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# 2017 NHIS Public Use Variable Summary

## Functioning and Disability

Filename - Section: funcdisb - IDN

**Document Version Date:** April 18, 2018

Question #		Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
IDN.000_00.000				RECTYPE	File type identifier	1 - 2	2
IDN.000_02.000				SRVY_YR	Year of National Health Interview Survey	3-6	4
IDN.000_04.000				HHX	Household Number	7 - 12	6
IDN.000_25.000				INTV_QRT	Interview Quarter	13	1
IDN.000_30.000				INTV_MON	Assignment/Interview Month	14 - 15	2
IDN.000_35.000				FMX	Family Number	16 - 17	2
IDN.000_40.000			FPX	FPX	Person Number (Within family)	18 - 19	2
IDN.000_70.000				WTFA_AFD	Weight - Final Annual Functioning and Disability file	20 - 25	6
UCF.000_00.000	R15	RECODE		PSTRAT	Pseudo-stratum for public-use file variance estimation	26 - 28	3
UCF.000_00.000	R16	RECODE		PPSU	Pseudo-PSU for public-use file variance estimation	29 - 31	3
FDB.001_00.000			FDRN_FLG	FDRN_FLG	Disability Questions flag	32	1
AFD.090_00.000			VIS_0	VIS_0	Does respondent wear glasses?	33	1
AFD.100_00.000			VIS_SS	VIS_SS2	Degree of difficulty seeing	34	1
AFD.140_00.000			HEAR_1	HEAR_1R	Do you use a hearing aid?	35	1
AFD.145_00.000			HEAR_2	HEAR_2R	How often do you use a hearing aid?	36	1
AFD.150_00.000			HEAR_SS	HEAR_SS2	Degree of difficulty hearing	37	1
AFD.170_00.000			HEAR_3	HEAR_3	Difficulty hearing conversation with one person in quiet room	38	1
AFD.170_00.001			HEAR_4	HEAR_4	Diff hearing one person in noisier room even w/ hearing aid	39	1
AFD.180_00.000			MOB_SS	MOB_SS2	Degree of difficulty walking or climbing steps	40	1
AFD.200_00.000			MOB_2	MOB_2R	Use equipment or receive help for getting around?	41	1
AFD.200_00.001			MOB_3A	MOB_3A	Use cane or walking stick?	42	1
AFD.200_00.002			MOB_3B	MOB_3B2	Use a walker or Zimmer frame?	43	1
AFD.200_00.003			MOB_3C	MOB_3C	Use crutches?	44	1
AFD.200_00.004			MOB_3D	MOB_3D2	Use a wheelchair or scooter?	45	1

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## Functioning and Disability

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Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
AFD.200_00.005		MOB_3E	MOB_3E2	Use artificial limb (leg/foot)?	46	1
AFD.200_00.006		MOB_3F	MOB_3F	Use someone's assistance?	47	1
AFD.200_00.007		MOB_3G	MOB_3G	Use other type of equipment or help?	48	1
AFD.210_00.000		MOB_4	MOB_4	Diff walking 100 yards on level ground w/o aid or equipment	49	1
AFD.220_00.000		MOB_5	MOB_5	Diff walking 1/3rd mile on level ground w/o aid or equipment	50	1
AFD.230_00.000		MOB_6	MOB_6	Diff walking up or down 12 steps w/o aid or equipment	51	1
AFD.240_00.000		MOB_7	MOB_7	Diff walking 100 yards on level ground w/ aid or equipment	52	1
AFD.250_00.000		MOB_8	MOB_8	Diff walking 1/3rd mile on level ground w/ aid or equipment	53	1
AFD.270_00.000		COM_SS	COM_SS	Degree of difficulty communicating using usual language	54	1
AFD.290_00.000		COM_2	COM_2	Use sign language?	55	1
AFD.300_00.000		COG_SS	COG_SS	Degree of difficulty remembering or concentrating	56	1
AFD.310_00.000		COG_1	COG_1	Difficulty remembering, concentrating, or both?	57	1
AFD.320_00.000		COG_2	COG_2	How often have difficulty remembering?	58	1
AFD.330_00.000		COG_3	COG_3	Amount of things you have difficulty remembering?	59	1
AFD.360_00.000		UB_SS	UB_SS	Degree of difficulty with self-care	60	1
AFD.370_00.000		UB_1	UB_1	Diff raising 2 liter bottle of water from waist to eye level	61	1
AFD.380_00.000		UB_2	UB_2	Degree of difficulty using hands and fingers	62	1
AFD.410_00.000		ANX_1	ANX_1	How often feel worried, nervous, or anxious?	63	1
AFD.420_00.000		ANX_2	ANX_2	Take medication for worried, nervous, or anxious feelings?	64	1
AFD.430_00.000		ANX_3	ANX_3R	Level of feelings when last felt worried, nervous, or anxious?	65	1
AFD.450_00.000		DEP_1	DEP_1	How often do you feel depressed?	66	1
AFD.460_00.000		DEP_2	DEP_2	Take medication for depression?	67	1
AFD.470_00.000		DEP_3	DEP_3R	How depressed you felt last time you were depressed?	68	1
AFD.500_00.000		PAIN_2	PAIN_2A	Frequency of pain in past 3 months	69	1

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### Functioning and Disability

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Question #		Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
AFD.520_00.000			PAIN_4	PAIN_4	How much pain you had last time you had pain?	70	1
AFD.540_00.000			TIRED_1	TIRED_1	How often felt very tired or exhausted in past 3 months	71	1
AFD.550_00.000			TIRED_2	TIRED_2	How long most recent tired or exhausted feelings lasted?	72	1
AFD.560_00.000			TIRED_3	TIRED_3	Level of tiredness last time felt very tired or exhausted	73	1
AFD.000_00.000	R01	RECODE		RCS_AFD	Record completion status	74	1
		Number o	f variables for Public Use fi	le: Functioning	and Disability 53		