(PX)] is [AGE(PX)] years old. Are				
	*First GOTO is to change Relationship co *Second GOTO is to change Relationship *Third GOTO is to change AGE of mothe *Fourth GOTO is to change AGE of child	code of [ALIAS(PX)] r [ALIAS(X2)]				
	Questions involved RPREL: Relationship to Ref Person RPREL: Relationship to Ref Person AGE AGE	Value Spouse (wife) or Unmarried Partner Child or Child of Partner AGE (X2) AGE(PX)				

Family Identification

Document Version Date: 27-May-16

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:	Is [fill: your mother-in-law * Enter the lin If the mothe	⁶ Ask or verify Is [fill: your/ALIAS's] mother a household member? (Include biological (natural), adoptive, step, or foster mother or nother-in-law) ⁶ 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". ⁶ Choose mother over mother-in-law if both are present.						
00	Mother not a	household member						
01-25	Person numb	er of mother						
97	Refused							
99	Don't know							
UniverseTex	t: Potentia	al mother in the Family, mothe	er not already ider	ntified				
SkipInstructions: <pre><01-25> [goto MOTHERCK_A] <0,R,D> [goto FIDCCI5]</pre>								

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Family Identification

Document Version Date: 27-May-16

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

Family Identification

UniverseText:	Mother is in the immediate family.			
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_MOTH if <1> [goto FIDCCI5] elseif <2> [goto MOTHER] elseif <3>, reset MOTHERCK_A [goto M 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 MOTH *Second GOTO is to change AGE of more *Third GOTO is to change AGE of child	ther [ALIAS (LNMOM[PX])]		
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)		
Soft Edit:	ERR1_MOTHERCK_A *Age difference between mother and chil I have recorded [ALIAS (LNMOM[PX])] [AGE(PX)] years old. Are these ages and *First GOTO is to change code at MOTH *Second GOTO is to change AGE of mot *Third GOTO is to change AGE of child	is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is a relationships correct? ER her [ALIAS (LNMOM[PX])]		
	Questions involved MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)		
	if suppressed goto FIDCCI5			
	ERR3_MOTHERCK_A *Age difference between mother and chil I have recorded [ALIAS (LNMOM[PX]) [AGE(PX)] years old. Are these ages and] is [AGE(LNMOM[PX])] years old and her child [ALIAS(PX)] is		
	*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 MOTHER AGE AGE	Value ALIAS (MOTHER [PX]) AGE(LNMOM[PX]) AGE(PX)		
	if suppressed goto FIDCCI5			

Family Identification

Question ID:	FID.340_00.000	Instrument Variable Name:	FATHER	QuestionnaireFileName:	Family
QuestionText:	* Ask or verify	y			
	Is [fill: your/A in-law).	LIAS's] father a household m	ember? (Include bi	ological (natural), adoptive, step, or	foster father or father-
	* Enter the lin	e number of the father or fath	er-in-law.		
	* If the father	is not a household member, e	nter '0'.		
	* Choose fathe	er over father-in-law if both a	re present.		
00	Father not in	household			
01-25	Person # of fa	ther			
97	Refused				
99	Don't know				
UniverseTex	t: Potentia	al Father in Family, not alread	ly identified		
SkipInstruct		[goto FATHERCK_A] > [goto FIDCCI4]			

Family Identification

Document Version Date: 27-May-16

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

Family Identification

UniverseText:	Father is in the immediate family.				
SkipInstructions:	<1> If AGEDIFF <12 [goto ERR_FATHE if ERRFATHERCK_A = <1> [goto FIDC 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 I have recorded [ALIAS(LNDAD[PX])] i [AGE(PX)] years old. Are these ages and relationships correct? * Please correct relationship code or age.	is [AGEDIFF] years. s [AGE(LNDAD[PX])] years old and his child [ALIAS(PX)] is			
	*First GOTO is to change code at FATHE *Second GOTO is to change AGE of fath *Third GOTO is to change AGE of child	er [ALIAS (LNDAD[PX])]			
	Questions involved FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
Soft Edit:	ERR1_FATHERCK_A *Age difference between father and child I have recorded [ALIAS(LNDAD[PX])] is [AGE(PX)] years old. Are these ages and	s [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is			
	*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 FATHER AGE AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
	if suppressed goto FIDCCI4				
	ERR3_FATHERCK_A *Age difference between father and child I have recorded [ALIAS(LNDAD[PX])] is [AGE(PX)] years old. Are these ages and	s [AGE (LNDAD[PX])] years old and his child [ALIAS(PX)] is			
	*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)]				
	AGE	Value ALIAS(FATHER [PX]) AGE(LNDAD[PX]) AGE(PX)			
	if suppressed goto FIDCCI4				

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Question ID:	FID.361_00.00) Instrument Variable Name:	LGGUARD1	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you	/Does ALIAS] have a legal gua	rdian?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex		on is ward of reference person C nan 18 AND person is not delete		her are not present in the house	hold) AND person is
SkipInstruct	<2,R,	goto LGGUARD2] D> if additional persons remain lse GOTO ROSTERCK	, GOTO FIDCCI4		
Question ID:	FID.362_00.00) Instrument Variable Name:	LGGUARD2	QuestionnaireFileName:	Family
-	*Ask or veri			QuestionnaireFileName:	Family
-	*Ask or veri Is [fill ALIA *Enter the li	fy.	1 member?	QuestionnaireFileName:	Family
-	*Ask or veri Is [fill ALIA *Enter the li *If the legal	fy. S'S] legal guardian a household ne number of the legal guardian	1 member?	QuestionnaireFileName:	Family
QuestionText:	*Ask or veri Is [fill ALIA *Enter the li *If the legal	fy. S'S] legal guardian a household ne number of the legal guardian guardian is not a household met ot a household member	1 member?	QuestionnaireFileName:	Family
QuestionText: 00	*Ask or veri Is [fill ALIA *Enter the li *If the legal Guardian n	fy. S'S] legal guardian a household ne number of the legal guardian guardian is not a household met ot a household member	1 member?	QuestionnaireFileName:	Family
QuestionText: 00 01-25	*Ask or veri Is [fill ALIA *Enter the li *If the legal Guardian n Person # of	fy. .S'S] legal guardian a household ne number of the legal guardian guardian is not a household me ot a household member guardian	1 member?	QuestionnaireFileName:	Family
01-25 97	*Ask or veri Is [fill ALIA *Enter the li *If the legal Guardian n Person # of Refused Don't know	fy. .S'S] legal guardian a household ne number of the legal guardian guardian is not a household me ot a household member guardian	d member? mber, enter '0'.	QuestionnaireFileName:	Family

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2015 NHIS Questionnaire - Family

Family Identification

Question ID:	FID.380_00.000	Instrument Variable Name:	KNOW2	QuestionnaireFileName:	Family
QuestionText:	[Display all f	sk amily would you say knows a amily members who not dele at apply, separate with comn	eted and > 17 or ema	-	
1	Yes, knows	family members' health			
2	No, does not	t know family member's heal	lth		
7	Refused				
9	Don't know				
UniverseText	More t	than one adult			
SkipInstructi	if SCS	R,D> EL = 0 [goto FINTRO2] oto KNOWSC2]			

Question ID:	FID.390_03	.000	Instrument	Variable Name:	FINTRO2	Question	naireFileName:	Family
QuestionText:	[Display * If any j We woul home no * If yes,	all fai person ld like w? ask: C	nily members is listed are to have all could they jo	ers who are not de not present, say: adult family men pin us?	eleted and >17 or e	mancipated minors	s]	s, separate with commas. READ NAMES) at
1	Present							
2	Not pres	sent						
UniverseTex	at: A	l non	leleted pers	ons >17 or emand	cipated minors			
SkipInstruct	if	only c	oto FCALL one PX selecto FAMRE	cted [goto HLTH	_BEG]			

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2015 NHIS Questionnaire - Family

Family Identification

Document Version Date: 27-May-16

Question ID:	FID.390_04.000	Instrument Variable Name:	FAMRESP	QuestionnaireFileName:	Family
QuestionText:		ssary: With whom am I speak e number of the person you c	U	in respondent for this family's heal	th questions.
01-25	Person # of F	amily Respondent			
UniverseTex	t: More th	nan 1 adult present.			

SkipInstructions: goto HLTH_BEG

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Family Health Status & Limitations

Question ID:	FHS.005_00	000	Instrument Variable Name:	FLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	[fill1: Are	/Is]				
	* Read na (fill roste		ersons age 0-4)			
	limited in problem?		tind or amount of play activit	ies [fill2: they/he/she]	can do because of a physical, m	ental, or emotional
1	Yes					
2	No					
7	Refused					
9	Don't kn	ow				
UniverseTex	at: Al	fami	lies with one or more persons	s less than 5 years of a	ge	
SkipInstruct	els	e, got	only one child less than 5 yea to PLAPLYLM] > [goto FSPEDEIS]	rs of age, store the per	son number in PLAPLYLM and	l goto PLAPLYUN;

Question ID:	FHS.010	0_00.000	Instrument Variable Name:	PLAPLYLM	QuestionnaireFileName:	Family
QuestionText:	* As	sk or verif	y. Enter applicable line numb	per(s), separate with comm	nas.	
		is this? one else?)	1			
1	Yes					
2	No					
7	Ref	used				
9	Don	't know				
UniverseTe	xt:	All fami	lies with two or more persons	s less than five years of ag	e and at least one is limited i	in play activities
SkipInstruc	tions:	goto PL	APLYUN			
			In the instrument, interviewer ent. As shown above, each el		1	

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Family Health Status & Limitations

Question ID:	FHS.020_00.00	() Instrument Variable Name:	PLAPLYUN	QuestionnaireFileName:	Family
QuestionText:			n the usual kinds of pl	ay activities done by most childre	en [fill: ALIAS]'s age?
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All pe	ersons less than 5 years of age	who are limited in play	v activities	
SkipInstruc	tions: repeat	t this question for all persons li	sted at PLAPLYLM, t	hen goto FSPEDEIS	
Question ID:	FHS.050_00.00	0 Instrument Variable Name:	FSPEDEIS	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill: Do you	/Does/Do any of these family r	members,		
	* Read name	2S			
	(fill roster of	f persons less than age 18)]			
	receive Spec	ial Educational or Early Interv	ention Services?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All fat	milies with one or more person	ns less than 18 years of	age	
SkipInstruc	tions: <1>[i	forly one name loss than 19	vears of age store the	person number in PSPEDEIS an	d goto PSPEDEM:

Family Health Status & Limitations

Document Version Date: 27-May-16

Question ID:	FHS.060)_00.000	Instrument Variable	e Name:	PSPEDEIS	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable	line numb	er(s), separate wi	th commas.	
		is this? one else?)				
1	Yes						
2	No						
7	Refu	ised					
9	Don	't know					
UniverseTex	at:		ilies with two or mo tervention Services	-	less than 18 year	rs of age and at least one receives S	pecial Educational or
SkipInstruct	tions:	goto PS	PEDEM				
			,			imbers associated with the persons in vives an edited response code in sub	1 2

Question ID:	FHS.065_00.000	Instrument Variable Name:	PSPEDEM	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you/D or behavioral p	Does ALIAS] receive these ser problem?	rvices because of an em	otional	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons less than 18 years of age	who receive Special Ec	lucational or Early Intervention	Services

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

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Family Health Status & Limitations

Question ID:	FHS.070_00.0	00 Instrument V	ariable Name:	FLAADL	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
		1 2 7			o you/does anyone in the family] nee hing, dressing, or getting around insi	1
	[fill2: Do n	ot include family	members age 2	and under.]		
1	Yes					
2	No					
7	Refused					
9	Don't knov	v				
UniverseTex	at: All f	amilies with one	or more persons	3 years of age or	older	
SkipInstruct		[if a single-perso .,D> [goto FLAI/		he person number	r in PLAADL and goto LABATH; els	se, goto PLAADL]

Question ID:	FHS.080	0_00.000	Instrument Variable Name:	PLAADL	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable line num	ber(s), separate with comr	nas.	
		is this? one else?))			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	:t:		lies with two or more person care needs	s 3 years of age or older a	nd at least one needs the help	of other persons with
SkipInstruct	ions:	goto LA	BATH			
			,		associated with the persons re edited response code in subse	

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2015 NHIS Questionnaire -	Family
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Family Health Status & Limitations

Question ID:	FHS.090_01.000	Instrument Variable Name:	LABATH	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you/I	Does ALIAS] need the help of	other persons with		
	Bathing or sho	owering?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	t: All pers	sons 3 years of age or older wh	ho need help with perso	onal care needs	
SkipInstructi	ions: goto LA	ADRESS			
	EUS 000 02 000	Instrument Veriable Name:		QuestionnairaFileName	Fomily
		Instrument Variable Name:	LADRESS	QuestionnaireFileName:	Family
	FHS.090_02.000 * Read lead-in		LADRESS	QuestionnaireFileName:	Family
	* Read lead-in			QuestionnaireFileName:	Family
	* Read lead-in	if necessary.		QuestionnaireFileName:	Family
	* Read lead-in [fill: Do you/I	if necessary.		QuestionnaireFileName:	Family
QuestionText:	* Read lead-in [fill: Do you/E Dressing?	if necessary.		QuestionnaireFileName:	Family
QuestionText: 1	* Read lead-in [fill: Do you/I Dressing? Yes	if necessary.		QuestionnaireFileName:	Family
QuestionText: 1 2	* Read lead-in [fill: Do you/E Dressing? Yes No	if necessary.		QuestionnaireFileName:	Family
QuestionText: 1 2 7	* Read lead-in [fill: Do you/E Dressing? Yes No Refused Don't know	if necessary.	other persons with		Family

Family Health Status & Limitations

Question ID:	FHS.090_03.000	Instrument Variable Name:	LAEAT	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/I	Does ALIAS] need the help of	other persons with.		
	Eating?				
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	t: All pers	ons 3 years of age or older w	ho need help with p	ersonal care needs	
		DED			
SkinInstructi	ions goto L 4				
SkipInstructi	ions: goto LA	IBED			
SkipInstructi	ions: goto LA	ABED			
SkipInstructi	ions: goto LA	ABED			
SkipInstructi	ions: goto LA	ABED			
	-	Instrument Variable Name:	LABED	QuestionnaireFileName:	Family
Question ID:	-	Instrument Variable Name:	LABED	QuestionnaireFileName:	Family
Question ID:	FHS.090_04.000 * Read lead-ir	Instrument Variable Name:			Family
Question ID:	FHS.090_04.000 * Read lead-ir [fill: Do you/I	Instrument Variable Name: if necessary.			Family
Question ID:	FHS.090_04.000 * Read lead-ir [fill: Do you/I Getting in or o	Instrument Variable Name: if necessary. Does ALIAS] need the help of			Family
Question ID:	FHS.090_04.000 * Read lead-ir [fill: Do you/I	Instrument Variable Name: if necessary. Does ALIAS] need the help of			Family
Question ID: QuestionText:	FHS.090_04.000 * Read lead-ir [fill: Do you/I Getting in or o Yes	Instrument Variable Name: if necessary. Does ALIAS] need the help of			Family
Question ID: QuestionText: 1 2	FHS.090_04.000 * Read lead-ir [fill: Do you/I Getting in or o Yes No	Instrument Variable Name: if necessary. Does ALIAS] need the help of			Family
Question ID: QuestionText: 1 2 7	FHS.090_04.000 * Read lead-ir [fill: Do you/I Getting in or o Yes No Refused Don't know	Instrument Variable Name: if necessary. Does ALIAS] need the help of	other persons with.		Family

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2015 NHIS Questionnaire -	Family
Family Health Status & L	imitations

Question ID:	FHS.090_05.000	Instrument Variable Name:	LATOILT	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	n if necessary.			
	[fill: Do you/l	Does ALIAS] need the help of	other persons wi	h	
	Using the toil	et, including getting to the toil	et?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All per	sons 3 years of age or older wl	ho need help with	personal care needs	
Question ID:	FHS.090_06.000	Instrument Variable Name:	LAHOME	QuestionnaireFileName:	Family
QuestionText:	* Read lead-in	if necessary.			
	[fill: Do you/I	Does ALIAS] need the help of	other persons wi	h	
	Getting aroun	d inside the home?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All per	sons 3 years of age or older wl	ho need help with	personal care needs	
SkipInstruc	tions: goto L	ABATH for the next persons li	isted at PLAADL	; else, goto FLAIADL	

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	2015 NHIS Questionnaire - Family							
	Family Health Status & Limitations							
	Document Version Date: 27-May-16							
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	7 Refused							
9	9 Don't know							
UniverseTex	All families with one or more persons 18 years of age or older							
SkipInstruc	<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:	* As	k or verif	y. Enter applicable line num	ber(s), separate with com	mas.	
		is this? one else?))			
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:		lies with two or more persor g routine needs	ns 18 years of age or older	and at least one needs the hel	p of other persons in
SkipInstruct	tions:	goto FL	AWKNOW			
			,		associated with the persons re edited response code in subse	

	2015 NHIS Questionnaire - Family
	Family Health Status & Limitations
	Document Version Date: 27-May-16
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
UniverseTe	xt: All families with one or more persons 18 years of age or older
SkipInstruc	tions: <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	0_00.000	Instrument Variable Name:	PLAWKNOW	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable line numb	per(s), separate with comm	nas.	
		is this? one else?)			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	t:		ilies with two or more persons or emotional problem	s 18 years of age or older a	and at least one is unable to v	work due to a physical,
SkipInstruct	ions:	all perso	ons selected goto FLAWALK	; else, goto FLAWKLIM		
			In the instrument, interviewer ent. As shown above, each el		•	1 2

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Family Health Status & Limitations

QuestionTex: ? [F1] fill: Are you limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS limited in the kind OR amount of work you/ Is ALIAS 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	
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	
 (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 	he/she/ Are
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	
 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 	
 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 	
 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 	
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,
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]	n

Question ID:	FHS.200	_00.000	Instrument Variable Name:	PLAWKLIM	QuestionnaireFileName:	Family		
QuestionText:	* As	k or verif	y. Enter applicable line numb	per(s), separate with con	nmas.			
		is this? one else?))					
0	Unal	ole to wor	·k					
1	Limi	ted in wo	rk					
2	Not	Not limited in work						
7	Refu	Refused						
9	Don	Don't know						
UniverseTex	t:		lies with two or more persons nt of work he/she can do	18 years of age or olde	er able to work and at least one	is limited in the kind		
SkipInstructi	ions:	goto FL	AWALK					
					s associated with the persons re an edited response code in subs			

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2015 NHIS Questionnaire	- Family
Family Health Status &	Limitations
Document Version Date: 2	7-May-16

Question ID:	FHS.210_00.000	Instrument Variable Name:	FLAWALK	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		nealth problem, [fill: do you/do y walking without using any sp			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fan	illies			
SkipInstruct	PLAW	a single-person family, store t ALK] > [goto FLAREMEM]	he person number in PLA	WALK and goto FLAREME	EM; else, goto

Question ID:	FHS.220	_00.000	Instrument Variable Name:	PLAWALK	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verif	y. Enter applicable line num	ber(s), separate with	n commas.	
		s this? one else?)	1			
1	Yes					
2	No					
7	Refu	sed				
9	Don't	know				
UniverseTex	xt:	All fami	lies with two or more person	s and at least one ha	as difficulty walking without using	special equipment
SkipInstruct	tions:	goto FL.	AREMEM			
			,		bers associated with the persons reverses an edited response code in subs	1 2

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Family Health Status & Limitations

Question ID:	FHS.230_00.0	000 Instrument Variable Na	me: FLAREMEM	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		you/Is anyone in the family they] experience periods of		because of difficulty rememberi	ng or because
1	Yes				
2	No				
7	Refused				
9	Don't kno	W			
UniverseTex	at: All	families			
SkipInstruct		[if a single-person family, R,D> [goto FLIMANY]	store person number in PLA	REMEM and goto LAHCC; else	e, goto PLAREMEM]

Question ID:	FHS.240)_00.000	Instrument Variable Name:	PLAREMEM	QuestionnaireFileName:	Family
QuestionText:	* As	k or verif	y. Enter applicable line num	ber(s), separate with a	commas.	
		is this? one else?)			
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	All fam confusio	1	s and at least one is li	mited due to difficulty remember	ing or periods of
SkipInstruct	tions:	goto FL	IMANY			
			,		pers associated with the persons results an edited response code in subs	1 2

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Family Health Status & Limitations

Question ID:	FHS.250_00.0	00 Instrument Var	iable Name:	FLIMANY	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	[fill: Are y	ou/ Is ALIAS/ Are	any family me	embers		
	* Read nam (fill roster o	tes of applicable person	s)]			
	LIMITED 1	N ANY WAY in a	ny activities b	ecause of physical	, mental or emotional problems?	
1	Yes					
2	No					
7	Refused					
9	Don't know	v				
UniverseTex	at: All f	amilies – please see	e note on PLIN	MANY		
SkipInstruct	store		PLIMANY an		person NOT previously mentioned se goto PLIMANY]	l as having a limitation,

Question ID:	FHS.260_00.000 Instrument Variable Name:	PLIMANY	QuestionnaireFileName:	Family						
QuestionText:	* Ask or verify. Enter applicable line numb	* 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	Refused								
9	Don't know									
UniverseTex	All families – please see note on PLIN	IANY								
SkipInstruct	tions: goto LAHCC									

Family Health Status & Limitations

Document Version Date: 27-May-16

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.

Family Health Status & Limitations

Question ID:	FHS.271_90.000	Instrument Variable Name:	LAHCC_S1	QuestionnaireFileName:	Family
QuestionText:	* Read if nece	ssary.			
	What is the otl	ner impairment or problem?			
Verbatim	Verbatim resp	oonse			
7	Refused				
9	Don't know				
UniverseTex	All pers	ons less than 18 years of age	who have a limitati	on due to at least one condition not	listed at LAHCC
SkipInstruct	tions: goto LH	ICL90N			
Question ID:	EUS 271 01 000	Instrument Variable Name:	LAHCC_S2	QuestionnaireFileName:	Family
Question ID.	1113.271_91.000	mstrument variable ivane.	LAHCC_52	Questionnan er nervanie.	Fainity
QuestionText:	* Read if nece	ssary.			
	What is the oth	her impairment or problem?			
Verbatim	Verbatim resp	oonse			
7	Refused				
9	Don't know				
UniverseTex	All pers	ons less than 18 years of age	who have a limitati	on due to at least one condition not	listed at LAHCC
SkipInstruct	t ions: goto LH	ICL91N			

Family Health Status & Limitations

Question ID:	FHS.280_	_01.000	Instrument Variable Name:	LHCL01N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How 1	ong [fill:	have you/has ALIAS] had a	vision problem or proble	em seeing?			
	* Ente	er '95' for	r for time with a vision proble 95 or more. ince birth.	em or problem seeing.				
01-94	01-94	1						
95	95+							
96	Since	birth						
97	Refus	iused						
99	Don't	know						
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation du	e to a vision problem or prob	lem seeing		
SkipInstruct		<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL01T and gotons, goto LAHCC for next per	son less than 18 years of o follow-up questions for	next condition selected at LAI f age with a reported limitation r next condition selected at LA f age with a reported limitation	n; if no more persons, AHCC; if no more		

Family Health Status & Limitations

Question ID:	FHS.280_	02.000	Instrument Variable Name:	LHCL01T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	r time pe	eriod for time with vision prob	lem or problem seeing.		
1	Day(s	.)				
2	Week	(s)				
3	Mont	th(s)				
4	Year(s)				
6	Since	birth				
7	Refus	ed				
9	Don't	know				
UniverseTex			ons less than 18 years of age vered for the "number" part of t		to a vision problem or probl	em seeing and 1-95, D
SkipInstruc		for next	D> [goto follow-up questions person less than 18 years of a to ERR2_LHCL01T]			. 0
			L01T = 4 and LHCL01N > A CL01N > AGE in weeks), gote		d LHCL01N > AGE in mont	ths) or $(LHCL01T = 2$
Hard Edit:		* Time ERR2_1	LHCL01T with condition cannot be grea LHCL01T ot selectable.	ter than age. Please correc	ct.	

Family Health Status & Limitations

Question ID:	FHS.282	_01.000	Instrument Variable Name:	LHCL02N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	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	01-9	4						
95	95+	-						
96	Sinc	ce birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation due	to a hearing problem			
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL02T and gotons, goto LAHCC for next per-	son less than 18 years of a	ge with a reported limitation next condition selected at LA	r; if no more persons,		

Family Health Status & Limitations

Question ID:	FHS.282_(02.000	Instrument Variable Name:	LHCL02T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	time pe	eriod for time with hearing pro	blem.		
1	Day(s))				
2	Week	(s)				
3	Month	n(s)				
4	Year(s)				
6	Since b	oirth				
7	Refuse	ed				
9	Don't l	know				
UniverseTex		-	ons less than 18 years of age w nber" part of this two-part que		to a hearing problem and 1-9	95, D was entered for
SkipInstruc	f	or next	D> [goto follow-up questions f person less than 18 years of ag to ERR2_LHCL02T]			
			L02T = 4 and LHCL02N > AC CL02N > AGE in weeks), goto	<i>,</i> , ,	d LHCL02N > AGE in mont	hs) or $(LHCL02T = 2$
Hard Edit:	;]	* Time ERR2_l	LHCL02T with condition cannot be great LHCL02T ot selectable.	er than age. Please correc	et.	

Family Health Status & Limitations

Question ID:	FHS.284_0	1.000	Instrument Variable Name:	LHCL03N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lo	ng [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+	ÿ+					
96	Since I	nce birth					
97	Refuse	d					
99	Don't l	now					
UniverseTex	xt: A	all pers	ons less than 18 years of age	who have a limitation due	e to a speech problem		
SkipInstruct	< 2 2 2 2 0 0	96> [fi onditio oto LA R> [sto	ore "R" in LHCL03T and gotons, goto LAHCC for next per-	son less than 18 years of of follow-up questions for	age with a reported limitatior next condition selected at LA	n; if no more persons, AHCC; if no more	

Family Health Status & Limitations

Question ID:	FHS.284_0	02.000	Instrument Variable Name:	LHCL03T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter	time pe	eriod for time with speech pro	blem.		
1	Day(s)					
2	Week	(s)				
3	Month	n(s)				
4	Year(s))				
6	Since b	oirth				
7	Refuse	d				
9	Don't k	now				
UniverseTex			ons less than 18 years of age w nber" part of this two-part que		e to a speech problem and 1-9	95, D was entered for
SkipInstruc	f	or next	D> [goto follow-up questions person less than 18 years of a to ERR2_LHCL03T]			.0
			L03T = 4 and LHCL03N > A CL03N > AGE in weeks), gote		nd LHCL03N > AGE in mont	ths) or $(LHCL03T = 2$
Hard Edit:	» I	* Time ERR2_1	LHCL03T with condition cannot be grea LHCL03T ot selectable.	ter than age. Please corr	ect.	

Family Health Status & Limitations

Question ID:	FHS.286	_01.000	Instrument Variable Name:	LHCL04N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had as	sthma or a breathing	g 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	4						
95	95+	-						
96	Since	ce birth						
97	Refu	sed						
99	Don'	t know						
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitati	on due to asthma/breathing problem	a		
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL04T and goto ns, goto LAHCC for next per	son less than 18 years	a for next condition selected at LAF ars of age with a reported limitation ns for next condition selected at LA ars of age with a reported limitation	n; if no more persons, AHCC; if no more		

Family Health Status & Limitations

Question ID:	FHS.286_0	2.000	Instrument Variable Name:	LHCL04T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter t	time po	eriod for time with asthma or a	a breathing problem.		
1	Day(s)					
2	Week(s)				
3	Month	(s)				
4	Year(s)					
6	Since b	irth				
7	Refused	b				
9	Don't k	now				
UniverseTex		-	ons less than 18 years of age v for the "number" part of this t		to asthma/breathing problen	n and 1-95, D was
SkipInstruc	fo	or next	D> [goto follow-up questions person less than 18 years of a to ERR2_LHCL04T]			
		·	L04T = 4 and LHCL04N > A CL04N > AGE in weeks), gote	/ · ·	d LHCL04N > AGE in mont	hs) or $(LHCL04T = 2$
Hard Edit:	* E	Time ERR2_	LHCL04T with condition cannot be grea LHCL04T ot selectable.	ter than age. Please correc	ct.	

Family Health Status & Limitations

Question ID:	FHS.288	3_01.000	Instrument Variable Name:	LHCL06N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	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	01-9	94						
95	95+							
96	Sinc	ce birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation of	due to an injury			
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL06T and goto ns, goto LAHCC for next per	son less than 18 years of follow-up questions f	r next condition selected at LAH of age with a reported limitation or next condition selected at LA of age with a reported limitation	n; if no more persons, AHCC; if no more		

Family Health Status & Limitations

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: y	our/his/her] limitation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	1	sons less than 18 years of age ver " part of this two-part question		ion due to an injury and 1-95, D was	s entered for the
SkipInstruc	for nex			selected at LAHCC; if no more con l limitation; if no more persons, goto	,0
		CL06T = 4 and LHCL06N > A ICL06N > AGE in weeks), got		$\Gamma = 3$ and LHCL06N > AGE in month T	ths) or $(LHCL06T = 2$
Hard Edit:	* Tim ERR2	_LHCL06T e with condition cannot be grea _LHCL06T not selectable.	iter than age. Plea	se correct.	

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Family Health Status & Limitations

Question ID:	FHS.290	_01.000	Instrument Variable Name:	LHCL07N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How	long [fill:	have you/has ALIAS] had in	ntellectual 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	4						
95	95+	F						
96	Since	ce birth						
97	Refu	iused						
99	Don'	t know						
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitatio	n due to intellectual disability/mer	ntal retardation		
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL07T and got ns, goto LAHCC for next per	rson less than 18 yea	for next condition selected at LAF rs of age with a reported limitation s for next condition selected at LA rs of age with a reported limitation	; if no more persons, .HCC; if no more		

Family Health Status & Limitations

Question ID:	FHS.290_02.000	Instrument Variable Name:	LHCL07T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time j	period for time with intellectual	l disability/mental	retardation.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	r	sons less than 18 years of age v vas entered for the "number" pa		tion due to intellectual disability/me t question	ntal retardation and 1-
SkipInstruc	for nex			n selected at LAHCC; if no more cor d limitation; if no more persons, goto	
	· · ·	CL07T = 4 and LHCL07N > A ICL07N > AGE in weeks), got	, ,	T = 3 and LHCL07N > AGE in mon 7T	ths) or $(LHCL07T = 2$
Hard Edit:	* Time ERR2	LHCL07T with condition cannot be grea LHCL07T tot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.292	_01.000	Instrument Variable Name:	LHCL08N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2									
	How	low 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	4								
95	95+	+								
96	Since	ice birth								
97	Refu	fused								
99	Don'	t know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitatior	a due to some other developmenta	al problem				
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL08T and goto ns, goto LAHCC for next per	son less than 18 year o follow-up questions	For next condition selected at LAI s of age with a reported limitation of for next condition selected at LA s of age with a reported limitation	n; if no more persons, AHCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.292_02.00) Instrument Variable Name:	LHCL08T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time	period for time with developme	ental problem (e.g. cerebr	al 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 an was entered for the "number" part of this two-part question					l problem and 1-95, D	
SkipInstruc	for ne	<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]				
	· · · · · · · · · · · · · · · · · · ·	CL08T = 4 and LHCL08N > A HCL08N > AGE in weeks), got	, (nd LHCL08N > AGE in mon	ths) or $(LHCL08T = 2$	
Hard Edit:	* Tin ERR	_LHCL08T e with condition cannot be grea LHCL08T not selectable.	ater than age. Please corre	ect.		

Family Health Status & Limitations

Question ID:	FHS.294	L_01.000	Instrument Variable Name:	LHCL09N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	ow 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	01-9	4								
95	95+	+								
96	Sinc	ice birth								
97	Refu	fused								
99	Don	't know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation	due to a mental, emotional, or b	ehavioral problem				
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL09T and goto ns, goto LAHCC for next per	son less than 18 years	for next condition selected at LAF s of age with a reported limitation for next condition selected at LA s of age with a reported limitation	n; if no more persons,				

Family Health Status & Limitations

Question ID:	FHS.294_02.000	Instrument Variable Name:	LHCL09T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2					
	* Enter time J	period for time with mental, en	notional, or behav	ioral problem.		
1	Day(s)					
2	Week(s)					
3	Month(s)					
4	Year(s)					
6	Since birth					
7	Refused					
9	Don't know					
UniverseTe	UniverseText: All persons less than 18 years of age who have a limitation due to a mental, emotional, or behavioral problem a 1-95, D was entered for the "number" part of this two-part question					
SkipInstruc	for nex			n selected at LAHCC; if no more cor d limitation; if no more persons, goto	-	
		CL09T = 4 and LHCL09N > A ICL09N > AGE in weeks), got		T = 3 and LHCL09N > AGE in mon 9T	ths) or $(LHCL09T = 2$	
Hard Edit:	* Time ERR2	LHCL09T with condition cannot be grea LHCL09T tot selectable.	iter than age. Plea	se correct.		

Family Health Status & Limitations

Question ID:	FHS.296	_01.000	Instrument Variable Name:	LHCL10N	QuestionnaireFileName:	Family				
QuestionText:	1 of 2	2								
	How	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	01-9	4								
95	95+	-								
96	Sinc	ce birth								
97	Refu	sed								
99	Don	t know								
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitatio	n due to a bone, joint, or muscle p	roblem				
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ns, goto LAHCC for next per HCA] ore "R" in LHCL10T and goto ns, goto LAHCC for next per	son less than 18 year	for next condition selected at LAI rs of age with a reported limitation s for next condition selected at LA rs of age with a reported limitation	n; if no more persons, AHCC; if no more				

Family Health Status & Limitations

Question ID:	FHS.296_0	2.000	Instrument Variable Name:	LHCL10T	QuestionnaireFileName:	Family	
QuestionText:	2 of 2						
	* Enter	time pe	eriod for time with bone, joint,	or muscle problem.			
1	Day(s)						
2	Week((s)					
3	Month	(s)					
4	Year(s))					
6	Since b	oirth					
7	Refuse	d					
9	Don't k	now					
UniverseText: All persons less than 18 years of age who have a limitation due to a bone, joint, or muscle problem and 1-95 was entered for the "number" part of this two-part question					roblem and 1-95, D		
SkipInstructions:		or next	4,R,D> [goto follow-up questions for next condition selected at LAHCC; if no more conditions, goto LAHCC next person less than 18 years of age with a reported limitation; if no more persons, goto LAHCA] > [goto ERR2_LHCL10T]				
			L10T = 4 and LHCL10N > AC CL10N > AGE in weeks), goto		d LHCL10N > AGE in mont	hs) or $(LHCL10T = 2$	
Hard Edit:	* E	⁴ Time ERR2_1	LHCL10T with condition cannot be great LHCL10T ot selectable.	er than age. Please correc	ct.		

Family Health Status & Limitations

Question ID:	FHS.298	3_01.000	Instrument Variable Name:	LHCL11N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2	2							
	How	long [fill:	have you/has ALIAS] had ep	ilepsy or seizures?					
	 * Enter number for time with epilepsy or seizures. * Enter '95' for 95 or more. * Enter '96' if since birth. 								
01-94	01-9	4							
95	95+	F							
96	Sinc	e birth							
97	Refu	ised							
99	Don	't know							
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation due	to epilepsy or seizures				
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL11T and gotons, goto LAHCC for next per-	son less than 18 years of a	ge with a reported limitation next condition selected at LA	r; if no more persons,			

Family Health Status & Limitations

Question ID:	FHS.298_02	000	Instrument Variable Name:	LHCL11T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter ti	ne pe	eriod for time with epilepsy or	seizures.		
1	Day(s)					
2	Week(s					
3	Month()				
4	Year(s)					
6	Since bi	th				
7	Refused					
9	Don't kr	ow				
UniverseText: All persons less than 18 years of age who have a limitation due to epilepsy or seizures and the "number" part of this two-part question				tion due to epilepsy or seizures and 1	-95, D was entered for	
SkipInstructions:		next			n selected at LAHCC; if no more con d limitation; if no more persons, goto	
			L11T = 4 and LHCL11N > A CL11N > AGE in weeks), gote		T = 3 and LHCL11N > AGE in months T	ths) or $(LHCL11T = 2$
Hard Edit:	* El	Time R2_	LHCL11T with condition cannot be grea LHCL11T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.300	0_01.000	Instrument Variable Name:	LHCL12N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	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	01-9	4						
95	95+	-						
96	Sinc	ce birth						
97	Refu	fused						
99	Don	't know						
UniverseTe	xt:	All pers	ons less than 18 years of age	who have a limitation due	to a learning disability			
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL12T and goto ns, goto LAHCC for next pers	son less than 18 years of a	ge with a reported limitation next condition selected at LA	n; if no more persons,		

Family Health Status & Limitations

Question ID:	FHS.300_02.	00 Instrument Var	iable Name:	LHCL12T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter ti	e period for time w	ith learning di	sability.		
1	Day(s)					
2	Week(s)					
3	Month(s					
4	Year(s)					
6	Since bir	1				
7	Refused					
9	Don't kno	N				
UniverseText: All persons less than 18 years of age who have a limitation due to a learning disability the "number" part of this two-part question				tion due to a learning disability and	1-95, D was entered for	
SkipInstruc	for		n 18 years of a		a selected at LAHCC; if no more con d limitation; if no more persons, goto	
		HCL12T = 4 and L LHCL12N > AGE i			T = 3 and LHCL12N > AGE in mon T	ths) or $(LHCL12T = 2$
Hard Edit:	* 1 ER	R1_LHCL12T me with condition of 2_LHCL12T " not selectable.	cannot be grea	iter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.302	2_01.000	Instrument Variable Name:	LHCL13N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had at	tention deficit/hyperactivi	ty disorder?			
	 * Enter number for time with attention deficit/hyperactivity disorder. * Enter '95' for 95 or more. * Enter '96' if since birth. 							
01-94	01-9	4						
95	95+	F						
96	Sinc	ice birth						
97	Refu	fused						
99	Don	't know						
UniverseTex	xt:	All pers	ons less than 18 years of age v	who have a limitation due	to Attention Deficit/Hyperad	ctivity Disorder		
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL13T and goto ns, goto LAHCC for next pers	son less than 18 years of a	ge with a reported limitation next condition selected at LA	n; if no more persons,		

Family Health Status & Limitations

Question ID:	FHS.302_02.00) 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								
UniverseTex	EText: 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 person less than 18 years of as <6> [goto ERR2_LHCL13T]									
		CL13T = 4 and LHCL13N > A HCL13N > AGE in weeks), got	, ,	= 3 and LHCL13N > AGE in mont	ths) or $(LHCL13T = 2$				
Hard Edit:	* Tim ERR2	_LHCL13T e with condition cannot be grea _LHCL13T not selectable.	ater than age. Please	correct.					

Family Health Status & Limitations

Question ID:	FHS.304	4_01.000	Instrument Variable Name:	LHCL90N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill]	1: have you/has ALIAS] had [fill2: problem in LAHCC	_S1]?	
	* Ent	ter '95' for	r for time with [fill1: problem 95 or more. since birth.	in LAHCC_S1]?		
01-94	01-9	94				
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTe	xt:	All pers	ons less than 18 years of age	who have a limitation due	to the problem entered at LA	AHCC_S1
SkipInstruc	tions:	<96> [fi conditio goto LA <r> [ste</r>	ore "R" in LHCL90T and goto ns, goto LAHCC for next pers	son less than 18 years of a	age with a reported limitation next condition selected at LA	n; if no more persons,

Family Health Status & Limitations

Question ID:	FHS.304_02.0	0 Instrument Variable Name:	LHCL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with [fill: probl	em in LAHCC_S1].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	r	ersons less than 18 years of age ntered for the "number" part of		e to the problem entered at La	AHCC_S1 and 1-95, D
SkipInstruc	for n	R,D> [goto follow-up questions ext person less than 18 years of a goto ERR2_LHCL90T]			
	· ·	ICL90T = 4 and LHCL90N > A HCL90N > AGE in weeks), got	,	nd LHCL90N > AGE in mon	ths) or $(LHCL90T = 2$
Hard Edit:	* Ti ERR	1_LHCL90T ne with condition cannot be grea 2_LHCL90T not selectable.	ater than age. Please corre	ect.	

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Family Health Status & Limitations

Question ID:	FHS.306	_01.000	Instrument Variable Name:	LHCL91N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill]	: have you/has ALIAS] had [fill2: problem in LAHCC	2_S2]?	
	* Ente	er '95' for	r for time with [fill1: problem 95 or more. ince birth.	in LAHCC_S2].		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons less than 18 years of age	who have a limitation due	to the problem entered at L	AHCC_S2
SkipInstruct	tions:	<96> [fi conditio goto LA <r> [sto</r>	ore "R" in LHCL91T and gotons, goto LAHCC for next per-	son less than 18 years of a o follow-up questions for a	age with a reported limitation next condition selected at LA	n; if no more persons,

Family Health Status & Limitations

Question ID:	FHS.306_02.))() Instrument Variable Nam	e: LHCL91T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tir	ne period for time with [fill: pr	roblem in LAHCC_S2]		
1	Day(s)				
2	Week(s)				
3	Month(s				
4	Year(s)				
6	Since bir	h			
7	Refused				
9	Don't kno	W			
UniverseTex		persons less than 18 years of a entered for the "number" part	-	on due to the problem entered at La	AHCC_S2 and 1-95, D
SkipInstruc	for			selected at LAHCC; if no more cor limitation; if no more persons, goto	
		LHCL91T = 4 and LHCL91N LHCL91N > AGE in weeks),	, ,	= 3 and LHCL91N > AGE in mon	ths) or $(LHCL91T = 2$
Hard Edit:	* 1 ER	R1_LHCL91T ime with condition cannot be R2_LHCL91T 5" not selectable.	greater than age. Please	e correct.	

Family Health Status & Limitations

uestion ID:	FHS.350_00.000 In	strument Variable Name:	LAHCA	QuestionnaireFileName:	Family
uestionText:	(book) F2				
	What conditions of	or health problems cause [1	fill: your/ALIAS's]	limitations?	
		pply, separate with comma- ccept to clarify answer.	s.		
01	Vision/problem s	seeing			
02	Hearing problem	1			
03	Arthritis/rheuma	tism			
04	Back or neck pro	oblem			
05	Fracture, bone/jo	oint injury			
06	Other injury				
07	Heart problem				
08	Stroke problem				
09	Hypertension/hig	gh blood pressure			
10	Diabetes				
11	Lung/breathing p	problem(for example, asthi	ma and emphysema	.)	
12	Cancer				
13	Birth defect				
14	Intellectual disab	oility, also known as menta	al retardation		
15		ental problem (for example			
16	Senility		1		
17	•	ety/emotional problem			
18	Weight problem	• •			
19		ingers, toes or digits), amp	nutee		
20	-	or renal problems			
21	-	lems (including blood clot	s)		
22	Benign tumors, c	-	5)		
23	Fibromyalgia, lu				
24	Osteoporosis, ter	-			
25	Epilepsy, seizure				
25 26		is (MS), Muscular Dystrop	aby (MD)		
20 27		paralysis, para/quadriplegi			
28		ase, other tremors	a		
28 29		age, including carpal tunn	al averdences		
		lage, including carpai tunn	el syndrome		
30 31	Hernia				
	Ulcer	1 . 1			
32	Varicose veins, h				
33		ns, Grave's disease, gout	(05))		
34		not arthritis (03), not joint	injury(05))		
35		hes (not just headaches)			
90	-	nt/problem (Specify one)			
91 •=	-	nt/problem (Specify one)			
97	Refused				
99	Don't know/not s	sure			

Family Health Status & Limitations

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.</r,d>

Question ID:	FHS.351_90.	000	Instr	ıment Va	riable Name:	LAHCA	A_S1	Questionn	aireFileName:	Family	
QuestionText:	* Read if	iece	essary.								
	What is th	e otl	her im	pairment	or problem?						
Verbatim	Verbatim	patim response									
7	Refused										
9	Don't kn	W									
UniverseTex	at: All	pers	sons le	ss than 1	8 years of age v	who have a	limitation due	to at least o	ne condition not	listed at LAHCC	
SkipInstruct	t ions: got	LH	IAL90	N							

Question ID:	FHS.351_91.000	Instrument Variable Name:	LAHCA_S2	QuestionnaireFileName:	Family				
QuestionText:	* Read if necess	sary.							
	What is the othe	er impairment or problem?							
Verbatim	Verbatim respo	batim response							
7	Refused								
9	Don't know								
UniverseTex	All person	ons less than 18 years of age v	who have a limitation	n due to at least one condition not	listed at LAHCC				
SkipInstruct	tions: goto LHA	AL91N							

Family Health Status & Limitations

Question ID:	FHS.360	_01.000	Instrument Variable Name:	LHAL01N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	vision problem or problen	n seeing?	
	* Ente	er '95' for	r for time with a vision proble 95 or more. ince birth.	em or problem seeing.		
01-94	1-94					
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due	to a vision problem or proble	em seeing
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL01T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.360_0	2.000	Instrument Variable Name:	LHAL01T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter t	time pe	riod for time with vision prob	olem or problem seeing.		
1	Day(s)					
2	Week(s	s)				
3	Month((s)				
4	Year(s))				
6	Since b	irth				
7	Refused	d				
9	Don't k	now				
UniverseTex	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					
SkipInstruc	fo	or next	D> [goto follow-up questions person 18 years of age or olde o ERR2_LHAL01T]			, C
	if	LHAL	01T = 4 and LHAL $01N > AC$	GE, goto ERR1_LHAL01	Т	
Hard Edit:	* E	Time Time ERR2_I	HAL01T with condition cannot be grea HAL01T t selectable.	ter than age. Please correct	ct.	

Family Health Status & Limitations

Question ID:	FHS.362	_01.000	Instrument Variable Name:	LHAL02N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	hearing problem?		
	* Ente	er '95' for	r for time with a hearing prob 95 or more. ince birth.	lem.		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	who have a limitation due t	to a hearing problem	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL02T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation: next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.362_02.000	Instrument Variable Name:	LHAL02T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2						
	* Enter time p	eriod for time with hearing pro	oblem.				
1	Day(s)						
2	Week(s)						
3	Month(s)	Month(s)					
4	Year(s)	Year(s)					
6	Since birth	Since birth					
7	Refused	Refused					
9	Don't know	on't know					
UniverseTex	1	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					
SkipInstruc	for nex	<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 LHA	L02T = 4 and $LHAL02N > AC$	GE, goto ERR1_I	LHAL02T			
Hard Edit:	* Time ERR2_	LHAL02T with condition cannot be grea LHAL02T ot selectable.	ter than age. Plea	use correct.			

Family Health Status & Limitations

Question ID:	FHS.364	_01.000	Instrument Variable Name:	LHAL03N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	ow long [fill: have you/has ALIAS] had arthritis or rheumatism?						
	* Ent	 * Enter number for time with arthritis or rheumatism. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	01-9	01-94						
95	95+	5+						
96	Sinc	nce birth						
97	Refu	efused						
99	Don	on'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]</r>						

Family Health Status & Limitations

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)	Month(s)						
4	Year(s)	Year(s)						
6	Since Birth	Since Birth						
7	Refused							
9	Don't know	on't know						
UniverseTex	1	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						
SkipInstruc	for neg	<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 LHA	$\Delta L03T = 4$ and $LHAL03N > A$	GE, goto ERR1_I	LHAL03T				
Hard Edit:	* Tim ERR2	_LHAL03T e with condition cannot be grea _LHAL03T not selectable.	ater than age. Plea	ise correct.				

Family Health Status & Limitations

Question ID:	FHS.366	5_01.000	Instrument Variable Name:	LHAL04N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	low long [fill: have you/has ALIAS] had a back or neck problem?						
	* Ent	 * Enter number for time with a back or neck problem. * Enter '95' for 95 or more. * Enter '96' if since birth. 						
01-94	01-9	01-94						
95	95+	5+						
96	Sinc	ince birth						
97	Refu	efused						
99	Don	on'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]</r>						

Family Health Status & Limitations

Question ID:	FHS.366_02.000	Instrument Variable Name:	LHAL04T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with back or nec	ck problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	cons 18 years of age or older w 'number" part of this two-part		ion due to a back or neck problem an	d 1-95, D was entered
SkipInstruc	for next			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L04T = 4 and $LHAL04N > AC$	GE, goto ERR1_I	LHAL04T	
Hard Edit:	* Time ERR2_	LHAL04T with condition cannot be grea LHAL04T ot selectable.	ter than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.368	_01.000	Instrument Variable Name:	LHAL05N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2	2					
	How	long [fill:	have you/has ALIAS] had a	fracture, bone, or jo	int 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	1-94						
95	95+						
96	Sinc	e birth					
97	Refu	ised					
99	Don	't know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	who have a limitation	n due to a fracture or bone/joint inj	jury	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL05T and goto ns, goto LAHCA for next per	son 18 years of age o follow-up question	for next condition selected at LAI or older with a reported limitation as for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.368_02.00) Instrument Variable Name:	LHAL05T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with fracture, b	one, or joint injury	1.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		rsons 18 years of age or older v d for the "number" part of this		on due to a fracture or bone/joint in	ury and 1-95, D was
SkipInstruc	for ne			selected at LAHCA; if no more con limitation; if no more persons, goto	
		AL05T = 4 and $LHAL05N > Action Alternative Alterna$	GE, goto ERR1_L	HAL05T	
Hard Edit:	* Tin ERR2	_LHAL05T e with condition cannot be grea _LHAL05T not selectable.	ater than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.370	_01.000	Instrument Variable Name:	LHAL06N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill]	1: have you/has ALIAS] had t	the other injury that cau	sed [fill2: your/his/her] limitat	ion?
	* Ent	er '95' for	r for time with the injury. 95 or more. ince birth.			
01-94	01-9	4				
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	who have a limitation du	e to some "other" injury	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL06T and goto ns, goto LAHCA for next per	rson 18 years of age or o	next condition selected at LA older with a reported limitation or next condition selected at LA older with a reported limitation	r; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.370_02.000	Instrument Variable Name:	LHAL06T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with other injur	y 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				
UniverseTex	··· F ·	sons 18 years of age or older w mber" part of this two-part que		on due to some "other" injury and 1-	95, D was entered for
SkipInstruc	for nex	-0		selected at LAHCA; if no more con limitation; if no more persons, goto	
Hard Edit:	ERR1_ * Time ERR2_	L06T = 4 and LHAL06N > A0 LHAL06T with condition cannot be grea LHAL06T ot selectable.	-		

Family Health Status & Limitations

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?		
	* Ente	er '95' for	r for time with a heart probler 95 or more. ince birth.	n.		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation	on due to a heart problem	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL07T and goto ns, goto LAHCA for next per	son 18 years of ago	is for next condition selected at LAF e or older with a reported limitation; ons for next condition selected at LA e or older with a reported limitation;	; if no more persons, MCA; if no more

Family Health Status & Limitations

Question ID:	FHS.372_02.000	Instrument Variable Name:	LHAL07T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with heart probl	em.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe		cons 18 years of age or older w r" part of this two-part question		ion due to a heart problem and 1-95,	D was entered for the
SkipInstruc	for next	-0 11		n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L07T = 4 and $LHAL07N > AC$	GE, goto ERR1_I	LHAL07T	
Hard Edit:	* Time ERR2_	LHAL07T with condition cannot be grea LHAL07T ot selectable.	ter than age. Plea	use correct.	

Family Health Status & Limitations

Question ID:	FHS.374	_01.000	Instrument Variable Name:	LHAL08N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	stroke problem?		
	* Ente	er '95' for	r for time with a stroke proble 95 or more. ince birth.	m.		
01-94	1-94					
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to a stroke problem	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL08T and gotons, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.374_02.00) Instrument Variable Name:	LHAL08T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with stroke pro	blem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		rsons 18 years of age or older wer" part of this two-part question		on due to a stroke problem and 1-95	, D was entered for the
SkipInstruc	for ne			a selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LH.	AL08T = 4 and $LHAL08N > A0$	GE, goto ERR1_L	HAL08T	
Hard Edit:	* Tin ERR2	_LHAL08T e with condition cannot be grea _LHAL08T not selectable.	ater than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.376	5_01.000	Instrument Variable Name:	LHAL09N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2	2					
	How	long [fill:	have you/has ALIAS] had hy	pertension 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	01-9	4					
95	95+	+					
96	Sinc	e birth					
97	Refu	ised					
99	Don	't know					
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due	to hypertension/high blood p	pressure	
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL09T and gotons, goto LAHCA for next per	son 18 years of age or old	ler with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.376_02.00) Instrument Variable Name:	LHAL09T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with hypertensi	on 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				
UniverseTex		rsons 18 years of age or older watered for the "number" part of		to hypertension/high blood p	ressure and 1-95, D
SkipInstruc	for ne	R,D> [goto follow-up questions kt person 18 years of age or old goto ERR2_LHAL09T]			
	if LH	AL09T = 4 and $LHAL09N > A0$	GE, goto ERR1_LHAL09	Т	
Hard Edit:	* Tin ERR2	_LHAL09T e with condition cannot be grea &_LHAL09T not selectable.	tter than age. Please corre	ct.	

Family Health Status & Limitations

Question ID:	FHS.378_01.	00 Instrument Variable Name	e: LHAL10N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2						
	How long	fill: have you/has ALIAS] had	d diabetes?				
	* Enter '95	nber for time with diabetes. for 95 or more. if since birth.					
01-94	01-94						
95	95+						
96	Since birt	nce birth					
97	Refused						
99	Don't kno	v					
UniverseTex	All All	persons 18 years of age or olde	er who have a limitati	on due to diabetes			
SkipInstruc	<96 con gote <r: con</r: 	itions, goto LAHCA for next PHSTAT] [store "R" in LHAL10T and g	person 18 years of ag goto follow-up question	ns for next condition selected at LAF e or older with a reported limitation; ons for next condition selected at LA e or older with a reported limitation;	; if no more persons, MCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.378_02.000	Instrument Variable Name:	LHAL10T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	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				
UniverseTex		sons 18 years of age or older wer" part of this two-part question		ion due to diabetes and 1-95, D was	entered for the
SkipInstruc	for nex			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L10T = 4 and $LHAL10N > A$	GE, goto ERR1_I	LHAL10T	
Hard Edit:	* Time ERR2_	LHAL10T with condition cannot be grea LHAL10T ot selectable.	ater than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.380_0	01.000	Instrument Variable Name:	LHAL11N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill:	have you/has ALIAS] had a	lung problem or b	reathing problem (e.g., asthma and e	emphysema)?
	* Enter	'95' for	r for time with a lung probler 95 or more. ince birth.	n or breathing pro	blem.	
01-94	01-94					
95	95+					
96	Since	birth				
97	Refuse	ed				
99	Don't	know				
UniverseTex	xt:	All perso	ons 18 years of age or older w	who have a limitati	on due to a lung/breathing problem	
SkipInstruc	۔ د د	<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL11T and got ns, goto LAHCA for next per	rson 18 years of ag o follow-up questi	ns for next condition selected at LAI e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.380_02.)00 Instrument Variable Name:	LHAL11T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2						
	* Enter tir	ne period for time with lung probl	em or breathing pr	oblem (e.g., asthma and emphysema	ι).		
1	Day(s)						
2	Week(s)						
3	Month(s)						
4	Year(s)						
6	Since bir	h					
7	Refused						
9	Don't kno	W					
UniverseTe	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						
SkipInstruc	for			selected at LAHCA; if no more con limitation; if no more persons, goto			
Hard Edit:	ER * 1 ER	HAL11T = 4 and LHAL11N > A R1_LHAL11T ime with condition cannot be grea R2_LHAL11T 5" not selectable.					
		, not selectuble.					

Family Health Status & Limitations

Question ID:	FHS.382_0	.000	Instrument Variable Name:	LHAL12N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lon	; [fill	: have you/has ALIAS] had c	ancer?		
	* Enter '	5' fo	er for time with cancer. r 95 or more. since birth.			
01-94	01-94					
95	95+					
96	Since bi	th				
97	Refused					
99	Don't ki	ow				
UniverseTex	xt: A	pers	cons 18 years of age or older w	ho have a limitation d	ue to cancer	
SkipInstruc	<br cc gc <] cc	6> [f nditio to PF > [st nditio	ons, goto LAHCA for next per ISTAT] ore "R" in LHAL12T and goto	son 18 years of age or o follow-up questions f	r next condition selected at LAI older with a reported limitation for next condition selected at LA older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

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				
UniverseTex		rsons 18 years of age or older w this two-part question	vho have a limitati	on due to cancer and 1-95, D was en	tered for the "number"
SkipInstruc	for neg			selected at LAHCA; if no more con limitation; if no more persons, goto	
	if LHA	$\Delta L12T = 4$ and $LHAL12N > A$	GE, goto ERR1_L	HAL12T	
Hard Edit:	* Tim ERR2	_LHAL12T e with condition cannot be grea _LHAL12T not selectable.	ater than age. Pleas	se correct.	

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Family Health Status & Limitations

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	1-94								
95	95+	F							
96	Since	birth							
97	Refus	sed							
99	Don't	know							
UniverseTex	xt:	All pers	ons 18 years of age or older v	who have a limitation	due to intellectual disability/men	tal retardation			
SkipInstruc		<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL14T and got ns, goto LAHCA for next per	rson 18 years of age of of follow-up questions	or next condition selected at LAF r older with a reported limitation for next condition selected at LA r older with a reported limitation	; if no more persons, MCA; if no more			

Family Health Status & Limitations

Question ID:	FHS.384_02.	00 Instrument Variable N	Name: LHAL14T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2						
	* Enter ti	e period for time with int	ellectual disability/ment	al retardation.			
1	Day(s)						
2	Week(s)						
3	Month(s)						
4	Year(s)						
6	Since bir	1					
7	Refused						
9	Don't kno	W					
UniverseTex	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						
SkipInstruc	for			on selected at LAHCA; if no more cond limitation; if no more persons, goto			
Hard Edit:	ER * 1 ER	HAL14T = 4 and LHAL14 R1_LHAL14T me with condition cannot R2_LHAL14T " not selectable.	-				

Family Health Status & Limitations

Question ID:	FHS.386	5_01.000	Instrument Variable Name:	LHAL15N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2	2							
	How long [fill: have you/has ALIAS] had a developmental problem (e.g. cerebral palsy)?								
	* Ent	er '95' for	r for time with a development 95 or more. ince birth.	tal problem.					
01-94	1-94	Ļ							
95	95+								
96	Sinc	e birth							
97	Refu	ised							
99	Don	't know							
UniverseTex	xt:	All pers	ons 18 years of age or older w	vho have a limitati	on due to some other developmenta	l problem			
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL15T and goto ns, goto LAHCA for next per	son 18 years of ag	as for next condition selected at LA e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	a; if no more persons,			

Family Health Status & Limitations

Question ID:	FHS.386_02.00) Instrument Variable Name:	LHAL15T	QuestionnaireFileName:	Family		
QuestionText:	2 of 2						
	* Enter time	period for time with developme	ental problem (e.g. cereb	ral palsy).			
1	Day(s)						
2	Week(s)						
3	Month(s)						
4	Year(s)						
6	Since birth						
7	Refused						
9	Don't know						
UniverseTex	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						
SkipInstruc	for ne	R,D> [goto follow-up questions kt person 18 years of age or old goto ERR2_LHAL15T]					
	if LH.	AL15T = 4 and $LHAL15N > A0$	GE, goto ERR1_LHAL1	5T			
Hard Edit:	* Tin ERR2	_LHAL15T e with condition cannot be grea _LHAL15T not selectable.	tter than age. Please corr	ect.			

Family Health Status & Limitations

Question ID:	FHS.388_0	01.000	Instrument Variable Name:	LHAL16N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How los	ng [fill:	have you/has ALIAS] had se	nility?		
	* Enter	'95' foi	r for time with senility. 95 or more. ince birth.			
01-94	1-94					
95	95+					
96	Since b	oirth				
97	Refuse	d				
99	Don't k	now				
UniverseTex	xt: A	All pers	ons 18 years of age or older w	ho have a limitation due	to senility	
SkipInstruct	< c g < c	96> [fi onditio oto PH R> [sto onditio	[goto LHAL16T] Il "6" in LHAL16T and goto f ns, goto LAHCA for next per STAT] ore "R" in LHAL16T and goto ns, goto LAHCA for next per STAT]	son 18 years of age or ol	der with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

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				
UniverseTex		sons 18 years of age or older within two-part question	who have a limitati	on due to senility and 1-95, D was e	ntered for the "number"
SkipInstruc	for nex			selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L16T = 4 and $LHAL16N > A$	GE, goto ERR1_L	HAL16T	
Hard Edit:	* Tim ERR2	_LHAL16T e with condition cannot be grea _LHAL16T not selectable.	ater than age. Pleas	se correct.	

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Family Health Status & Limitations

Question ID:	FHS.390)_01.000	Instrument Variable Name:	LHAL17N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had de	pression, anxiety, or	r an emotional problem?	
	* Ent	ter '95' for	r for time with depression, and 95 or more. since birth.	xiety or an emotiona	l problem.	
01-94	01-9	94				
95	95+					
96	Sinc	e birth				
97	Refu	used				
99	Don	't know				
UniverseTe	xt:	All perse	ons 18 years of age or older w	ho have a limitation	due to depression/anxiety/emotio	onal problem
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL17T and goto ns, goto LAHCA for next per	son 18 years of age of follow-up questions	for next condition selected at LAI or older with a reported limitation s for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.390_02	.000	Instrument Variable Name:	LHAL17T	QuestionnaireFileName:	Family
QuestionText:	2 of 2					
	* Enter t	me pe	riod for time with depression	, anxiety, or an emotional	problem.	
1	Day(s)					
2	Week(s)					
3	Month(s)				
4	Year(s)					
6	Since bi	th				
7	Refused					
9	Don't kr	ow				
UniverseTex		-	ns 18 years of age or older watered for the "number" part of		to depression/anxiety/emotio	nal problem and 1-95,
SkipInstruc	fo	next j	D> [goto follow-up questions person 18 years of age or olde o ERR2_LHAL17T]			
Hard Edit:	E * E	RR1_L Fime v RR2_L	17T = 4 and LHAL17N > AC HAL17T with condition cannot be grea HAL17T t selectable.			

Family Health Status & Limitations

Question ID:	FHS.392	_01.000	Instrument Variable Name:	LHAL18N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	weight problem?		
	* Ent	er '95' for	r for time with a weight proble 95 or more. since birth.	em.		
01-94	1-94					
95	95+					
96	Sinc	e birth				
97	Refu	sed				
99	Don	t know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to a weight problem	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL18T and goto ons, goto LAHCA for next per-	son 18 years of age or old	er with a reported limitation; next condition selected at LA	if no more persons, HCA; if no more

Family Health Status & Limitations

Question ID:	FHS.392_02.000	Instrument Variable Name:	LHAL18T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with weight pro	blem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	•	ons 18 years of age or older w r" part of this two-part questio		on due to a weight problem and 1-9	5, D was entered for the
SkipInstruc	for next			selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L18T = 4 and $LHAL18N > AC$	GE, goto ERR1_L	HAL18T	
Hard Edit:	* Time ERR2_	LHAL18T with condition cannot be grea LHAL18T ot selectable.	ter than age. Pleas	se correct.	

Family Health Status & Limitations

Question ID:	FHS.394_0	.000	Instrument Variable Name:	LHAL19N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lon	g [fill	have you/has ALIAS] had a	missing limb (finge	er, toe, or digit)?	
	* Enter '	95' foi	r for time with a missing limb 95 or more. ince birth.).		
01-94	1-94					
95	95+					
96	Since b	rth				
97	Refused					
99	Don't k	now				
UniverseTex	at: A	l pers	ons 18 years of age or older w	who have a limitation	n due to missing limbs	
SkipInstruct	<br cc gc <br cc	06> [f ndition to PH R> [ston ndition	ns, goto LAHCA for next per STAT] ore "R" in LHAL19T and goto	son 18 years of age	for next condition selected at LAB or older with a reported limitation as for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.394_02.000	Instrument Variable Name:	LHAL19T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with missing lin	nb (finger, toe, or dig	it).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	L.	sons 18 years of age or older w er" part of this two-part question		due to missing limbs and 1-95, D	was entered for the
SkipInstruc	for nex			lected at LAHCA; if no more cor itation; if no more persons, goto	. 6
Hard Edit:	ERR1_ * Time ERR2_	L19T = 4 and LHAL19N > AC LHAL19T with condition cannot be great LHAL19T ot selectable.	-		

Family Health Status & Limitations

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?	
	* Ente	er '95' for	r for time with a kidney, blad 95 or more. ince birth.	der or renal problem.		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	vho have a limitation due	to a kidney, bladder, or rena	l problem
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL20T and goto ns, goto LAHCA for next per	son 18 years of age or ol	der with a reported limitation next condition selected at LA	n; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.396_02.00	() Instrument Variable Name:	LHAL20T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with kidney, bl	adder or renal problem.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	r I	ersons 18 years of age or older with the "number" part of		to a kidney, bladder, or renal	problem and 1-95, D
SkipInstruc	for ne	R,D> [goto follow-up questions xt person 18 years of age or old goto ERR2_LHAL20T]			
Hard Edit:	ERR * Tir ERR	AL20T = 4 and LHAL20N > A L_LHAL20T he with condition cannot be grea 2_LHAL20T not selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.398_0	01.000	Instrument Variable Name:	LHAL21N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ng [fill:	have you/has ALIAS] had a	circulation proble	m (including blood clots)?	
	* Enter	'95' for	r for time with a circulation p 95 or more. ince birth.	roblem.		
01-94	01-94					
95	95+					
96	Since l	birth				
97	Refuse	ed				
99	Don't l	know				
UniverseTex	xt:	All pers	ons 18 years of age or older v	vho have a limitat	on due to circulation problems	
SkipInstruct	< 2 2 2 2 0 0	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL21T and goto ns, goto LAHCA for next per	rson 18 years of ag	ns for next condition selected at LAI ge or older with a reported limitation ons for next condition selected at LA ge or older with a reported limitation	i; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.398_02.000	Instrument Variable Name:	LHAL21T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with circulation	problem (includin	g blood clots).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· F·	sons 18 years of age or older w mber" part of this two-part que		on due to circulation problems and 1	1-95, D was entered for
SkipInstruc	for nex			selected at LAHCA; if no more cor limitation; if no more persons, goto	
Hard Edit:	ERR1 * Tim ERR2	L21T = 4 and LHAL21N > A LHAL21T e with condition cannot be grea LHAL21T not selectable.			

Family Health Status & Limitations

Question ID:	FHS.400_	01.000	Instrument Variable Name:	LHAL22N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill:	have you/has ALIAS] had be	nign tumors or cysts?		
	* Enter	r '95' for	r for time with benign tumors 95 or more. ince birth.	or cysts.		
01-94	01-94					
95	95+					
96	Since	birth				
97	Refuse	ed				
99	Don't	know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to benign tumors or cysts	
SkipInstruc		<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL22T and gotons, goto LAHCA for next per-	son 18 years of age or old	er with a reported limitation; next condition selected at LA	; if no more persons, MCA; if no more

Family Health Status & Limitations

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)	fonth(s)								
4	Year(s)	ear(s)								
6	Since birth	ace birth								
7	Refused	efused								
9	Don't know	ı't know								
UniverseTex		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								
SkipInstruct	for next	<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 LHAI	L22T = 4 and LHAL22N > AC	GE, goto ERR1_1	LHAL22T						
Hard Edit:	* Time ERR2_	LHAL22T with condition cannot be grea LHAL22T ot selectable.	ter than age. Plea	ase correct.						

Family Health Status & Limitations

Question ID:	FHS.402_	_01.000	Instrument Variable Name:	LHAL23N	QuestionnaireFileName:	Family			
QuestionText:	1 of 2								
	How lo	low long [fill: have you/has ALIAS] had fibromyalgia or lupus?							
	* Enter	Enter number for time with fibromyalgia or lupus. Enter '95' for 95 or more. Enter '96' if since birth.							
01-94	1-94	94							
95	95+	5+							
96	Since	ince birth							
97	Refus	efused							
99	Don't	on'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]</r>							

Family Health Status & Limitations

Question ID:	FHS.402_02.000	Instrument Variable Name:	LHAL23T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time J	period for time with fibromyalg	gia or lupus.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· r·	sons 18 years of age or older w "number" part of this two-part		tion due to fibromyalgia or lupus and	1-95, D was entered
SkipInstruc	for nex			n selected at LAHCA; if no more cor d limitation; if no more persons, goto	.0
	if LHA	L23T = 4 and $LHAL23N > A0$	GE, goto ERR1_	LHAL23T	
Hard Edit:	* Time ERR2	LHAL23T with condition cannot be grea LHAL23T tot selectable.	tter than age. Plea	ase correct.	

Family Health Status & Limitations

Question ID:	FHS.404_0	01.000	Instrument Variable Name:	LHAL24N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How lo	ong [fill:	have you/has ALIAS] had or	steoporosis or tendinitis?		
	* Enter	'95' for	r for time with osteoporosis or 95 or more. ince birth.	r tendinitis.		
01-94	1-94					
95	95+					
96	Since	birth				
97	Refuse	ed				
99	Don't	know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	o osteoporosis or tendinitis	
SkipInstruct	۔ د د	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL24T and gotons, goto LAHCA for next pers	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.404_02.000	Instrument Variable Name:	LHAL24T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with osteoporos	sis or tendinitis.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w for the "number" part of this t		ion due to osteoporosis or tendinitis a	and 1-95, D was
SkipInstruc	for next			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L24T = 4 and $LHAL24N > ACC$	GE, goto ERR1_I	LHAL24T	
Hard Edit:	* Time ERR2_	LHAL24T with condition cannot be grea LHAL24T ot selectable.	ter than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.406	_01.000	Instrument Variable Name:	LHAL25N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How	long [fill:	have you/has ALIAS] had ep	pilepsy or seizures?		
	* Ente	er '95' for	r for time with epilepsy or sei 95 or more. ince birth.	zures.		
01-94	1-94					
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	who have a limitation due t	o epilepsy or seizures	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL25T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation; next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.406_02.000	Instrument Variable Name:	LHAL25T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with epilepsy of	r seizures.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	-	sons 18 years of age or older w mber" part of this two-part que		ion due to epilepsy or seizures and 1	-95, D was entered for
SkipInstruc	for ney	-0 11		n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L25T = 4 and $LHAL25N > ACC$	GE, goto ERR1_I	LHAL25T	
Hard Edit:	* Tim ERR2	LHAL25T e with condition cannot be grea LHAL25T not selectable.	ter than age. Plea	ase correct.	

Family Health Status & Limitations

Question ID:	FHS.408_	01.000	Instrument Variable Name:	LHAL26N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How lo	ong [fill:	have you/has ALIAS] had m	ultiple 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	1-94							
95	95+							
96	Since	birth						
97	Refus	ed						
99	Don't	know						
UniverseTex	xt:	All pers	ons 18 years of age or older v	vho have a limitat	ion due to multiple sclerosis or musc	ular dystrophy		
SkipInstruc		<96> [fi conditio goto PH <r> [sto</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL26T and got ns, goto LAHCA for next per	rson 18 years of a o follow-up quest	ons for next condition selected at LAB ge or older with a reported limitation ions for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.408_02.00) Instrument Variable Name:	LHAL26T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with multiple so	clerosis (MS) or n	nuscular dystrophy (MD).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTe	··· F ·	rsons 18 years of age or older v was entered for the "number" p		ion due to multiple sclerosis or musc t question	ular dystrophy and 1-
SkipInstruc	for ne			a selected at LAHCA; if no more cor limitation; if no more persons, goto	
Hard Edit:	ERRI * Tim ERR2	AL26T = 4 and LHAL26N > A LHAL26T e with condition cannot be grea LHAL26T not selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.410	0_01.000	Instrument Variable Name:	LHAL27N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had po	olio(myelitis), paraly	ysis or para/quadriplegia?	
	* En	ter '95' for	r for time with polio (myelitis 95 or more. ince birth.) paralysis or para/c	quadriplegia.	
01-94	1-94	1				
95	95+					
96	Sinc	e birth				
97	Ref	used				
99	Don	't know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitation	n due to polio, paralysis, or para/qu	uadriplegia
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL27T and goto ns, goto LAHCA for next per	son 18 years of age o follow-up question	for next condition selected at LAI or older with a reported limitation as for next condition selected at LA or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.410_02.000	Instrument Variable Name:	LHAL27T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with polio(myel	itis), paralysis or para/qu	adriplegia.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	··· 1···	ons 18 years of age or older w ered for the "number" part of t		to polio, paralysis, or para/qu	adriplegia and 1-95, D
SkipInstruct	for next	D> [goto follow-up questions person 18 years of age or oldo to ERR2_LHAL27T]			
	if LHAI	L27T = 4 and LHAL27N > AC	GE, goto ERR1_LHAL2 ⁷	7T	
Hard Edit:	* Time ERR2_	LHAL27T with condition cannot be grea LHAL27T ot selectable.	ter than age. Please corre	ect.	

Family Health Status & Limitations

Question ID:	FHS.412	2_01.000	Instrument Variable Name:	LHAL28N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had Pa	arkinson's disease	or tremors?	
	* En	ter '95' foi	r for time with Parkinson's dis 95 or more. since birth.	sease or tremors.		
01-94	1-94	ŀ				
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitatio	on due to Parkinson's disease or oth	er tremors
SkipInstruc	tions:	<96> [fi condition goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL28T and goto ns, goto LAHCA for next per	son 18 years of ago	s for next condition selected at LA e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	r; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.412_02.00	() 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				
UniverseTe	r r	rsons 18 years of age or older w ntered for the "number" part of		e to Parkinson's disease or othe	er tremors and 1-95, D
SkipInstruc	for ne	R,D> [goto follow-up questions xt person 18 years of age or old goto ERR2_LHAL28T]			
Hard Edit:	ERR * Tin ERR	AL28T = 4 and LHAL28N > A LHAL28T which condition cannot be great LHAL28T not selectable.	-		

Family Health Status & Limitations

Question ID:	FHS.414_01.00	() Instrument Variable Name:	LHAL29N	QuestionnaireFileName:	Family
QuestionText:	1 of 2				
	How long [ill: have you/has ALIAS] had n	erve damage (incl	uding carpal tunnel syndrome)?	
	* Enter '95'	ber for time with nerve damage for 95 or more. f since birth.).		
01-94	1-94				
95	95+				
96	Since birth				
97	Refused				
99	Don't knov				
UniverseTex	at: All p synda		who have a limitat	ion due to other nerve damage, inclu	ding carpal tunnel
SkipInstruct	<96> cond goto <r> cond</r>	tions, goto LAHCA for next pe PHSTAT] store "R" in LHAL29T and got	rson 18 years of ag	ns for next condition selected at LA ge or older with a reported limitation ions for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.414_02.000	Instrument Variable Name:	LHAL29T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time	period for time with nerve dam	age (including carpal tu	innel syndrome).	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex	·· · ·	sons 18 years of age or older w me, and 1-95, D was entered fo		ue to other nerve damage, inclu this two-part question	ding carpal tunnel
SkipInstruc	for neg			cted at LAHCA; if no more cor ation; if no more persons, goto	
	if LHA	L29T = 4 and $LHAL29N > A0$	GE, goto ERR1_LHAL	29T	
Hard Edit:	* Tim ERR2	LHAL29T e with condition cannot be grea LHAL29T not selectable.	tter than age. Please con	rrect.	

Family Health Status & Limitations

Question ID:	FHS.416_01	.000	Instrument Variable Name:	LHAL30N	QuestionnaireFileName:	Family	
QuestionText:	1 of 2						
	How lon	g [fill	have you/has ALIAS] had a	hernia?			
	* Enter '	5' foi	r for time with a hernia. 95 or more. ince birth.				
01-94	1-94						
95	95+						
96	Since bi	ace birth					
97	Refused						
99	Don't kı	ow					
UniverseTex	xt: A	l pers	ons 18 years of age or older w	ho have a limitation d	ue to a hernia		
SkipInstruct	<9 cc gc <1 cc	6> [f nditic to PH > [st nditic	ns, goto LAHCA for next per STAT] ore "R" in LHAL30T and goto	son 18 years of age or o follow-up questions f	r next condition selected at LAI older with a reported limitation or next condition selected at LA older with a reported limitation	; if no more persons, AHCA; if no more	

Family Health Status & Limitations

Question ID:	FHS.416_02.000	Instrument Variable Name:	LHAL30T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	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				
UniverseTe		sons 18 years of age or older v er" part of this two-part question		ion due to a hernia and 1-95, D was o	entered for the
SkipInstruc	for nex			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L30T = 4 and $LHAL30N > A$	GE, goto ERR1_I	LHAL30T	
Hard Edit:	* Time ERR2_	LHAL30T with condition cannot be grea LHAL30T ot selectable.	ater than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.418_0	000.	Instrument Variable Name:	LHAL31N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2							
	How los	g [fill	: have you/has ALIAS] had ar	n ulcer?				
	* Enter	95' fo	r for time with an ulcer. 95 or more. since birth.					
01-94	1-94							
95	95+	5+						
96	Since b	Since birth						
97	Refuse	l						
99	Don't k	low						
UniverseTex	xt: A	ll pers	ons 18 years of age or older w	vho have a limitatio	on due to an ulcer			
SkipInstruc	< c g c	06> [f ondition oto PH R> [st ondition	ns, goto LAHCA for next per [STAT] pre "R" in LHAL31T and goto	rson 18 years of age o follow-up questic	s for next condition selected at LAI e or older with a reported limitation ons for next condition selected at LA e or older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

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				
UniverseTe	··· r ·	sons 18 years of age or older wer" part of this two-part question		ion due to an ulcer and 1-95, D was o	entered for the
SkipInstruc	for nex			n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L31T = 4 and $LHAL31N > A$	GE, goto ERR1_I	LHAL31T	
Hard Edit:	* Tim ERR2	LHAL31T with condition cannot be grea LHAL31T tot selectable.	ater than age. Plea	ise correct.	

Family Health Status & Limitations

Question ID:	FHS.420	0_01.000	Instrument Variable Name:	LHAL32N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had va	aricose veins or hemor	rhoids?			
	* Ent	er '95' for	r for time with varicose veins 95 or more. ince birth.	or hemorrhoids.				
01-94	1-94							
95	95+							
96	Sinc	ce birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation d	ue to varicose veins or hemorrh	oids		
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL32T and goto ns, goto LAHCA for next per	son 18 years of age or o follow-up questions f	r next condition selected at LA older with a reported limitation for next condition selected at LA older with a reported limitation	r; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.420_02	000 Instrument Variable Nan	ne: LHAL32T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter ti	me period for time with varico	se veins or hemorrhoids.		
1	Day(s)				
2	Week(s)				
3	Month(s)			
4	Year(s)				
6	Since bin	th			
7	Refused				
9	Don't kn	OW			
UniverseTex		persons 18 years of age or old ered for the "number" part of		lue to varicose veins or hemorrh	oids and 1-95, D was
SkipInstruc	for			ected at LAHCA; if no more cor itation; if no more persons, goto	
Hard Edit:	EF * 7 EF	LHAL32T = 4 and LHAL32N RR1_LHAL32T Fime with condition cannot be RR2_LHAL32T 6" not selectable.			

Family Health Status & Limitations

Question ID:	FHS.422	2_01.000	Instrument Variable Name:	LHAL33N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill	have you/has ALIAS] had a	thyroid problem, Grave	e'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	1-94	Ļ						
95	95+							
96	Sinc	ce birth						
97	Refu	ised						
99	Don	't know						
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation d	ue to thyroid problems, Grave's	disease, or gout		
SkipInstruc	tions:	<96> [fi condition goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL33T and goto ns, goto LAHCA for next per	son 18 years of age or o follow-up questions f	r next condition selected at LAI older with a reported limitation for next condition selected at LA older with a reported limitation	; if no more persons, AHCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.422_02.	()() Instrument Variable Name	: LHAL33T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tir	e period for time with thyroid	problem, Grave's dis	ease or gout.	
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since bir	1			
7	Refused				
9	Don't kno	W			
UniverseTex		persons 18 years of age or olde D was entered for the "number		on due to thyroid problems, Grave's question	disease, or gout and 1-
SkipInstruc	for			selected at LAHCA; if no more cor limitation; if no more persons, goto	. 6
Hard Edit:	ER * 1	HAL33T = 4 and LHAL33N > R1_LHAL33T me with condition cannot be g			
		R2_LHAL33T " not selectable.			

Family Health Status & Limitations

Question ID:	FHS.424	_01.000	Instrument Variable Name:	LHAL34N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill:	have you/has ALIAS] had a	knee problem?		
	* Ent	er '95' for	r for time with a knee problen 95 or more. ince birth.	n.		
01-94	1-94					
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don	t know				
UniverseTe	xt:	All pers	ons 18 years of age or older w	ho have a limitat	ion due to knee problems	
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ns, goto LAHCA for next per STAT] ore "R" in LHAL34T and goto ns, goto LAHCA for next per	son 18 years of ag	ns for next condition selected at LAI ge or older with a reported limitation ons for next condition selected at LA ge or older with a reported limitation	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.424_02.000	Instrument Variable Name:	LHAL34T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with knee proble	em.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		ons 18 years of age or older w r" part of this two-part questio		ion due to knee problems and 1-95, I	D was entered for the
SkipInstruc	for next			n selected at LAHCA; if no more cor limitation; if no more persons, goto	
	if LHA	L34T = 4 and LHAL34N > AC	GE, goto ERR1_I	.HAL34T	
Hard Edit:	* Time ERR2_	LHAL34T with condition cannot be grea LHAL34T ot selectable.	ter than age. Plea	se correct.	

Family Health Status & Limitations

Question ID:	FHS.426	6_01.000	Instrument Variable Name:	LHAL35N	QuestionnaireFileName:	Family		
QuestionText:	1 of 2	2						
	How	long [fill:	have you/has ALIAS] had m	igraine headaches?				
	* Ent	er '95' for	r for time with migraine heads 95 or more. ince birth.	aches.				
01-94	01-9	4						
95	95+							
96	Sinc	e birth						
97	Refu	ised						
99	Don	't know						
UniverseTe	xt:	All pers	ons 18 years of age or older w	who have a limitation due t	to migraine headaches			
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R ["] in LHAL35T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation; next condition selected at LA	; if no more persons, MCA; if no more		

Family Health Status & Limitations

Question ID:	FHS.426_02.000	Instrument Variable Name:	LHAL35T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter time p	eriod for time with migraine h	eadaches.		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birth				
7	Refused				
9	Don't know				
UniverseTex		sons 18 years of age or older w mber" part of this two-part que		ion due to migraine headaches and 1	-95, D was entered for
SkipInstruc	for nex	-0 11		n selected at LAHCA; if no more cor l limitation; if no more persons, goto	
	if LHA	L35T = 4 and $LHAL35N > AC$	GE, goto ERR1_I	LHAL35T	
Hard Edit:	* Time ERR2_	LHAL35T with condition cannot be grea LHAL35T ot selectable.	ter than age. Plea	use correct.	

Family Health Status & Limitations

Question ID:	FHS.450	_01.000	Instrument Variable Name:	LHAL90N	QuestionnaireFileName:	Family
QuestionText:	1 of 2	2				
	How	long [fill]	l: have you/has ALIAS] had [fill2: LAHCA_S1]?		
	* Ent	er '95' for	r for time with [fill1: LAHCA 95 or more. ince birth.	_\$1].		
01-94	01-9	4				
95	95+					
96	Sinc	e birth				
97	Refu	ised				
99	Don	't know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to the problem entered at LA	HCA_S1
SkipInstruc	tions:	<96> [fi conditio goto PH <r> [ste</r>	ore "R" in LHAL90T and gotons, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, MCA; if no more

Family Health Status & Limitations

Question ID:	FHS.450_02.0	00 Instrument Variable Name:	LHAL90T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tin	e period for time with [fill: LA	HCA_S1].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birt	l			
7	Refused				
9	Don't kno	V			
UniverseTex		ersons 18 years of age or older entered for the "number" part of		n due to the problem entered at LA on	HCA_S1 and 1-95, D
SkipInstruc	for			selected at LAHCA; if no more con mitation; if no more persons, goto	
	if L	HAL90T = 4 and $LHAL90N > 2$	AGE, goto ERR1_LH	IAL90T	
Hard Edit:	* T ERI	21_LHAL90T me with condition cannot be gr 22_LHAL90T " not selectable.	reater than age. Please	e correct.	

Family Health Status & Limitations

Question ID:	FHS.452	_01.000	Instrument Variable Name:	LHAL91N	QuestionnaireFileName:	Family
QuestionText:	1 of 2					
	How	long [fill]	l: have you/has ALIAS] had [fill2: LAHCA_S2]?		
	* Ente	er '95' for	r for time with [fill1: LAHCA 95 or more. ince birth.	_S2].		
01-94	01-94	4				
95	95+					
96	Since	e birth				
97	Refu	sed				
99	Don'	t know				
UniverseTex	xt:	All pers	ons 18 years of age or older w	ho have a limitation due t	to the problem entered at LA	.HCA_S2
SkipInstruct	tions:	<96> [fi conditio goto PH <r> [sto</r>	ore "R" in LHAL91T and goto ns, goto LAHCA for next per	son 18 years of age or old	er with a reported limitation next condition selected at LA	; if no more persons, AHCA; if no more

Family Health Status & Limitations

Question ID:	FHS.452_02.0)()() Instrument Variable Name	: LHAL91T	QuestionnaireFileName:	Family
QuestionText:	2 of 2				
	* Enter tim	ne period for time with [fill: LA	AHCA_S2].		
1	Day(s)				
2	Week(s)				
3	Month(s)				
4	Year(s)				
6	Since birt	h			
7	Refused				
9	Don't kno	W			
UniverseTex		persons 18 years of age or olde entered for the "number" part		n due to the problem entered at LA on	HCA_S2 and 1-95, D
SkipInstruct	for 1			elected at LAHCA; if no more cor mitation; if no more persons, goto	
	if L	HAL91T = 4 and LHAL91N $>$	AGE, goto ERR1_LH	AL91T	
Hard Edit:	* Ti ERI	R1_LHAL91T ime with condition cannot be g R2_LHAL91T 5" not selectable.	greater than age. Please	correct.	
Question ID:	FHS.500_00.0	000 Instrument Variable Name	: PHSTAT	QuestionnaireFileName:	Family
QuestionText:	Would you	ı say [fill: your/ALIAS's] healt	th in general is exceller	nt, very good, good, fair, or poor?	
1	Excellent				
2	Very good	d			
3	Good				
4	Fair				
5	Poor				
7	Refused				
9	Don't kno	W			
UniverseTex	All	persons			
SkipInstruct	tions: repe	eat for all persons in the family	, goto FINJ3M		

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	2015 NHIS Questionnaire - Family
	Family Food Security
	Document Version Date: 27-May-16
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
UniverseTex	t: All families
SkipInstruct	ions: <1-3,R,D> goto FSLAST

Question ID:	FFS.020_00.000	Instrument Variable Name:	FSLAST	QuestionnaireFileName:	Family
QuestionText:		t [fill 1: I/we] bought just did e, or never true for [fill 2: yo	· •	I/we] didn't have money to get more. he last 30 days?	" Was that often true,
1	Often true				
2	Sometimes tr	ue			
3	Never true				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	illies			
SkipInstruct	ions: <1-3,R,	D> goto FSBALANC			

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Family Food Security

Question ID:	FFS.030_00.000) Instrument Variable Name:	FSBALANC	QuestionnaireFileName:	Family
QuestionText:] couldn't afford to eat balance nily] in the last 30 days?	ed meals." Was that	often true, sometimes true, or neve	er true for [fill 2:
1	Often true				
2	Sometimes t	rue			
3	Never true				
7	Refused				
9	Don't know				
UniverseTex	at: All far	nilies			
SkipInstruct		[goto FSSKIP] R> [if FSRUNOUT in(1,2) or	FSLAST in(1,2), go	to FSSKIP; else goto FINJ3M]	
Question ID:	FFS.040_00.000) Instrument Variable Name:	FSSKIP	QuestionnaireFileName:	Family
QuestionText:		days, did [fill 1: you/you or o enough money for food?	other adults in your f	amily] ever cut the size of your me	als or skip meals because
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	before		or that food that wa	last 30 days that they worried that s bought didn't last and they didn't	
SkipInstruct		goto FSSKDAYS] D> [goto FSLESS]			
Question ID: QuestionText:	FFS.050_00.000) Instrument Variable Name: days, how many days did this	FSSKDAYS	QuestionnaireFileName:	Family
Zatouvii I tal.	in the last 50	days, now many days and this	з парреп :		
01-30	Days				
97	Refused				
99	Don't know				
UniverseTex		s in the family cut the size of t v for food	heir meals or skippe	d meals in the last 30 days because	there wasn't enough
SkipInstruct	tions: <1-30,	R,D> [goto FSLESS]			

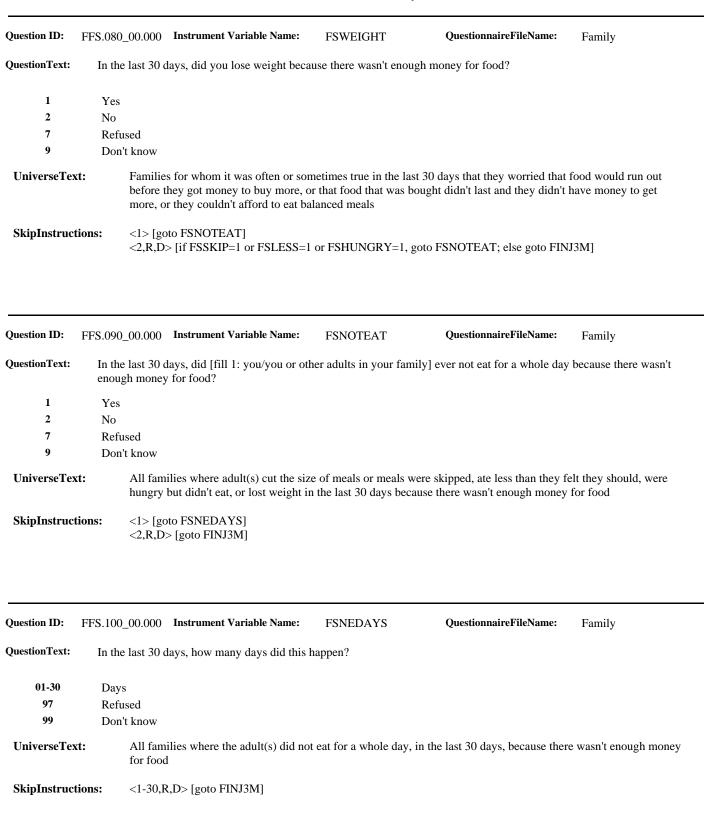
Family Food Security

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 of before they got money to buy more, or that food that was bought didn't last and they didn't have money to go more, or they couldn't afford to eat balanced meals
SkipInstructi	and (1.2 D.D. Loote ESHLINCDV)
	ons: <1,2,R,D> [goto FSHUNGRY]
-	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family
Question ID:	
Question ID:	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family
Question ID:	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?
Question ID:	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food? Yes
Question ID: QuestionText: 1 2	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food? Yes No
Question ID: QuestionText: 1 2 7	FFS.070_00.000 Instrument Variable Name: FSHUNGRY QuestionnaireFileName: Family In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food? Yes No Refused Don't know

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2015 NHIS Questionnaire - Family

Family Food Security



	2015 NHIS Questionnaire - Family Injuries & Poisoning
	Document Version Date: 27-May-16
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
T	All families
UniverseTex	

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
SkipInstructio	ns: <r,d> [goto FPOI3M] else, goto TFINJ3M</r,d>
	NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the

WFINJ3M

respondent. As shown above, each eligible person receives an edited response code in subsequent data processing.

Question ID: FIJ.012_00.000 Instrument Variable Name:

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	2015 NHIS Questionnaire - Family							
Injuries & Poisoning								
Document Version Date: 27-May-16								
Question ID:	FIJ.014_00.0	000 Instrument Varial	ole Name:	TFINJ3M	Q	uestionnaireFileName:	Family	
QuestionText:	? [F1]							
	DURING	G THE PAST THREE M	ONTHS, how	v many differe	ent times [fill:	were you/was ALIAS]	injured?	
01-91	1-91 tim	ies						
97	Refused	l						
99	Don't kr	now						
UniverseTex	t: Al	ll persons injured during	the past 3 mo	onths				
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 episod goto FPOI3M] <11-91> [goto ERR_TFINJ3M]</r>					s with an injury episode,			
Soft Edit:	EI	RR_TFINJ3M						
	* .	^TFINJ3M is unusually	high. Please	verify.				
	<(Suppress> [goto MFINJ3 Close> [reset TFINJ3M Goto> [reset TFINJ3M f	for new entry					
Question ID:	FIJ.016_00.0	000 Instrument Varial	ole Name:	MFINJ3M	Q	uestionnaireFileName:	Family	
QuestionText:	? [F1]							
		1: you /ALIAS] talk to o his injury/your injury or						
1	Yes							
2	No							
7	Refused							
9	Don't kr	now						
UniverseText:		All persons with at least one or an unknown number of injury episodes during the past 3 months						
<2,R		[if TFINJ3M eq 1, fill "1" in MTFINJ3M and goto IPDATEM; else, goto MTFINJ3M] R,D> [goto TFINJ3M for the next person with a reported injury episode; if no more persons with an injury sode, goto FPOI3M]						

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Injuries & Poisoning

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	l times							
97	Refused	used							
99	Don't know	ı't know							
UniverseText: All persons who consulted a medical professional for their injury episode(s)									
SkipInstruc	ERR2 <r,d2< td=""><td colspan="6"><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]</r,d></td></r,d2<>	<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]</r,d>							
Hard Edit: ERR1_MTFINJ3M									
	[If (M	[If (MTIFNJ3M gt TFINJ3M), display ERR1_MTFINJ3M]:							
	[^TF] media media	NJ3M]. For this question, we a cal professional was consulted.	re asking about the n For example, if you v f those times, the ans	ou said [you were/ALIAS was] in umber of times [you were/ALIA were injured three different times wer would be one, even if you sant.	S was] injured and a but only sought				
	Goto Close								
Soft Edit:	ERR2	2_MTFINJ3M							
	[If (T	FINJ3M = 99 and MTFINJ3M §	gt 3), display ERR2_1	MTFINJ3M]:					
	^MTI verify		mber of injuries for w	hich a medical professional was	consulted. Please				
	*Read	l if necessary.							
	profes or trea	ssional was consulted. For exam	nple, if you were inju he answer would be o	[you were/ALIAS was] injured red three different times, but only ne, even if you saw or talked to a	y sought medical advice				
	Supp Goto Close								

2015 NHIS Questionnaire - Family						
	Injuries & Poisoning					
	Document Version Date: 27-May-16					
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					
UniverseTex	t: All families					
O my crise i ez						

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 <1-25> [All family members. Avoid duplicate; goto TFPOI3M] SkipInstructions:

<DK,R> [goto next section]

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		2015 NHIS Q	uestionnaire - H	amily	
		Inj	uries & Poisonin	g	
		Document	t Version Date: 27-Ma	ny-16	
Question ID:	FIJ.024_00.0	000 Instrument Variable Name:	TFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		G THE PAST THREE MONTHS, ood poisoning, sun poisoning, or p	-	mes [fill: were you/was ALIAS]	poisoned? Do not
01-91	1-91 tim	ies			
97	Refused				
99	Don't kr	lOW			
UniverseTex	kt: Al	l persons poisoned during the pas-	t 3 months		
SkipInstruct	<f no</f 	01-10, DK> [goto MFPOI3M] R> [goto TFPOI3M for next person more persons with a poisoning, g 1-91> [goto ERR_TFPOI3M]		ing; if	
Soft Edit:	El	RR_TFPOI3M			
		f TFPOI3M gt 10, display ERR_T ^TFPOI3M is unusually high. Ple			
	<(Suppress> [goto MFPOI3M] Close> [goto TFPOI3M for new en Goto> [goto TFPOI3M for new en			
Question ID:	FIJ.026_00.0	000 Instrument Variable Name:	MFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		: you /ALIAS] talk to or see a me gs/this poisoning/your poisoning of			or poisonings]?
1	Yes				
2	No				
7	Refused				
9	Don't kr	OW			
UniverseTex	kt: Al	l persons with at least one or an u	nknown number of po	isoning episodes during the past 3	3 months
SkipInstruct	<2	> [if TFPOI3M eq 1, fill "1" in M ,,DK,R> [goto TFPOI3M for next xt section]			

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID:	FIJ.028_00.000	Instrument Variable Name:	MTFPOI3M	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
		e ^TFPOI3M/all the] times that was the poisoning serious enoug		AS was] poisoned, how many of essional was consulted?	
01-91	1-91 times				
97	Refused				
99	Don't know	7			
UniverseTe	xt: All po	ersons who consulted a medical	professional for their	poisoning episode(s)	
SkipInstructions: <pre><01-91> [If MTFPOI3M gt TFPOI3M, got <dk, r=""> [goto TFPOI3M for next person poisoning, goto next section]</dk,></pre>			-	-	h a
	If ((N	ITFPOI3M gt TFPOI3M) or (T	FPOI3M eq DK and M	/TFPOI3M gt 3)), display ERR_	_MTFPOI3M]:
Hard Edit:	ERR	1_MTFPOI3M			
	[If (N	ATFPOI3M gt TFPOI3M), disp	lay ERR1_MTFPOI3	M]:	
	[^TF medi medi	POI3M]. For this question, we cal professional was consulted.	are asking about the r For example, if you of those times, the and	You said [you were/ALIAS was] pumber of times [you were/ALIA were poisoned three different times were would be one, even if you s event.	AS was] poisoned and a les but only sought
		se> [goto MTFPOI3M for new o> [goto TFPOI3M or MTFPC			
Soft Edit:	ERR	2_MTFPOI3M			
	[If TI	FPOI3M = 99 and MTFPOI3M	gt 3), display ERR2_1	MTFINJ3M]:	
	* ^M	TFINJ3M is an unusually high	number.		
	poiso only		was consulted. For e nent for one of those the	xample, if you were poisoned the mes, the answer would be one, e	
	Supp Goto Close				

Close

Injuries & Poisoning

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 [fill2: injury/poisoning] happen?						
	You just told recent/third m] [fill6: (month, da fill2: injury/poiso	son} y of previous event)] [fill7:most rec ning]. What was the date of the [fill			
	* Enter month	1.					
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						
UniverseTex	at: All inju	ury/poisoning episodes for whi	ch a medical profe	ssional was consulted			
SkipInstruc	SkipInstructions: <1-12> [goto IPDATED] <r> [goto IPHOW] <d> [goto IPDATENO]</d></r>						

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2015 NHIS Questionnaire - Family

Injuries & Poisoning

Question ID:	FIJ.050_02.00) Instrument Variable Name:	IPDATED	QuestionnaireFileName:	Family
QuestionText:	2 of 3				
	* Enter day				
01-31	1-31				
97	Refused				
99	Don't know	V			
UniverseTex	at: All i	njury/poisoning episodes where	a valid month of epis	ode was entered	
SkipInstruc	<r></r>	l> [goto IPDATEY] [goto IPHOW] [goto IPDATEMT]			
Hard Edit:	ERF	_IPDATED			
	[fill]	: IPDATED] is not a valid day	for [fill2: IPDATEM].	
		ose> [reset IPDATED for new e to> [reset IPDATED for new er			

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2015 NHIS Questionnaire - Family

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID:	FIJ.050_03.	.000 Instrument Variable Name:	IPDATEY	QuestionnaireFileName:	Family
QuestionText:	3 of 3				
	* Enter	year.			
Year 9997	Year Refused	1			
9999	Don't k	now			
UniverseTe	xt: A	ll injury/poisoning episodes where a	a valid day of episoo	de was entered	
SkipInstruc	IF	FIPDATEM, IPDATED and IPDATI PDATED and IPDATEY result in a c RR1_IPDATEY; else, goto IPHOW	date prior to the star		
Hard Edit:	E	ERR_IPDATEY			
	*	Future date invalid.			
	*	Please correct.			
		Close> [reset IPDATED for new en Goto> [reset IPDATED for new ent			
Soft Edit:	E	RR1_IPDATEY			
		The reported date, [^IPDATEM(tex eriod beginning [fill date used in FIJ		eric)^IPDATEY(4-digit year)], fall	s outside the reference
	*	Please verify the date and make any	corrections.		
	E	RR2_IPDATEY			
	p	The reported date, [^IPDATEM(text eriod beginning [fill date used in FIJ peginning/middle/end] of [month use	J.010]. NOTE: The		
	*	Please verify the date and make any	corrections.		
	E	RR3_IPDATEY			
		The reported date, [^IPDATEM(tex ate used in FIJ.010].	tt)^IPDATEY(4-dig	it year)], falls outside the reference	e period beginning [fill

*Please verify the date and make any corrections.

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Injuries & Poisoning

Document Version Date: 27-May-16

QuestionnaireFileName: **Question ID:** Instrument Variable Name: FIJ.051_01.000 **IPDATENO** 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 goto IPHOW **SkipInstructions:** If IPDATENO GT 91 days (1) or Hard Edit: 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" ERR1_IPDATETP Soft Edit: *The approximate date falls outside the reference period beginning [fill date used in FIJ.010]. *Please verify and make any corrections.

2015 NHIS Questionnaire - Family Injuries & Poisoning							
							Document Version Date: 27-May-16
		Document		iy-10			
Question ID:	FIJ.052_00.000	Instrument Variable Name:	IPDATEMT	QuestionnaireFileName:	Family		
QuestionText:	(book) F3	? [F1]					
	Was this in th ^IPDATEM (EM (text)], the middle	e of [fill: ^IPDATEM (text)], or th	e end of [fill:		
1	Beginning						
2	Middle						
3	End						
7	Refused						
9	Don't know						
		PHOW					
				Occution and Fil Name			
-	FIJ.060_00.000	Instrument Variable Name:	IPHOW	QuestionnaireFileName:	Family		
-	FIJ.060_00.000 ? [F1]		IPHOW	QuestionnaireFileName:	Family		
-	? [F1] [fill1: How di recent if mult	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f	injury/poisoning] on fill3: injury/poisoning	QuestionnaireFileName: [fill4: ^IPDATEM ^IPDATED] happen?] Please describe fully ibstances, or other people involve	(starting with most the circumstances or		
-	? [F1] [fill1: How di recent if mult events leading * Enter the ve	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f g to the [fill3: injury/poisoning	injury/poisoning] on fill3: injury/poisoning g], and any objects, su as much detail as poss	[fill4: ^IPDATEM ^IPDATED [] happen?] Please describe fully ubstances, or other people involve sible, including specifically what	(starting with most the circumstances or d.		
-	? [F1] [fill1: How di recent if mult events leading * Enter the ve	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f g to the [fill3: injury/poisoning erbatim response, probing for a all circumstances surrounding	injury/poisoning] on fill3: injury/poisoning g], and any objects, su as much detail as poss	[fill4: ^IPDATEM ^IPDATED [] happen?] Please describe fully ubstances, or other people involve sible, including specifically what	(starting with most the circumstances or d.		
QuestionText:	? [F1] [fill1: How di recent if multi events leading * Enter the ve the time and a	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f g to the [fill3: injury/poisoning erbatim response, probing for a all circumstances surrounding	injury/poisoning] on fill3: injury/poisoning g], and any objects, su as much detail as poss	[fill4: ^IPDATEM ^IPDATED [] happen?] Please describe fully ubstances, or other people involve sible, including specifically what	(starting with most the circumstances or d.		
QuestionText: Verbatim	? [F1] [fill1: How di recent if mult events leading * Enter the ve the time and a Verbatim res	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f g to the [fill3: injury/poisoning erbatim response, probing for a all circumstances surrounding	injury/poisoning] on fill3: injury/poisoning g], and any objects, su as much detail as poss	[fill4: ^IPDATEM ^IPDATED [] happen?] Please describe fully ubstances, or other people involve sible, including specifically what	(starting with most the circumstances or d.		
7	? [F1] [fill1: How di recent if multi events leading * Enter the ve the time and a Verbatim res Refused Don't know	Instrument Variable Name: id [fill2: your/ALIAS's] [fill3: tiple)] happen?/How did this [f g to the [fill3: injury/poisoning erbatim response, probing for a all circumstances surrounding	injury/poisoning] on fill3: injury/poisoning g], and any objects, su as much detail as poss the event. Record all	[fill4: ^IPDATEM ^IPDATED] happen?] Please describe fully ibstances, or other people involve sible, including specifically what volunteered information.	(starting with most the circumstances or d.		

Injuries & Poisoning

Question ID:	FIJ.065_00.000	Instrument Variable Name:	ICAUS	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Do not read				
	* Enter the nu	mber which best describes the	cause of the per	rson's injury from the list below.	
01	In a motor ve	chicle			
02	On a bike, sc	ooter, skateboard, skates, skis,	horse, etc.		
03	Pedestrian w	ho was struck by a vehicle such	h as a car or bic	ycle	
04	In a boat, tra	in, or plane			
05	Fall				
06	Burned or sc	alded by substances such as ho	t objects or liqu	ids, fire, or chemicals	
07	Other				
97	Refused				
99	Don't know				
UniverseTex	xt: All inju IPHOV		al professional v	vas consulted and don't know or refus	ed was not entered at
SkipInstruc	tions: goto IJ	BODY			

	2015 NHIS Questionnaire - Family							
			ries & Poisoni	-				
			Version Date: 27-M	-				
	Question ID: EII 070 00 000 Instrument Variable Name: UDODV Questionnaine Elevande E:							
Question ID:	FIJ.070_00.000	Instrument Variable Name:	IJBODY	QuestionnaireFileName:	Family			
QuestionText:	(book) F4							
	* Enter up to	4 responses, separate with com	mas.					
	* Ask or veri	fy.						
	In this injury	y, what parts of [fill: your/ALIA	AS's] body were h	urt?				
01	Ankle							
02	Back							
03	Buttocks							
04	Chest							
05	Ear							
06	Elbow							
07	Eye							
08	Face							
09	Finger/thum	b						
10	Foot							
11	Forearm							
12	Groin							
13	Hand							
14	Head (not fa	ice)						
15	Hip	,						
16	Jaw							
17	Knee							
18	Lower leg							
19	Mouth							
20	Neck							
21	Nose							
22	Shoulder							
23	Stomach							
24	Teeth							
25	Thigh							
26	Тое							
27	Upper arm							
28	Wrist							
29	Other, specif	fy						
97	Refused							
99	Don't know							
UniverseTex		ury episodes for which a medic	al professional wa	s consulted				
SkipInstruct	<29>[> [goto IJTYPE1] [goto IJBODYOS] > [goto IPEV]						

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Injuries & Poisoning

Question ID:	FIJ.071_00.000) Instrument Variable Name:	IJBODYOS	QuestionnaireFileName:	Family
QuestionText:	- *Read if new				-
C					
	What other	parts of the body were hurt?			
Verbatim	Verbatim r	esponse			
7	Refused				
9	Don't know	1			
UniverseTex	ct: All ir	njury episodes where some "othe	er" part of the body	was hurt	
SkipInstruct	tions: goto	IJTYPE1			
	e				
Question ID:	FIJ.072_00.000) Instrument Variable Name:	IJTYPE1	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to	2 responses, separate with a co	mma.		
	* Ask or ver	rify.			
	In what way	was [fill1: your/ALIAS's] [fill2	2: first entry^IJBC	DY (text) or ^IJBODYOS] hurt?	
01	Broken bor	ne or fracture			
02	Sprain, stra				
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite	e			
09	Other, spec	rify			
97	Refused				
99	Don't know	1			
UniverseTex	xt: All ir	ijury episodes where at least one	e part of the body w	as hurt	
SkipInstruct	<9>	D> [goto IJTYPE2 for next bod goto IJTYP1OS] [goto IPEV]	y part entered at IJF	BODY; if no more body parts, goto	IPEV]

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		2015 NHIS Qu	estionnaire - F	Family		
		Inju	ries & Poisonin	g		
Document Version Date: 27-May-16						
Question ID:	FIJ.073_00.000	Instrument Variable Name:	IJTYP1OS	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
	* Read if nec	cessary.				
	How was [fil	11: your/ALIAS's] [fill2: first e	ntry ^IJBODY (te	xt) or ^IJBODYOS] hurt?		
Verbatim 7 9	Verbatim re Refused Don't know	sponse				
UniverseTex	xt: All inj	ury episodes where the first boo	ly part was hurt in s	ome "other" way		
SkipInstruct	tions: goto I	JTYPE2 for next body part; if n	o more body parts, s	zoto IPEV		
•	C			-		
Question ID:	FIJ.074_00.000	Instrument Variable Name:	IJTYPE2	QuestionnaireFileName:	Family	
QuestionText:	(book) F5					
	*Enter up to	2 responses, separate with a cor	nma.			
	* Ask or veri	fy.				
	In what way	was [fill1: your/ALIAS's] [fill2	: second entry^IJE	BODY (text) or ^IJBODYOS] hur	t?	
01	Broken bon	e or fracture				
02	Sprain, strai	n, or twist				
03	Cut					
04	Scrape					
05	Bruise					
06	Burn					
07	Insect bite					
08	Animal bite					
09	Other, speci	fy				
97	Refused					
99	Don't know					
UniverseTex		ury episodes where at least two ody part at IJTYPE1	body parts were hu	rt and the type of injury or don't k	now was entered for the	
SkipInstruct	<9> [§	D> [goto IJTYPE3 for next body goto IJTYP2OS] goto IPEV]	y part entered at IJB	ODY; if no more body parts, goto) IPEV]	

Injuries & Poisoning

Question ID:	FIJ.075_00.000	Instrument Variable Name:	IJTYP2OS	QuestionnaireFileName:	Family
QuestionText:	* Read if neo	cessary.			
	How else wa	s [fill1: your/ALIAS's] [fill2: s	econd entry ^IJ	BODY (text) or ^IJBODYOS] hurt?	
Verbatim 7 9	Verbatim re Refused Don't know	sponse			
UniverseTex		ury episodes where the second	body part was hur	t in some "other" way	
Universerex	xt. 7 XII IIIj	ary episodes where the second	body part was hu	thisome outer way	
SkipInstruct	tions: goto L	JTYPE3 for next body part; if n	o 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 co	mma.		
	* Ask or ver	ify.			
	In what way	was [fill1: your/ALIAS's] [fill2	2: third entry^IJE	BODY (text) or ^IJBODYOS] hurt?	
01	Broken bon	e or fracture			
02	Sprain, strai	n, or twist			
03	Cut				
04	Scrape				
05	Bruise				
06	Burn				
07	Insect bite				
08	Animal bite				
09	Other, speci	fy			
97	Refused				
99	Don't know				
UniverseTex		ury episodes where at least thre d body part at IJTYPE2	ee body parts were	hurt and type of injury or don't kno	w was entered for the
SkipInstruct	<9> [§	D> [goto IJTYPE4 for next bod goto IJTYP3OS] goto IPEV]	y part entered at L	BODY; if no more body parts, goto	IPEV]

Injuries & Poisoning

	FIJ.077_00.000	Instrument Variable Name:	IJTYP3OS	QuestionnaireFileName:	Family
JuestionText:	* Read if nec	essary.			
	How else was	s [fill1: your/ALIAS's] [fill2: t	hird entry ^IJBOD	Y (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim res	sponse			
7	Refused				
9	Don't know				
UniverseTex	t: All inju	ury episodes where the third be	ody part was hurt in s	some "other" way	
SkipInstruct	ions: goto IJ	TYPE4 for next body part; if r	no more body parts, g	goto IPEV	
Question ID:	FIJ.078_00.000	Instrument Variable Name:	IJTYPE4	QuestionnaireFileName:	Family
QuestionText:	(book) F5				
	*Enter up to 2	2 responses, separate with a co	mma.		
	* Ask or verif	fy.			
	In what way v	was [fill1: your/ALIAS's] [fill2	2: fourth entry^IJB	ODY (text) or ^IJBODYOS] hurt	?
01	In what way was broken bone	-	2: fourth entry^IJB	ODY (text) or ^IJBODYOS] hurt	?
01 02	-	or fracture	2: fourth entry^IJB	ODY (text) or ^IJBODYOS] hurt	?
	Broken bone	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02	Broken bone Sprain, strair	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03	Broken bone Sprain, strair Cut	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04	Broken bone Sprain, strair Cut Scrape	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05	Broken bone Sprain, strair Cut Scrape Bruise	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05 06	Broken bone Sprain, strair Cut Scrape Bruise Burn	or fracture	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05 06 07	Broken bone Sprain, strair Cut Scrape Bruise Burn Insect bite	e or fracture n, or twist	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05 06 07 08	Broken bone Sprain, strair Cut Scrape Bruise Burn Insect bite Animal bite	e or fracture n, or twist	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05 06 07 08 09	Broken bone Sprain, strair Cut Scrape Bruise Burn Insect bite Animal bite Other, specif	e or fracture n, or twist	2: fourth entry^IJB(ODY (text) or ^IJBODYOS] hurt	?
02 03 04 05 06 07 08 09 97	Broken bone Sprain, strain Cut Scrape Bruise Burn Insect bite Animal bite Other, specif Refused Don't know t: All inju	e or fracture n, or twist fy		ODY (text) or ^IJBODYOS] hurt' ype of injury or don't know was en	

Injuries & Poisoning

Document Version Date: 27-May-16

Question ID:	EU 070, 00,000	Instrument Variable Name:	UTVD405	QuestionnaireFileName:	Family
Question ID:	FIJ.079_00.000	instrument variable manie:	IJTYP4OS	Questionnairer nervame:	Family
QuestionText:	* Read if nece	essary.			
	How else was	[fill1: your/ALIAS's] [fill2: fo	ourth entry ^IJB	ODY (text) or ^IJBODYOS] hurt?	
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseText	: All inju	ry episodes where the fourth b	oody part was hurt	in some "other" way	
SkipInstructi	ons: if a poi	soning episode, goto PPCC; el	se, goto IPEV		
Question ID:	FIJ.080_01.000	Instrument Variable Name:	PPCC	QuestionnaireFileName:	Family
QuestionText:	Did [fill: you/	ALIAS] get MEDICAL ADVI	ICE, TREATMEN	T, or FOLLOW-UP CARE for this	poisoning from
	A	a a poison control conter?			

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]

	2015 NILLO	Questionneine	Family	
		Questionnaire -	•	
		njuries & Poisoni	0	
	Docume	nt Version Date: 27-1	Aay-16	
Question ID: FIJ.08	80_02.000 Instrument Variable Name	: IPEV	QuestionnaireFileName: Family	
QuestionText: *]	Read lead-in if necessary.			
	id [fill1: you/ALIAS] get MEDICAL A jury/poisoning]?	DVICE, TREATME	VT, or FOLLOW-UP CARE for this [fill2:	
Ar	n emergency vehicle, such as an ambula	ance or fire truck		
1 Y	Yes			
2 N	No			
7 R	Refused			
9 D	Don't know			
UniverseText:	All injury/poisoning episodes for w	which a medical profe	ssional was consulted	
SkipInstructions:	<1,2,D> [goto IPER] <r> [goto IPHOSP]</r>			
	80_03.000 Instrument Variable Name	: IPER	QuestionnaireFileName: Family	
Question ID: FIJ.08				
	Read lead-in if necessary.			
QuestionText: * I	Read lead-in if necessary.	DVICE, TREATME	NT, or FOLLOW-UP CARE for this [fill2:	
QuestionText: * I Di inj	Read lead-in if necessary. id [fill1: you/ALIAS] get MEDICAL A	DVICE, TREATMEI	NT, or FOLLOW-UP CARE for this [fill2:	
QuestionText: * I Di inj A	Read lead-in if necessary. id [fill1: you/ALIAS] get MEDICAL A jury/poisoning]?	DVICE, TREATMEI	VT, or FOLLOW-UP CARE for this [fill2:	

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]

	Page 20 of 32
	2015 NHIS Questionnaire - Family
	Injuries & Poisoning
	Document Version Date: 27-May-16
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
UniverseTex	ext: All injury/poisoning episodes for which a medical professional was consulted
SkipInstruc	ctions: <1,2,D> [goto IPPCHCP] <r> [goto IPHOSP]</r>
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
2 7 9	No Refused Don't know

UniverseText: All injury/poisoning episodes for which a medical professional was consulted

SkipInstructions: <1,2,D> [goto IPOTH] <R> [goto IPHOSP]

	Page 21 of 32
	2015 NHIS Questionnaire - Family Injuries & Poisoning
	Document Version Date: 27-May-16
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 9	Refused Don't know
,	Don't know
UniverseTex	All injury/poisoning episodes for which a medical professional was consulted
SkipInstruc	ctions: <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]</r,d>
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 7	Verbatim response 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

Injuries & Poisoning

Question ID:	FIJ.082_0	0.000 Instr	ument Variable Name:	IPVER	QuestionnaireFileName:	Family
QuestionText:	* Pleas	e verify.				
	[fill1: ` correct		DID NOT receive any	medical advice, t	reatment, or follow-up for this [fill2: i	njury/poisoning]. Is that
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex			soning episodes for wi follow-up care was sel		fessional was consulted, but no sourc	e of medical advice,
SkipInstruc	-	NOT HAVE r If no more fan	nore injury/poisoning nily members with an	episodes, then go injury/poisoning,	es, then go to FIJ.050_1for that subjecto FIJ.014/FIJ.024 for next person wigo to next section.] injury, goto IPEV for new entries]	
Hard Edit:		ERR_IPVER				
Question ID: QuestionText:	FIJ.090_0 ? [F1]	0.000 Instr	ument Variable Name:	IPHOSP	QuestionnaireFileName:	Family
	[fill1: \	Were you/Was	s ALIAS] hospitalized	l for at least one ni	ght as a result of this [fill2: injury/poi	isoning]?
1	Yes				8	61
1	No					
2 7	Refus	ad				
9	Don't					
-						
UniverseTe	xt:	All injury/pois	soning episodes for w	hich a medical pro	fessional was consulted	
SkipInstruc		<1> [goto IPI] <2,R,D> [if at		IMTRAF; if a poi	soning episode, goto PPOIS]	

Question ID: QuestionText:	FIJ.091_00.000	Inju Document	uestionnaire - I 1ries & Poisonin Version Date: 27-M	-	
-		Document		g	
-			Version Date: 27-M		
-				ay-16	
QuestionText:		Instrument Variable Name:	IPIHNO	QuestionnaireFileName:	Family
	? [F1]				
	How many nig	ghts [fill: were you/was ALIA	S] in the hospital?		
	* If still in hos	spital, ask how many nights u	p to today.		
	* Enter '95' fo	or 95 or more nights.			
01-94	1-94 nights				
95	95+ nights				
97 00	Refused				
99	Don't know				
UniverseText	: All inju	ry/poisoning episodes for wh	ich a medical profess	sional was consulted and resulted	in hospitalization
SkipInstructi	goto IF	R,D> [if ICAUS eq 1-3, goto] ALL; if a poisoning episode, > [goto ERR_IPIHNO]		AUS eq 4-7,R,D, goto IPWHAT;	else, if ICAUS eq 5,
Soft Edit:		HNO gt 60, display ERR_IPIH HNO is unusually high. Pleas			
	Suppre Goto Close	SS			
	if ICAU if ICAU	ess> [if ICAUS eq 01 or 02 or US eq 04 or 06 or 07 or 97, or US eq 05, goto IFALL]] e, Goto> [reset IPIHNO for ne	99, goto IPWHAT]		
Question ID:	FIJ.109_00.000	Instrument Variable Name:	IMTRAF	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Ask or verif	y.			
	Did this accid	ent occur on a public highway	y, street, or road?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText				ile in a motor vehicle; on a bike, s by a vehicle such as a car or bicy	
SkipInstructi	ons: goto IN	IVWHO			

Injuries & Poisoning

Question ID:	FIJ.110_00.000	Instrument Variable Name:	IMVWHO	QuestionnaireFileName:	Family
QuestionText:	*Read all cate	gories.			
	* Ask or verif	у.			
	[fill: Were you	u/Was ALIAS] injured as:			
	* Read answe	r categories.			
1	The driver of	a motor vehicle			
2	A passenger	in a motor vehicle			
3	A pedestrian				
4	A bicycle rid	er or tricycle rider			
5	The rider of a	a scooter, skateboard, skates, c	or other non-moto	rized vehicle	
7	Refused				
9	Don't know				
UniverseTe				while in a motor vehicle; on a bike, s ack by a vehicle such as a car or bicy	
SkipInstruc	<4,5>[goto IMVTYP] goto IHELMT] > [goto IPWHAT]			

Injuries & Poisoning

Question ID:	FIJ.111_00.000	Instrument Variable Name:	IMVTYP	QuestionnaireFileName:	Family
QuestionText:	(book) F6	? [F1]			
	* Ask or veri	fy.			
	What type of	vehicle [fill: were you/was AL	.IAS] in?		
01	Passenger ca	ar			
02	Passenger tr	uck, such as a pickup truck, va	n, or SUV		
03	Bus				
04		ercial truck, such as a semi-tru		wheeler	
05	-	(including mopeds and minibik	xes)		
06		ehicle or ski/snow-mobile			
07		nent (such as a tractor)			
08		construction vehicle			
09	Other				
97	Refused				
99	Don't know				
UniverseTex	xt: All me	edically-consulted injury episod	les that occurred	while a driver or passenger of a vehic	cle
SkipInstruc	<5,6>	l> [goto ISBELT] [goto IHELMT] ,9,R,D> [goto IPWHAT]			
Question ID:	FIJ.112_00.000	Instrument Variable Name:	ISBELT	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Ask or veri	fy.			
	[fill: Were yo	ou/Was ALIAS] restrained at th	ne time of the acc	ident?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	xt: All me	edically-consulted injury episod	des that occurred	while a driver or passenger of a car of	or truck
SkipInstruc	tions: goto II	PWHAT			

		2015 NHIS Q	uestionnaire -	Family	
		Injı	uries & Poisonir	ıg	
		Document	Version Date: 27-M	ay-16	
Question ID:	FIJ.113_00.000	Instrument Variable Name:	IHELMT	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Ask or verif	fy.			
	[fill: Were you	u/Was ALIAS] wearing a heli	met at the time of the	e accident?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex				ile riding a bicycle, tricycle, scoot	er, skateboard, skates,
	or othe	r nonmotorized venicle; a mo		rain vehicle or ski/snow-mobile	
SkipInstruct	tions: goto IP	PWHAT			
SkipInstruct	tions: goto IP FIJ.130_00.000		IFALL	QuestionnaireFileName:	Family
		PWHAT			Family
Question ID:	FIJ.130_00.000 (book) F7	PWHAT	IFALL		Family
Question ID:	FIJ.130_00.000 (book) F7	PWHAT Instrument Variable Name: 2 responses, separate with a c	IFALL		Family
Question ID:	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif	PWHAT Instrument Variable Name: 2 responses, separate with a c	IFALL omma.		Family
Question ID:	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything	IFALL omma.		Family
Question ID: QuestionText:	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill:	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator	IFALL omma.		Family
Question ID: QuestionText: 01 02 03	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator el ground ing sidewalk)	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or lever Curb (includi Ladder or sca	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator l ground ing sidewalk) affolding	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator d ground ing sidewalk) affolding equipment	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05 06	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e Sports field, o	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator d ground ing sidewalk) affolding equipment court, or rink	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05 06 07	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or lever Curb (includi Ladder or sca Playground e Sports field, o Building or o	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator l ground ing sidewalk) affolding equipment court, or rink other structure	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05 06 07 08	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e Sports field, o Building or o Chair, bed, so	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator el ground ing sidewalk) affolding equipment court, or rink other structure ofa, or other furniture	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05 06 07 08 09	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e Sports field, o Building or o Chair, bed, so Bathtub, show	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator d ground ing sidewalk) affolding equipment court, or rink other structure ofa, or other furniture wer, toilet, or commode	IFALL omma.		Family
Question ID: QuestionText: QuestionText: 01 02 03 04 05 06 07 08 09 10	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e Sports field, o Building or o Chair, bed, so Bathtub, show Hole or other	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator d ground ing sidewalk) affolding equipment court, or rink other structure ofa, or other furniture wer, toilet, or commode	IFALL omma.		Family
Question ID: QuestionText: 01 02 03 04 05 06 07 08 09	FIJ.130_00.000 (book) F7 * Enter up to 2 * Ask or verif How did [fill: Stairs, steps, Floor or leve Curb (includi Ladder or sca Playground e Sports field, o Building or o Chair, bed, so Bathtub, show	PWHAT Instrument Variable Name: 2 responses, separate with a c fy. you/ALIAS] fall? Anything or escalator d ground ing sidewalk) affolding equipment court, or rink other structure ofa, or other furniture wer, toilet, or commode	IFALL omma.		Family

99 UniverseText:

All medically-consulted injury episodes that occurred due to a fall

SkipInstructions: goto IFALLWHY

Don't know

Injuries & Poisoning

Question ID:	FIJ.131_00.000	Instrument Variable Name:	IFALLWHY	QuestionnaireFileName:	Family
QuestionText:	(book) F8				
	* Ask or verif	y.			
	What caused [[fill: you/ALIAS] to fall?			
1	Slipping or tr	ripping			
2	Jumping or d	iving			
3	Bumping into	o an object or another person			
4	Being shoved	l or pushed by another person			
5	Losing balan	ce or having dizziness (becomi	ing faint or having a	a seizure)	
6	Other				
7	Refused				
9	Don't know				
UniverseTex	All med	dically-consulted injury episod	es that occurred due	e to a fall	
SkipInstructions: goto IPWHAT					

Question ID:	FIJ.140_00.000	Instrument Variable Name:	PPOIS	QuestionnaireFileName:	Family				
QuestionText:	(book) F9	? [F1]							
	* Ask or verif	у.							
	What did [fill:	What did [fill: your/ALIAS's] poisoning result from?							
1	Swallowing a	drug or medical substance mis	stakenly or in overdose						
2	Swallowing of	or touching a harmful solid or li	quid substance						
3	Inhaling harn	nful gases or vapors							
4	Eating a pois	onous plant or other substance	mistaken for food						
5	Being bitten	by a poisonous animal							
6	Other, please	specify							
7	Refused								
9	Don't know								
UniverseTex	t: All pois	soning episodes for which a me	dical professional was c	onsulted					
SkipInstruct		D> [goto IPWHAT] oto PPOISOS]							

Injuries & Poisoning

Question ID:	FIJ.141_00.000	Instrument Variable Name:	PPOISOS	QuestionnaireFileName:	Family
QuestionText:	* Read if nec	essary.			
	How did [fill	: your/ALIAS's] poisoning occ	ur?		
Verbatim	Verbatim res	sponse			
7	Refused				
9	Don't know				
UniverseTex	t: All me	dically-consulted poisoning ep	isodes where the p	oisoning resulted from some "other	" reason
SkipInstruct	ions: goto II	PWHAT			
Question ID:	FIJ.150_00.000	Instrument Variable Name:	IPWHAT	QuestionnaireFileName:	Family
QuestionText:	(book) F10	? [F1]			
	* Enter up to	2 responses, separate with a co	mma.		
	* Ask or veri	fy.			
	What activity	[fill1: were you/was ALIAS] i	nvolved in at the t	ime of the [fill2: injury/poisoning]?	
01	Driving or ri	ding in a motor vehicle			
02	Working at a				
03		ound the house or yard			
04	Attending sc	chool			
05	Unpaid work	(such as volunteer work)			
06	Sports and e	xercise			
07	Leisure activ	vity (excluding sports)			
08	Sleeping, res	sting, eating, or drinking			
09	Cooking				
10	-	for (hands-on care from other p	person)		
11	Other, please	-	*		
97	Refused				
99	Don't know				
UniverseTex	t: All inj	ury/poisoning episodes for whi	ch a medical profe	ssional was consulted	
SkipInstruct		R,D> [goto IPWHER] goto IPWHATOT]			

Injuries & Poisoning

Question ID:	FIJ.151_00.000	Instrument Variable Name:	IPWHATOT	QuestionnaireFileName:	Family				
QuestionText:	* Read if nece	essary.							
	What other activity [fill1: were you/was ALIAS] involved in at the time of the [fill2: injury/poisoning]?								
Verbatim	Verbatim res	ponse							
7	Refused								
9	Don't know								
UniverseText: All medically-consulted injury/poisoning episodes that occurred in some "other" place									
SkipInstruct	tions: goto IP	WHER							

Injuries & Poisoning

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 verif	ŷy.						
	Where [fill1:	were you/was ALIAS] when the	he [fill2: injury/po	bisoning] happened?				
01	Home (inside	e)						
02	Home (outsid	de)						
03	School (not r	residential)						
04	Child care ce	enter or preschool						
05	Residential in	nstitution (excluding hospital)						
06	Health care f	acility (including hospital)						
07	Street or high	nway						
08	Sidewalk							
09	Parking lot							
10	Sport facility	, athletic field, or playground						
11	Shopping cer	nter, restaurant, store, bank, ga	s station, or other	place of business				
12	Farm							
13	Park or recre	ation area (include bike or jog	path)					
14	River, lake, s	stream, or ocean						
15	Industrial or	construction area						
16	Other public	building						
17	Other							
97	Refused							
99	Don't know							
UniverseTex	at: All inju	ury/poisoning episodes for whi	ch a medical prof	essional was consulted				
SkipInstruct	for that injury/j injury/j injury/j	,R,DK> [If AGE lt 5 and person person; else if AGE lt 5 and p poisoning episodes, goto TFIN poisoning; else if AGE lt 5 and poisoning, go to FPOI3M/next AGE ge 13, goto IPEMP; else	berson DOES NO IJ3M/TFPOI3M fe I no more family i section;	or next person with an nembers with an	ΞM			

Injuries & Poisoning

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/wa	s ALIAS] employed full-time, part-	time, or not employed?
1	Full-time				
2	Part-time				
3	Not employe	d			
7	Refused				
9	Don't know				
UniverseTex	xt: All me	dically-consulted injury/poisor	ning episodes for p	ersons 13 years of age or older	
SkipInstruct		goto IPWKLS] > [goto IPSTU]			
Question ID:	FIJ.171_00.000	Instrument Variable Name:	IPWKLS	QuestionnaireFileName:	Family
				QuestionnaireFileName: work did [fill2: you/ALIAS] miss?	Family
					Family
QuestionText:	As a result of None	this [fill1: injury/poisoning], ł			Family
QuestionText: 1	As a result of None Less than one	this [fill1: injury/poisoning], h e day			Family
QuestionText: 1 2	As a result of None Less than one One to five d	this [fill1: injury/poisoning], h e day ays			Family
QuestionText: 1 2 3	As a result of None Less than one One to five d Six or more of	this [fill1: injury/poisoning], h e day ays			Family
QuestionText: 1 2 3 4	As a result of None Less than one One to five d	this [fill1: injury/poisoning], h e day ays			Family
2 3 4 7	As a result of None Less than one One to five d Six or more of Refused Don't know	this [fill1: injury/poisoning], h e day ays lays	now many days of v		

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2015 NHIS Questionnaire - Family

Injuries & Poisoning

Question ID:	FIJ.180_00.000	Instrument Variable Name:	IPSTU	QuestionnaireFileName:	Family
QuestionText:	At the time of student?	this [fill1: injury/poisoning],	[fill2: were you/	was ALIAS] a full-time student, part-t	ime student or not a
1	Full-time				
2	Part-time				
3	Not a student				
7	Refused				
9	Don't know				
UniverseTex	at: All mee	lically-consulted injury/poisor	ning episodes for	persons 5 years of age or older	
SkipInstruct	<3,R,D NOT H	- 1 5	pisodes, goto TF	sodes, goto IPDATEM for that person INJ3M/TFPOI3M for next person wit ing, goto next section]	· •

Question ID:	FIJ.181_00.000	Instrument Variable Name:	IPSCLS	QuestionnaireFileName:	Family
QuestionText:	As a result of	this [fill1: injury/poisoning], h	ow many days o	f school did [fill2: you/ALIAS] miss?	
1	None				
2	Less than on	e day			
3	One to five o	ays			
4	Six or more	lays			
7	Refused				
9	Don't know				
UniverseTex		dically-consulted injury/poison the episode	ing episodes for	persons 5 years of age or older who w	vere students at the
SkipInstruct	if perso TFINJ	on DOES NOT HAVE more in	jury/poisoning e with an injury/po	isodes, goto IPDATEM for that perso pisodes, goto pisoning; else if no more family	n; else

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	2015 NHIS Questionnaire - Family							
	Family Access to Health Care & Utilization							
		Document	Version Date: 27-Ma	y-16				
Question ID:	FAU.010_	00.000 Instrument Variable Name:	FDMED12M	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
	The fol	owing questions are about the use of	f 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	Refuse	d						
9	Don't l	now						
UniverseTex	xt: A	All families						
SkipInstructions:		(1> [if a single-person family, store t DMED12M] (2,R,D> [goto FNMED12M]	he person number in	PDMED12M and goto FNMED1	12M; else, goto			

Question ID:	FAU.02	0_00.000	Instrument Variable Name	PDMED12M	QuestionnaireFileName:	Family
QuestionText:	* Asl	s or verify	7. Enter applicable line nu	mber(s), separate with com	nas.	
		which fame one else?)	ily member was medical c	are delayed?		
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseText:			lies with two or more pers 12 months	ons and at least one had me	dical care delayed due to worr	ry about the cost during
SkipInstructions:		goto FN	MED12M			
			,		associated with the persons re edited response code in subse	1 2

Family Access to Health Care & Utilization

Question ID:	FAU.03	0_00.000	Instrument Vari	able Name:	FNMED12M	QuestionnaireFileName:	Family	
QuestionText:	? [F1]						
					e any time when [fouldn't afford it?	fill1: you/someone in the family] n	eeded medical care, but	
1	Yes							
2	No	No						
7	Refu	used						
9	Don	't know						
UniverseTex	xt:	All fami	lies					
SkipInstruct	tions:	PNMED	0 1		e person number in	n PNMED12M and goto FHOSPY	R; else, goto	

Question ID:	FAU.04	0_00.000	Instrument Variable Name:	PNMED12M	QuestionnaireFileName:	Family
QuestionText:	* Asl	k or verify	. Enter applicable line num	per(s), separate with c	commas.	
		didn't get vone else?)	needed care?			
1	Yes					
2	No					
7	Refu	used				
9	Don	n't know				
UniverseTex	xt:	All fami	lies with two or more person	s and at least one did	n't get medical care due to cost du	ring the past 12 months
SkipInstruct	tions:	goto FH	OSPYR			
			-		pers associated with the persons re es an edited response code in subse	1 5

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Family Access to Health Care & Utilization

Document Version Date: 27-May-16

Question ID:	FAU.050	_00.000	Instrument Variable Name:	FHOSPYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
			u/Including all infants born in ? Do not include an overnig		yone in the family] been hospitalize gency room.	d OVERNIGHT in the
1	Yes					
2	No					
7	Refus	sed				
9	Don't	know				
UniverseTex	xt:	All fami	lies			
SkipInstruc	tions:		a single-person family, store t > [goto FHCHM2W]	the person number	in PHOSPYR and goto HOSPNO; e	lse, goto PHOSPYR]
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 bospital overpicht?

	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 a patient overnight during the past 12 months (excluding ER)
SkipInstructior	s: goto HOSPNO
	NOTE. In the instance of interviewers acted to line much an end of the device the line second s

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.

Family Access to Health Care & Utilization

	AU.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?
001-365 997 999	1-365 times Refused Don't know
UniverseText:	All persons who had an overnight hospital stay during the past 12 months (excluding ER)
SkipInstructio	ns: <1-10> [goto HPNITE] <11-365> [goto ERR_HOSPNO] <r,d> [goto HPNITE]</r,d>
Soft Edit:	ERR_HOSPNO * [fill: HOSPNO] is unusually high. * Verify entry. * Make corrections if necessary.
Question ID:	AU.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?
001-365 997	1-365 nights
999	Refused Don't know
999 UniverseText:	Don't know
	Don't know All persons who had an overnight hospital stay during the past 12 months (excluding ER)
UniverseText:	Don't know All persons who had an overnight hospital stay during the past 12 months (excluding ER) ns: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W]
UniverseText:	Don't know All persons who had an overnight hospital stay during the past 12 months (excluding ER) ns: <pre><1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W] <51-365> [goto ERR1_HPNITE]</pre>
UniverseText: SkipInstructio	Don't know All persons who had an overnight hospital stay during the past 12 months (excluding ER) ns: <pre><1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W] <51-365> [goto ERR1_HPNITE] if HOSPNO gt HPNITE, goto ERR2_HPNITE </pre> ERR1_HPNITE * [fill: HPNITE] is unusually high. * Verify entry.
UniverseText: SkipInstructio	Don't know All persons who had an overnight hospital stay during the past 12 months (excluding ER) ns: <1-50,R,D> [goto next person selected at PHOSPYR; if no more persons, goto FHCM2W] <51-365> [goto ERR1_HPNITE] if HOSPNO gt HPNITE, goto ERR2_HPNITE 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.

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2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

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 or 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 chiropracted								
	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								
UniverseTex	t: All families								
SkipInstruct	ions: <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	7. Enter applicable line numb	per(s), separate with co	mmas.	
		received (care at home?)			
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:		ilies with two or more person 2 weeks (excluding dental ca		ved care at home from a health o	care professional during
SkipInstruct	tions:	goto PH	CHMN2W			
			,		ers associated with the persons re an edited response code in subse	

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2015 NHIS Questionnaire - Family

Family Access to Health Care & Utilization

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								
UniverseTex	All persons who received care at home from a health care professional during the past 2 weeks (excluding dent care)								
SkipInstruct	tions: <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								
UniverseTex	All families								
SkipInstruct	<1> [if a single-person family, store the person number in PHCPH2W and goto PHCPHN2W; else, goto PHCPH2W] <2,R,D> [goto FHCDV2W]								

Family Access to Health Care & Utilization

Question ID:	FAU.160	_00.000	Instrument Va	ariable Name:	PHCPH2W	QuestionnaireFile	eName:	Family
QuestionText:	testionText: * Ask or verify. Enter applicable line number(s), separate with commas.							
		vas the pl ne else?)	hone call abou	ut?				
1	Yes							
2	No							
7	Refus							
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)						
SkipInstructi	ions:	goto PH	CPHN2W					
						mbers associated with the pives an edited response coo		
Question ID:	FAU.170 <u></u>	_00.000	Instrument Va	ariable Name:	PHCPHN2W	QuestionnaireFile	eName:	Family
QuestionText:	DURI	NG THE	LAST 2 WEI	EKS, how man	y telephone calls			
		did you 1 were ma	nake?] de about [fill:	Alias]?				
	* Ente	r '50' for	50 or more pl	hone calls.				
01-50	1-50 0	calls						
97	Refus	ed						
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:		* [fill: P * Verify			gh. e two week period.			

Family Access to Health Care & Utilization

Question ID:	AU.180_00.000 Instrument Variable Name: FHCDV2W QuestionnaireFileName: Family						
QuestionText:	TRING THE LAST 2 WEEKS, did [fill1: you/anyone in the family] see a doctor or other health care professional at a ctor'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	sed					
9	Don't know	i't know					
UniverseTex	All families						
SkipInstructi	s: <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.19	0_00.000 Instrument Variable Name:	PHCDV2W	QuestionnaireFileName:	Family	
QuestionText:	* Ask or verify. Enter applicable line number(s), separate with commas.					
		received care? one else?)				
1	Yes					
2	No					
7	Refu	ised				
9	Don	't know				
UniverseTex	xt:	All families with two or more persons emergency room, or some other place		1		
SkipInstructions:		goto PHCDVN2W				
		NOTE: In the instrument, interviewers respondent. As shown above, each eli		1	1 5	

Family Access to Health Care & Utilization

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				
UniverseTex	t: All persons who visited a health care professional during the past 2 weeks (excluding overnight hospital stays)				
SkipInstruct	ions: <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				
UniverseTex	t: All families				
SkipInstruct	cions: <1> [if a single-person family, store the person number in P10DVYR and goto FHICOV; else, goto P10DVYR] <2,R,D> [goto FHICOV]				

Family Access to Health Care & Utilization

Question ID:	FAU.220	_00.000	Instrument Variable Name:	P10DVYR	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	v. Enter applicable line numb	per(s), separate wi	th commas.	
		received one else?)	care 10 or more times?			
1	Yes					
2	No					
7	Refu	sed				
9	Don't	t know				
UniverseTex	at:		lies with two or more person onal during the past 12 month		received care 10 or more times from phone calls)	a health care
SkipInstruct	tions:	goto FH	ICOV			
					umbers associated with the persons re eives an edited response code in subs	1 5

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2015 NHIS Questionnaire - Family							
Family Health InsuranceDocument Version Date:27-May-16							
							Question ID:
QuestionText:	(book)	F12 and	ł (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	7 Refused						
9	9 Don't know						
UniverseTe	xt:	All fami	lies				
SkipInstructions:			> [goto HIKIND] AGE ge 65, goto MCAREPR	B; else, goto MC	CAIDPRB]		

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Family Health Insurance

Document Version Date: 27-May-16

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
SkipInstructio	 <r,d> [goto HCSPFYR]</r,d> <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
UniverseTout	All persons 65 years of acc or older in familias not accured by health insurance or Medicare was not calcuted for

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

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2015 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 27-May-16							
						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						
UniverseTex	All persons less than 65 years of age with no insurance coverage of any type						
SkipInstruc	tions: goto SINCOV						

Question ID:	FHI.074_00.000	Instrument Variable Name:	SINCOV	QuestionnaireFileName:	Family
QuestionText:		u/Does ALIAS] have a separat as dental, vision, or prescriptio		hat pays for only one type of	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All persons in families not covered by health insurance or single service plan was not selected for those person HIKIND				ed for those persons at
SkipInstruct	ions: goto H	ICHANGE			

				Page 4 of 44		
	2015 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 27-May-16					
Question ID:	FHI.075_00.	000 I a	nstrument Variable Name:	HICHANGE	QuestionnaireFileName:	Family
QuestionText:	I have rec	orded [fill1: you are/ALIAS is] [fi	ll 2: covered by:		
	fill3: ^HI	KIND]	/ not covered by health insu	irance.]		
	Is this cor	rect?				
1	Yes					
2	No					
7	Refused					
9	Don't kn	ow				
UniverseTex	at: All	person	IS			
SkipInstruct			repeat for all eligible person ERR_HICHANGE]	ns, then goto MCP	'ART]	
Hard Edit:	EF	R_HIC	CHANGE			
	*P	ress ent	ter to go back to HIKIND a	nd update coverag	e.	
Question ID:	FHI.090_00.	000 I a	nstrument Variable Name:	MCPART	QuestionnaireFileName:	Family
QuestionText:		ecorde	pondent}: l that ALIAS is covered by	Medicare. May I	please see ALIAS's Medicare care	l to determine the type of
	{if subjec * Read if		pondent}: ary.			
	What type	e of Me	dicare coverage do you hav	ve? Is it Part A - h	ospital insurance, Part B - medical	insurance, or both?
	* Fill in a	ppropri	ate coverage type below.			
1	Part A -	Hospita	l only			
2	Part B - I	-	•			
2	D - 41 D		-			

- 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]</r,d>

Family Health Insurance

Question ID:	FHI.092_00.000	Instrument Variable Name:	MCCARD	QuestionnaireFileName:	Family
QuestionText:	* Do not read	. Was the type of coverage ob	otained from a Medica	re card or some other form of do	cumentation?
1	Yes				
2	No				
UniverseTex	xt: All per	sons with Part A Medicare cov	verage, Part B Medica	re coverage, or both	
SkipInstruc	tions: if MCP	ART = 1, goto MCPARTD; e	lse, goto MCCHOICI	3	
Question ID:	FHI.095_00.000	Instrument Variable Name:	MCCHOICE	QuestionnaireFileName:	Family
Question ID: QuestionText:	FHI.095_00.000 ? [F1]	Instrument Variable Name:	MCCHOICE	QuestionnaireFileName:	Family
-	- ? [F1]	vantage is the new name for M		QuestionnaireFileName: plans. [fill: Are you/Is ALIAS] e	2
-	- ? [F1] Medicare Adv	vantage is the new name for M		-	2
QuestionText:	- ? [F1] Medicare Adv Advantage pla	vantage is the new name for M		-	2
QuestionText:	- ? [F1] Medicare Adv Advantage pla Yes	vantage is the new name for M		-	2
QuestionText: 1 2	? [F1] Medicare Adv Advantage pla Yes No	vantage is the new name for M		-	2
QuestionText: 1 2 7	? [F1] Medicare Adv Advantage pla Yes No Refused Don't know	vantage is the new name for M an? sons with Medicare who signe	ledicare Plus Choice p	-	nrolled in a Medicare

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2015 NHIS Questionnaire - Family							
Family Health Insurance							
	Document Version Date: 27-May-16						
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						
UniverseTex	xt: 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						
SkipInstruct	<pre>ctions: <1> [goto MCANAME] <2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCREF]</pre>						
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?						
	Read in necessary. Do you have a nearth plan card of something with the plan name on it?						
Verbatim							
Verbatim 7							

UniverseText: All persons that had either a Medicare Advantage plan or a Medicare HMO plan

SkipInstructions: <allow 80,R,D> goto MCPREM

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Family Health Insurance

Document Version Date: 27-May-16

	HI.113_00.000 Instrument Variable Name: MCPREM QuestionnaireFileName: Family
uestionText:	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
SkipInstructio	ns: <1,2,R,D> goto MCREF
Juestion ID: F	HI.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
SkipInstructio	ns: <1,2,R,D> goto MCPARTD
Question ID: F	HI.118_00.000 Instrument Variable Name: MCPARTD QuestionnaireFileName: Family
	HI.118_00.000 Instrument Variable Name: MCPARTD QuestionnaireFileName: Family [Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
JuestionText:	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
QuestionText:	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan? Yes
QuestionText: 1 2	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan? Yes No
QuestionText: 1 2 7	[Fill 1: Are you/Is ALIAS] enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan? Yes No Refused

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2015 NHIS Questionnaire - Family Family Health Insurance							
Document Version Date: 27-May-16							
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	t: All persons with Medicaid						
SkipInstructi	ions: 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

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2015 NHIS Questionnaire - Family						
Family Health Insurance Document Version Date: 27-May-16						
Question ID: 1	HI.131 00.000 Ins	trument Variable Name:	MACHMD2	QuestionnaireFileName:	Family	
QuestionText:	* Ask or verify.			-		
-	-	f the health plan that assi	gned the doctor?			
	*Read if necessarv	: Do vou have a health pl	an card or something	with the plan name on it?		
Verbatim 7 9	Verbatim response Refused Don't know					
UniverseText:		with Medicaid for whom	a doctor is assigned			
Question ID:	FHI.132_00.000 Inst	trument Variable Name:	MANAM	QuestionnaireFileName:	Family	
QuestionText:	? [F1]					
	* Do not read. Wa it?	s the Health Plan name of	otained from a Health	n Plan Card or something with th	e Health Plan name on	
1	Yes					
2	No					
UniverseText: SkipInstructio			select a doctor from a	a list or for whom a doctor is assi	gned	
Question ID:]	HI.135_00.010 Inst	rument Variable Name:	MXCHNG	QuestionnaireFileName:	Family	
QuestionText:		[AS's] Medicaid obtained lace, such as (fill: state na		gov or the [fill: Health Insurance	Marketplace/Health	
1	Yes					
2 7	No Refused					

- 9 Don't know
- UniverseText: All persons with Medicaid coverage
- **SkipInstructions:** <1, 2, R, D> goto MEDPREM

					Page 10 of 44			
			2015 NH	HS Qu	estionnaire -	Famil	У	
				Famil	y Health Insu	rance		
			Do	cument	Version Date: 27	'-May-16		
Question ID:	FHI.135_	00.020	Instrument Variable	Name:	MEDPREM		QuestionnaireFileName	Family
QuestionText:			ance premium is the a per pay a premium for					care coverage. Do you or
1	Yes							
2	No							
7	Refu	sed						
9	Don't	know						
UniverseTex	xt:	All pers	ons with Medicaid co	overage				
SkipInstructions: <1> goto MDPRINC <2,R,D> goto loop through all persons in the family with Medicaid, when roster is finished, goto next group of questions			ed, goto next appropriate					
Question ID:	FHI.137_	00.030	Instrument Variable	Name:	MDPRINC		QuestionnaireFileName	Family
QuestionText:	Is the	premiun	n paid for this Medica	id plan ł	based on income?	?		
1	Yes							
2	No							
7	Refu	sed						
9	Don't	know						
UniverseTex	xt:	All pers	ons with Medicaid co	overage v	who pay a premiu	um for the	ir plan	
SkipInstruc	SkipInstructions: loop through all persons in the family with Medicaid, when roster is finished, goto next appropriate group of questions							

2015 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 27-May-16					
Duestion ID: F	HI.156_00.000 Instrument Variable Name: SSTYPE2 QuestionnaireFileName: Family				
uestionText:	(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 121		1 anny
QuestionText:	* Other type of single-service plan	
Verbatim	Verbatim response	
7	Refused	
9	Don't know	
UniverseTex	t: All persons with an "other" single service plan	
SkipInstruct	ions: goto SSTYPE2 for the next person with a single service plan; else, goto FHICCI6	

estionText: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtaine 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 estionText: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETT name of the first plan?		Page 12 of 44					
stion ID: FHI.158_00.000 Instrument Variable Name: FHIC16 QuestionnaireFileName: Family stionTest: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtaine 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. * Read names. (display roster of eligible persons)] * Enter 1 to continue 1 Continue niverseTest: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 stonTest: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 such as musing 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 niverseTest: All families with at least one person covered by private health insurance mixersettest: All families with at least one person covered by private health insurance <		2015 NHIS Questionnaire - Family					
stion ID: FHI.158_00.000 Instrument Variable Name: FHICC16 QuestionnaireFileName: Family stionText: 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion ID: FHI.160_00.000 Instrument variable Name: HIPNAM1 QuestionnaireFileName: <t< th=""><th colspan="7">Family Health Insurance</th></t<>	Family Health Insurance						
stionText: The next questions are about private health insurance plans [fill1: /including Medi-Gap]. These plans can be obtaine 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 stionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 niverseText: All families with at least one person covered by private health insurance		Document Version Date: 27-May-16					
through work, purchased directly, or through a state of 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 Continue MiverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 setion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion Text: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETT 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: <a href="https://www.neuroperson.covered.coveree.covered.covered.covered.coveree.covered.covere.covered.covered.coveree.co</th><th>Question ID: F</th><th>HI.158_00.000 Instrument Variable Name: FHICCI6 QuestionnaireFileName: Family</th></tr><tr><td>* Read names.
(display roster of eligible persons)]
* Enter 1 to continue
1 Continue
niverseText: All families with at least one person covered by private health insurance
kipInstructions: goto HIPNAM1
estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family
estionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI
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
niverseText: All families with at least one person covered by private health insurance
kipInstructions: <verbatim>[goto PCARD1]</td><td colspan=6>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.</td></tr><tr><td>(display roster of eligible persons)] * Enter 1 to continue 1 Continue niverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion Text: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</td><td></td><td>[fill2: We have the following persons listed as being covered by such plans:</td></tr><tr><td>1 Continue niverseText: All families with at least one person covered by private health insurance kipInstructions: goto HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion TD: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion Text: 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 niverseText: All families with at least one person covered by private health insurance Hisurance Hisurance kipInstructions: <verbatim> [goto PCARD1] Hisurance</td><td></td><td></td></tr><tr><td>niverseText: All families with at least one person covered by private health insurance
kipInstructions: goto HIPNAM1
estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family
estionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI
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
niverseText: All families with at least one person covered by private health insurance
kipInstructions: <verbatim> [goto PCARD1]</td><td></td><td>* Enter 1 to continue</td></tr><tr><td>kipInstructions: goto HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estion Text: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</td><td>1</td><td>Continue</td></tr><tr><th>kipInstructions: goto HIPNAM1 estion ID: FHI.160_00.000 Instrument Variable Name: HIPNAM1 QuestionnaireFileName: Family estionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</th><th>UniverseText:</th><th>All families with at least one person covered by private health insurance</th></tr><tr><th>estionText: It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETI 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</th><th></th><th></th></tr><tr><th> 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: </th><th>uestion ID: F</th><th>HI.160_00.000 Instrument variable Name: HIPNAMI QuestionnaireFileName: Family</th></tr><tr><td> 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 niverseText: All families with at least one person covered by private health insurance kipInstructions: </td><td>QuestionText:</td><td>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?</td></tr><tr><td>Verbatim Verbatim response 7 Refused 9 Don't know niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</td><td></td><td>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.</td></tr><tr><td> 7 Refused 9 Don't know niverseText: All families with at least one person covered by private health insurance kipInstructions: kipInstructions : kipInstructions : work : work : <a href="https://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions://www.verbatimscontextmailto:kipinstructions: <a href=" https:="" td="" www.verbatimscontextmailto:kipinstructions:="" wwww.ver<=""><td></td><td>* Read if necessary: Do you have your health plan card or something with the plan name on it?</td>		* Read if necessary: Do you have your health plan card or something with the plan name on it?					
9 Don't know niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</verbatim>	Verbatim	*					
niverseText: All families with at least one person covered by private health insurance kipInstructions: <verbatim> [goto PCARD1]</verbatim>							
kipInstructions: <verbatim> [goto PCARD1]</verbatim>							
	Universe l'ext:	An namines with at least one person covered by private health insurance					
	SkipInstructio						

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Family Health Insurance

Question ID:	FHI.160	_01.000	Instrument Variable Name:	PCARD1	QuestionnaireFileName:	Family
QuestionText:	* Do	not read.	Was the health plan name obta	ained from a hea	lth plan card or something with the h	ealth plan name on it?
1 2	Yes No					
UniverseTex	xt:	All priv	ate health insurance plans when	re the plan name	was entered at HIPNAM1	
SkipInstructions:		goto HI	PNAM1B			

Question ID:	FHI.170_	_00.000	Instrument Variable Name:	HIPNAM1B	QuestionnaireFileName:	Family	
QuestionText:	* Ask	or verify	v. Enter all that apply, separate	with commas.			
	Which	h family	members are covered by this p	lan?			
	* Indi	cate each	a family member covered by th	is plan.			
1	Yes						
2	No						
7	Refu	sed					
9	Don'	t know					
UniverseText:		All fami HIPNAI	lies with a private health insur M1	ance plan and the plan n	ame, refused, or don't know v	vas entered at	
SkipInstructions:		<r,d> [if HIPNAM1= R or D, goto STNAME] goto MORPLAN</r,d>					
			In the instrument, interviewers ent. As shown above, each elig		•		

Family Health Insurance

Question ID:	FHI.171_00.000	Instrument Variable Name:	MORPLAN	QuestionnaireFileName:	Family
QuestionText:	* Ask if nece	ssary			
	Are there any	more private health insurance	plans?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText		nilies where a private health in NAM1B	surance plan name	was entered at HIPNAM1 or a pers	on number was entered
SkipInstructi	<2,R,Ľ	oto HIPNAM2] >> [if no persons selected at HI sons with HIKIND = 1 or 3 sel		ICCI8; else, if persons selected at B, goto HIVER1]	HIPNAM1B, but not
Question ID:	FHI.172_00.000	Instrument Variable Name:	HIPNAM2	QuestionnaireFileName:	Family
QuestionText:	What is the n	ame of the next plan?			
	*Read if nece	ssary: Do you have a health pl	an card or somethin	g with the plan name on it?	
Verbatim	Verbatim res	ponse			
7	Refused	•			
9	Don't know				
UniverseText	: All fan	nilies with a second private hea	alth insurance plan		
SkipInstructi		tim> [goto PCARD2] [prefill PCARD2 with a "2" a	nd goto HIPNAM2	3]	

Question ID:	FHI.172	_01.000	Instrument Variable Name:	PCARD2	QuestionnaireFileName:	Family
QuestionText:	* Do	not read.	Was the health plan name obt	ained from a healt	h plan card or something with the h	ealth plan name on it?
1	Yes					
2	No					
UniverseTex	xt:	All priv	ate health insurance plans whe	re the plan name v	vas entered at HIPNAM2	
SkipInstructions:		goto HI	PNAM2B			

Family Health Insurance

Question ID:	FHI.173_00.000	Instrument Variable Name:	HIPNAM2B	QuestionnaireFileName:	Family
QuestionText:	* Ask or veri	fy. Enter all that apply, separate	e with commas.		
	Which family	members are covered by that	plan?		
	* Indicate eac	ch family member covered by t	his plan.		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All far HIPNA	1	llth insurance plan a	nd the plan name, refused, or don't	know was entered at
SkipInstruct	selecte person not sel	d at HIPNAM1B, goto HIVER s with HIKIND eq 1 or 3 select	1; else, if HIPNAM ted at HIPNAM1B,	HPNAM1B, but not all persons wi 2 eq R or D and persons selected a goto FHICCI8; else, if HIPNAM2 lth plan name recorded in HIPNAM	t HIPNAM1B, and all eq R or D and persons

Question ID:	FHI.174_00.000	Instrument Variable Name:	MORPLAN2	QuestionnaireFileName:	Family
QuestionText:	* Ask if neces	sary			
	Are there any	more private health insurance	plans?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex		ilies where a private health ins NAM2B	urance plan name was ent	tered at HIPNAM2 or a perso	on number was entered
SkipInstruct	<2,R,D	oto HIPNAM3] > [if persons selected at HIPNA VAM2B or HIPNAM1B, goto I	,	1	ID eq 1 or 3 selected

Family Health Insurance

Question ID:	FHI.175 00.000	Instrument Variable Name:	HIPNAM3	QuestionnaireFileName:	Family
-	_		HIF NAM5	Questionnanter nervanie.	Family
QuestionText:	What is the na	ame of the next plan?			
	*Read if nece	ssary: Do you have a health pl	an card or somethin	g with the plan name on it?	
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseTex	xt: All fam	ilies with a third private health	h insurance plan		
SkipInstruct		tim> [goto PCARD3] [prefill PCARD3 with a "2" at	nd goto HIPNAM3I	3]	
Question ID:	FHI.175_01.000	Instrument Variable Name:	PCARD3	QuestionnaireFileName:	Family
QuestionText:	* Do not read	Was the health plan name of	stained from a healt	h plan card or something with the l	aalth alan nama an it?
Juestion Lext:				in plan card of something with the	leann pran name on n?
1	Yes				leann pran name on tt?
-	Yes No				leann pran name on n?
1	No	vate health insurance plans wh			leann pran name on n?

Family Health Insurance

Question ID:	FHI.176_00.00)() Instrument Variable Name:	HIPNAM3B	QuestionnaireFileName:	Family
QuestionText:					
	* Ask or ve	rify. Enter all that apply, separ	ate with commas.		
	Which fam	ily members are covered by that	tt plan?		
	* Indicate e	each family member covered by	this plan.		
1	Yes				
2	No				
7	Refused				
9	Don't know	N			
UniverseTex		amilies with a third private hea NAM3	lth insurance plan and	the plan name, refused, or don't k	now was entered at
E P O F		IND eq 1 or 3 selected at HIPN ons selected at HIPNAM1B or IPNAM2B, goto FHICCI8; else	AM1B or HIPNAM2B HIPNAM2B, and all pe e, if HIPNAM3 eq R or	IPNAM1B or HIPNAM2B, but no. 5, goto HIVER1; else, if HIPNAM ersons with HIKIND eq 1 or 3 sel 7 D and persons not selected at HI was entered at HIPNAM3, goto M	13 eq R or D and ected at HIPNAM1B IPNAM1B and

Question ID:	FHI.177_00.0)() Instrument Variable Name:	MORPLAN3	QuestionnaireFileName:	Family
QuestionText:	* Ask if ne	cessary			
	Are there a	ny more private health insurance	e plans?		
1	Yes				
2	No				
7	Refused				
9	Don't kno	V			
UniverseTex		amilies where a private health ir PNAM3B	nsurance plan name was	entered at HIPNAM3 or a pers	on number was entered
SkipInstruct	<2,I	[goto HIPNAM4] ,D> [if persons selected at HIPN 3 selected at HIPNAM1B or HII		· 1	

Family Health Insurance

Document Version Date: 27-May-16

Question ID:	FHI.178_00.000	Instrument Variable Name:	HIPNAM4	QuestionnaireFileName:	Family
QuestionText:	What is the na	me of the next plan?			
	*Read if nece	ssary: Do you have a health pl	an card or somethi	ng with the plan name on it?	
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseTex	xt: All fam	ilies with a fourth private heal	lth insurance plan		
SkipInstruc		im> [goto PCARD4] [prefill PCARD4 with a "2" a	nd goto HIPNAM4	B]	
Question ID:	FHI.178_01.000	Instrument Variable Name:	PCARD4	QuestionnaireFileName:	Family
QuestionText:	* Do not read	Was the health plan name of	otained from a heal	th plan card or something with the	health plan name on it?
1	Yes				
2	No				
UniverseTe	xt: All priv	vate health insurance plans wh	ere the plan name	was entered at HIPNAM4	
SkinInsteres	tions				

SkipInstructions: goto HIPNAM4B

	2015 NHIS Questionnaire - Family							
	Family Health Insurance Document Version Date: 27-May-16							
Question ID:	FHI.179_00.000Instrument Variable Name:HIPNAM4BQuestionnaireFileName: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							
UniverseTex	xt: All families with a fourth private health insurance plan and the plan name, refused, or don't know was entered at HIPNAM4							
SkipInstruc	ctions: <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, got FHICCI8] goto FHICCI8</r,d>							

L	
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
SkipInstructio	ons: <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.

Family Health Insurance

Document Version Date: 27-May-16

Question ID:	FHI.190_00.	000 Instrument Variable Nam	ne: HIVER2	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	* Enter al	l that apply, separate with con	nmas.		
	Is [fill: yo	our/ALIAS's] health insurance	plan the same as one	of those already mentioned?	
1	1st plan	mentioned (^HIPNAM1)			
2	2nd plar	n mentioned (^HIPNAM2)			
3	3rd plan	mentioned (^HIPNAM3)			
4	4th plan	mentioned (^HIPNAM4)			
5	Some of	her plan not already mentione	d		
7	Refused				
9	Don't kn	ow			
UniverseTex		persons for whom it was veri vered by any of the reported pl	• •	health insurance coverage, but were	not mentioned as being
<5> [if 4] HIPNAM			nore this 5th plan and	/HIPNAM3B/HIPNAM4B and goto goto FHICCI8; else, goto HIPNAM2 n]	
Question ID:	FHI.195_01.	000 Instrument Variable Nan	ne: 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

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Family Health Insurance

Question ID:	FHI.200_01.	000 Instrument Variable N	ame: FHI200	QuestionnaireFileName:	Family			
QuestionText:	? [F1]							
		surance plans are usually ob he policyholder. In whose r	-	ame even if other family members ar	e covered. That person			
	* Enter li	ne number of family membe	er (from list below) in w	hose name this plan is held.				
	* Enter 0	if the policyholder is not on	the family roster."					
00	Policyho	lder not on family roster						
01-25	Two-dig	it person number						
97	Refused							
99	Don't kn	OW						
UniverseTex	at: Al	private health insurance pla	ans					
SkipInstruct	<0	if <00> [goto PRPOLH] <01 to 25> [go to PRCOOH] <r, d=""> [go to PLNWRK]</r,>						
		TE: Detailed questions abo nily. Information on up to 4	1	nce plans are looped through for each ected.	plan mentioned in a			

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
UniverseTex	All persons on each plan where the policyholder is outside of the family roster
SkipInstruct	ons: <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.

Family Health Insurance

Question ID:	FHI.204_0	01.010	Instrument Variable Name:	PRCOOH	QuestionnaireFileName:	Family
QuestionText:	Does the	nis plan	cover anyone who does not li	ve here?		
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex	at:	All priv	ate health insurance plans wit	h policyholder on	family roster	
SkipInstruct	tions:	<1,2,R,	D> [goto PLNWRK]			
			Detailed questions about priv. Information on up to 4 plans		e plans are looped through for each cted.	plan mentioned in a
Question ID: QuestionText:	FHI.210_()1.000 F16 (Instrument Variable Name:	PLNWRK	QuestionnaireFileName:	Family
			these categories best describes	s how this plan wa	s obtained?	
01		gh emp	C C	now and plan we	s obtained.	
02		gh unio	-			
03		-	 xplace, but don't know if empl	over or union		
04			cplace, self-employed or profe		n	
05		ased dir				
06	Throu	gh Hea	thcare.gov or the Affordable	Care Act, also kno	wn as Obamacare	
07	Throu	gh a sta	te/local government or comm	unity program		
08	Other	specify	7			
97	Refus	ed				
99	Don't	know				
UniverseTex	at:	All priv	ate health insurance plans			
SkipInstruct		<5,7,R,	goto PLNPAY D> goto PLNEXCHG o PLNWKSP			
			Detailed questions about prive Information on up to 4 plans		e plans are looped through for each cted.	plan mentioned in a

Family Health Insurance

-					
Question ID:	FHI.211_01.0	000 Instrument Variable Name:	PLNWKSP	QuestionnaireFileName:	Family
QuestionText:	*Read if r	necessary.			
	How was	this plan obtained?			
Verbatim	Verbatim	response			
7	Refused				
9	Don't kno)W			
UniverseTex	xt: All	private health insurance plans w	where the plan was o	otained through an "other" source	
SkipInstruc	tions: Go	to PLNEXCHG			
		TE: Detailed questions about pr nily. Information on up to 4 plar		e plans are looped through for each cted.	plan mentioned in a
Question ID:	FHI.215_01.0)10 Instrument Variable Name:	PLNEXCHG	QuestionnaireFileName:	Family
QuestionText:		lan obtained through Healthcare ill: state name)]?	e.gov or the [fill: Hea	lth Insurance Marketplace/Health I	nsurance Marketplace,
1	Yes				
2	No				
7	Refused				
9	Don't kno)W			
UniverseTex		private health insurance plans the transmission origins)	hat are not employer	based, have not indicated through t	he exchange (or of
SkipInstruc	tions: <1,	2,R,D> goto PLNPAY			
		TE: Detailed questions about pr nily. Information on up to 4 plar		e plans are looped through for each cted.	plan mentioned in a

Family Health Insurance

Question ID:	FHI.220_10.000	Instrument Variable Name:	PLNPAY	QuestionnaireFileName:	Family		
QuestionText:	? [F1]						
	* Enter all tha	t apply, separate with comma	s.				
	Who pays for	this health insurance plan?					
	* If governme the employer,		for Medicare or	Medicaid or SCHIP before entering co	ode 7. If government is		
01	Self or famil	y (living in the household)					
02	Employer or						
03	Someone ou	tside the household					
04	Medicare						
05	Medicaid						
06	Children's H	ealth Insurance Program (CH	IP/SCHIP)				
07	State or loca	l government or community p	rogram				
97	Refused						
99	Don't know						
UniverseTex	All priv	vate health insurance plans					
SkipInstruc	tions: <1-7,R,D> if includes '1' goto PLNPRE else goto PLNMGD						
		Detailed questions about priv Information on up to 4 plans		nce plans are looped through for each lected.	plan mentioned in a		

Question ID:	FHI.225	_01.000	Instrument Variable Name:	PLNPRE	QuestionnaireFileName:	Family
QuestionText:	Is the	premiun	n paid for this plan based on in	come?		
1	Yes					
2	No					
7	Refu	sed				
9	Don	't know				
UniverseTex	xt:	Private	plan paid for by self or family			
SkipInstruct	tions:	<1,2,R,1	D> [goto HICOSTN]			
			This is a new question beginni hrough for each plan mentione	6		1

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	2015 NHIS Questionnaire - Family					
	Family Health Insurance					
Document Version Date: 27-May-16						
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 99997	\$1-\$99,995 Refused					
99999	Don't know					
UniverseText:	All private health insurance plans paid for by self or family					
SkipInstructio	ons: <1-99995> [goto HICOSTT] <r> [store "R" in HICOSTT and goto PLNMGD] <d> [store "D" in HICOSTT and goto PLNMGD]</d></r>					
	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: F	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					
SkipInstructio	ons: <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.					

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		2015 NHIS Qu	estionnaire - 1	Family		
		Famil	y Health Insura	ince		
		Document	Version Date: 27-M	lay-16		
Question ID: FHI.240_01.000 Instrument Variable Name: PLNMGD QuestionnaireFileName: Family						
QuestionText:	? [F1]					
	Organization),		Association), a PPO	1/Plan 2/Plan 3/Plan 4] an HMO ((Preferred Provider Organization) of plan?		
1	HMO/IPA					
2	PPO					
3	POS					
4	Fee-for-service	ce/indemnity				
5	Other					
7	Refused					
9	Don't know					
UniverseTex	All priv	vate health insurance plans				
SkipInstruct	NOTE:			plans are looped through for each ted.	plan mentioned in a	
	NOTE: family.	Detailed questions about priv			plan mentioned in a Family	
Question ID:	NOTE: family.	Detailed questions about priv Information on up to 4 plans	per family is collect	ted.	-	
Question ID:	NOTE: family. FHI.241_01.000 ?[F1]	Detailed questions about priv Information on up to 4 plans	per family is collect	ted.	-	
Question ID:	NOTE: family. FHI.241_01.000 ?[F1] [If only one per Is the annual d	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for	per family is collect HDHP	ted.	Family e is a separate deductible	
Question ID:	NOTE: family. FHI.241_01.000 ?[F1] [If only one per Is the annual of for prescription	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for	per family is collect HDHP this plan less than S t-of-network care, d	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there	Family e is a separate deductible	
Question ID:	NOTE: family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for n drugs, hospitalization, or ou e persons in the family are co- unnual deductible for medical of	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there	Family e is a separate deductible ounts here. If there is a separate	
Question ID:	NOTE: family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] leductible for medical care for in drugs, hospitalization, or ou re persons in the family are co- unnual deductible for medical of prescription drugs, hospitalization	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there to not include those deductible among states than \$2,600 or \$2,600 or more?	Family e is a separate deductible ounts here. If there is a separate	
Question ID: QuestionText:	NOTE: family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a deductible for	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou e persons in the family are co- unnual deductible for medical of prescription drugs, hospitalization, ,300/\$2,600]	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there to not include those deductible among states than \$2,600 or \$2,600 or more?	Family e is a separate deductible ounts here. If there is a separate	
Question ID: QuestionText:	NOTE: family. FHI.241_01.000 ?[F1] [If only one pe Is the annual of for prescriptio [If two or mor Is the family a deductible for Less than [\$1	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou e persons in the family are co- unnual deductible for medical of prescription drugs, hospitalization, ,300/\$2,600]	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there to not include those deductible among states than \$2,600 or \$2,600 or more?	Family e is a separate deductible ounts here. If there is a separate	
Question ID: QuestionText: 1 2	NOTE: family. FHI.241_01.000 ?[F1] [If only one per Is the annual of for prescriptio [If two or mor Is the family a deductible for Less than [\$1 [\$1,300/\$2,60]	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou e persons in the family are co- unnual deductible for medical of prescription drugs, hospitalization, ,300/\$2,600]	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there to not include those deductible among states than \$2,600 or \$2,600 or more?	Family e is a separate deductible ounts here. If there is a separate	
Question ID: QuestionText: 1 2 7	NOTE: family. FHI.241_01.000 ?[F1] [If only one per Is the annual of for prescriptio [If two or mor Is the family a deductible for Less than [\$1 [\$1,300/\$2,60 Refused Don't know	Detailed questions about priv Information on up to 4 plans Instrument Variable Name: erson covered by this plan:] deductible for medical care for n drugs, hospitalization, or ou e persons in the family are co- unnual deductible for medical of prescription drugs, hospitalization, ,300/\$2,600]	per family is collect HDHP this plan less than S t-of-network care, d vered by this plan:] care for this plan les	QuestionnaireFileName: \$1,300 or \$1,300 or more? If there to not include those deductible among states than \$2,600 or \$2,600 or more?	Family e is a separate deductible ounts here. If there is a separate	

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	2015 NHIS Questionnaire - Family						
Family Health Insurance							
	Document Version Date: 27-May-16						
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						
SkipInstructi	ons: 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]

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Family Health Insurance

Document Version Date: 27-May-16

Question ID:	FHI.244_01.000	Instrument Variable Name:	MGPRMD	QuestionnaireFileName:	Family
QuestionText:	[fill: Do you/I select list at a		embers with this p	an] have the option of choosing a do	octor from a preferred or
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All priv	ate health insurance plans who	ere covered person	ns can choose any doctor	
SkipInstruct	tions: goto PC	PREQ			
Question ID:	FHI.246_01.000	Instrument Variable Name:	MGPYMD	QuestionnaireFileName:	Family
QuestionText:				is plan select] a doctor who is not in n 2/Plan 3/Plan 4] pay for any or pa	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	at: All priv	ate health insurance plans who	ere covered person	ns must select from a group or list of	doctors

SkipInstructions: goto PCPREQ

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Family Health Insurance

Question ID:	FHI.248_05.000) Instrument Variable Name:	PCPREQ	QuestionnaireFileName:	Family
QuestionText:	Does this pla approves all		S/the family member	rs with this plan] to have a primary	care doctor who
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: Asked	of all private health insurance	plans		
SkipInstructio	ons: <1,2,F	R,D> [goto PRRXCOV]			
		E: Detailed questions about privations about privation on up to 4 plans		plans are looped through for each ted.	plan mentioned in a
-		HIPNAM1/^HIPNAM2/^HIP	PRRXCOV NAM3/^HIPNAM4/	QuestionnaireFileName: Plan 1/Plan 2/Plan 3/Plan 4] pay fo	Family or any of the costs for
-	Does [fill1: / medicines pr	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor?	NAM3/^HIPNAM4/		
QuestionText:	Does [fill1: / medicines pr * Read if nec	HIPNAM1/^HIPNAM2/^HIP	NAM3/^HIPNAM4/		
-	Does [fill1: / medicines pr	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor?	NAM3/^HIPNAM4/		
QuestionText:	Does [fill1: / medicines pr * Read if neo Yes	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor?	NAM3/^HIPNAM4/		·
QuestionText: 1 2	Does [fill1: / medicines pr * Read if neo Yes No	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor?	NAM3/^HIPNAM4/		
QuestionText: 1 2 7	Does [fill1: / medicines pr * Read if neo Yes No Refused Don't know	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor?	NAM3/^HIPNAM4/		
QuestionText: 1 2 7 9	Does [fill1: / medicines pr * Read if nec Yes No Refused Don't know : All pr	HIPNAM1/^HIPNAM2/^HIP escribed by a doctor? cessary: Does this plan have a d	NAM3/^HIPNAM4/		

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2015 NHIS Questionnaire - Family

Family Health Insurance

Question ID:	FHI.249_02.010	Instrument Variable Name:	PRDNCOV	QuestionnaireFileName:	Family
QuestionText:		AHIPNAM1 or AHIPNAM2, o sts for dental care?	r ^HIPNAM3, or ^HII	PNAM4 or Plan 1 or Plan 2 or Pla	an 3 or Plan 4] pay for
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: All pri	vate health insurance plans			
SkipInstructi	ons: goto F	HICCI8 for the next private h	ealth insurance plan; e	lse, goto FCOVCONF	
		Detailed questions about pri Information on up to 4 plan		plans are looped through for each	plan mentioned in a
Question ID:	FHI.249_03.000	Instrument Variable Name:	FCOVCONF	QuestionnaireFileName:	Family
-	_ If [fill1: you	your family] had to buy a hea	alth plan on [fill 2: you	QuestionnaireFileName: ur/its] own with no help from [fil] e to obtain affordable coverage Y	3: your/an] employer,
-	_ If [fill1: you	/your family] had to buy a hea t are you that [fill 1: you/you	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
-	If [fill1: you/ how confiden	/your family] had to buy a hea t are you that [fill 1: you/you ries below.	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText:	If [fill1: you, how confiden *Read catego	/your family] had to buy a hea t are you that [fill 1: you/you ries below. ent	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText:	If [fill1: you, how confiden *Read catego Very confide	/your family] had to buy a hea t are you that [fill 1: you/you ries below. ent onfident	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText: 1 2	If [fill1: you, how confiden *Read catego Very confide Somewhat co	/your family] had to buy a hea it are you that [fill 1: you/you ries below. ent onfident ïdent	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText: 1 2 3	If [fill1: you, how confiden *Read catego Very confide Somewhat co Not too conf	/your family] had to buy a hea it are you that [fill 1: you/you ries below. ent onfident ïdent	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText: 1 2 3 4	If [fill1: you, how confiden *Read catego Very confide Somewhat co Not too conf Not confide	/your family] had to buy a hea it are you that [fill 1: you/you ries below. ent onfident ïdent	alth plan on [fill 2: you	ur/its] own with no help from [fill	3: your/an] employer,
QuestionText: 1 2 3 4 7	If [fill1: you, how confiden *Read catego Very confide Somewhat co Not too conf Not confider Refused Don't know	/your family] had to buy a hea it are you that [fill 1: you/you ries below. ent onfident ïdent	alth plan on [fill 2: you r family] would be abl	ur/its] own with no help from [fill	3: your/an] employer,

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Family Health Insurance

Question ID:	FHI.250_00.000	Instrument Variable Name:	STNAME1	QuestionnaireFileName:	Family
QuestionText:	Earlier I record is the name of		S is] covered by the C	Children's Health Insurance Program	n (CHIP/SCHIP). What
	* Read if nece	ssary: Do you have a health	plan card or somethi	ng with the plan name on it?	
Verbatim	Verbatim resp	ponse			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with SCHIP			
SkipInstruct	ions: goto CH	łXCHNG			

Question ID:	FHI.250_00.010	Instrument Variable Name:	CHXCHNG	QuestionnaireFileName:	Family
QuestionText:		our/ALIAS's] CHIP plan obtai rketplace, such as (fill: state n	0	re.gov or the [Health Insurance M	Iarketplace/Health
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with SCHIP			
SkipInstruct	ions: <1,2,R,	D> goto STRFPRM1			

Question ID:	FHI.250_00.020	Instrument Variable Name:	STRFPRM1	QuestionnaireFileName:	Family
QuestionText:		ance premium is the amount y . Do you or a family member		per pays each month for health his CHIP plan?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with SCHIP			
SkipInstructi	U	o CHPRINC > goto STDOC1			

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Family Health Insurance

Question ID:	FHI.250_00.030	Instrument Variable Name:	CHPRINC	QuestionnaireFileName:	Family
QuestionText:	Is the premiun	n paid for [fill 1: ^STNAME1	/this CHIP plan] base	d on income?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	: Those v	with SCHIP coverage who pay	a premium for their	plan	
SkipInstructi	ons: <1,2,R,	D> goto STDOC1			
	THU 251 00 000			On the state	
				QuestionnaireFileName:] go to ANY doctor who will acc	Family Pept this plan or MUS
Question ID:	– Under the [fill		can [fill2: you/ALIAS] go to ANY doctor who will acc	·
Question ID:	– Under the [fill	1:^STNAME1/SCHIP plan] c	can [fill2: you/ALIAS] go to ANY doctor who will acc	•
Question ID:	Under the [fill [fill3: you/he/s	1:^STNAME1/SCHIP plan] c she] choose from a list of doct	can [fill2: you/ALIAS] go to ANY doctor who will acc	•
Question ID: QuestionText: 1	Under the [fill [fill3: you/he/s Any doctor	1:^STNAME1/SCHIP plan] c she] choose from a list of doct st	can [fill2: you/ALIAS] go to ANY doctor who will acc	•
Question ID: QuestionText: 1 2	Under the [fill [fill3: you/he/s Any doctor Select from li	1:^STNAME1/SCHIP plan] c she] choose from a list of doct st	can [fill2: you/ALIAS] go to ANY doctor who will acc	•
Question ID: QuestionText: 1 2 3	Under the [fill [fill3: you/he/s Any doctor Select from li Doctor is assi	1:^STNAME1/SCHIP plan] c she] choose from a list of doct st	can [fill2: you/ALIAS] go to ANY doctor who will acc	•
Question ID: QuestionText: 1 2 3 7	Under the [fill [fill3: you/he/s Any doctor Select from li Doctor is assi Refused Don't know	1:^STNAME1/SCHIP plan] c she] choose from a list of doct st	can [fill2: you/ALIAS] go to ANY doctor who will acc	·

Question ID:	FHI.257_00.000	Instrument Variable Name:	STNAME2	QuestionnaireFileName:	Family
QuestionText:	Earlier I record	ded that [fill: you are/ALIAS	is] covered by a sta	te sponsored health plan. What is the	he name of the plan?
	* Read if nece	essary: Do you have a health j	plan card or somethi	ng with the plan name on it?	
Verbatim	Verbatim resp	ponse			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons covered by a state spons	ored health plan		
SkipInstruct	ions: goto OF	PXCHNG			

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		2015 NHIS Qu	uestionnaire -	Family	
		Famil	y Health Insura	ance	
		Document	Version Date: 27-N	Iay-16	
Question ID:	FHI.257_00.0	010 Instrument Variable Name:	OPXCHNG	QuestionnaireFileName:	Family
QuestionText:		1: your/ALIAS's] state sponsored ace/Health Insurance Marketplace		l through Healthcare.gov or the [fil name)]?	l: Health Insurance
1	Yes				
2	No				
7	Refused				
9	Don't kno	low			
UniverseTe	xt: All	l persons with a state sponsored he	ealth plan		
SkipInstruc	tions: <1,	,2,R,D> goto STRFPRM2			

Question ID:	FHI.257_00.020	Instrument Variable Name:	STRFPRM2	QuestionnaireFileName:	Family
QuestionText:		1 2	~	er pays each month for health fill : your/ALIAS's] state-sponsor	ed health plan?
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with a state sponsored he	alth plan		
SkipInstruct	0	to SSPRINC > 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				
UniverseTex	t: Those w	vith state sponsored health plar	n who pay a premi	um for their plan	
SkipInstruct	ions: <1,2,R,	<1,2,R,D> goto STDOC2			

	Page 34 of 44							
	2015 NHIS Questionnaire - Family Family Health Insurance							
	Document Version Date: 27-May-16							
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							
UniverseTe	xt: All persons covered by a state sponsored health plan							
SkipInstruc	tions: <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							
UniverseTe	xt: All persons covered by an "other" government plan							
SkipInstruc	tions: goto OGXCHNG							

Question ID:	FHI.264_00.010	Instrument Variable Name:	OGXCHNG	QuestionnaireFileName:	Family
QuestionText:		ur/ALIAS's] other government Health Insurance Marketplace,	1 0	rough Healthcare.gov or the [fill: me)]?	: Health Insurance
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with an other government	t program		
SkipInstruct	ions: <1,2,R,	D> goto STRFPRM3			

	2015 NHIS Questionnaire - Family
	Family Health Insurance
	Document Version Date: 27-May-16
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	t: All persons with an other government program
SkipInstructi	
SkipInstructi	ions: <1> goto OGPRINC
SkipInstructi	ions: <1> goto OGPRINC <2,R,D> goto STDOC3 FHI.264_00.030 Instrument Variable Name: OGPRINC QuestionnaireFileName: Family Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income?
SkipInstructi Question ID: QuestionText:	ions: <1> goto OGPRINC <2,R,D> goto STDOC3 FHI.264_00.030 Instrument Variable Name: OGPRINC QuestionnaireFileName: Family
SkipInstructi Question ID: QuestionText: 1	ions: <1> goto OGPRINC <2,R,D> goto STDOC3 FHI.264_00.030 Instrument Variable Name: OGPRINC QuestionnaireFileName: Family Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income? Yes No
SkipInstructi Question ID: QuestionText: 1 2	ions: <1> goto OGPRINC <2,R,D> goto STDOC3 FHI.264_00.030 Instrument Variable Name: OGPRINC QuestionnaireFileName: Family Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income? Yes
SkipInstructi Question ID: QuestionText: 1 2 7	ions: <1> goto OGPRINC <2,R,D> goto STDOC3 FHI.264_00.030 Instrument Variable Name: OGPRINC QuestionnaireFileName: Family Is the premium paid for [fill 1: ^STNAME3/this other government plan] based on income? Yes No Refused Don't know

Question ID:	FHI.265_00.000	Instrument Variable Name:	STDOC3	QuestionnaireFileName:	Family
QuestionText:		1:^STNAME3/other governme 3:you/he/she] choose from a lis	1 3 5	Provide the second s	no will accept this plan
1	Any doctor				
2	Select from li	st			
3	Doctor is assi	gned			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	ons covered by an "other" gov	ernment plan		
SkipInstruct	ions: <1,2,R,1	D> goto MILSPC			

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	2015 NHIS Questionnaire - Family Family Health Insurance						
	Document Version Date: 27-May-16						
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						
UniverseTex	All persons with military health care						
SkipInstruc	tions: <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	nilita	y coverage			
Verbatim 7 9	Verbati Refusec Don't k	1	oonse			
UniverseTex	at: A	ll pers	ons with "other" military cov	verage		
SkipInstruct		MILS ILAS	1,0,	se, goto MILSPC for t	he next person with military heal	th care; else, goto

		Page 37 of 44						
	2015 NHIS Qu	estionnaire - H	Family					
	Family Health Insurance							
	Document V	Version Date: 27-Ma	ay-16					
FHI.275_00.000	Instrument Variable Name:	MILMAN	QuestionnaireFileName:	Family				
? [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:

QuestionText:

Question ID:	FHI.276_00.000	Instrument Variable Name:	MILMANOT	QuestionnaireFileName:	Family
QuestionText:	* Other type of	f TRICARE coverage			
Verbatim	Verbatim res	ponse			
7	Refused				
9	Don't know				
UniverseTex	t: All pers	sons with "other" type of TRIC	CARE coverage		
SkipInstruct	tions: goto M	ILSPC for the next person wit	h military health care	; else, goto HILAST	

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	2015 NHIS Questionnaire - Family					
Family Health Insurance						
	Document Version Date: 27-May-16					
uestion ID:	FHI.280_00.000 Instrument Variable Name: HILAST QuestionnaireFileName: Family					
JuestionText:	(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 not more than 1 year ago					
3	More than 1 year, but not more than 3 years ago					
4	More than 3 years					
5	Never					
7	Refused					
9	Don't know					
UniverseTex	All persons without known health insurance or with only single service plans					
SkipInstruct	ions: goto HISTOP					
	FHI.290_00.000 Instrument Variable Name: HISTOP QuestionnaireFileName: Family					
	FHI.290_00.000 Instrument Variable Name: HISTOP QuestionnaireFileName: Family (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?]					
	(book) F18 [fill1: Which of these are reasons [fill2: you/ALIAS] stopped being covered?/Which of these are reasons [fill3:you					
QuestionText: 01	 (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. Person in family with health insurance lost job or changed employers 					
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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent 					
QuestionText: 01 02 03	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school 					
QuestionText: 01 02 03 04	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage 					
QuestionText: 01 02 03	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high 					
QuestionText: 01 02 03 04	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage 					
01 02 03 04 05	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy 					
01 02 03 04 05 06	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid/Medical plan because of new job or increase in income 					
01 02 03 04 05 06 07	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid [plan because of new job or increase in income Lost Medicaid (other) 					
01 02 03 04 05 06 07 08	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid (other) Other (specify) 					
uestionText: 01 02 03 04 05 06 07 08 09	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid [plan because of new job or increase in income Lost Medicaid (other) 					
QuestionText: 01 02 03 04 05 06 07 08 09 10	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid (other) Other (specify) 					
QuestionText: 01 02 03 04 05 06 07 08 09 10 97	 (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. Person in family with health insurance lost job or changed employers Got divorced or separated/death of spouse or parent Became ineligible because of age/left school Employer does not offer coverage/or not eligible for coverage Cost is too high Insurance company refused coverage Medicaid/Medical plan stopped after pregnancy Lost Medicaid [Juan stopped after pregnancy] Other (specify) Refused Don't know 					

Family Health Insurance

Question ID:	FHI.291_0	0.000	Instrument Variable Name:	HISTOPOT	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	* Other	reasor	n for not having coverage			
Verbatim	Verbati		ponse			
7 9	Refuse Don't k					
UniverseText			sons without known health in:	surance and an "other'	reason for stopping or not havin	g coverage
SkipInstructi		oto HI HIKD		thout known health ins	surance coverage or only single s	ervice plans; else, goto
Question ID:	FHI.300_00).000	Instrument Variable Name:	HINOTYR	QuestionnaireFileName:	Family
QuestionText:	In the P.	AST 1	2 MONTHS, was there any t	ime when [fill: you/Al	LIAS] did NOT have ANY health	insurance or coverage?
1	Yes					
2	No					
7	Refuse	1				
9	Don't k	now				
UniverseText	t: A	ll pers	sons with known health insura	ance coverage except	single service plans	
SkipInstructi	ons: <	1> [go	oto HINOTMYR] <2,R,D> [g	oto FHICHNG]		
Question ID: QuestionText:	In the P.	AST 1	Instrument Variable Name: 2 MONTHS, about how man month, enter '1'.	HINOTMYR y months [fill: were y	QuestionnaireFileName: pu/was ALIAS] without coverage	Family ?
01.12						
01-12	1-12 m					
97 99	Refuse Don't k					
yy UniverseText	t: A	ll pers		ance coverage, but did	not have health insurance for so	me period of time in
	tł	e past	12 months			
SkipInstructi		oto HI HIKD		with known health ins	urance coverage, except single se	rvice plans; else, goto

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2015 NHIS Questionnaire - Family

Family Health Insurance

Question ID:	FHI.312_00.010	Instrument Variable Name:	FHICHNG	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: yo	u/ALIAS] have [fill2: type of h	ealth insurance co	verage] for the past 12 months?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All per	rsons who are currently insured	who were continu	nously covered in the past year	
SkipInstruct		D> [goto HCSPFYR] oto FHIKDB]			

Family Health Insurance

Question ID:	FHI.315_00.010) Instrument Variable Name:	FHIKDB	QuestionnaireFileName:	Family			
QuestionText:	(book) F12 a	und (book) F14						
	If person is c	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:					
		hat [fill1: you/ALIAS] had a p did [fill1: you/ALIAS] have be		th insurance in the past year. What t	ype of health insurance			
	If person had	d a change in coverage type in	the past year:					
	{What other	types of health insurance or he	ealth care coverage	e did [fill1: you/ALIAS] have?}				
	*Enter all the	at apply, separate with comma	5.					
01	Private heal	th insurance						
02	Medicare							
03	Medi-Gap							
04	Medicaid							
05	SCHIP (CH	IP/Children's Health Insurance	Program)					
06	Military hea	alth care (TRICARE/VA/CHA	MP-VA)					
07	Indian Heal	th Service						
08	State-sponse	ored health plan						
09	Other gover	mment program						
10	Single servi	ce plan (e.g., dental, vision, pr	escriptions)					
11	No coverage	e of any type						
97	Refused							
99	Don't know							
UniverseTex	t: All pe chang	-	uous coverage wh	o are currently uninsured for more th	an 1 year with no			
SkipInstruct		goto PWRKB] ,R,D> [goto HCSPFYR]						

Family Health Insurance

Question ID:	FHI.316_00.010	Instrument Variable Name:	PWRKB	QuestionnaireFileName:	Family		
QuestionText:	Which one of	these categories best describe	s how [fill1: you	r/ALIAS's] private health insurance v	vas obtained?		
01	Through emp	loyer					
02	Through unio	n					
03	Through wor	kplace, but don't know if emp	loyer or union				
04	Through wor	Through workplace, self-employed or professional association					
05	Purchased dir	Purchased directly					
06	Through a sta	Through a state/local government or community program					
07	Other, specify						
97	Refused						
99	Don't know						
UniverseTex	All pers	sons who had private health in	surance previou	sly			
SkipInstruct	tions: <1-6,R,	D> [goto HCSPFYR] <7> [go	oto PWRKBSP]				

Question ID:	FHI.317_00.010	Instrument Variable Name:	PWRKBSP	QuestionnaireFileName:	Family
QuestionText:	*Enter how pr	ivate health insurance was obt	ained.		
Verbatim	Verbatim resp	oonse			
7	Refused				
9	Don't know				
UniverseTex	tt: All pers	ons who had private health ins	surance obtained fro	om other source previously	
SkipInstruct	tions: <allow< th=""><th>75 characters> [goto HCSPF]</th><th>YR]</th><th></th><th></th></allow<>	75 characters> [goto HCSPF]	YR]		

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	2015 NHIS Questionnaire - Family Family Health Insurance Document Version Date: 27-May-16						
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						
UniverseTex	xt: All families						
SkipInstruct	tions: goto MEDBILL						

Question ID:	FHI.325_00.010	Instrument Variable Name:	MEDBILL	QuestionnaireFileName:	Family
QuestionText:				e problems paying or were unable to ion, equipment, nursing home or ho	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	nilies			
SkipInstruct	ions: <1,2,7,	9> [goto MEDBPAY]			

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	2015 NHIS Questionnaire - Family						
Family Health Insurance							
Document Version Date: 27-May-16							
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						
UniverseTe	xt: All families						
SkipInstruc	tions: <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						
UniverseTex	xt: All families but those who said they don't have problems paying their medical bills						
Universerez	An families but those who said they don't have problems paying their metical bins						

SkipInstructions: <1,2,7,9> [goto FSA]

Question ID:	FHI.330_00.000	Instrument Variable Name:	FSA	QuestionnaireFileName:	Family
QuestionText:	offered by son year to reimbu	ne employers to allow employe rrse themselves for their out-of-	ees to set as -pocket exp	ible Spending Account for health expenses ide pre-tax dollars of their own money for enses for health care. With this type of ac g a short grace period, is lost to the emplo	their use throughout the count, any money
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All Fan	nilies			
SkipInstruct	ions: goto PL	BORN			

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2015 NHIS Questionnaire - Family

Family Socio-Demographic

Question ID:]	FSD.001_00.	000	Instrument Variable Name:	PLBORN	QuestionnaireFile	Name:	Family	
QuestionText:	[fill: Were	you	/Was ALIAS] born in the Uni	ited States?				
1	Yes							
2	No							
7	Refused							
9	Don't kno	w						
UniverseText	: All	pers	ons					
SkipInstructio	<2>	[go	re "1" in CITIZEN and goto l to PLBORN2] goto CITIZEN]	PLBORN1]				

Family Socio-Demographic

Question ID:	FSD.002_00.000	Instrument Variable Name:	PLBORN1	QuestionnaireFileName:	Family
QuestionText:	In what state [f	fill: were you/was ALIAS] bo	rn?		
01	Alabama				
02	Alaska				
03	Arizona				
04	Arkansas				
05	California				
06	Colorado				
07	Connecticut				
08	Delaware				
09	District of Col	lumbia			
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	5			
23	Michigan				
24	Minnesota				
25	Mississippi				
26	Missouri				
27	Montana				
28	Nebraska				
29	Nevada				
30	New Hampshi	ire			
31	New Jersey				
32	New Mexico				
33	New York				
34	North Carolina	a			
35	North Dakota				
36	Ohio				
37	Oklahoma				
38	Oregon				
39	Pennsylvania				
40	Rhode Island				
41	South Carolina	a			
42	South Dakota				
43	Tennessee				
44	Texas				
45	Utah				
46	Vermont				

Family Socio-Demographic

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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

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 ISLANDS			
070	NORTHERN MARIANAS			
071				
	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			
112	ANGUILLA			
113	ANGUILLA BWI			
114	ANOJOUAN			
115				
110	ANTARCTICA			
11/	ANTIGUA			

Family Socio-Demographic

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

Family Socio-Demographic

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

Family Socio-Demographic

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

Family Socio-Demographic

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
280 281	FIJI
281	FILIPINES FINLAND
282 283	
283 284	FOREIGN COUNTRY
284 285	FORMOSA FRANCE
285 286	FRANCE
280	FRENCH GUIANA
288	FRENCH MOROCCO
289	FRENCH POLYNESIA
209	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

Family Socio-Demographic

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

Family Socio-Demographic

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

Family Socio-Demographic

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

Family Socio-Demographic

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

Family Socio-Demographic

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
	SEYCHELLES
	SHANGHAI
	SHARJAH
	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
564 565	SOUTH WALES
0.00	SOUTH YEMEN
566 567	SOUTHEAST ASIA
568	SOUTHERN AFRICA
508 569	SOUTHERN RHODESIA
509 570	SOVIET UNION SPAIN
570 571	
571 572	SPRATLEY ISLANDS SRI LANKA
572 573	ST BARTHELEMY
575 574	ST BARTHELEM Y
574 575	ST CHRISTOPHER
575 576	ST CHRISTOPHER-NEVIS
570 577	ST EUSTATIUS
578	ST HELENA
510	SI NELENA

Family Socio-Demographic

579 590	ST KITTS
580	ST KITTS-NEVIS
581 592	ST LUCIA
582	ST MAARTEN
583	ST MARTIN
584	ST PIERRE & MIQUELON
585	ST VINCENT
586 597	ST VINCENT & THE GRENADINES
587 599	SUDAN
588 580	SUMATRA
589 500	SURINAM
590	SURINAME
591	SVALBARD
592 593	SWAZILAND
	SWEDEN SWITZERLAND
594 595	SWITZERLAND
595 596	SYRIA
590 597	SYRIAN ARAB REP
597 598	TABASCO TADZHIK
598 599	TADZHIK TAHITI
	TAIWAN
601	TAIWAN TAIWAN ROC
602	TAJIKISTAN
602 603	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

Family Socio-Demographic

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
661 662	WEST AFRICA
	WEST BANK
663	WEST BENGAL
664 665	WEST INDIES
005 666	WEST PAKISTAN
667	WESTERN AUSTRALIA WESTERN SAHARA
668	WESTERN SAMOA
669	WHITE RUSSIA
670	
671	WINDWARD ISLANDS
672	WINNIPEG WURZBERG
673	
674	YAP YAR
675	YEMEN
676	YEMEN YEMEN ARAB REPUBLIC
677	YEREVAN
678	YUCATAN
679	YUGOSLAVIA
680	YUKON TERRITORY
000	I UNUN IERRIIUNI

Family Socio-Demographic

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
SkipInstruction	s: <pre><60-85> [store "2" in CITIZEN and goto USYR] <100-696,996,R,D> [goto USYR]</pre>

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	2015 NHIS Questionnaire - Family					
	Family Socio-Demographic Document Version Date: 27-May-16					
	Document version Date. 27-may-10					
Question ID: F	SD.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					
SkipInstruction	ns: <1880-Current Year> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN] <r,d> [goto USLONG]</r,d>					
	NOTE: The "*Read if necessaryEarlier 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: F	SD.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 95 97	00-94 years 95+ years Refused					
99	Don't know					
UniverseText:	All persons not born in the United States and refused or don't know was reported for USYR					
SkipInstruction	ns: <pre><0-95> [if USLONG gt AGE, goto ERR_USLONG; else, goto CITIZEN] <r,d> [goto CITIZEN]</r,d></pre>					
Hard Edit:	ERR_LONG: * In US longer than alive!					
	* Please correct.					

Family Socio-Demographic

Question ID:	FSD.006_00.00	00 Instrument Variable Name	CITIZEN	QuestionnaireFileName:	Family		
QuestionText:	(book) F20	?[F1]					
	[fill: Are yo	ou/Is ALIAS] a CITIZEN of th	he United States?				
1	Yes, born i	in one of the 50 United States	or the District of Co	lumbia			
2	Yes, born i	in Puerto Rico, Guam, Americ	can Virgin Islands, o	r other U.S. territory			
3		abroad to American parent(s)					
4		citizen by naturalization					
5		tizen of the United States					
7	Refused						
9	Don't knov	V					
UniverseTex	t: All p	ersons not born in the United	States or a United S	tates territory			
SkipInstruct	<2>			PLBORN eq R, goto ERR3_CITIZE [_CITIZEN; else, goto HEADST]	N; else, goto HEADST]		
Hard Edit:	*Alr	1_CITIZEN eady indicated birth outside th ase correct.	he United States.				
	*Alr	2_CITIZEN eady indicated birth outside U ase correct.	United States territor	у.			
Soft Edit:	Prev	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?					
	Prev	4_CITIZEN: Don't Know iously, you didn't know if [yo ld you like to change your an					
Question ID:	FSD.007_00.00	00 Instrument Variable Name	: HEADST	QuestionnaireFileName:	Family		
QuestionText:	?[F1]						
	Is [fill: ALI	AS] now attending Head Star	t?				
1	Yes						
2	No						
7	Refused						
9	Don't knov	V					
UniverseTex	t: All p	ersons less than 7 years of ag	e				
SkipInstruct		[if no more persons less than ' ,D> [goto HEADSTEV]	7 years of age, goto	EDUC; else, repeat this question for	the next eligible person]		

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2015 NHIS Questionnaire - Family

Family Socio-Demographic

Question ID:	FSD.008_00.000) Instrument Variable Name:	HEADSTEV	QuestionnaireFileName:	Family
QuestionText:	Has [fill: AL	IAS] ever attended Head Start	?		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	All per	rsons less than 18 years of age	and not currently enr	olled in Head Start	
SkipInstruct	tions: if no n	nore persons less than 7 years of	of age, goto EDUC; e	lse, goto HEADST for the next el	igible person

			Page 20 of 27					
		2015 NHIS Q	uestionnaire -	Family				
Family Socio-Demographic								
Document Version Date: 27-May-16								
Question ID:	FSD.010_00.000	Instrument Variable Name:	EDUC	QuestionnaireFileName:	Family			
QuestionText:	(book) F21	?[F1]						
		GHEST level of school [fill: Please tell me the number fro		as] completed or the highest degree	[fill: you have/ALIAS			
	* Enter highest	level of school completed.						
00	Never attended	d/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 equiv							
14	High School C							
15	Some college,							
16	-	ree: occupational, technical,	or vocational prog	am				
17		ree: academic program	1 8					
18	-	ree (Example: BA, AB, BS,	BBA)					
19		e (Example: MA, MS, MEn						
20	-	chool degree (Example: MD	-					
21		ee (Example: PhD, EdD)	. , , , , , - ,					
96	Child under 5	•						
97	Refused	• • • •						
99	Don't know							
UniverseTex	All perso	ons 5 years of age or older						
SkipInstruct	ions: repeat fo	or all eligible persons, then g	oto ARMFVER					

Family Socio-Demographic

Question ID:	FSD.020_00.000 Instrument	Variable Name:	ARMFVER	QuestionnaireFileName:	Family
QuestionText:	Earlier [fill1: you said/it wathis correct?	as said] [fill2: you	u/alias] [fill3: were/v	vas] on full-time active duty wit	h the Armed Forces. Is
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	All families with a p section	erson age 18 or o	older who were said	to be on active duty in the armed	l forces in the HHC
SkipInstructi	ons: <1> [goto ARMFFC]	1<2 R D> [goto	ARMFEVI		
Question ID:	FSD.021_00.000 Instrument	Variable Name:	ARMFEV	QuestionnaireFileName:	Family
-	_			QuestionnaireFileName: S. Armed Forces, military Reser	2
-	[fill1: Have you/Has alias *Read if necessary. Active] ever served on a duty does not inc	active duty in the U.	•	ves, or National Guarda
-	[fill1: Have you/Has alias *Read if necessary. Active] ever served on a duty does not inc	active duty in the U.	S. Armed Forces, military Reser Reserves or National Guard, bu	ves, or National Guard? It DOES include
QuestionText:	[fill1: Have you/Has alias *Read if necessary. Active activation, for example, for] ever served on a duty does not inc	active duty in the U.	S. Armed Forces, military Reser Reserves or National Guard, bu	ves, or National Guard? It DOES include
QuestionText:	[fill1: Have you/Has alias *Read if necessary. Active activation, for example, for Yes] ever served on a duty does not inc	active duty in the U.	S. Armed Forces, military Reser Reserves or National Guard, bu	ves, or National Guarda
QuestionText: 1 2	[fill1: Have you/Has alias *Read if necessary. Active activation, for example, for Yes No] ever served on a duty does not inc	active duty in the U.	S. Armed Forces, military Reser Reserves or National Guard, bu	ves, or National Guard
QuestionText: 1 2 7	[fill1: Have you/Has alias *Read if necessary. Active activation, for example, for Yes No Refused Don't know] ever served on a duty does not inc service in the US	active duty in the U. clude training for the S or in a foreign cou	S. Armed Forces, military Reser Reserves or National Guard, bu	ves, or National Guard? nt DOES include nmanitarian operations.

2015 NHIS Questionnaire - Family Family Socio-Demographic Document Version Date: 27-May-16						
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					
UniverseTex	t: All families with a person age 18 or older who has ever served in the armed forces					
-	FSD.023_00.000 Instrument Variable Name: ARMFTMP QuestionnaireFileName: Family When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?					
-						
Question ID: QuestionText:	When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces?					
-	When did [fill1: you/alias] serve on ACTIVE DUTY in the U.S. Armed Forces? *Enter all that apply, separate with commas.					
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.					
QuestionText: 01	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. Sept 2001 or later					
QuestionText: 01 02 03 04	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) 					
01 02 03 04 05	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 					
01 02 03 04 05 06	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) 					
01 02 03 04 05 06 07	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 					
01 02 03 04 05 06 07 08	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 December 1946 or earlier 					
QuestionText: 01 02 03 04 05 06 07 08 97	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 December 1946 or earlier Refused 					
01 02 03 04 05 06 07 08	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 December 1946 or earlier Refused Don't know 					
QuestionText: 01 02 03 04 05 06 07 08 97 99	 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. Sept 2001 or later August 1990 to August 2001 (including Persian Gulf War) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) January 1947 to June 1950 December 1946 or earlier Refused Don't know All families with a person age 18 or older who has ever served in the armed forces 					

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID:	FSD.024_00.000	Instrument Variable Name:	ARMFDS	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you 1990 and Apr		ulf during Operatio	on Desert Shield or Operation Desert	t Storm between August
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fan	nilies with a person age 18 or	older who served f	rom August 1990 to August 2001	
SkipInstruct	ions: <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 employme	ent status.		
	Which of the	following [fill: were you/was	ALIAS] doing last	week?	
	* Read answe	er categories.			
1	Working for	pay at a job or business			
2	-	r business but not at work			
3	Looking for				
4	-	t not for pay, at a family-owne	ed job or business		
5		at a job or business and not lo			
7	Refused	5	U		
9	Don't know				
UniverseTex	t: All per	rsons 18 years of age or older			
SkipInstruct	ions: <1,4>	[goto WRKHRS]			
-	<2,5>	[goto WHYNOWRK]			
	<3,R,D	> [goto WRKLYR]			
	NOTE	: A flashcard was added to this	s question in quarte	er 3 of 2005.	

NOTE: A flashcard was added to this question in quarter 3 of 2005.

Page	24	of	27
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Family Socio-Demographic

Question ID:	FSD.060_00.0	00 Instrum	ent Variable Name:	WHYNOWRK	QuestionnaireFileName:	Family
QuestionText:	?[F1]					
	What is the	main reasor	n [fill1: you/ALIAS] did not [fill2: work las	t week/have a job or business l	ast week]?
01		e of house o	r family			
02	Going to a	chool				
03	Retired					
04		ed vacation				
05 06		or maternity				
06 07			work for health rea	isons		
07	-	contract and	off-season			
09	On layoff Disabled					
10	Other					
97	Refused					
99	Don't kno	v				
	or b	nainage and n	ot looking for worl	7		
SkipInstruct			[goto WRKLYR]	α		
	<4-7	,8-10,R,D> > [goto WR	[goto WRKLYR]	WRKHRS1	QuestionnaireFileName:	Family
Question ID:	<4-7	,8-10,R,D> > [goto WR	[goto WRKLYR] KHRS]		QuestionnaireFileName:	Family
Question ID:	<4-7 FSD.070_00.0 ?[F1] How many	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you US	[goto WRKLYR] KHRS] ent Variable Name: lid you work LAST	WRKHRS1 F WEEK at ALL jobs or	QuestionnaireFileName: businesses/did ALIAS work L loes ALIAS USUALLY work	AST WEEK at ALL jobs
Question ID:	<4-7 FSD.070_00.0 ?[F1] How many or businesses businesses	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you U ?	[goto WRKLYR] KHRS] ent Variable Name: lid you work LAST	WRKHRS1 F WEEK at ALL jobs or	businesses/did ALIAS work L	AST WEEK at ALL jobs
Question ID: QuestionText:	<4-7 FSD.070_00.0 ?[F1] How many or business businesses 1-168 hou	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you U ?	[goto WRKLYR] KHRS] ent Variable Name: lid you work LAST	WRKHRS1 F WEEK at ALL jobs or	businesses/did ALIAS work L	AST WEEK at ALL jobs
Question ID: QuestionText: 001-168	<4-7 FSD.070_00.0 ?[F1] How many or business businesses 1-168 hou Refused	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you U ? rs	[goto WRKLYR] KHRS] ent Variable Name: lid you work LAST	WRKHRS1 F WEEK at ALL jobs or	businesses/did ALIAS work L	AST WEEK at ALL jobs
Question ID: QuestionText: 001-168 997 999	<4-7 FSD.070_00.0 ?[F1] How many or business businesses 1-168 hou Refused Don't kno	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you U ? rs	[goto WRKLYR] KHRS] ent Variable Name: lid you work LAST SUALLY work at A	WRKHRS1 TWEEK at ALL jobs or ALL jobs or businesses/o	businesses/did ALIAS work L loes ALIAS USUALLY work	AST WEEK at ALL jobs at ALL jobs or
Question ID: QuestionText: 001-168 997	<4-7 FSD.070_00.0 ?[F1] How many or businesses 1-168 hou Refused Don't kno t: All a joi	,8-10,R,D> > [goto WR 00 Instrum hours [fill: c es/do you U ? rs w persons 18 ye o or business	[goto WRKLYR] KHRS] ent Variable Name: did you work LAST SUALLY work at A SUALLY work at A	WRKHRS1 TWEEK at ALL jobs or ALL jobs or businesses/o who were working for p	businesses/did ALIAS work L does ALIAS USUALLY work bay at a job or business, or wor zork, or on family or maternity	AST WEEK at ALL jobs at ALL jobs or king, but not for pay, at
Question ID: QuestionText: 001-168 997 999	<pre><4-7 FSD.070_00.0 ?[F1] How many or businesses 1-168 hou Refused Don't kno t: All a jol unal ions: <1-3</pre>	,8-10,R,D> > [goto WR > [goto WR 00 Instrum hours [fill: c es/do you US ? rs w persons 18 ye o or business le to work for 4,R,D> [goto 94> [goto W	[goto WRKLYR] KHRS] ent Variable Name: did you work LAST SUALLY work at A SUALLY work at A st week, or on a p or health reasons, o o WRKFTALL]	WRKHRS1 TWEEK at ALL jobs or ALL jobs or businesses/o who were working for p planned vacation from w	businesses/did ALIAS work L does ALIAS USUALLY work bay at a job or business, or wor zork, or on family or maternity	AST WEEK at ALL jobs at ALL jobs or king, but not for pay, at

Family Socio-Demographic

Document Version Date: 27-May-16

Question ID:	FSD.080_00.00) Instrument Variable Name:	WRKFTALL	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	[fill: Do you	Does ALIAS] USUALLY wor	k 35 hours or more	per week in total at ALL jobs or bu	sinesses?
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	1	rsons 18 years of age or older war hours they worked last we		n 35 hours last week or did not kno	w/refused to answer
SkipInstruc	tions: [goto	WRKLYR]			
		CON QUESTIONNAIRE FLO KFTALL for each eligible per		cycles through the appropriate ques o WRKLYR.	tions from DOINGLW
	EGD 100 00 00				
Question ID:	FSD.100_00.00) Instrument Variable Name:	WRKLYR	QuestionnaireFileName:	Family
QuestionText:	?[F1]				
	Did [fill1: yo	u/ALIAS] work for pay at any	time in [fill2: last c	alendar 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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	2015 NHIS Questionnaire - Family				
	Family Socio-Demographic				
Document Version Date: 27-May-16					
Question ID: F	SD.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				
SkipInstructio	ns: goto ERNYR				
Question ID: F	SD.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				
SkipInstructio	ns: goto HIEMPOF				

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Family Socio-Demographic

Question ID:	FSD.130	_00.000	Instrument Variable Name:	HIEMPOF	QuestionnaireFileName:	Family
QuestionText:	U	01	1: your/ALIAS's] job or wor workplace?	k last week, was heal	th insurance offered to [fill2: you/	ALIAS] through [fill1:
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseText	t:		ons 18 years of age or older ork, or working, but not for p	0	r pay at a job or business, or with a d job or business	a job or business, but
SkipInstructi	ions:	goto IN	TROINC			
			ON QUESTIONNAIRE FLO	•	cles through the appropriate ques TROINC.	tions from WRKLYR

	2015 NHIS Questionnaire - Family			
	Family Income			
	Document Version Date: 27-May-16			
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			
	ons: goto FSAL			
Question ID: J	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family			
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [F1]			
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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			
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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).			
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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			
	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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)			
QuestionText:	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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] fromwages and salaries?]			
puestionText:	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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] fromwages and salaries?] Yes			
QuestionText: 1 2	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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] fromwages and salaries?] Yes No No			
QuestionText: 1 2 7	FIN.030_00.000 Instrument Variable Name: FSAL QuestionnaireFileName: Family ? [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] fromwages and salaries?] Yes No Refused Don't know [fillse			

Family Income

Question ID:	FIN.040_00	.000	Instrument Va	riable Name:	PSAL	QuestionnaireFileName:	Family
QuestionText:	* Ask or	verify	. Enter applica	ble line numb	per(s), separate with	n commas.	
	Who rec (Anyone						
	* Indica	e each	family membe	er with this inc	come.		
1	Yes						
2	No						
7	Refused						
9	Don't k	low					
UniverseTex			ies with two of n the last caler	-	s 18 years of age o	r older and at least one received in	come from wages and
SkipInstruct	ions: g	to FSI	EINC				
						mbers associated with the persons ives an edited response code in sub	
	FIN.050_00 [fill1: D farm inc	sponde .000 d you pme?/	nt. As shown Instrument Van receive income Did ALIAS rec	above, each e riable Name: in [fill2: last ceive income i	ligible person rece FSEINC calendar year in 4- in [fill2: last calenda	wes an edited response code in sub QuestionnaireFileName: digit format] from self-employmentary year in 4-digit format] from self-employmentary from self-employmentary from self-employmentary from self-employmentary from self-employmentary year in 4-digit format] from self-employmentary year in 4-digit format]	Family nt including business and
	FIN.050_00 [fill1: D farm inc business	.000 d you ome?/ and fa	nt. As shown Instrument Van receive income Did ALIAS rec	above, each e riable Name: in [fill2: last ceive income i	ligible person rece FSEINC calendar year in 4-	wes an edited response code in sub QuestionnaireFileName: digit format] from self-employmentary year in 4-digit format] from self-employmentary from self-employmentary from self-employmentary from self-employmentary from self-employmentary year in 4-digit format] from self-employmentary year in 4-digit format]	Family nt including business and
	FIN.050_00 [fill1: D farm inc business *Read n	.000 d you ome?/ and fa	nt. As shown Instrument Van receive income Did ALIAS rec	above, each e riable Name: in [fill2: last ceive income i d any family	ligible person rece FSEINC calendar year in 4- in [fill2: last calenda	wes an edited response code in sub QuestionnaireFileName: digit format] from self-employmentary year in 4-digit format] from self-employmentary from self-employmentary from self-employmentary from self-employmentary from self-employmentary year in 4-digit format] from self-employmentary year in 4-digit format]	Family nt including business and
	FIN.050_00 [fill1: D farm inc business *Read n (fill rost	.000 d you ome?/ and fa umes er of po	nt. As shown Instrument Var receive income Did ALIAS rec rm income?/Di cople ge 18 yea	riable Name: in [fill2: last ceive income i id any family	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	wes an edited response code in sub QuestionnaireFileName: digit format] from self-employmentary year in 4-digit format] from self-employmentary from self-employmentary from self-employmentary from self-employmentary from self-employmentary year in 4-digit format] from self-employmentary year in 4-digit format]	Family Tranily nt including business and f-employment including
	FIN.050_00 [fill1: D farm inc business *Read n (fill rost	.000 d you ome?/ and fa umes er of po	nt. As shown Instrument Var receive income Did ALIAS rec rm income?/Di cople ge 18 yea	riable Name: in [fill2: last ceive income i id any family	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	QuestionnaireFileName: digit format] from self-employmer lar year in 4-digit format] from self der, that is	Family Tranily nt including business and f-employment including
QuestionText:	FIN.050_00 [fill1: D farm inc business *Read n (fill rost receive i	.000 d you ome?/ and fa umes er of po	nt. As shown Instrument Var receive income Did ALIAS rec rm income?/Di cople ge 18 yea	riable Name: in [fill2: last ceive income i id any family	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	QuestionnaireFileName: digit format] from self-employmer lar year in 4-digit format] from self der, that is	Family Tranily nt including business and f-employment including
QuestionText:	FIN.050_00 [fill1: D farm inc business *Read n (fill rost receive i Yes	.000 d you ome?/ and fa umes er of po ncome	nt. As shown Instrument Var receive income Did ALIAS rec rm income?/Di cople ge 18 yea	riable Name: in [fill2: last ceive income i id any family	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	QuestionnaireFileName: digit format] from self-employmer lar year in 4-digit format] from self der, that is	Family Tranily nt including business and f-employment including
QuestionText: 1 2	FIN.050_00 [fill1: D farm inc business *Read n (fill rost receive i Yes No	.000 d you ome?/ and fa umes er of po ncome	nt. As shown Instrument Var receive income Did ALIAS rec rm income?/Di cople ge 18 yea	riable Name: in [fill2: last ceive income i id any family	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	QuestionnaireFileName: digit format] from self-employmer lar year in 4-digit format] from self der, that is	Family Tranily nt including business and f-employment including
2 7	FIN.050_00 [fill1: D farm inc business *Read n (fill rost receive i Yes No Refused Don't k	.000 d you ome?/ and fa umes er of po ncome	nt. As shown Instrument Van receive income Did ALIAS rec rm income?/Di cople ge 18 yea in [fill2: last c	above, each e riable Name: in [fill2: last ceive income i id any family urs of age) alendar year i	FSEINC FSEINC calendar year in 4- in [fill2: last calence members 18 and of	QuestionnaireFileName: QuestionnaireFileName: digit format] from self-employmen lar year in 4-digit format] from self der, that is	Family Tranily nt including business and f-employment including

Family Income

Question ID:	FIN.060_	00.000	Instrument Vari	iable Name:	PSEINC	QuestionnaireFileName:	Family
QuestionText:	* Ask	or verify	. Enter applicat	ole line numb	er(s), separate with	commas.	
		eceived ne else?)					
	* Indio	cate each	family member	with this inc	ome.		
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex			lies with two or nent in the last c		s 18 years of age or	older and at least one received in	come from self-
SkipInstruct	ions:	goto FS	SRR				
						nbers associated with the persons ves an edited response code in sub	
Question ID:		respond		bove, each el		-	
Question ID: QuestionText:		respond	ent. As shown a	bove, each el	igible person recei	ves an edited response code in sub	sequent data processing.
-	FIN.070_ ? [F1] Did [f:	respond 00.000	ent. As shown a	bove, each el	igible person recei	ves an edited response code in sub	Family
-	FIN.070_ ? [F1] Did [f: Securi * Read	00.000 ill1: you ty or Rai	ent. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName:	Family ligit format] from Social
-	FIN.070_ ? [F1] Did [f: Securi * Read	00.000 ill1: you ty or Rai	ent. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName: e in [fill2: last calendar year in 4-c	Family ligit format] from Social
QuestionText:	FIN.070_ ? [F1] Did [f: Securi * Read of eve	00.000 ill1: you ty or Rai	ent. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName: e in [fill2: last calendar year in 4-c	Family ligit format] from Social
QuestionText:	FIN.070_ ? [F1] Did [f Securi * Read of eve Yes	00.000 00.000 ty or Rai l if neces ry month	ent. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName: e in [fill2: last calendar year in 4-c	Family ligit format] from Social
QuestionText: 1 2	FIN.070_ ? [F1] Did [f Securi * Read of eve Yes No Refus	00.000 00.000 ty or Rai l if neces ry month	ent. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName: e in [fill2: last calendar year in 4-c	Family ligit format] from Social
QuestionText: 1 2 7	FIN.070_ ? [F1] Did [f Securi * Read of eve Yes No Refus Don't	respond 00.000 ill1: you ty or Rai l if neces ry month	nt. As shown a Instrument Vari any family men lroad Retiremen sary: Social Sec	bove, each el able Name: abers living h	igible person recei FSSRR ere] receive income	ves an edited response code in sub QuestionnaireFileName: e in [fill2: last calendar year in 4-c	Family ligit format] from Social

Family Income

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	
UniverseTex	All families with two or more persons and at least one received income from Social Security or Railroad Retirement in the last calendar year	
SkipInstruct	tions: 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_0	00.000	Instrument Variable Name:	FSSRRD	QuestionnaireFileName:	Family
QuestionText:	Was [fi	ill: your	/any family member's *Read 1	names		
	(fill ros	ster of a	ll persons selected at PSSRR a	and AGE LE 64)]		
	Social S	Security	or Railroad Retirement incor	ne received as a disabi	lity benefit?	
1	Yes					
2	No					
7	Refuse	ed				
9	Don't l	know				
UniverseTex			lies with persons less than 65 calendar year	years of age who recei	ved Social Security or Railroad	Retirement income in
SkipInstruct	I	person r	only one person less than 65 y number in PSSRRDB and goto > [goto FPENS]	U	ocial Security or Railroad Retire SSRRDB]	ement income, fill the

Family Income

Document Version Date: 27-May-16

Question ID:	FIN.084_	00.000	Instrument Variable Name:	PSSRRDB	QuestionnaireFileName:	Family
QuestionText:	*Ask o	or verify.	Enter applicable line num	ber(s), separate with c	ommas.	
	Was {]	person's}	Social Security or Railroa	d Retirement income r	received as a disability benefit?	
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex					of age who received income from a concern of the second seco	
SkipInstruct	ions	roto DC				
Shipinstruct		NOTE: I			bers associated with the persons re	
		NOTE: I responde	In the instrument, interview ent. As shown above, each	eligible person receive	es an edited response code in subs	equent data processing.
		NOTE: I responde	n the instrument, interview			
Question ID:	FIN.086_0	NOTE: 1 responde	In the instrument, interview ent. As shown above, each	eligible person receivo	es an edited response code in subs QuestionnaireFileName:	equent data processing.
Question ID:	FIN.086_0	NOTE: 1 responde	In the instrument, interview ent. As shown above, each Instrument Variable Name:	eligible person receivo	es an edited response code in subs QuestionnaireFileName:	equent data processing.
Question ID: QuestionText:	FIN.086_ Did [fi	NOTE: 1 responde	In the instrument, interview ent. As shown above, each Instrument Variable Name:	eligible person receivo	es an edited response code in subs QuestionnaireFileName:	equent data processing.
Question ID: QuestionText: 1	FIN.086_0 Did [fi Yes	00.000	In the instrument, interview ent. As shown above, each Instrument Variable Name:	eligible person receivo	es an edited response code in subs QuestionnaireFileName:	equent data processing.
Question ID: QuestionText: 1 2	FIN.086_0 Did [fi Yes No	NOTE: 1 responde 00.000 111: you/ ed	In the instrument, interview ent. As shown above, each Instrument Variable Name:	eligible person receivo	es an edited response code in subs QuestionnaireFileName:	equent data processing.

SkipInstructions: repeat for all eligible persons, then goto FPENS

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Family Income

	FIN.090_00.000	Instrument Variable Name:	FPENS	QuestionnaireFileName:	Family
QuestionText:		n/any family members living l sion [fill3: other than Social S		ne in [fill2: last calendar year in 4-di l Retirement]?	git format] from any
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	t: All fam	ilies			
SkipInstructi		a single-person family, store > [goto FOPENS]	the person number	in PPENS and goto FOPENS; else,	goto PPENS]
Question ID:	FIN.100_00.000	Instrument Variable Name:	PPENS	QuestionnaireFileName:	Family
QuestionText:	*Ask or verify	y. Enter applicable line numb	er(s), separate with	n commas.	
	Who received	this?			
	(Anyone else	?)			
	*Indicate each	n family member with this inc	ome.		
1	Yes				
	No				
2					
2 7	Refused				
	Refused Don't know				
7	Don't know	uilies with two or more person y or Railroad Retirement) in t		eceived income from a disability per ar	nsion (other than Social
7 9	Don't know t: All fam Securit	y or Railroad Retirement) in t		•	nsion (other than Social

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Family Income

Question ID:	FIN.102_0	0.000	Instrument	Variable Nam	e: FOPENS	Question	aireFileName:	Family
QuestionText:		ecurity						pension other [fill2: than etirement, or a disability
1	Yes							
2	No							
7	Refuse	1						
9	Don't	now						
UniverseTex	t: 2	ll famil	ies					
SkipInstruct			single-per [goto FSS		ore the person numbe	r in POPENS and go	to FSSI; else, g	goto POPENS]
Question ID:	FIN.104_0).000	Instrument	: Variable Nam	e: POPENS	Question	aireFileName:	Family
					ue: POPENS umber(s), separate wi		aireFileName:	Family
		verify eived t	Enter app				aireFileName:	Family
	* Ask o Who re (Anyor	verify eived t e else?)	Enter app nis?		umber(s), separate wi		aireFileName:	Family
	* Ask o Who re (Anyor	verify eived t e else?)	Enter app nis?	olicable line n	umber(s), separate wi		aireFileName:	Family
QuestionText:	* Ask o Who re (Anyor * Indica	verify eived t e else?)	Enter app nis?	olicable line n	umber(s), separate wi		aireFileName:	Family
QuestionText: 1	* Ask o Who re (Anyor * Indic Yes	eived t else?) te each	Enter app nis?	olicable line n	umber(s), separate wi		aireFileName:	Family
QuestionText: 1 2	* Ask o Who re (Anyor * Indica Yes No	e verify eeived t e else?) te each	Enter app nis?	olicable line n	umber(s), separate wi		aireFileName:	Family
QuestionText: 1 2 7	* Ask of Who re (Anyor * Indic Yes No Refuse Don't 1	eived t eeise?) te each d now	Enter app nis? family me	blicable line m mber with this 70 or more per	umber(s), separate wi s income.	th commas.		Family or survivor pension in
2 7 9	* Ask of Who re (Anyor * Indic. Yes No Refuse Don't i t: 4	eived t eeise?) te each d now	Enter app nis? family me ies with tw alendar yea	blicable line m mber with this 70 or more per	umber(s), separate wi s income.	th commas.		-

Family Income

Document Version Date: 27-May-16

Question ID:	FIN.110_0).000 Instrum	ent Variable Name:	FSSI	QuestionnaireFileName:	Family
QuestionText:	? [F1]					
	Did [fill	: you/any fami	y members] receive	Supplemental Se	ecurity Income (SSI)?	
	* Read a every m	•	deral SSI checks are	e either automatio	cally deposited in the bank or mailed to	o arrive on the first of
1	Yes					
2	No					
7	Refuse	ł				
9	Don't k	now				
UniverseTe	xt: A	ll families				
SkipInstruc		1> [if a single-] 2,R,D> [goto F	•	ne person number	in PSSI and goto PSSID; else, goto P	SSI]
Question ID:	FIN.120_0).000 Instrum	ent Variable Name:	PSSI	QuestionnaireFileName:	Family
QuestionText:	*Ask or	verify. Enter a	applicable line numb	per(s), separate w	ith commas.	
	Who in (Anyon	the family rece	ived this?			

*Indicate each family member with this income.

1 Yes 2 No 7 Refused 9

Don't know

All families with two or more persons and at least one received Supplemental Security Income (SSI) in the last UniverseText: 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.

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Family Income

Question ID:	FIN.122_00.000	Instrument Variable Name:	PSSID	QuestionnaireFileName:	Family
QuestionText:	Did [fill1: you	u/ALIAS] receive SSI because	e [fill2: you have/he	has/she has] a disability?	
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseText	All per	sons who received SSI in the	last calendar year		
SkipInstructio	ons: repeat	for all eligible persons, then g	oto FTANF		
Question ID:	FIN.150_00.000	Instrument Variable Name:	FTANF	QuestionnaireFileName:	Family
Question ID:	FIN.150_00.000 ? [F1]	Instrument Variable Name:	FTANF	QuestionnaireFileName:	Family
-	? [F1] At any time d	luring [fill1: last calendar year	in 4-digit format],	QuestionnaireFileName: even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
-	? [F1] At any time d living here] re	luring [fill1: last calendar year	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
-	? [F1] At any time d living here] re	luring [fill1: last calendar year eceive any CASH assistance fi	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
QuestionText:	? [F1] At any time d living here] re * Please do no	luring [fill1: last calendar year eceive any CASH assistance fi	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
QuestionText:	? [F1] At any time d living here] re * Please do no Yes	luring [fill1: last calendar year eceive any CASH assistance fi	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
QuestionText: 1 2	? [F1] At any time d living here] re * Please do no Yes No	luring [fill1: last calendar year eceive any CASH assistance fi	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members
QuestionText: 1 2 7	? [F1] At any time d living here] re * Please do no Yes No Refused Don't know	luring [fill1: last calendar year eceive any CASH assistance fi ot include food stamps, SSI, et	in 4-digit format], rom a state or count	even for one month, did [fill2: you/ y welfare program, such as (* fill s	any family members

Family Income

Question ID:	FIN.160	_00.000	Instrument Variable Name:	PTANF	QuestionnaireFileName:	Family		
QuestionText:	*Ask	or verify	. Enter applicable line numb	per(s), separate wi	th commas.			
		in the fan	nily received this?					
	*Indio	cate each	family member with this inc	come.				
1	Yes							
2	No							
7	Refu	sed						
9	Don'	t know						
UniverseTex	xt:		ilies with two or more person in the last calendar year	ns and at least one	received cash assistance from a state	or county welfare		
SkipInstruct	tions:	goto FOWBEN						
					numbers associated with the persons re- ceives an edited response code in subs	· ·		

Question ID:	FIN.164_	00.000	Instrument	Variable Name:	FOWBEN	QuestionnaireFileName:	Family
QuestionText:	OTHE	R kind o	01	sistance such as h	0	did [fill2: you/any family members job, placement in education or job t	
1	Yes						
2	No						
7	Refus	sed					
9	Don't	know					
UniverseTex	t:	All fam	lies				
SkipInstructions:			a single-pers > [goto FIN]	J ,	he person number	in POWBEN and goto FINTRST; e	lse, goto POWBEN]

Family Income

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
UniverseTex	t: 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
SkipInstruct	ions: 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 process

Question ID:	FIN.170_	00.000	Instrument Variable Name:	FINTRST	QuestionnaireFileName:	Family
QuestionText:		2		-	e from interest bearing checking account of the second state of th	
	* Do i	not inclu	de dividends			
1	Yes					
2	No					
7	Refu	sed				
9	Don't	t know				
UniverseTex	xt:	All fam	ilies			
SkipInstruct	tions:		a single-person family, store > [goto FDIVD]	he person number	in PINTRST and goto FDIVD; else	, goto PINTRST]

Family Income

Document Version Date: 27-May-16

Question ID:	FIN.180_00.000 Instrument Variable Name: PINTRST QuestionnaireFil	leName: 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	
UniverseTex	Yext: All families with two or more persons and at least one received interest income in	n the last calendar year
SkipInstruct	actions: goto FDIVD	
	NOTE: In the instrument, interviewers enter the line numbers associated with the respondent. As shown above, each eligible person receives an edited response co	
Question ID:	FIN.190_00.000 Instrument Variable Name: FDIVD QuestionnaireFil	leName: Family
QuestionText:	Did [fill: you/any family members living here] receive income from dividends from stor income from property, royalties, estates or trusts?	cks or mutual funds, or net rental
1	Yes	
2	No	

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]

Family Income

Question IP:Fix IP: 0.000Instrument Variable Name:PDIVDQuestionAme:Family:Question Ame: $A = A + A + A + A + A + A + A + A + A + $										
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	Question ID:	FIN.200	_00.000	Instrument Variabl	e Name:	PDIVD		QuestionnaireFile	eName:	Family
 (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 	QuestionText:	* Asl	k or verify	. Enter applicable l	ine numbe	er(s). Separate	with comma	s.		
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										
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		* Ind	icate each	n family member wi	th this inc	come.				
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	1	Yes								
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	2	No								
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	7	Refu	ised							
year SkipInstructions: goto FCHLDSP NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the	9	Don	't know							
NOTE: In the instrument, interviewers enter the line numbers associated with the persons reported by the	UniverseTex	xt:		ilies with two or mo	re persons	s and at least on	ne received d	lividend or net rer	ntal incom	e in the last calendar
	SkipInstructions:		goto FCHLDSP							

Question ID:	FIN.210	_00.000	Instrument Variable Name:	FCHLDSP	QuestionnaireFileName:	Family
QuestionText:	? [F1]]				
	Did [1	fill: you/a	any family members living her	e] receive income from ch	nild support?	
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:	All fami	ilies			
SkipInstructions:			a single-person family, store th > [goto FINCOT]	ne person number in PCH	LDSP and goto FINCOT; els	se, goto PCHLDSP]

Family Income

Question ID:	FIN.220_	_00.000	Instrument Variable Name:	PCHLDSP	QuestionnaireFileName:	Family
QuestionText:	*Ask	or verify	. Enter applicable line numb	er(s), separate with	commas.	
		received one else?)				
		cate whic dial parer	•	for. If that child is	no longer residing with this family,	enter line number of
1	Yes					
2	No					
7	Refu	sed				
9	Don'	t know				
UniverseTex	xt:	All fami	ilies with two or more person	is and at least one re	eceived income from child support i	n the last calendar year
SkipInstruc	tions:	goto FII	NCOT			
			-		mbers associated with the persons re ives an edited response code in subse	1 5

Question ID:	FIN.230_0	0.000	Instrument Variable Name:	FINCOT	QuestionnaireFileName:	Family
QuestionText:		2	ny family members living h VA payments, Worker's Co	-	e from any other source such as alim employment compensation?	ony, contributions from
1	Yes					
2	No					
7	Refuse	d				
9	Don't k	now				
UniverseTex	t: A	All fami	ilies			
SkipInstruct			a single-person family, store > [goto FINCTOT]	e the person number	r in PINCOT and goto FINCTOT; els	se, goto PINCOT]

Family Income

Question ID:	FIN.240	_00.000	Instrument Variable Name:	PINCOT	QuestionnaireFileName:	Family
QuestionText:	* Asl	or verify	7. Enter applicable line num	ber(s), separate w	ith commas.	
		received				
	* Ind	icate each	n family member with this in	come		
1	Yes					
2	No					
7	Refu	sed				
9	Don	t know				
UniverseTex	xt:	All fam year	ilies with two or more person	ns and at least one	received some "other" source of inco	me in the last calendar
SkipInstruc	tions:	goto FII	NCTOT			
			,		umbers associated with the persons re eives an edited response code in subs	1 2

Question ID:	FIN	1.250_00.000) Instrument Variable Name:	FINCTOT	QuestionnaireFileName:	Family
QuestionText:			answering this next question, p ing in this household.]	lease remember to	include your income PLUS the inco	ome of all family
		•	r best estimate of [fill2: your tot 3: last calendar year in 4 digit f		income of all family members] fro	m all sources, before
		* Enter '999	,995' if the reported income is g	greater than \$999,9	95.	
000000-999994	4	\$0-\$999,99	4			
999995		\$999,995+				
999997 999999		Refused Don't know				
UniverseTex	t:	All fa	milies			
SkipInstruct	ions	<2500 <1000	9> goto ERR1_FINCTOT)01-999995> goto ERR2_FINC)-250000> goto HOUSEOWN > goto FPOV250	ТОТ		
Soft Edit:		* Do	FINCTOT: not read to the respondent. ll: FINCTOT] is unusually low.	Make corrections	if necessary.	
		* Do	2_FINCTOT: not read to the respondent. ll: FINCTOT] is unusually high	. Make correction	s if necessary.	

Family Income

Document Version Date: 27-May-16

Question ID:	FIN.255_00.000	Instrument Variable Name:	FPOV250	QuestionnaireFileName:	Family
QuestionText:	-	d [fill1: family/] income from nold] or more?	all sources less that	n [fill2: 250% of poverty threshold] or [fill2: 250% of
1	Less than [fi	ll2: 250% of poverty threshold]		
2	[fill2: 250%	of poverty threshold] or more			
7	Refused				
9	Don't know				
UniverseTex	t: Respor	ndents who don't know or refus	e their total family	income	
SkipInstruct	<2> if else if else if	to FPOV138 PCNT in('01','02') then goto FI PCNT in('04','07','08','09') then PCNT in('03','05','06') then got goto HOUSEOWN	goto FPOV400;		
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

Family Income

Question ID:	FIN.261_00.000	Instrument Variable Name:	FPOV100	QuestionnaireFileName:	Family
QuestionText:	Was your tota threshold] or		all sources less th	an [fill2: 100% poverty threshold] o	or [fill2: 100% poverty
1	Less than [fil	12: 100% of poverty threshold	1]		
2	[fill2: 100%]	poverty threshold] or more			
7	Refused				
9	Don't know				
UniverseTex	t: The res	pondent answered less than 13	38% of poverty at	FPOV138	
SkipInstruct	ions: <1,2,R,	D> goto HOUSEOWN			

Question ID:	FIN.264_00.000	Instrument Variable Name:	FPOV200	QuestionnaireFileName:	Family
QuestionText:	Was your tota poverty thresh		all sources less th	nan [fill2: 200% of poverty threshold] or [fill2: 200% of
1	Less than [fill	2: 200% of poverty threshold]		
2	[fill2: 200% o	of poverty threshold] or more			
7	Refused				
9	Don't know				
UniverseTex	t: The res	pondent answered 138% of po	verty or more at	FPOV138	
SkipInstruct	ions: <1,2,R,	D> goto HOUSEOWN			

Question ID:	FIN.267_00.000	Instrument Variable Name:	FINC75	QuestionnaireFileName:	Family
QuestionText:	Was your tota	l [fill: family] income from all	l sources less th	aan \$75,000 or \$75,000 or more?	
1	Less than \$75	5,000			
2	\$75,000 or m	ore			
7	Refused				
9	Don't know				
UniverseTex	t: The res	pondent answered 250% of po	overty threshold	l or more at FPOV250 and he/she is fro	m a 1 or 2 person
SkipInstruct	<2> go	to FPOV400 to FINC100 goto HOUSEOWN			

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2015 NHIS Questionnaire - Family

Family Income

Document Version Date: 27-May-16

0 / ID					
Question ID:	FIN.270_00.000	Instrument Variable Name:	FINC100	QuestionnaireFileName:	Family
QuestionText:	Was your tota	[fill: family] income from all	l sources less than \$	100,000 or \$100,000 or more?	
1	Less than \$10	00,000			
2	\$100,000 or 1	nore			
7	Refused				
9	Don't know				
UniverseTex		•		d he/she is from a 1 or 2 person fan he is from a 3, 5, or 6 person fami	
SkipInstruct	else if F <2> > i else if F	PCNT in('01','02','05','06') t PCNT='03' then goto FPOV40 f PCNT in('01','02','03') then PCNT in ('05','06') then goto [goto HOUSEOWN]	00 n goto FINC150;	WN;	
Question ID:	FIN.273_00.000	Instrument Variable Name:	FPOV400	QuestionnaireFileName:	Family
Question ID: QuestionText:	_	l [fill1: family/] income from		QuestionnaireFileName: n [fill2: 400% of poverty threshold	·
-	- Was your tota poverty thresh	l [fill1: family/] income from	all sources less that	-	
QuestionText:	Was your tota poverty thresh Less than [fil	l [fill1: family/] income from old] or more? l2: 400% of poverty threshold	all sources less that	-	
QuestionText:	Was your tota poverty thresh Less than [fil	l [fill1: family/] income from old] or more?	all sources less that	-	

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 >= '09' 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 Page 19 of 24

2015 NHIS Questionnaire - Family

Family Income

Question ID:	FIN.276_00.000	Instrument Variable Name:	FINC150	QuestionnaireFileName:	Family
QuestionText:	Was your tota	al [fill: family] income from a	ll sources less than \$1	50,000 or \$150,000 or more?	
1	Less than \$1	50,000			
2	\$150,000 or	more			
7	Refused				
9	Don't know				
UniverseTex	respon	dent answered 400% of pover	ty or more at FPOV40	nd he/she is from a 1, 2, or 3 pers 00 and he/she is from a 4, 5, or 6 00 and he/she is from a family of	person family; or the
SkipInstruct					
SKIPHISUUCI	tions: <1,2,R	,D> goto HOUSEOWN			
Skipilisti uci	tions: <1,2,R	t,D> goto HOUSEOWN			
Skipilisti uci	tions: <1,2,R	2,D> goto HOUSEOWN			
Question ID:	tions: <1,2,R		HOUSEOWN	QuestionnaireFileName:	Family
Question ID:	FIN.280_00.000	Instrument Variable Name: apartment owned or being bou		QuestionnaireFileName: ed by some other arrangement by	2
Question ID:	FIN.280_00.000 Is this house/ in your family	Instrument Variable Name: apartment owned or being bou y]?			2
Question ID: QuestionText:	FIN.280_00.000 Is this house/	Instrument Variable Name: apartment owned or being bou y]?			2
Question ID: QuestionText: 1	FIN.280_00.000 Is this house/ in your family Owned or be	Instrument Variable Name: apartment owned or being bou y]? eing bought			2
Question ID: QuestionText: 1 2	FIN.280_00.000 Is this house/ in your family Owned or be Rented	Instrument Variable Name: apartment owned or being bou y]? eing bought			2
Question ID: QuestionText: 1 2 3	FIN.280_00.000 Is this house/ in your family Owned or be Rented Other arrang	Instrument Variable Name: apartment owned or being bou y]? eing bought			2
Question ID: QuestionText: 1 2 3 7	FIN.280_00.000 Is this house/ in your family Owned or be Rented Other arrang Refused Don't know	Instrument Variable Name: apartment owned or being bou y]? eing bought gement			5

Family Income

Question ID:	FIN.282_00.000	Instrument Variable Name:	FGAH	QuestionnaireFileName:	Family
QuestionText:	? [F1]				
	[fill: Are you/] the cost?	Is anyone in your family] payi	ing lower rent beca	use the Federal, State, or local gove	rnment is paying part of
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies that rent their house/apar	tment		
SkipInstruct	tions: goto FS	SAPL			
		SAPL Instrument Variable Name:	FSSAPL	QuestionnaireFileName:	Family
Question ID:	FIN.300_00.000 [fill: Have yo members livin	Instrument Variable Name: u EVER applied for Suppleme	ental Security Incor	QuestionnaireFileName: ne or SSI, even if the claim was der Income (SSI)? This includes peopl	nied?/Have any family
Question ID:	FIN.300_00.000 [fill: Have yo members livin	Instrument Variable Name: u EVER applied for Suppleme g here EVER applied for Supp	ental Security Incor	ne or SSI, even if the claim was der	nied?/Have any family
Question ID: QuestionText:	FIN.300_00.000 [fill: Have yo members livin benefits, even	Instrument Variable Name: u EVER applied for Suppleme g here EVER applied for Supp	ental Security Incor	ne or SSI, even if the claim was der	nied?/Have any family
Question ID: QuestionText: 1	FIN.300_00.000 [fill: Have yo members livin benefits, even Yes	Instrument Variable Name: u EVER applied for Suppleme g here EVER applied for Supp	ental Security Incor	ne or SSI, even if the claim was der	nied?/Have any family
Question ID: QuestionText: 1 2	FIN.300_00.000 [fill: Have yo members livin benefits, even Yes No	Instrument Variable Name: u EVER applied for Suppleme g here EVER applied for Supp	ental Security Incor	ne or SSI, even if the claim was der	nied?/Have any family
Question ID: QuestionText: 1 2 7	FIN.300_00.000 [fill: Have yo members livin benefits, even Yes No Refused Don't know	Instrument Variable Name: u EVER applied for Suppleme g here EVER applied for Supj if the claim was denied.]	ental Security Incor	ne or SSI, even if the claim was der	nied?/Have any family

Family Income

Document Version Date: 27-May-16

Question ID:	FIN.310_00.000	Instrument Variable Name:	PSSAPL	QuestionnaireFileName:	Family
QuestionText:	*Ask or verify	v. Enter applicable line numb	er(s), separate with a	comma.	
	Who in the far (Anyone else?	mily applied for it?			
	* Indicate each	h family member who applied	l for SSI benefits.		
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fam	ilies with two or more person	is and at least one apj	plied for SSI	
	NOTE: respond	In the instrument, interviewe lent. As shown above, each e	ligible person receiv	bers associated with the persons re es an edited response code in subs	equent data processing.
SkipInstruct	NOTE:	In the instrument, interviewe		1	1 2
uestion ID:	FIN.330_00.000 [fill: Have yo family membe	In the instrument, interviewe lent. As shown above, each e Instrument Variable Name: u EVER APPLIED for disabi	FSDAPL lity benefits from So	es an edited response code in subs	Family s denied?/Have any
uestion ID:	FIN.330_00.000 [fill: Have yo family membe	In the instrument, interviewe lent. As shown above, each e Instrument Variable Name: u EVER APPLIED for disabi ers living here EVER applied	FSDAPL lity benefits from So	es an edited response code in subs QuestionnaireFileName: cial Security even if the claim was	Family s denied?/Have any
uestion ID: uestionText:	FIN.330_00.000 [fill: Have yo family membe for benefits, er	In the instrument, interviewe lent. As shown above, each e Instrument Variable Name: u EVER APPLIED for disabi ers living here EVER applied	FSDAPL lity benefits from So	es an edited response code in subs QuestionnaireFileName: cial Security even if the claim was	Family s denied?/Have any
Question ID: QuestionText:	FIN.330_00.000 [fill: Have yo family member for benefits, ev Yes	In the instrument, interviewe lent. As shown above, each e Instrument Variable Name: u EVER APPLIED for disabi ers living here EVER applied	FSDAPL lity benefits from So	es an edited response code in subs QuestionnaireFileName: cial Security even if the claim was	Family s denied?/Have any
Question ID: QuestionText: 1 2	NOTE: respond FIN.330_00.000 [fill: Have yo family membe for benefits, ev Yes No	In the instrument, interviewe lent. As shown above, each e Instrument Variable Name: u EVER APPLIED for disabi ers living here EVER applied	FSDAPL lity benefits from So	es an edited response code in subs QuestionnaireFileName: cial Security even if the claim was	Family s denied?/Have any

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

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2015 NHIS Questionnaire - Family					
	Family Income				
	Document Version Date: 27-May-16				
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				
UniverseTex	All families with two or more persons and at least one applied for Social Security Disability benefits				
SkipInstruct	tions: 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				
UniverseTex	xt: All persons who received cash assistance from public assistance programs in the last calendar year				

SkipInstructions: repeat for all eligible persons, then goto FSNAP

2015 NHIS Questionnaire - Family Family Income Document Version Date: 27-May-16					
Question ID:	FIN.360_00.000	Instrument Variable Name:	FSNAP	QuestionnaireFileName:	Family
JuestionText:	?[F1]				
		ring [fill 1: last calendar year mp benefits/SNAPNAME or		id [fill 2: you/any family member ?	s living here] receive
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	t: All fami	lies			
SkipInstruct	ions: <1> [go	to FSNAPMYR]			
	<2, D, F	> [Goto FINWIC to see if far	nily falls into the uni	iverse for this question.]	
				-	
Juestion ID:	FIN.380_00.000	Instrument Variable Name:	FSNAPMYR	QuestionnaireFileName:	Family

During [fill 1: last year in 4 digit format], about how many months were [fill 2: food stamp benefits/SNAPNAME or food

SkipInstructions: Goto FINWIC to see if family fits into universe for this question.

Family received food stamp/SNAP benefits in previous calendar year

stamp benefits] received?

Months

Refused

Don't know

01-12

97

99

UniverseText:

* Enter "1" if less than 1 month

Page 24 of 24 2015 NHIS Questionnaire - Family						
		Document	Version Date: 27-N	Лау-16		
Question ID: FIN.384_00.000 Instrument Variable Name: FINWIC QuestionnaireFileName: Family						
QuestionText:	? [F1]					
		luring [fill1: last calendar year gram, that is, the Women, Infar		lid [fill2: you/anyone in your family ogram?	y] receive benefits from	
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex	xt: All fan	nilies with females 12-55 year	s of age or children	0-5 years of age		
Question ID:	FIN.385 00.000	Instrument Variable Name:	PWIC	QuestionnaireFileName:	Family	
QuestionText:		fy. Enter applicable line numb		-		
	Who in the fa (Anyone else	mily received this?				
	* Indicate fan	nily members who were autho	rized to receive WI	C benefits.		
1	Yes					
2	No					
7	Refused					
9	Don't know					
UniverseTex		nilies with two or more person and at least one received WIC		nd between the ages of 12-55 or chi calendar year	ldren between the ages	
SkipInstruc	tions: goto F	MSSN				
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.						

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2015 NHIS Questionnaire - Person

English Language Proficiency

Question ID:	FLG.010_00.000 Instrument Variable Name:	ENGLANG	QuestionnaireFileName:	Person		
QuestionText:	How well [fill: do you/ does ALIAS] speak	English? Would y	you say			
	*Read categories below.					
1	Very well					
2	Well					
3	Not well					
4	Not at all					
7	Refused					
9	Don't know					
UniverseTex	t: All persons age 5 and older					
SkipInstruct	ions: <1-4> goto next section					