Adult Functioning and Disability

Question ID:	AFD.090_00.00)() Instrument Variable Name:	VIS_0	QuestionnaireFileName:	Functioning And Disability
QuestionText:				o do different activities, and how y u have already answered, it is impo	
	Do you wea	r glasses?			
1	Yes				
2	No				
7	Refused				
9	Don't know				
UniverseTex	1	le adults 18+ who were asked the unctioning and Disability (AFD		questions (FDB) and were random	ly selected to receive
SkipInstruct					
Skipinstruct	10NS: <1,2,1	R,D> goto VIS_SS			
_		R,D> goto VIS_SS)() Instrument Variable Name:	VIS_SS	QuestionnaireFileName:	Functioning And Disability
Question ID:	AFD.100_00.00 Do you have)() Instrument Variable Name:		QuestionnaireFileName: puld you say no difficulty, some di	Disability
Question ID:	AFD.100_00.00 Do you have	0 Instrument Variable Name: difficulty seeing, even when w are you unable to do this?			Disability
Question ID: QuestionText:	AFD.100_00.00 Do you have difficulty, or	0) Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y			Disability
Question ID: QuestionText: 1	AFD.100_00.00 Do you have difficulty, or No difficulty	0) Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y ulty			Disability
Question ID: QuestionText: 1 2	AFD.100_00.00 Do you have difficulty, of No difficult Some diffic A lot of dif	0) Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y ulty			Disability
Question ID: QuestionText: 1 2 3	AFD.100_00.00 Do you have difficulty, of No difficult Some diffic A lot of dif	0 Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y ulty ficulty			Disability
Question ID: QuestionText: 1 2 3 4	AFD.100_00.00 Do you have difficulty, of No difficulty Some diffic A lot of dif Cannot do a	0 Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y ulty ficulty tt all/unable to do			Disability
Question ID: QuestionText: 1 2 3 4 7	AFD.100_00.00 Do you have difficulty, or No difficult Some diffic A lot of dif Cannot do a Refused Don't know	0 Instrument Variable Name: e difficulty seeing, even when w e are you unable to do this? y ulty ficulty at all/unable to do	vearing glasses? W he family disability		Disability fficulty, a lot of

Adult Functioning and Disability

Question ID:	AFD.140_	00.000	Instrument Var	iable Name:	HEAR_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you	ı use a h	earing aid?				
1	Yes						
2	No						
7	Refuse	ed					
9	Don't	know					
UniverseTex			dults 18+ who ioning and Dis			questions (FDB) and were random	ly selected to receive
SkipInstruct			o HEAR_2] [goto HEAR_S	101			
				55]			
Question ID:			Instrument Var		HEAR_2	QuestionnaireFileName:	Functioning And Disability
	AFD.145_	00.000	Instrument Var	iable Name:		QuestionnaireFileName: of the time, some of the time, rarely	Disability
	AFD.145_ How or	00.000	Instrument Var	iable Name:			Disability
QuestionText:	AFD.145_ How of All of	00.000 ften do y	Instrument Var ou use your hea	iable Name:			Disability
QuestionText: 1	AFD.145_ How of All of	00.000 ften do y the time of the time	Instrument Var ou use your hea	iable Name:			Disability
QuestionText: 1 2	AFD.145_ How or All of Some	00.000 ften do y the time of the tim	Instrument Var ou use your hea	iable Name:			Disability
QuestionText: 1 2 3	AFD.145_ How of All of Some Rarely	00.000 ften do y the time of the time	Instrument Var ou use your hea	iable Name:			Disability
QuestionText: 1 2 3 4	AFD.145_ How of All of Some Rarely Never	00.000 ften do y the time of the ti	Instrument Var ou use your hea	iable Name:			Disability
2 3 4 7	AFD.145_ How of All of Some Rarely Never Refuse Don't t:	00.000 ften do y the time of the time ed know Sample a	Instrument Var ou use your hea ne dults 18+ who	iable Name: aring aid(s)? V were asked th	Would you say all	of the time, some of the time, rarely r questions (FDB), were randomly s	Disability y, or never?

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	Adult Fu	Questionnaire - D nctioning and D t Version Date: 31-M	-	7
Question ID:	AFD.150_00.000 Instrument Variable Name:	HEAR_SS	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty hearing [fill: , ever a lot of difficulty, or are you unable to do t		aring aid(s)]? Would you say no d	ifficulty, some difficulty,
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseTex	t: Sample adults 18+ who were asked the Functioning and Disability (AFI	• •	questions (FDB) and were random	ly selected to receive
SkipInstruct	ions: <1-3,R,D>[goto HEAR_3] <4> [goto MOB_SS]			
Question ID:	AFD.170_00.000 Instrument Variable Name:	HEAR_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty hearing what is said your hearing aid(s)]? Would you say no d			
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseTex	t: Sample adults 18+ who were asked Functioning and Disability (AFD) so don't know if they have difficulty he	ection, and have no d	ifficulty, some difficulty, a lot of c	
SkipInstruct	ions: <1-3,R,D>[goto HEAR_4] <4>[goto MOB_SS]			

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	2015 NHIS Qu	uestionnaire -	Functioning And Disability	Ŷ
	Adult Fur	nctioning and D	isability	
	Document	Version Date: 31-M	lay-16	
Question ID:	AFD.170_00.001 Instrument Variable Name:	HEAR_4	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty hearing what is said using your hearing aid(s)]? Would you say			
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseText SkipInstructio	Functioning and Disability (AFD) see don't know if they have difficulty hea (even when wearing their hearing aid	ction, and have no c aring what is said in	lifficulty, some difficulty, a lot of c	difficulty, or refuse or
Question ID:	AFD.180_00.000 Instrument Variable Name:	MOB_SS	QuestionnaireFileName:	Functioning And
				Disability
QuestionText:	Do you have difficulty walking or climbing you unable to do this?	steps? Would you	say no difficulty, some difficulty, a	a lot of difficulty, or are
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseText	: Sample adults 18+ who were asked the Functioning and Disability (AFD		questions (FDB) and were random	ly selected to receive
SkipInstructio	ons: <1-4,R,D> goto MOB_2			
~				

Adult Functioning and Disability

Question ID:	AFD.200	_00.000	Instrument Variable	Name:	MOB_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do yo	u use any	equipment or receiv	ve help fo	or getting around?		
1	Yes						
2	No						
7	Refus	ed					
9	Don't	know					
UniverseTex			dults 18+ who were tioning and Disabilit			uestions (FDB) and were random	ly selected to receive
SkipInstruct	ions:	<1>[gote	MOR 3A1				
		<2,R,D>	[goto MOB_4]				
Question ID:			-	Name:	MOB_3A	QuestionnaireFileName:	Functioning And Disability
	AFD.200	_00.001	[goto MOB_4]	Name:	MOB_3A	QuestionnaireFileName:	
	AFD.200 Do yo	_00.001	[goto MOB_4] Instrument Variable of the following	Name:	MOB_3A	QuestionnaireFileName:	
	AFD.200 Do yo	_00.001 u use any	[goto MOB_4] Instrument Variable of the following	Name:	MOB_3A	QuestionnaireFileName:	
QuestionText:	AFD.200 Do yo Cane o	_00.001 u use any	[goto MOB_4] Instrument Variable of the following	Name:	MOB_3A	QuestionnaireFileName:	
QuestionText: 1	AFD.200 Do yo Cane o Yes	_00.001 u use any or walkin	[goto MOB_4] Instrument Variable of the following	Name:	MOB_3A	QuestionnaireFileName:	
QuestionText: 1 2	AFD.200 Do yo Cane o Yes No Refus	_00.001 u use any or walkin	[goto MOB_4] Instrument Variable of the following	Name:	MOB_3A	QuestionnaireFileName:	
QuestionText: 1 2 7	AFD.200 Do yo Cane o Yes No Refus Don't	_00.001 u use any or walkin ed know Sample a	[goto MOB_4] Instrument Variable of the following g stick? dults 18+ who were	asked th	e family disability q	QuestionnaireFileName: uestions (FDB), were randomly s eent or receive help for getting are	Disability elected to receive the

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		Adult F	Questionnaire - Functioning and ent Version Date: 31		ty
Question ID:	AFD.200_00	0.002 Instrument Variable Nam	e: MOB_3B	QuestionnaireFileName:	Functioning And Disability
QuestionText:	*Read if	necessary.			
	Do you u	se any of the following			
	Walker of	r Zimmer frame?			
1	Yes				
2	No				
7	Refused				
9	Don't kn	ow			
UniverseTex				ty questions (FDB), were randomly iipment or receive help for getting a	
SkipInstruct	tions: <1	,2,R,D> goto MOB_3C			
	A ED 200, 00	2002 Ladamard Variable Nam	WOD 20	Occurring the File Newson	
Question ID:	AFD.200_00	0.003 Instrument Variable Nam	e: MOB_3C	QuestionnaireFileName:	Functioning And Disability
QuestionText:	*Read if	necessary.			
	Do you u	se any of the following			
	Crutches	?			
1	Yes				
2	No				
7	Refused				
9	Don't kn	OW			
UniverseTex				ty questions (FDB), were randomly ipment or receive help for getting a	

SkipInstructions: <1,2,R,D> goto MOB_3D

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		2015 NHIS Qu	estionnaire - 1	Functioning And Disability	7
		Adult Fun	ctioning and Di	isability	
		Document V	Version Date: 31-M	ay-16	
Question ID:	AFD.200_00	.004 Instrument Variable Name:	MOB_3D	QuestionnaireFileName:	Functioning And Disability
QuestionText:	*Read if 1	necessary.			
	Do you us	se any of the following			
	Wheelcha	ir or scooter?			
1	Yes				
2	No				
7	Refused				
9	Don't kn	DW .			
UniverseTe		nple adults 18+ who were asked th actioning and Disability (AFD) sec			
SkipInstruc	ctions: <1,	2,R,D> goto MOB_3E			
Question ID:	AFD.200_00	.005 Instrument Variable Name:	MOB_3E	QuestionnaireFileName:	Functioning And
					Disability
QuestionText:	*Read if 1	necessary.			
	Do you us	se any of the following			
	Artificial	limb (leg/foot)?			
1	Yes				
2	No				
7	Refused				
9	Don't kn	OW.			
UniverseTe		nple adults 18+ who were asked th actioning and Disability (AFD) sec			
SkipInstruc	ctions: <1,	2,R,D> goto MOB_3F			

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			Adult Fun	Interstition Interstition Interstity Interstition	•	y
Question ID:	AFD.200_	_00.006]	nstrument Variable Name:	MOB_3F	QuestionnaireFileName:	Functioning And Disability
QuestionText:	*Read	if necessa	ıry.			
	Do yoι	ı use any	of the following			
	Someo	ne's assis	ance?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseText					y questions (FDB), were randomly a presence of the second se	
SkipInstructi	ions:	<1,2,R,D	> goto MOB_3G			
Question ID:	AFD.200_	<u>00.007</u> 1	instrument Variable Name:	MOB_3G	QuestionnaireFileName:	Functioning And Disability
QuestionText:	*Read	if necessa	ıry.			
	Do yoι	ı use any	of the following			
	Other t	ype of eq	uipment or help?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseText		Sample ad Functioni	dults 18+ who were asked th ng and Disability (AFD) sec	ne family disability cisability cition, and use equi	y questions (FDB), were randomly a ipment or receive help for getting an	selected to receive the round
~						

SkipInstructions: <1,2,R,D> if MOB_3D=1, [goto COM_SS]; else if MOB_3D=2,R,D [goto MOB_4]

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2015 NHIS Question	naire -	Functioning And Disability	
Adult Functioni	ng and D	isability	
Document Version	Date: 31-M	lay-16	
AFD.210_00.000 Instrument Variable Name: MO	B_4	QuestionnaireFileName:	Functioning And Disability
Do you have difficulty walking 100 yards on level § block [fill: without the use of your aid(s)]? Would y unable to do this?	<i>.</i> .	e	<i>.</i>

2	Some difficulty
3	A lot of difficulty
4	Cannot do at all/unable to do
7	Refused
9	Don't know
UniverseText:	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and do not use a wheelchair or scooter
SkipInstruction	s: <1-3,R,D>[goto MOB_5] <4>[goto MOB_6]

Question ID:

QuestionText:

1

No difficulty

Question ID:	AFD.220_00.000 Instrument Variable Name:	MOB_5	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty walking a third of a blocks [fill: without the use of your aid(s)]? unable to do this?	U	e e	
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseTex	t: Sample adults 18+ who were asked the Functioning and Disability (AFD) se difficulty, a lot of difficulty, or refuse (without the use of their aid)	ction, do not use a	wheelchair or scooter, and have no	difficulty, some
SkipInstruct	tions: <1,2,R,D> goto MOB_6			

Adult Functioning and Disability

Question ID:	AFD.230_	00.000 Instru	ment Variable Name:	MOB_6	QuestionnaireFileName:	Functioning And Disability
QuestionText:	-	have difficulty unable to do th		n 12 steps? Would yo	u say no difficulty, some difficult	y, a lot of difficulty, or
1	No di	ficulty				
2	Some	difficulty				
3	A lot	of difficulty				
4	Canno	t do at all/unab	le to do			
7	Refus	ed				
9	Don't	know				
UniverseText		Functioning and		ection, and did not us	questions (FDB), were randomly s e any equipment or receive help w	
SkipInstructi	ions			G014 661		
			=1 [goto MOB_7]		QuestionnaireFileName	Functioning And
Question ID:		else if MOB_2=			QuestionnaireFileName:	Functioning And Disability
-	AFD.240_ Do you	else if MOB_2= 00.000 Instrum have difficulty	=1 [goto MOB_7] ment Variable Name:	MOB_7 on level ground, that	QuestionnaireFileName: would be about the length of one t me difficulty, a lot of difficulty, or	Disability football field or one cit
-	AFD.240_ Do you block, this?	00.000 Instrum have difficulty when using you	=1 [goto MOB_7] ment Variable Name:	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText:	AFD.240_ Do you block, this? No di	else if MOB_2= 00.000 Instrum have difficulty	=1 [goto MOB_7] ment Variable Name:	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText:	AFD.240 Do you block, this? No di Some	else if MOB_2= 00.000 Instru have difficulty when using you	=1 [goto MOB_7] ment Variable Name:	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText: 1 2	AFD.240 Do you block, this? No di Some A lot	else if MOB_2= 00.000 Instrum have difficulty when using you ficulty difficulty	=1 [goto MOB_7] ment Variable Name: y walking 100 yards ir aid(s)? Would you	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText: 1 2 3	AFD.240 Do you block, this? No di Some A lot	00.000 Instrum have difficulty when using you ficulty difficulty of difficulty t do at all/unab	=1 [goto MOB_7] ment Variable Name: y walking 100 yards ir aid(s)? Would you	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText: 1 2 3 4	AFD.240 Do you block, this? No di Some A lot Canno	else if MOB_2= 00.000 Instruct have difficulty when using you ficulty difficulty of difficulty t do at all/unab	=1 [goto MOB_7] ment Variable Name: y walking 100 yards ir aid(s)? Would you	MOB_7 on level ground, that	would be about the length of one	Disability football field or one cit
QuestionText: 1 2 3 4 7	AFD.240 Do you block, this? No di Some A lot Canno Refus Don't	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	=1 [goto MOB_7] ment Variable Name: wwalking 100 yards ir aid(s)? Would you ile to do 18+ who were asked d Disability (AFD) s	MOB_7 on level ground, that a say no difficulty, so the family disability	would be about the length of one	Disability football field or one cit are you unable to do

Adult Functioning and Disability

Question ID:	AFD.250_00.000	Instrument Variable Name:	MOB_8	QuestionnaireFileName:	Functioning And Disability
QuestionText:	-		-	d, that would be the length of five to ome difficulty, a lot of difficulty, o	-
1	No difficulty				
2	Some difficulty	ý			
3	A lot of difficu	lty			
4	Cannot do at al	ll/unable to do			
7	Refused				
9	Don't know				
UniverseText	Function wheelcha	ing and Disability (AFD) sec ir or scooter, and who have	ction, use equipmen no difficulty, some	questions (FDB), were randomly s t or receive help for getting around difficulty, a lot of difficulty, or ref	l but do not use a
SkipInstructi		e difficulty walking 100 yard	is on level ground,	when using then and	
	ons: <1-4,R,D	D> goto COM_SS	COM SS	QuestionnaireFileName:	Functioning And
	ons: <1-4,R,D				Functioning And Disability
Question ID:	ons: <1-4,R,D AFD.270_00.000 Using your usua	>> goto COM_SS Instrument Variable Name: al language, do you have dif	COM_SS		Disability
Question ID:	ons: <1-4,R,D AFD.270_00.000 Using your usua	>> goto COM_SS Instrument Variable Name: al language, do you have dif	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText:	AFD.270_00.000 Using your usua Would you say	> goto COM_SS Instrument Variable Name: al language, do you have dif no difficulty, some difficulty	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText: 1	AFD.270_00.000 Using your usua Would you say No difficulty	b> goto COM_SS Instrument Variable Name: al language, do you have dif no difficulty, some difficulty	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText: 1 2	AFD.270_00.000 Using your usua Would you say No difficulty Some difficulty	> goto COM_SS Instrument Variable Name: al language, do you have difficulty, some difficulty	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText: 1 2 3	AFD.270_00.000 Using your usua Would you say No difficulty Some difficulty A lot of difficu	> goto COM_SS Instrument Variable Name: al language, do you have difficulty, some difficulty	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText: 1 2 3 4	AFD.270_00.000 Using your usua Would you say No difficulty Some difficulty A lot of difficulty Cannot do at al	> goto COM_SS Instrument Variable Name: al language, do you have difficulty, some difficulty	COM_SS	QuestionnaireFileName:	Disability
Question ID: QuestionText: 1 2 3 4 7	AFD.270_00.000 Using your usua Would you say No difficulty Some difficulty A lot of difficu Cannot do at al Refused Don't know	> goto COM_SS Instrument Variable Name: al language, do you have dif no difficulty, some difficulty y Ity Il/unable to do	COM_SS ficulty communicat y, a lot of difficulty ne family disability	QuestionnaireFileName:	Disability being understood?

Adult Functioning and Disability

Question ID:	AFD.290 <u>-</u>	_00.000 I	nstrument Variable Name:	COM_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you	ı use sign	language?			
1	Yes					
2	No					
7	Refus	ed				
9	Don't	know				
UniverseTex			dults 18+ who were asked to oning and Disability (AFE		y questions (FDB) and were random	ly selected to receive
SkipInstruct	tions:	<1,2,R,D>	> goto COG_SS			
Question ID: QuestionText:	-	-	nstrument Variable Name:	COG_SS	QuestionnaireFileName:	Functioning And Disability
Question rext.		i unable to		icentrating? would	i you say no unneuty, some unneu	ity, a lot of difficulty, of
1	No di	fficulty				
2	Some	difficulty				
3	A lot	of difficul	ty			
4	Canno	ot do at all	/unable to do			
7	Refus	ed				
9	Don't	1				
		know				
UniverseTex		Sample ac	lults 18+ who were asked to oning and Disability (AFE		y questions (FDB) and were random	ly selected to receive

Adult Functioning and Disability

Question ID:	AFD.310_00.000) Instrument Variable Name:	COG_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have	difficulty remembering, conce	ntrating, or both?		
1	Difficulty ren	membering only			
2	Difficulty co	ncentrating only			
3	Difficulty wi	th both remembering and cond	centrating		
7	Refused				
9	Don't know				
UniverseText	Functio		ction, and have som	questions (FDB), were randomly s e difficulty, a lot of difficulty, or a to remember or concentrate	
SkipInstructio		,D>[goto COG_2] oto UB_SS]			
Question ID:	AFD.320_00.000) Instrument Variable Name:	COG_2	QuestionnaireFileName:	Functioning And Disability
	_			QuestionnaireFileName: y sometimes, often or all of the tim	Disability
	_			-	Disability
QuestionText:	– How often do			-	Disability
QuestionText: 1	- How often do Sometimes	you have difficulty remember		-	Disability
QuestionText: 1 2	How often do Sometimes Often	you have difficulty remember		-	Disability
QuestionText: 1 2 3	How often do Sometimes Often All of the tin	you have difficulty remember		-	Disability
QuestionText: 1 2 3 7	How often do Sometimes Often All of the tin Refused Don't know :: Sample Functio or cond had dif	you have difficulty remember ne e adults 18+ who were asked th pning and Disability (AFD) sec centrate, or refused to answer o	ring? Would you say ne family disability ction, and had some or didn't know if the ficulty both rememb	y sometimes, often or all of the tim questions (FDB), were randomly s difficulty, a lot of difficulty, or we y had difficulty remembering or co pering and concentrating, or refused	Disability e? elected to receive the ere unable to remember oncentrating AND they

Adult Functioning and Disability

Question ID:	AFD.330_00.00	() Instrument Variable Name:	COG_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have	difficulty remembering a few t	hings, a lot of thi	ngs, or almost everything?	
1	A few thing	s			
2	A lot of thir	igs			
3	Almost ever	rything			
7	Refused				
9	Don't know				
SkipInstruct	or cor had di know	centrate, or refused to answer of	or didn't know if t iculty both remer	ne difficulty, a lot of difficulty, or we ney had difficulty remembering or co nbering and concentrating, or refused g, or both	oncentrating AND they
Question ID:	AFD.360_00.00	() Instrument Variable Name:	UB_SS	QuestionnaireFileName:	Functioning And Disability
QuestionText:	-	difficulty with self care, such a lty, or are you unable to do this	-	r or dressing? Would you say no difi	-
1	No difficult	V			
2	Some diffic	•			
3	A lot of diff	•			
4		t all/unable to do			
7	Refused				
9	Don't know				
UniverseTex	1	e adults 18+ who were asked th nctioning and Disability (AFD)		y questions (FDB) and were random	ly selected to receive
SkipInstruct	tions: <1-4,1	R,D> goto UB_1			

Adult Functioning and Disability

	AFD.370_00.000 Instrument Variable Name:	UB_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you have difficulty raising a 2 liter bottl difficulty, a lot of difficulty, or are you una		from waist to eye level? Would you	say no difficulty, some
1	No difficulty			
2	Some difficulty			
3	A lot of difficulty			
4	Cannot do at all/unable to do			
7	Refused			
9	Don't know			
UniverseText:	Sample adults 18+ who were asked the Functioning and Disability (AFD		questions (FDB) and were random	ly selected to receive
SkipInstructio	ons: <1-4,R,D> goto UB_2			
Question ID:	AFD.380_00.000 Instrument Variable Name:	UB_2	QuestionnaireFileName:	Functioning And
Question ID: A	AFD.380_00.000 Instrument Variable Name:	UB_2	QuestionnaireFileName:	Functioning And Disability
-	AFD.380_00.000 Instrument Variable Name: Do you have difficulty using your hands an opening or closing containers or bottles? W to do this?	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
-	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this?	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText:	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this? No difficulty	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText:	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this?	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this? No difficulty Some difficulty	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this? No difficulty Some difficulty A lot of difficulty	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3 4	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this? No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do	– d fingers, such as j	bicking up small objects, for exampl	Disability e, a button or pencil, or
QuestionText: 1 2 3 4 7	Do you have difficulty using your hands an opening or closing containers or bottles? W to do this? No difficulty Some difficulty A lot of difficulty Cannot do at all/unable to do Refused Don't know	d fingers, such as p ould you say no di he family disabilit	picking up small objects, for exampl fficulty, some difficulty, a lot of dif	Disability e, a button or pencil, or ficulty, or are you unable

Adult Functioning and Disability

Question ID:	AFD.410_(0.000 Instrument	Variable Name:	ANX_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	How of	en do you feel wor	ried, nervous or a	anxious? Would you	ı say daily, weekly, monthly, a fev	times a year, or never?
1	Daily					
2	Weekly					
3	Monthl	/				
4	A few	mes a year				
5	Never					
7	Refuse	l				
9	Don't k	IOW				
UniverseTex		mple adults 18+ w e Functioning and			questions (FDB) and were random	ly selected to receive
SkipInstruct	tions: <	-5.R.D> goto ANZ	X 2			
SkipInstruct	tions: <	-5,R,D> goto AN2	X_2			
SkipInstruct	tions: <	-5,R,D> goto AN2	X_2			
SkipInstruct	tions: <	-5,R,D> goto AN2	X_2			
SkipInstruct	tions: <	l-5,R,D> goto AN2	X_2			
SkipInstruct		0.000 Instrument		ANX_2	QuestionnaireFileName:	Functioning And Disability
Question ID:	AFD.420_0		Variable Name:	ANX_2	QuestionnaireFileName:	e
Question ID:	AFD.420_0	0.000 Instrument	Variable Name:	ANX_2	QuestionnaireFileName:	e
Question ID: QuestionText:	AFD.420_(Do you	0.000 Instrument	Variable Name:	ANX_2	QuestionnaireFileName:	e
Question ID: QuestionText: 1	AFD.420_(Do you Yes	0.000 Instrument	Variable Name:	ANX_2	QuestionnaireFileName:	e
Question ID: QuestionText: 1 2	AFD.420_0 Do you Yes No	0.000 Instrument	Variable Name:	ANX_2	QuestionnaireFileName:	e
Question ID: QuestionText: 1 2 7	AFD.420_(Do you Yes No Refuse Don't k xt: S	0.000 Instrument	Variable Name: • these feelings? • ho were asked th	ne family disability	QuestionnaireFileName: questions (FDB) and were random	Disability

Adult Functioning and Disability

Question ID:	AFD.430_00.000 Instrument Variable Name: ANX_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinking about the last time you felt worried, nervous or anxious, ho Would you say a little, a lot, or somewhere in between?	ow would you describe the lev	el of these feelings?
1	A little		
2	A lot		
3	Somewhere in between a little and a lot		
7	Refused		
9	Don't know		
UniverseText SkipInstructio	Functioning and Disability (AFD) section, and feel worried, a times a year or don't know or refused how often OR who do ta refused if they take medication for these feelings	nxious, or nervous daily, wee	kly, monthly, a few
Skipilisti učtv	ions: <1-3,R,D> goto DEP_1		
	AFD.450_00.000 Instrument Variable Name: DEP_1	QuestionnaireFileName:	Functioning And Disability
Question ID:			Disability
Question ID:	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo		Disability
Question ID:	AFD.450_00.000 Instrument Variable Name: DEP_1		Disability
Question ID:	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily		Disability
Question ID:	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily Weekly		Disability
Question ID: QuestionText: 1 2 3	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily Weekly Monthly		Disability
Question ID: Question Text: 1 2 3 4	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily Weekly Monthly A few times a year		Disability
Question ID: QuestionText: 1 2 3 4 5	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily Weekly Monthly A few times a year Never		Disability
Question ID: QuestionText: 1 2 3 4 5 7	AFD.450_00.000 Instrument Variable Name: DEP_1 How often do you feel depressed? Would you say daily, weekly, mo Daily Weekly Monthly A few times a year Never Refused Don't know	nthly, a few times a year, or n	Disability ever?

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.460_00	.000 Instrument Variable Name:	DEP_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Do you ta	ke medication for depression?			
1	Yes				
2	No				
7	Refused				
9	Don't kn	OW			
UniverseTex		nple adults 18+ who were asked th Functioning and Disability (AFD)		questions (FDB) and were random	ly selected to receive
SkipInstruct	<2	R,D> [goto DEP_3] > if DEP_1=5 [goto PAIN_2]; e [goto DEP_3]			
Question ID:	AFD.470_00	.000 Instrument Variable Name:	DEP_3	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinking between?	about the last time you felt depress	sed, how depressed	d did you feel? Would you say a litt	le, a lot, or somewhere ir
1	A little				
2	A lot				
3	Somewh	ere in between a little and a lot			
7	Refused				
9	Don't kn	OW			
UniverseTex	Fu	nctioning and Disability (AFD) sec	tion, and feel dep	y questions (FDB), were randomly s ressed daily, weekly, monthly, a few take medication or refused or don'	times a year or refused
		-			

SkipInstructions: <1-3,R,D> goto PAIN_2

Adult Functioning and Disability

Document Version Date: 31-May-16

Question ID:	AFD.500_00.000	Instrument Variable Name:	PAIN_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:	In the past 3 m	onths, how often did you hav	e pain? Would yo	ou say never, some days, most days, c	or every day?
1	Never				
2	Some days				
3	Most days				
4	Every day				
7	Refused				
9	Don't know				
UniverseText	· · · · · ·	adults 18+ who were asked th ctioning and Disability (AFD)		y questions (FDB) and were random	ly selected to receive
SkipInstructio		to TIRED_1] R,D> [goto PAIN_4]			
Question ID:	AFD.520_00.000	Instrument Variable Name:	PAIN_4	QuestionnaireFileName:	Functioning And Disability
QuestionText:	Thinking abou between?	t the last time you had pain, h	ow much pain die	d you have? Would you say a little, a	lot, or somewhere in

1 A little 2 A lot

- 3 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know
- UniverseText: Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and have had pain some days, most days, every day, or refused or don't know how often they have had pain in the past 3 months

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

Adult Functioning and Disability

Question ID:	AFD.540_	0.000 In	trument Variable Name:	TIRED_1	QuestionnaireFileName:	Functioning And Disability
QuestionText:	In the p every d		ns, how often did you feel	very tired or exha	usted? Would you say never, some	days, most days, or
1	Never					
2	Some	lays				
3	Most d	ays				
4	Every	lay				
7	Refuse	d				
9	Don't l	now				
UniverseTex		-	lts 18+ who were asked th ning and Disability (AFD)		questions (FDB) and were random	ly selected to receive
SkipInstruct			ext section] goto TIRED_2]			
Question ID:	AFD.550_)0.000 In	trument Variable Name:	TIRED_2	QuestionnaireFileName:	Functioning And Disability
QuestionText:		g about the or all of t		red or exhausted, h	ow long did it last? Would you say	some of the day, most of
1	Some	of the day				
2		f the day				
3	All of	•				
7	Refuse	-				
9	Don't l	now				
UniverseTex	F	unctioning	and Disability (AFD) see	ction, and felt very	r questions (FDB), were randomly s tired or exhausted some days, most exhausted in the past 3 months	
SkipInstruct	ions: <	1-3 R D>	goto TIRED_3			

Adult Functioning and Disability

Question ID:	D.560_00.000 Instrument Variable Name: TIRED_3 QuestionnaireFileName: Functioning And Disability
QuestionText:	Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?
1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know
UniverseText	Sample adults 18+ who were asked the family disability questions (FDB), were randomly selected to receive the Functioning and Disability (AFD) section, and felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months
SkipInstructi	