2008 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 24-Apr-09

Question ID: AID.005_00.000   **Instrument Variable Name:**   SADULT   **QuestionnaireFileName:**   Sample Adult

QuestionText: * The sample adult person is [fill: ALIAS of Sample Adult]. The next questions must be answered by this person. Probe as necessary to determine the availability of [fill: ALIAS of Sample Adult].

* If refused enter CTRL-R

1	Available
2	Not available
3	Physical or mental condition prohibits responding
7	Refused

UniverseText: This is the Sample Adult and (the Sample Adult section has not been started or completed).

SkipInstructions:
```
<1> if Sample Adult = demographics.hhc.RELRESP_A
       goto beginning of adult.asd
     elseif Sample Adult = demographics.hhc.HHRESP
       goto beginning of adult.asd
     else
       goto AIDVERF_S
     endif
<2> goto callbk.ACALLBK1
<3> goto PROX1
<R> store '4' in ASTAT
       if recontact.RCIFLAG ne '1'
         goto recontact.RCI_BEGIN procedure
       else
         goto back.OUTCOMEB1 procedure
       endif
```

Question ID: AID.010_00.000   **Instrument Variable Name:**   PROX1   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about [fill: ALIAS of Sample Adult]'s health available?

1	Yes
2	No

UniverseText: The Sample Adult's physical or mental condition prohibits responding.

SkipInstructions:
```
<1> goto PROX2
<2> goto PROX3
```

2008 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 24-Apr-09

Question ID: AID.015_00.000 **Instrument Variable Name:**   PROX2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Ask if necessary.

What is this person's relationship to [fill: ALIAS of Sample Adult]?

1	Relative who lives in household
2	Relative who doesn't live in household
3	Other caregiver
4	Other
7	Refused
9	Don't know

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

Question ID: AID.020_00.000 **Instrument Variable Name:**   PROX3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Ask if necessary.

Can a callback with someone knowledgeable about [fill: ALIAS of Sample Adult]'s health be arranged?

1	Yes
2	No

UniverseText: Knowledgeable proxy is not available.

SkipInstructions:
```
<1> goto callbk.ACALLBK1
<2> store '3' in ASTAT
    if recontact.RCIFLAG ne '1'
      goto recontact.RCI_BEGIN procedure
    else
      goto back.OUTCOMEB1 procedure
    endif
```

Question ID: AID.030_00.000 **Instrument Variable Name:**   AIDVERF_S **QuestionnaireFileName:** Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your sex as [fill: Sex of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult is not the person entered in HHRESP or RELRESP_A. Or PROX1 = 'Yes'.

SkipInstructions:
<1> goto AIDVERF_A
<2> goto AIDSEX

2008 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 24-Apr-09

Question ID: AID.040_00.000   **Instrument Variable Name:**   AIDSEX   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Ask if appropriate; otherwise, enter your best guess of the person's sex.

Are you Male or Female?

1	Male
2	Female

UniverseText: Respondent said his/her sex is not correct.

SkipInstructions: <1,2> store AIDSEX in SEX
      goto ERR_AIDSEX
      reset AIDVERF_S
      goto AIDVERF_S

Question ID: AID.045_00.000   **Instrument Variable Name:**   AIDVERF_A   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your age as [fill: Age of Sample Adult] old. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her sex is correct.

SkipInstructions: <1> goto AIDVERF_D
   <2> goto AIDAGE

Question ID: AID.050_00.000   **Instrument Variable Name:**   AIDAGE   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old are you?

000-120	Age in years
997	Refused
999	Don't know

UniverseText: Respondent said his/her age is not correct

SkipInstructions: <0-120, Refused, Don't know>
      if AIDAGE = 'Refused' or AIDAGE = 'Don't know' or AIDAGE = AGE
       reset AIDVERF_A
       goto ERR_AIDAGE
      else
       store AIDAGE in AGE
       goto AIDDOB_M

2008 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 24-Apr-09

Question ID: AID.055_00.000   **Instrument Variable Name:**   AIDVERF_D   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Please verify the following information about the sample adult before proceeding:

I have recorded your birthday as [fill: Birthday of Sample Adult]. Is this correct?

*If respondent "refuses" or says "don't know", enter "1" for "yes".

1	Yes
2	No

UniverseText: Sample Adult said his/her age is correct.

SkipInstructions: <1> if AGE of Sample Adult le '17'
             goto NO_MORE
         else
            goto beginning of adult.asd
         endif
      <2> goto AIDDOB_M

Question ID: AID.060_01.000   **Instrument Variable Name:**   AIDDOB_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-12, Refused, Don't know> goto AIDDOB_D

2008 NHIS Questionnaire - Sample Adult
Adult Identification
Document Version Date: 24-Apr-09

Question ID: AID.060_02.000 **Instrument Variable Name:** AIDDOB_D **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 3

*Enter day of birth.

01-31	Day of the month
97	Refused
99	Don't know

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <01-31,Refused,Don't know> goto AIDDOB_Y

If days not valid, goto ERR_AIDDOB_D

Question ID: AID.060_03.000 **Instrument Variable Name:** AIDDOB_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 3 of 3

*Enter year of birth.

1880-2020	Year of birth

UniverseText: Respondent said his/her date of birth is not correct or his/her age is not correct

SkipInstructions: <1880-2020, Refused, Don't know> if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
            goto AIDVERF_A
         elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
            goto AIDVERF_D
         endif

(if year GT current year) or (if year = current year and month GT current month) or (if year = current year and month = current month and day GT current day)
   goto ERR1_AIDDOB_Y
endif

(if birth month = '02' and birth day = '29' and this is not a leap year)
   goto ERR2_AIDDOB_Y
endif

(if AIDDOB_M = 'Ref' or 'DK') or (if AIDDOB_D = 'Re'f or 'DK') or (if AIDDOB_Y = 'Ref' or 'DK')
   goto ERR3_AIDDOB_Y
else
   store AIDDOB_M in DOBM
   store AIDDOB_D in DOBD
   store AIDDOB_Y in DOBY
   if AIDVERF_A = '2' (No) then reset AIDVERF_A to empty
      goto AIDVERF_A
   elseif AIDVERF_D = '2' (No) then reset AIDVERF_D to empty
      goto AIDVERF_D
   endif
endif

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

if age from AIDDOB items is ne AGE and age from AIDDOB items is valid
   reset AIDVERF_A or AIDVERF_D.
   goto ERR4_AIDDOB_Y
endif

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID: ASD.050_00.000   **Instrument Variable Name:**   WRKVER   **QuestionnaireFileName:**   Sample Adult

QuestionText: Earlier I recorded that in the last week you were

(Fill1: working for pay at a job or business.)
(Fill2: with a job or business but not at work.)
(Fill3: looking for work.)
(Fill4: working, but not for pay, at a family-owned job or business.)
(Fill5: not working at a job or business and not looking for work.)

Is that correct?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working or not working last week

SkipInstructions:
<1> if DOINGLW2 = 1,2,4 [goto WHOWRK]
else if DOINGLW2 = 3,5 [goto EVERWRK]
<2> [go to WRKCOR]
<R,D> [go to EVERWRK]

Question ID: ASD.060_00.000   **Instrument Variable Name:**   WRKCOR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A1   ? [F1]

What is your correct working status?

1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose reported working status in the Family section was incorrect or sample adults who were not the Family Respondent and had answers of Refused of Don't know to the working status question from the family section

SkipInstructions:
<1,4> [goto to WHOWRK]
<2,5> [goto WHYNOWK2]
<3,R,D> [goto EVERWRK]

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID: ASD.062_00.000 **Instrument Variable Name:** DOINGLW2 **QuestionnaireFileName:** Sample Adult

QuestionText: Corrected Employment Status Last Week: (not displayed)

1	Working for pay at a job or business
2	With a job or business but not at work
3	Looking for work
4	Working, but not for pay, at a family-owned job or business
5	Not working at a job or business and not looking for work
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who verified or corrected their reported working status from the family section, or who were the Family Respondent and answered Refused or Don't know to the working status question from the family section

SkipInstructions: if DOINGLW2 = R,D [goto EVERWRK]
endif

Question ID: ASD.065_00.000 **Instrument Variable Name:** WHYNOWK2 **QuestionnaireFileName:** Sample Adult

QuestionText: (Fill1: What is the main reason you did not work last week?)

(Fill2: What is the main reason you did not have a job or business last week?)

01	Taking care of house or family
02	Going to school
03	Retired
04	On a planned vacation from work
05	On family or maternity leave
06	Temporarily unable to work for health reasons
07	Have job/contract and off-season
08	On layoff
09	Disabled
10	Other
97	Refused
99	Don't know

UniverseText: Sample Adults 18+ whose corrected working status last week was not working at a job or business and not looking for work or with a job or business but not at work

SkipInstructions: <1-10,R,D> if WRKCOR = 2 [goto WHOWRK]
else [goto EVERWRK]

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID:	ASD.066_00.000	**Instrument Variable Name:**	EVERWRK	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever held a job or worked at a business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were NOT working at a job or business and not looking for work or looking for work last week or didn't know or refused to provide their employment status last week

SkipInstructions: <1> [go to WHOWRK]
<2,R,D> [go to next section]

Question ID:	ASD.070_00.000	**Instrument Variable Name:**	WHOWRK	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]
[If DOINGLW2 eq <1,2,4>, display]For whom did you work at your MAIN job or business? (Name of company, business, organization or employer) [Else if EVERWRK eq <1> and WHYNOWK2 = 03 or AGE ge 65]Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer) [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization, or employer)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto KINDIND]

Question ID:	ASD.080_00.000	**Instrument Variable Name:**	KINDIND	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

What kind of business or industry was this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto KINDWRK]

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID:	ASD.090_00.000	**Instrument Variable Name:**	KINDWRK	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

What kind of work were you doing? (For example: farming, mail clerk, computer specialist.)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto IMPACT]

Question ID:	ASD.100_00.000	**Instrument Variable Name:**	IMPACT	**QuestionnaireFileName:**	Sample Adult

QuestionText: ? [F1]

What were your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <90 char long,R,D> [goto WRKCAT]

Question ID:	ASD.110_00.000	**Instrument Variable Name:**	WRKCAT	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A2 ? [F1]

[If DOINGLW2 eq <1,2,4>] Looking at the card, which of these best describes your current job or work situation? [Else if EVERWRK eq <1>] and [WHYNOWK2 eq 03 or AGE ge 65] Looking at the card, which of these best describes the job you held for the longest time?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Looking at the card, which of these best describes the job you held most recently?
* Read answer choices if necessary.

1	Employee of a PRIVATE company for wages
2	A FEDERAL government employee
3	A STATE government employee
4	A LOCAL government employee
5	Self-employed in OWN business, professional practice or farm
6	Working WITHOUT PAY in a family-owned business or farm
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-4,6,R,D> [goto LOCALLNO]
<5> [goto BUSINC]

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID: ASD.112_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult

QuestionText: Is this business incorporated?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are self-employed

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

Question ID: ASD.120_00.000 **Instrument Variable Name:** LOCALLNO **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A3

Thinking about [If DOINGLW2 eq <1,2,4>] this MAIN job or business [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] your last week at the job you held the longest [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] your last week at the job you held most recently how many people work(ed) at this location?

how many people (Fill4:work/Fill5: worked) at this location?

* "People" includes both FULL- and PART-time employees; "location" refers to the street address of the workplace.

01	1-9 employees
02	10-24 employees
03	25-49 employees
04	50-99 employees
05	100-249 employees
06	250-499 employees
07	500-999 employees
08	1000 employees or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-8,R,D> [goto WRKLONGN]

2008 NHIS Questionnaire - Sample Adult
Adult Socio-Demographic
Document Version Date: 24-Apr-09

Question ID: ASD.140_01.000 **Instrument Variable Name:** WRKLONGN **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

About how long [If DOINGLW2 eq <1,2,4>] have you worked at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] did you work at the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] did you work at the job you held most recently?

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1-365> [goto WRKLONGT]
<R,D> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [goto WRKLONGH]

Question ID: ASD.140_02.000 **Instrument Variable Name:** WRKLONGT **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period.

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked) and who gave a number entry in WRKLONGN

SkipInstructions: <1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]; else [goto WRKLONGH]
<4> if WRKLONGN gt AGE then [goto ERR_WRKLONGT]

Question ID: ASD.146_00.000 **Instrument Variable Name:** WRKLONGH **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

[If DOINGLW2 eq 1,2,4] Is this MAIN job or business the job you have held for the longest? [Else if EVERWRK eq 1 and WHYNOWK2 ne 03 and AGE lt 65] Was your most recently held job also the job you held the longest?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ (who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business,) or (who have ever worked and are not retired and are less than 65 years of age.)

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

Question ID:	ASD.150_00.000	**Instrument Variable Name:**	HOURPD	**QuestionnaireFileName:**	Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Are you paid by the hour at this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Were you paid by the hour on the job you held the longest? [Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Were you paid by the hour on the job you held most recently?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

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

Question ID:	ASD.160_00.000	**Instrument Variable Name:**	PDSICK	**QuestionnaireFileName:**	Sample Adult

QuestionText: [If DOINGLW2 eq <1,2,4>] Do you have paid sick leave on this MAIN job or business? [Else if EVERWRK eq <1> and [WHYNOWK2 eq 03 or AGE ge 65] Did you ever have paid sick leave on the job you held the longest?[Else if EVERWRK eq <1> and WHYNOWK2 ne 03 and AGE lt 65] Did you ever have paid sick leave on the job you held most recently?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked

SkipInstructions: <1,2,R,D> if DOINGLW2 = 1,2,4 then [goto ONEJOB];
else [goto next section]

Question ID:	ASD.170_00.000	**Instrument Variable Name:**	ONEJOB	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have more than one job or business?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business

SkipInstructions: <1,2,R,D> [goto next section]

<p style="text-align:center">**2008 NHIS Questionnaire - Sample Adult**</p>
<p style="text-align:center">**Adult Conditions**</p>
<p style="text-align:center">**Document Version Date: 24-Apr-09**</p>

Question ID: ACN.010_00.000   **Instrument Variable Name:**   HYPEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Now I am going to ask you about certain medical conditions.
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HYPDIFV]
<2,R,D> [goto HYBPCKNO]

Question ID: ACN.020_00.000   **Instrument Variable Name:**   HYPDIFV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had hypertension

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

Question ID: ACN.020_00.010   **Instrument Variable Name:**   HYPLOW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever had low blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.021_01.010   **Instrument Variable Name:**   HYBPCKNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?

*Enter '0' for Never.

*Enter '95' for 95 or more.

00	Never
01-94	1 to 94
95	95 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [goto CLCKNO]
<1-95> [goto HYBPCKTP]

Question ID: ACN.021_02.010   **Instrument Variable Name:**   HYBPCKTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter time period for time since last blood pressure check.

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

UniverseText: Sample adults 18+ who have ever had their blood pressure checked

SkipInstructions: If (HYBPCKNO gt AGE and HYBPCKTP=4), {goto ERR_HYBPCKTP]
<1-4> [goto HYBPLEV]
<R,D> [goto CLCKNO]

Question ID: ACN.022_00.010   **Instrument Variable Name:**   HYBPLEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: At that time, were you told that your blood pressure was high, normal, or low?

1	Not told
2	High
3	Normal
4	Low
5	Borderline
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had their blood pressure checked some days/weeks/months/years ago

SkipInstructions: <1-5,R,D> [goto CLCKNO]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.023_01.010 **Instrument Variable Name:** CLCKNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?

*Enter '0' for Never.

*Enter '95' for 95 or more.

00	Never
01-94	1 to 94
95	95 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0> [goto CHDEV];
<R,D> store R,D in CLCKTP [goto CLHI];
<1-95> [goto CLCKTP]

Question ID: ACN.023_02.020 **Instrument Variable Name:** CLCKTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since last blood cholesterol check.

0	None
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had their blood cholesterol checked

SkipInstructions: If (CLCKNO gt AGE and CLCKTP=4), {goto ERR_CLCKTP]
<1-4,R,D> [goto CLHI]

Question ID: ACN.024_00.010 **Instrument Variable Name:** CLHI **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had their cholesterol checked

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

<p style="text-align:center">**2008 NHIS Questionnaire - Sample Adult**</p>
<p style="text-align:center">**Adult Conditions**</p>
<p style="text-align:center">**Document Version Date: 24-Apr-09**</p>

Question ID: ACN.031_01.000 **Instrument Variable Name:**   CHDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

... Coronary heart disease?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_02.000 **Instrument Variable Name:**   ANGEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

... Angina, also called angina pectoris?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_03.000 **Instrument Variable Name:**   MIEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A heart attack (also called myocardial infarction)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.031_04.000 **Instrument Variable Name:**   HRTEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Any kind of heart condition or heart disease (other than the ones I just asked about)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_05.000 **Instrument Variable Name:**   STREV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.031_06.000 **Instrument Variable Name:**   EPHEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary:

Have you EVER been told by a doctor or other health professional that you had

...Emphysema?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.032_01.010 **Instrument Variable Name:** JAWP **QuestionnaireFileName:** Sample Adult

QuestionText: Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one.

...Pain or discomfort in the jaw, neck or back.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.032_02.020 **Instrument Variable Name:** WEA **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Feeling weak, lightheaded or faint.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.032_03.030 **Instrument Variable Name:** CHE **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Chest pain or discomfort.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.032_04.040 **Instrument Variable Name:** ARM **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Pain or discomfort in the arms or shoulder.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.032_05.050 **Instrument Variable Name:** BRTH **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

Which of the following would you say are the symptoms that someone may be having a heart attack?

...Shortness of breath.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.033_00.010 **Instrument Variable Name:** AHADO **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A4

If you thought someone was having a heart attack, what is the BEST thing to do right away?

1	Advise them to drive to the hospital
2	Advise them to call their physician
3	Call 9-1-1 (or another emergency number)
4	Call spouse or family member
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto ACPR]

Question ID:	ACN.034_00.010	**Instrument Variable Name:**	ACPR	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever received formal training or certification in CPR for adults?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ACPRLO] <2,R,D> [goto AASMEV]

Question ID:	ACN.035_00.010	**Instrument Variable Name:**	ACPRLO	**QuestionnaireFileName:**	Sample Adult

QuestionText: How long ago was this?

1	1 year or less
2	More than 1 year, but no more than 2 years
3	more than 2 years, but no more than 5 years
4	more than 5 years
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received formal training or certification in CPR for adults

SkipInstructions: <1-4,R,D> [goto AASMEV]

Question ID:	ACN.080_00.000	**Instrument Variable Name:**	AASMEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AASSTILL]
<2,R,D> [goto ULCEV]

Question ID:	ACN.085_00.000	**Instrument Variable Name:**	AASSTILL	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you still have asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they have asthma

SkipInstructions: <1,2,R,D> [go to AASMYR]

Question ID:	ACN.090_00.000	**Instrument Variable Name:**	AASMYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had asthma

SkipInstructions: <1> [goto AASMERYR]
<2,R,D> and AASSTILL = <1> [go to AWZPIN]
else <2,R,D> and AASSTILL = <2,R,D> [go to CHRFATIG]

Question ID:	ACN.100_00.000	**Instrument Variable Name:**	AASMERYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with asthma episode/attack in past 12 months

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

Question ID:	ACN.100_00.010	**Instrument Variable Name:**	AASMHSP	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you stayed overnight in a hospital
because of asthma?

* If in hospital for asthma AND other reasons, enter 1.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had episode of asthma in past year

SkipInstructions: <1> [goto AASMMC]
<2,R,D> [go to AWZMSWK]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.100_00.020   **Instrument Variable Name:**   AASMMC   **QuestionnaireFileName:**   Sample Adult

QuestionText: After (the last time) you left the hospital, did a health professional talk with you about long term management of your asthma?

1	Yes
2	No
3	Still in the hospital
7	Refused
9	Don't know

UniverseText: Sample adults 18+ in hospital overnight b/c of asthma, past year

SkipInstructions: <1,2, 3,R,D> [go to AWZMSWK]

Question ID: ACN.100_00.030   **Instrument Variable Name:**   AWZMSWK   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?

* Read if necessary: For homemakers, this includes work around the house.

* Enter '996' if respondent is unable to do this activity.

000-365	000-365 days
996	Unable to do this activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who had episode of asthma in past year

SkipInstructions: <000-365, 996,R,D> [go to AWZPIN]

<101-365> [go to ERR1_AWZMSWK]
<366-996> [go to ERR2_AWZMSWK]

Question ID: ACN.100_00.040   **Instrument Variable Name:**   AWZPIN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever used a PRESCRIPTION inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1> [goto AASMINST]
<2,R,D> [go to AASMED]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
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Question ID:	ACN.100_00.050	**Instrument Variable Name:**	AASMINST	**QuestionnaireFileName:** Sample Adult

QuestionText: Has a health professional shown you how to use your inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever used prescription inhaler

SkipInstructions: <1,2,R,D> [go to AASMPMED]

Question ID:	ACN.100_00.060	**Instrument Variable Name:**	AASMPMED	**QuestionnaireFileName:** Sample Adult

QuestionText: Now I'm going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever used prescription inhaler

SkipInstructions: <1> [goto AASMCAN]
<2,R,D> [go to AASMED]

Question ID:	ACN.100_00.070	**Instrument Variable Name:**	AASMCAN	**QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 3 MONTHS did you use more than three canisters of this type of inhaler?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have used quick relief inhaler, past 3 mos

SkipInstructions: <1,2,R,D> [go to AASMED]

Question ID: ACN.100_00.080 **Instrument Variable Name:** AASMED **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER taken the preventive kind of ASTHMA medicine used
every day to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is
different from inhalers used for quick relief.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1> [go to AASMDTP] < 2,R,D> [goto AASWMP]

Question ID: ACN.100_00.090 **Instrument Variable Name:** AASMDTP **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW taking this medication (that protects your lungs) daily or almost daily?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever taken preventive asthma medicine

SkipInstructions: <1,2,R,D> [go to AASWMP]

Question ID: ACN.100_00.100 **Instrument Variable Name:** AASWMP **QuestionnaireFileName:** Sample Adult

QuestionText: An asthma action plan is a printed form that tells when to
change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma action plan?

*Read if necessary: include nurses and asthma educators.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1,2,R,D> [go to AASCLASS]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
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Question ID: ACN.100_00.110 **Instrument Variable Name:** AASCLASS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever taken a course or class on how to manage asthma yourself?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1,2,R,D> [go to AAS_REC]

Question ID: ACN.105_01.010 **Instrument Variable Name:** AAS_REC **QuestionnaireFileName:** Sample Adult

QuestionText: Has a doctor or other health professional EVER taught you

...How to recognize early signs or symptoms of an asthma episode

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1,2,R,D> [go to AAS_RES]

Question ID: ACN.105_02.020 **Instrument Variable Name:** AAS_RES **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary:

Has a doctor or other health professional ever taught you

...How to respond to episodes of asthma

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1,2,R,D> [go to AAS_MON]

Question ID: ACN.105_03.030   **Instrument Variable Name:**   AAS_MON   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary:

Has a doctor or other health professional ever taught you

...How to monitor peak flow for daily therapy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1,2,R,D> [go to AAPENVLN]

Question ID: ACN.107_00.010   **Instrument Variable Name:**   AAPENVLN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Has a doctor or other health professional ever advised you to change things in your home, school, or work to improve your asthma?

1	Yes
2	No
3	Was told no changes needed
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who still have asthma or had asthma attack in past 12 mos.

SkipInstructions: <1> [goto AAPENVDO]
<2,3, R,D> [go to CHRFATIG]

Question ID: ACN.107_00.020   **Instrument Variable Name:**   AAPENVDO   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much of this advice did you follow? Would you say none, a little, some, most, or all?

0	None
1	A little
2	Some
3	Most
4	All
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who been told to change things because of asthma

SkipInstructions: <0-4,R,D> [go to CHRFATIG]

<p style="text-align:center">2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09</p>

Question ID: ACN.108_01.010   **Instrument Variable Name:**   CHRFATIG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever had

...Chronic fatigue syndrome

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.108_02.020   **Instrument Variable Name:**   THYLOW   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Low thyroid function or hypothyroidism

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.108_03.030   **Instrument Variable Name:**   CHRINFCT   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Chronic infection

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.108_04.040	**Instrument Variable Name:**	MULDYST	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Muscular dystrophy

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.108_05.050	**Instrument Variable Name:**	EPILEPSY	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Epilepsy or seizures

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.108_06.060	**Instrument Variable Name:**	CEREBRLP	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Cerebral palsy

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

| **Question ID:** | ACN.108_07.070 | **Instrument Variable Name:** | SPINEINJ | **QuestionnaireFileName:** | Sample Adult |

QuestionText: *Read if necessary.

Have you ever had

...A spinal cord or neck injury

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

| **Question ID:** | ACN.108_08.080 | **Instrument Variable Name:** | HEADINJ | **QuestionnaireFileName:** | Sample Adult |

QuestionText: *Read if necessary.

Have you ever had

...Injury to head or brain

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

| **Question ID:** | ACN.108_09.090 | **Instrument Variable Name:** | MOVEDIS | **QuestionnaireFileName:** | Sample Adult |

QuestionText: *Read if necessary.

Have you ever had

...Movement disorders such as Parkinson's disease, ALS, or Lou Gehrig's disease

*ALS stands for Amyotrophic Lateral Sclerosis.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.108_10.100 **Instrument Variable Name:**   MIGRAINE   **QuestionnaireFileName:**   Sample Adult

QuestionText: F1?
*Read if necessary.

Have you ever had

...Migraine headaches

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.108_11.110 **Instrument Variable Name:**   RHDACHE   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Regular headaches, other than migraine

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.108_12.120 **Instrument Variable Name:**   MULSCLER   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary.

Have you ever had

...Multiple sclerosis

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.110_00.000 **Instrument Variable Name:** ULCEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...An ulcer? This could be a stomach, duodenal or peptic ulcer.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ULCYR]
<2,R,D>[goto CANEV]

Question ID: ACN.120_00.000 **Instrument Variable Name:** ULCYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS have you had an ulcer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had an ulcer

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

Question ID: ACN.130_00.000 **Instrument Variable Name:** CANEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Cancer or a malignancy of any kind?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto CANKIND_1]
<2,R,D> [goto DIBEV]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.140_00.001 **Instrument Variable Name:** CANKIND_1 **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of cancer was it?

* Enter code for the first kind of cancer.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-30,R,D>[goto CANAGE_1]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_1

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_1

2008 NHIS Questionnaire - Sample Adult
Adult Conditions

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Question ID: ACN.140_00.002 **Instrument Variable Name:** CANKIND_2 **QuestionnaireFileName:** Sample Adult

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who either provided an age for one kind of cancer or didn't know how old they were when first diagnosed with that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_1.

SkipInstructions: <1-30,R,D>[goto CANAGE_2]
<96> goto DIBEV

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_2

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_2

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
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Question ID: ACN.140_00.003   **Instrument Variable Name:**   CANKIND_3   **QuestionnaireFileName:**   Sample Adult

QuestionText:

* Enter code for the third kind of cancer.

* Enter '96' for no more.

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix
07	Colon
08	Esophagus
09	Gallbladder
10	Kidney
11	Larynx-windpipe
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary
19	Pancreas
20	Prostate
21	Rectum
22	Skin (non-melanoma)
23	Skin (DK what kind)
24	Soft tissue (muscle or fat)
25	Stomach
26	Testis
27	Throat - pharynx
28	Thyroid
29	Uterus
30	Other
96	No more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who either provided an age for a second kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_2.

SkipInstructions: <1-30,R,D>[goto CANAGE_3]
<96> [goto DIBEV]

IF SEX=1 (MALE) and No. <6,18,29> selected goto ERR1_CANKIND_3

IF SEX=2 (FEMALE) and No. <20,26> selected goto ERR2_CANKIND_3

Question ID:	ACN.140_00.004	**Instrument Variable Name:**	CANKIND_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter '95' if respondent offers more than 3 kinds of cancer.

* Enter '96' for no more.

95	More than three kinds
96	No more

UniverseText: Sample adults 18+ who either provided an age for a third kind of cancer or didn't know how old they were when first diagnosed that kind of cancer or else refused to provide an age but had not refused to answer CANKIND_3

SkipInstructions: <95,96> [goto DIBEV]

Question ID:	ACN.150_00.001	**Instrument Variable Name:**	CANAGE_1	**QuestionnaireFileName:**	Sample Adult

QuestionText: How old were you when [fill: CANKIND_1 /this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> [goto CANKIND_2]
<R> and <R> at CANKIND_1 [goto DIBEV]
<R> and CANKIND_1 NE <R> [goto CANKIND_2]

If number in CANAGE_1 greater than person years old (AGE) goto ERR_ CANAGE_1

Question ID:	ACN.150_00.002	**Instrument Variable Name:**	CANAGE_2	**QuestionnaireFileName:**	Sample Adult

QuestionText: How old were you when [fill: CANKIND_2/this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> [goto CANKIND_3]
<R> and <R> at CANKIND_2 [goto DIBEV]
<R> and CANKIND_2 NE <R> [goto CANKIND_3]

If number in CANAGE_2 greater than person years old (AGE) goto ERR_ CANAGE_2

Question ID: ACN.150_00.003   **Instrument Variable Name:**   CANAGE_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you when [fill: CANKIND_3/this cancer] was first diagnosed?

001-100	1-100 years
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer

SkipInstructions: <1-100, D> [goto CANKIND_4]
<R> and <R> at CANKIND_3 [goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

If number in CANAGE_3 greater than person years old (AGE) goto ERR_ CANAGE_3

Question ID: ACN.160_00.000   **Instrument Variable Name:**   DIBEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill: Other than during pregnancy, have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?/Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?]

1	Yes
2	No
3	Borderline
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto DIBAGE]
<2,3,R,D> [goto DIBPRE1]

Question ID: ACN.165_00.000   **Instrument Variable Name:**   DIBPRE1   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes

SkipInstructions: <1> [goto INSLN]
<2,R,D> [goto AHAYFYR]

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Adult Conditions
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Question ID: ACN.170_00.000 **Instrument Variable Name:**   DIBAGE   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you when a doctor FIRST told you that you had diabetes or sugar diabetes?

01-84	1-84 years
85	85+ years
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were told they had diabetes or sugar diabetes (other than during pregnancy)

SkipInstructions: <1-100 R,D> [goto INSLN]

Question ID: ACN.180_00.000 **Instrument Variable Name:**   INSLN   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking insulin?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had diabetes or prediabetic condition (other than during pregnancy)

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

Question ID: ACN.190_00.000 **Instrument Variable Name:**   DIBPILL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had diabetes or prediabetic condition (other than during pregnancy)

SkipInstructions: <1,2,R,D> else goto AHAYFYR

Question ID: ACN.201_01.000 **Instrument Variable Name:**   AHAYFYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Hay fever?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.201_02.000	**Instrument Variable Name:**	SINYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Sinusitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.201_03.000	**Instrument Variable Name:**	CBRCHYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

...Chronic bronchitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.201_04.000	**Instrument Variable Name:**	KIDWKYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had
......Weak or failing kidneys? - Do not include kidney stones, bladder infections or incontinence.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

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Question ID:	ACN.201_05.000	**Instrument Variable Name:**	LIVYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read lead-in if necessary:

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had

......Any kind of liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.250_00.000	**Instrument Variable Name:**	JNTSYMP	**QuestionnaireFileName:**	Sample Adult

QuestionText: The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto JMTHP]
<2,R,D> [goto ARTH]

| **Question ID:** | ACN.260_00.000 | **Instrument Variable Name:** | JMTHP | **QuestionnaireFileName:** | Sample Adult |

QuestionText: (book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

01	Shoulder-right
02	Shoulder-left
03	Elbow-right
04	Elbow-left
05	Hip-right
06	Hip-left
07	Wrist-right
08	Wrist-left
09	Knee-right
10	Knee-left
11	Ankle-right
12	Ankle-left
13	Toes-right
14	Toes-left
15	Fingers/thumb-right
16	Fingers/thumb-left
17	Other joint not listed
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days

SkipInstructions: <1-17,R,D> [goto JNTCHR]

| **Question ID:** | ACN.270_00.000 | **Instrument Variable Name:** | JNTCHR | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Did your joint symptoms FIRST begin more than 3 months ago?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with joint pain

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

Question ID:	ACN.280_00.000	**Instrument Variable Name:**	JNTHP	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional for these joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with joint pain

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

Question ID:	ACN.290_00.000	**Instrument Variable Name:**	ARTH	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: If ARTH eq <1> or JNTSYMP eq <1> goto ARTHLMT; else [goto PAINECK]

Question ID:	ACN.295_00.000	**Instrument Variable Name:**	ARTHLMT	**QuestionnaireFileName:**	Sample Adult

QuestionText: Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with joint pain or arthritis

SkipInstructions: <1,2,R,D>and ARTH=1 [goto ARTHTYP] else <1,2,R,D> and ARTH =2,R,D [goto PAINECK]

Question ID:	ACN.297_00.010	**Instrument Variable Name:**	ARTHTYP	**QuestionnaireFileName:**	Sample Adult

QuestionText: You just mentioned that you were told by a doctor or other health professional that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Which of these were you told you had?

*Enter all that apply, separate with commas.

1	Arthritis
2	Rheumatoid arthritis
3	Gout
4	Lupus
5	Fibromyalgia
6	Other joint condition
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were told they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia

SkipInstructions: <1-6,R,D> [goto PAINECK]

Question ID:	ACN.300_00.000	**Instrument Variable Name:**	PAINECK	**QuestionnaireFileName:**	Sample Adult

QuestionText: The following questions are about pain you may have experienced in the PAST THREE MONTHS. Please refer to pain that LASTED A WHOLE DAY OR MORE. Do not report aches and pains that are fleeting or minor.

During the PAST THREE MONTHS, did you have

... Neck pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.310_00.000	**Instrument Variable Name:**	PAINLB	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read lead-in if necessary.

During the PAST THREE MONTHS, did you have

... Low back pain?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto PAINLEG]
<2,R,D> [goto PAINFACE]

| **Question ID:** | ACN.320_00.000 | **Instrument Variable Name:** | PAINLEG | **QuestionnaireFileName:** | Sample Adult |

QuestionText: Did this pain spread down either leg to areas below the knees?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with low back pain in the past 3 months

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

| **Question ID:** | ACN.331_01.000 | **Instrument Variable Name:** | PAINFACE | **QuestionnaireFileName:** | Sample Adult |

QuestionText: During the PAST THREE MONTHS, did you have

... Facial ache or pain in the jaw muscles or the joint in front of the ear?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

| **Question ID:** | ACN.331_02.000 | **Instrument Variable Name:** | AMIGR | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Read lead-in if necessary:

During the PAST THREE MONTHS, did you have

...Severe headache or migraine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ACOLD2W]

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Question ID: ACN.350_00.000 **Instrument Variable Name:** ACOLD2W **QuestionnaireFileName:** Sample Adult

QuestionText: * Hand calendar card

These next questions are about your recent health during the TWO WEEKS outlined on that calendar.

Did you have a head cold or chest cold that started during those TWO WEEKS?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto AINTIL2W]

Question ID: ACN.360_00.000 **Instrument Variable Name:** AINTIL2W **QuestionnaireFileName:** Sample Adult

QuestionText: Did you have a stomach or intestinal illness with vomiting or diarrhea that started during those TWO WEEKS?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SEX=2 and AGE 18-49 [goto PREGNOW]; else [goto HRAIDNOW]

Question ID: ACN.370_00.000 **Instrument Variable Name:** PREGNOW **QuestionnaireFileName:** Sample Adult

QuestionText: Are you currently pregnant?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Female sample adults 18-49 years of age

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

Question ID:	ACN.400_00.000	**Instrument Variable Name:**	HRAIDNOW	**QuestionnaireFileName:**	Sample Adult

QuestionText: These next questions are about your hearing, vision, and teeth.

Do you now use a hearing aid(s)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEARST1]
<2,R,D> [goto HRAIDEV]

Question ID:	ACN.410_00.000	**Instrument Variable Name:**	HRAIDEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever used a hearing aid(s) in the past?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do not now use a hearing aid or REF/DK whether they now use a hearing aid

SkipInstructions: <1,2,R,D>[goto AHEARST1]

Question ID:	ACN.420_00.000	**Instrument Variable Name:**	AHEARST1	**QuestionnaireFileName:**	Sample Adult

QuestionText: WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1	Excellent
2	Good
3	A little trouble hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HRTIN]
<2-6,R,D> [goto HRWORS]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.422_00.010 **Instrument Variable Name:**   HRWORS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is your hearing WORSE in one ear than the other?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing

SkipInstructions: <1> [goto HRWHICH]
<2,R,D> [goto HRTIN]

Question ID: ACN.422_00.020 **Instrument Variable Name:**   HRWHICH   **QuestionnaireFileName:**   Sample Adult

QuestionText: Which ear is worse?

1	The right ear
2	The left ear
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who hear worse in one ear than the other

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

Question ID: ACN.422_00.030 **Instrument Variable Name:**   HRRIGHT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is your hearing in your RIGHT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1	Excellent
2	Good
3	A little trouble hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing and hear worse in one ear than the other

SkipInstructions: <1-6,R,D> [goto HRLEFT]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.422_00.040   **Instrument Variable Name:**   HRLEFT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is your hearing in your LEFT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

1	Excellent
2	Good
3	A little trouble hearing
4	Moderate trouble
5	A lot of trouble
6	Deaf
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have other than excellent hearing and hear worse in one ear than the other

SkipInstructions: <1-6,R,D> [goto HRTIN]

Question ID: ACN.425_00.010   **Instrument Variable Name:**   HRTIN   **QuestionnaireFileName:**   Sample Adult

QuestionText: IN THE PAST 12 MONTHS, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?

*Read if necessary.

Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HRTINLNG]
<2,R,D> [goto AVISION]

Question ID: ACN.425_00.020   **Instrument Variable Name:**   HRTINLNG   **QuestionnaireFileName:**   Sample Adult

QuestionText: How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?

01	Less than 3 months
02	3 to 11 months
03	1 to 2 years
04	3 to 4 years
05	5 to 9 years
06	10 to 14 years
07	15 years or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

SkipInstructions: <1-7,R,D> [goto HRTINOFT]

Question ID:	ACN.425_00.030	Instrument Variable Name:	HRTINOFT	QuestionnaireFileName:	Sample Adult

QuestionText: IN THE PAST 12 MONTHS, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...

*Read categories below.

1	Almost always
2	At least once a day
3	At least once a week
4	At least once a month
5	Less frequently than once a month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

SkipInstructions: <1-5,R,D> [goto HRTINMUS]

Question ID:	ACN.425_00.040	Instrument Variable Name:	HRTINMUS	QuestionnaireFileName:	Sample Adult

QuestionText: Are you bothered by ringing, roaring, or buzzing in your ears or head ONLY after listening to loud sounds or loud music?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

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

Question ID:	ACN.425_00.050	Instrument Variable Name:	HRTINSLP	QuestionnaireFileName:	Sample Adult

QuestionText: Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

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

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Question ID:	ACN.425_00.060	**Instrument Variable Name:**	HRTNPROB	**QuestionnaireFileName:** Sample Adult

QuestionText: How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is...

*Read categories below.

1	No problem
2	A small problem
3	A moderate problem
4	A big problem
5	A very big problem
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been bothered by ringing, roaring, or buzzing in their ears or head in the past 12 months

SkipInstructions: <1-5,R,D> [goto AVISION]

Question ID:	ACN.430_00.000	**Instrument Variable Name:**	AVISION	**QuestionnaireFileName:** Sample Adult

QuestionText: Do you have any trouble seeing, even when wearing glasses or contact lenses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ABLIND] <2,R,D> [goto VIM_DREV]

Question ID:	ACN.440_00.000	**Instrument Variable Name:**	ABLIND	**QuestionnaireFileName:** Sample Adult

QuestionText: Are you blind or unable to see at all?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have trouble seeing even when wearing glasses/contact lenses

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

Question ID:	ACN.440_00.010	**Instrument Variable Name:**	VIM_DREV	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had

...Diabetic retinopathy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_DR]
[2,R,D> [goto VIM_CAEV]

Question ID:	ACN.440_00.020	**Instrument Variable Name:**	VIMLS_DR	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you lost any vision because of diabetic retinopathy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ told they have diabetic retinopathy

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

Question ID:	ACN.440_00.030	**Instrument Variable Name:**	VIM_CAEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Cataracts

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_CA]
[2,R,D> [goto VIM_GLEV]

Question ID:	ACN.440_00.040	**Instrument Variable Name:**	VIMLS_CA	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you lost any vision because of cataracts?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ told they have cataracts

SkipInstructions: [1,2,R,D> [goto VIMCSURG]

Question ID:	ACN.440_00.045	**Instrument Variable Name:**	VIMCSURG	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever had cataract surgery?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ ever had cataracts

SkipInstructions: <1, 2,R,D> [go to VIM_GLEV]

Question ID:	ACN.440_00.050	**Instrument Variable Name:**	VIM_GLEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Glaucoma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_GL]
[2,R,D> [goto VIM_MDEV]

Question ID:	ACN.440_00.060	**Instrument Variable Name:**	VIMLS_GL	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you lost any vision because of glaucoma?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ told they have glaucoma

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

Question ID:	ACN.440_00.070	**Instrument Variable Name:**	VIM_MDEV	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary.

Have you EVER been told by a doctor or other health professional that you had

...Macular Degeneration

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [go to VIMLS_MD];
<2,R,D> and ABLIND=2,R,D,' ' [goto VIMGLASS]
else if <2,R,D> and ABLIND=1 [goto AVISREH]

Question ID:	ACN.440_00.080	**Instrument Variable Name:**	VIMLS_MD	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you lost any vision because of macular degeneration?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ told they have macular degeneration

SkipInstructions: <1,2,R,D>and ABLIND=2,R,D,' ' [goto VIMGLASS];
else <1,2,R,D> and ABLIND=1 [goto AVISREH]

Question ID:	ACN.440_00.100	**Instrument Variable Name:**	VIMGLASS	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you currently wear eyeglasses or contact lenses?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,> [go to VIMREAD];
<2,R,D> and AVISION=1 [go to AVISREH];
   else <2,R,D> and AVISION=2,R,D [goto AVDF_NWS]

Question ID:	ACN.440_00.110	**Instrument Variable Name:**	VIMREAD	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you wear eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see well up close, such as cooking, sewing or fixing things?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ wear glasses or contacts

SkipInstructions: <1,2,R,D> [go to VIMDRIVE]

Question ID:	ACN.440_00.120	**Instrument Variable Name:**	VIMDRIVE	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you wear eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ wear glasses or contacts

SkipInstructions: <1,2,R,D> and
   If AVISION=1 [go to AVISREH];
   Else if AVISION=2,R,D [goto AVDF_NWS]

| Question ID: | ACN.440_00.130 | Instrument Variable Name: | AVISREH | QuestionnaireFileName: | Sample Adult |

QuestionText: Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have trouble seeing

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

| Question ID: | ACN.440_00.140 | Instrument Variable Name: | AVISDEV | QuestionnaireFileName: | Sample Adult |

QuestionText: Do you use any adaptive devices such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, CCTV, white cane, or guide dog?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have trouble seeing

SkipInstructions: <1 2,R,D> and if ABLIND = 2,R,D then [goto AVDF_NWS];
else <1,2,R,D> and ABLIND=1 [goto AVISEXAM]

| Question ID: | ACN.441_00.010 | Instrument Variable Name: | AVDF_NWS | QuestionnaireFileName: | Sample Adult |

QuestionText: [Book] A6

[Fill1: Even when wearing glasses or contact lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To read ordinary print in newspapers

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_CLS]

Question ID:	ACN.441_00.020	**Instrument Variable Name:**	AVDF_CLS	**QuestionnaireFileName:** Sample Adult

QuestionText: [Book] A6

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To do work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house or using hand tools

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_NIT]

Question ID:	ACN.441_00.030	**Instrument Variable Name:**	AVDF_NIT	**QuestionnaireFileName:** Sample Adult

QuestionText: [Book] A6

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To go down steps, stairs, or curbs in dim light or at night

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_DRV]

Question ID: ACN.441_00.040 **Instrument Variable Name:**   AVDF_DRV   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Book] A6

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To drive during daytime in familiar places

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_PER]

Question ID: ACN.441_00.050 **Instrument Variable Name:**   AVDF_PER   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Book] A6

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To notice objects off to the side while you are walking along

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVDF_CRD]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.441_00.060 **Instrument Variable Name:** AVDF_CRD **QuestionnaireFileName:** Sample Adult

QuestionText: [Book] A6

*Read if necessary:

[Fill1: Even when wearing glasses or contacts lenses, because / Fill 2: Because] of your eyesight, how difficult is it for you

...To find something on a crowded shelf

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all because of eyesight
6	Do not do this activity for other reasons
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are not blind

SkipInstructions: <0-4,6,R,D> [goto AVISEXAM]

Question ID: ACN.442_00.010 **Instrument Variable Name:** AVISEXAM **QuestionnaireFileName:** Sample Adult

QuestionText: When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

1	Less than one month
2	1-12 months
3	13-24 months
4	More than 2 years
5	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto AVISACT]

Question ID: ACN.442_00.020 **Instrument Variable Name:** AVISACT **QuestionnaireFileName:** Sample Adult

QuestionText: Outside of work, do you participate in sports, hobbies, or other activities that can cause eye injury?
This includes activities such as baseball, basketball, mowing the lawn, wood working, or working with chemicals.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AVISPROT]
<2,R,D> [goto LUPPRT]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.442_00.030   **Instrument Variable Name:**   AVISPROT   **QuestionnaireFileName:**   Sample Adult

QuestionText: When doing these activities, on average, do you wear eye
protection always, most of the time, some of the time, or none of the time?

1	Always
2	Most of the time
3	Some of the time
4	None of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+ and do participate in activities that can cause eye injury

SkipInstructions: <1-4,R,D> [goto LUPPRT]

Question ID: ACN.451_00.000 **Instrument Variable Name:**   LUPPRT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you lost all of your upper and lower natural (permanent) teeth?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ACN.470_00.000 **Instrument Variable Name:**   MHSAD_CK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Now I am going to ask you some questions about feelings you may have experienced over the PAST 30 DAYS.

1	Enter 1 to continue

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SAD]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.471_01.000   **Instrument Variable Name:**   SAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7

During the PAST 30 DAYS, how often did you feel

... So sad that nothing could cheer you up?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto NERVOUS]

Question ID: ACN.471_02.000   **Instrument Variable Name:**   NERVOUS   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Nervous?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto RESTLESS]

Question ID: ACN.471_03.000 **Instrument Variable Name:**   RESTLESS   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Restless or fidgety?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto HOPELESS]

Question ID: ACN.471_04.000 **Instrument Variable Name:**   HOPELESS   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A7

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

... Hopeless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto EFFORT]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID: ACN.471_05.000 **Instrument Variable Name:** EFFORT **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A7

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...That everything was an effort?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto WORTHLS]

Question ID: ACN.471_06.000 **Instrument Variable Name:** WORTHLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A7

* Read lead-in if necessary:

During the PAST 30 DAYS, how often did you feel

...Worthless?

1	ALL of the time
2	MOST of the time
3	SOME of the time
4	A LITTLE of the time
5	NONE of the time
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: If SAD eq <1-3> or NERVOUS eq <1-3> or RESTLESS eq <1-3> or HOPELESS eq <1-3> or EFFORT eq <1-3> or WORTHLS eq <1-3> [goto MHAMTMO]; else [goto DEPRESS]

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID:	ACN.530_00.000	**Instrument Variable Name:**	MHAMTMO	**QuestionnaireFileName:**	Sample Adult

QuestionText: We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

1	A lot
2	Some
3	A little
4	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who at least some of the time have felt sad, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless, in the past 30 days

SkipInstructions: <1-4,R,D> [goto DEPRESS]

Question ID:	ACN.535_01.010	**Instrument Variable Name:**	DEPRESS	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever had

...Depression

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	ACN.535_02.020	**Instrument Variable Name:**	GANXIETY	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary. Have you ever had

...Generalized anxiety

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Conditions
Document Version Date: 24-Apr-09

Question ID:	ACN.535_03.030	**Instrument Variable Name:**	PANICD	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary. Have you ever had

...Panic disorder

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.030_00.000   **Instrument Variable Name:**   WRKLYR2   **QuestionnaireFileName:**   Sample Adult

QuestionText: Although you did not work last week, did you have a job or business at any time in the PAST 12 MONTHS?

0	Had job last week
1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were looking for work or who were not working at a job or business AND who were not looking for work in the last week

SkipInstructions: <1> [goto WKDAYR]
<2,R,D> [goto BEDDAYR]

Question ID: AHS.040_00.000   **Instrument Variable Name:**   WKDAYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did you miss work at a job or business because of illness or injury (do not include maternity leave)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who worked or had a job or business with or without pay in the last week or who had a job or business in the past 12 months

SkipInstructions: <0-366,R,D> [goto BEDDAYR]
<120-366> [goto ERR_WKDAYR]

Question ID: AHS.050_00.000   **Instrument Variable Name:**   BEDDAYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since {12-month ref. date}, ABOUT how many days did illness or injury keep you in bed more than half of the day (include days while an overnight patient in a hospital)?

* Enter '0' for None.

000	None
001-366	1-366 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-366,R,D> [goto AHSTATYR]
<120-366> [goto ERR_BEDDAYR]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.060_00.000   **Instrument Variable Name:**   AHSTATYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: Compared with 12 MONTHS AGO, would you say your health is better, worse, or about the same?

1	Better
2	Worse
3	About the same
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D> [goto SPECEQ]

Question ID: AHS.070_00.000   **Instrument Variable Name:**   SPECEQ   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: AHS.091_01.000   **Instrument Variable Name:**   FLWALK   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. By "health problem" we mean any physical, mental, or emotional problem or illness (not including pregnancy).

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk a quarter of a mile - about 3 city blocks?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCLIMB]

Question ID: AHS.091_02.000 **Instrument Variable Name:** FLCLIMB **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Walk up 10 steps without resting?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTAND]

Question ID: AHS.091_03.000 **Instrument Variable Name:** FLSTAND **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stand or be on your feet for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSIT]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.091_04.000   **Instrument Variable Name:**   FLSIT   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Sit for about 2 hours?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSTOOP]

Question ID: AHS.091_05.000   **Instrument Variable Name:**   FLSTOOP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Stoop, bend, or kneel?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLREACH]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.091_06.000	**Instrument Variable Name:**	FLREACH	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Reach up over your head?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLGRASP]

Question ID:	AHS.141_01.000	**Instrument Variable Name:**	FLGRASP	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Use your fingers to grasp or handle small objects?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLCARRY]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.141_02.000   **Instrument Variable Name:**   FLCARRY   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Lift or carry something as heavy as 10 pounds such as a full bag of groceries?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLPUSH]

Question ID: AHS.141_03.000   **Instrument Variable Name:**   FLPUSH   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Push or pull large objects like a living room chair?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSHOP]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.171_01.000   **Instrument Variable Name:**   FLSHOP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Go out to things like shopping, movies, or sporting events?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLSOCL]

Question ID: AHS.171_02.000   **Instrument Variable Name:**   FLSOCL   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Participate in social activities such as visiting friends, attending clubs and meetings, going to parties?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-4,6,R,D> [goto FLRELAX]

Question ID: AHS.171_03.000 **Instrument Variable Name:**   FLRELAX   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A8

* Read lead-in if necessary.

By yourself, and without using any special equipment, how difficult is it for you to...

...Do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?

0	Not at all difficult
1	Only a little difficult
2	Somewhat difficult
3	Very difficult
4	Can't do at all
6	Do not do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4 or FLWALK= 1-4 or FLCLIMB= 1-4 or FLSTAND= 1-4 or FLSIT= 1-4 or FLSTOOP= 1-4 or FLREACH= 1-4 or FLGRASP= 1-4 or FLCARRY= 1-4 or FLPUSH= 1-4 or FLSHOP= 1-4 or FLSOCL= 1-4>[goto AFLHCA]

Else goto SMKEV (next section)

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.200_00.000   **Instrument Variable Name:**   AFLHCA   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A9

What condition or health problem causes you to have difficulty with [fill1: condition 1, condition 2 or condition 3 (as specified in AHS.091_1 through AHS.171_3)][fill2: these activities]?

* Enter condition number for all that apply, separate with commas.

* Do not probe, except to clarify answer.

01	Vision/problem seeing
02	Hearing problem
03	Arthritis/rheumatism
04	Back or neck problem
05	Fracture, bone/joint injury
06	Other injury
07	Heart problem
08	Stroke problem
09	Hypertension/high blood pressure
10	Diabetes
11	Lung/breathing problem(e.g., asthma and emphysema)
12	Cancer
13	Birth defect
14	Mental retardation
15	Other developmental problem (e.g., cerebral palsy)
16	Senility
17	Depression/anxiety/emotional problem
18	Weight problem
19	Missing limbs (fingers, toes or digits), amputee
20	Kidney, bladder or renal problems
21	Circulation problems (including blood clots)
22	Benign Tumors, Cysts
23	Fibromyalgia, lupus
24	Osteoporosis, tendinitis
25	Epilepsy, seizures
26	Multiple Sclerosis (MS), Muscular Dystrophy (MD)
27	Polio(myelitis), paralysis, para/quadriplegia
28	Parkinson's disease, other tremors
29	Other nerve damage, including carpal tunnel syndrome
30	Hernia
31	Ulcer
32	Varicose veins, hemorrhoids
33	Thyroid problems, Grave's disease, gout
34	Knee problems (not arthritis (03), not joint injury(05))
35	Migraine headaches (not just headaches)
90	Other impairment/problem (Specify one)
91	Other impairment/problem (Specify one)
97	Refused
99	Don't know/Not sure

2008 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 24-Apr-09

UniverseText:	Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).
SkipInstructions:	[1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order <13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV] <90> [goto AFLHCA_S1] <91> [goto AFLHCA_S2] Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section) < R,D> [goto SMKEV (next section)]

Question ID:	AHS.201_90.000	**Instrument Variable Name:**	AFLHCA_S1	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText:	Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA
SkipInstructions:	<50 chars>[goto AHCL90N] >ENTER< only with no description [goto ERR1_AFLHCA_S1] Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

Question ID:	AHS.201_91.000	**Instrument Variable Name:**	AFLHCA_S2	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText:	Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA
SkipInstructions:	<50 chars>[goto AHCL91N] >ENTER< only with no description [goto ERR1_AFLHCA_S1]

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.300_01.000   **Instrument Variable Name:**   AHCL01N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a vision problem or problem seeing?

* Enter number for time with your vision problem or problem seeing..

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a vision problem or problem seeing

SkipInstructions: <1-95,D>[goto AHCL01T]
<R>[store "R" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL01T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.300_02.000   **Instrument Variable Name:**   AHCL01T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with vision problem or problem seeing.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL01T
[if [AHCL01N = Number greater than person years old and AHCL01T= 4]] goto ERR1_AHCL01T

Question ID:	AHS.301_01.000	**Instrument Variable Name:**	AHCL02N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you 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	1-94
95	95+
96	Since birth
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had difficulty due to a hearing problem

SkipInstructions: <1-95,D>[goto AHCL02T]
<R>[store "R" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL02T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.301_02.000	**Instrument Variable Name:**	AHCL02T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL02T
[if [AHCL02N = Number greater than person years old and AHCL02T= 4]] goto ERR1_AHCL02T

Question ID:	AHS.302_01.000	**Instrument Variable Name:**	AHCL03N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to arthritis or rheumatism

SkipInstructions: <1-95,D>[goto AHCL03T]
<R>[store "R" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL03T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.302_02.000	**Instrument Variable Name:**	AHCL03T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL03T
[if [AHCL03N = Number greater than person years old and AHCL03T= 4]] goto ERR1_AHCL03T

Question ID:	AHS.303_01.000	Instrument Variable Name:	AHCL04N	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a back or neck problem

SkipInstructions: <1-95,D>[goto AHCL04T]
<R>[store "R" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL04T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.303_02.000	Instrument Variable Name:	AHCL04T	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Question ID: AHS.304_01.000   **Instrument Variable Name:**   AHCL05N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL05T]
<R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000   **Instrument Variable Name:**   AHCL05T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL05T
[if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Question ID:	AHS.305_01.000	**Instrument Variable Name:**	AHCL06N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had the (fill: other) injury that caused your limitation?

* Enter number for time with injury that caused your limitation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to an injury other than a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL06T]
<R>[store "R" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL06T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.305_02.000	**Instrument Variable Name:**	AHCL06T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with (fill: other) injury.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL06T
[if [AHCL06N = Number greater than person years old and AHCL06T= 4]] goto ERR1_AHCL06T

Question ID: AHS.306_01.000   **Instrument Variable Name:**   AHCL07N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a heart problem

SkipInstructions: <1-95,D>[goto AHCL07T]
<R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000   **Instrument Variable Name:**   AHCL07T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL07T
[if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.307_01.000	**Instrument Variable Name:**	AHCL08N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a stroke problem?

* Enter number for time with a stroke problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a stroke problem

SkipInstructions: <1-95,D>[goto AHCL08T]
<R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.307_02.000	**Instrument Variable Name:**	AHCL08T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL08T
[if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.308_01.000   **Instrument Variable Name:**   AHCL09N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had hypertension or high blood pressure?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to hypertension or high blood pressure

SkipInstructions: <1-95,D>[goto AHCL09T]
<R>[store "R" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL09T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.308_02.000   **Instrument Variable Name:**   AHCL09T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL09T
[if [AHCL09N = Number greater than person years old and AHCL09T= 4]] goto ERR1_AHCL09T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.309_01.000   **Instrument Variable Name:**   AHCL10N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had diabetes?

* Enter number for time with diabetes.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to diabetes

SkipInstructions: <1-95,D>[goto AHCL10T]
<R>[store "R" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL10T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.309_02.000   **Instrument Variable Name:**   AHCL10T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with diabetes.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL10T
[if [AHCL10N = Number greater than person years old and AHCL10T= 4]] goto ERR1_AHCL10T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.310_01.000   **Instrument Variable Name:**   AHCL11N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a lung or breathing problem

SkipInstructions: <1-95,D>[goto AHCL11T]
<R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000   **Instrument Variable Name:**   AHCL11T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL11T
[if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.311_01.000   **Instrument Variable Name:**   AHCL12N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions: <1-95,D>[goto AHCL12T]
<R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.311_02.000   **Instrument Variable Name:**   AHCL12T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL12T
[if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.313_01.000   **Instrument Variable Name:** AHCL14N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had mental retardation?

* Enter number for time with mental retardation.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to mental retardation

SkipInstructions: <1-95,D>[goto AHCL14T]
<R>[store "R" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL14T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.313_02.000   **Instrument Variable Name:** AHCL14T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with mental retardation.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL14T
[if [AHCL14N = Number greater than person years old and AHCL14T= 4]] goto ERR1_AHCL14T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.314_01.000   **Instrument Variable Name:**   AHCL15N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a developmental problem

SkipInstructions: <1-95,D>[goto AHCL15T]
<R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.314_02.000   **Instrument Variable Name:**   AHCL15T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL15T
[if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.315_01.000 **Instrument Variable Name:** AHCL16N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to senility

SkipInstructions: <1-95,D>[goto AHCL16T]
<R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.315_02.000 **Instrument Variable Name:** AHCL16T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with senility.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL16T
[if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

| Question ID: | AHS.316_01.000 | Instrument Variable Name: | AHCL17N | QuestionnaireFileName: | Sample Adult |

QuestionText: 1 of 2

How long have you had depression, anxiety, or an emotional problem?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

SkipInstructions: <1-95,D>[goto AHCL17T]
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| Question ID: | AHS.316_02.000 | Instrument Variable Name: | AHCL17T | QuestionnaireFileName: | Sample Adult |

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL17T
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.317_01.000	**Instrument Variable Name:**	AHCL18N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a weight problem

SkipInstructions: <1-95,D>[goto AHCL18T]
<R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.317_02.000	**Instrument Variable Name:**	AHCL18T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL18T
[if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.318_01.000 **Instrument Variable Name:**   AHCL19N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

SkipInstructions: <1-95,D>[goto AHCL19T]
<R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.318_02.000 **Instrument Variable Name:**   AHCL19T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL19T
[if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

Question ID:	AHS.319_01.000	**Instrument Variable Name:**	AHCL20N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a kidney, bladder or renal problem?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a kidney, bladder or renal problem

SkipInstructions: <1-95,D>[goto AHCL20T]
<R>[store "R" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL20T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.319_02.000	**Instrument Variable Name:**	AHCL20T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL20T
[if [AHCL20N = Number greater than person years old and AHCL20T= 4]] goto ERR1_AHCL20T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.320_01.000   **Instrument Variable Name:**   AHCL21N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a circulation problem

SkipInstructions: <1-95,D>[goto AHCL21T]
<R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.320_02.000   **Instrument Variable Name:**   AHCL21T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL21T
[if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto
ERR1_AHCL21T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

| Question ID: | AHS.321_01.000 | Instrument Variable Name: | AHCL22N | QuestionnaireFileName: | Sample Adult |

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to benign tumors or cysts

SkipInstructions: <1-95,D>[goto AHCL22T]
<R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

| Question ID: | AHS.321_02.000 | Instrument Variable Name: | AHCL22T | QuestionnaireFileName: | Sample Adult |

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL22T
[if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.322_01.000   **Instrument Variable Name:**   AHCL23N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had fibromyalgia or lupus?

* Enter number for time with fibromyalgia or lupus.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to fibromyalgia or lupus

SkipInstructions: <1-95,D>[goto AHCL23T]
<R>[store "R" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL23T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.322_02.000   **Instrument Variable Name:**   AHCL23T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fibromyalgia or lupus.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL23T
[if [AHCL23N = Number greater than person years old and AHCL23T= 4]] goto ERR1_AHCL23T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.323_01.000   **Instrument Variable Name:** AHCL24N   **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendonitis?

* Enter number for time with osteoporosis or tendonitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to osteoporosis or tendonitis

SkipInstructions: <1-95,D>[goto AHCL24T]
<R>[store "R" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL24T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.323_02.000   **Instrument Variable Name:** AHCL24T   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with osteoporosis or tendonitis.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL24T
[if [AHCL24N = Number greater than person years old and AHCL24T= 4]] goto ERR1_AHCL24T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.324_01.000   **Instrument Variable Name:**   AHCL25N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had epilepsy or seizures?

* Enter number for time with epilepsy or seizures.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to epilepsy or seizures

SkipInstructions: <1-95,D>[goto AHCL25T]
<R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.324_02.000   **Instrument Variable Name:**   AHCL25T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL25T
[if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.325_01.000	**Instrument Variable Name:**	AHCL26N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D>[goto AHCL26T]
<R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.325_02.000	**Instrument Variable Name:**	AHCL26T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL26T
[if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.326_01.000   **Instrument Variable Name:**   AHCL27N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had polio(myelitis), paralysis or para/quadriplegia?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to polio(myelitis), paralysis or para/quadriplegia

SkipInstructions: <1-95,D>[goto AHCL27T]
<R>[store "R" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this
is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL27T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If
this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.326_02.000   **Instrument Variable Name:**   AHCL27T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last
condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL27T
[if [AHCL27N = Number greater than person years old and AHCL27T= 4]] goto
ERR1_AHCL27T

Question ID:	AHS.327_01.000	**Instrument Variable Name:**	AHCL28N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had Parkinson's disease or tremors?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to Parkinson's disease or tremors

SkipInstructions: <1-95,D>[goto AHCL28T]
<R>[store "R" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL28T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.327_02.000	**Instrument Variable Name:**	AHCL28T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL28T
[if [AHCL28N = Number greater than person years old and AHCL28T= 4]] goto ERR1_AHCL28T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.328_01.000   **Instrument Variable Name:**   AHCL29N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had nerve damage (including carpal tunnel syndrome)?

* Enter number for time with nerve damage (including carpal tunnel syndrome).
* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
<R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.328_02.000   **Instrument Variable Name:**   AHCL29T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL29T
[if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Question ID:	AHS.329_01.000	**Instrument Variable Name:**	AHCL30N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a hernia

SkipInstructions: <1-95,D>[goto AHCL30T]
<R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.329_02.000	**Instrument Variable Name:**	AHCL30T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL30T
[if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.330_01.000   **Instrument Variable Name:**   AHCL31N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had an ulcer?

* Enter number for time with an ulcer.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to an ulcer

SkipInstructions: <1-95,D>[goto AHCL31T]
<R>[store "R" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL31T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.330_02.000   **Instrument Variable Name:**   AHCL31T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with ulcer.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL31T
[if [AHCL31N = Number greater than person years old and AHCL31T= 4]] goto ERR1_AHCL31T

Question ID:	AHS.331_01.000	**Instrument Variable Name:**	AHCL32N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had varicose veins or hemorrhoids?

* Enter number for time with varicose veins or hemorrhoids.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to varicose veins or hemorrhoids

SkipInstructions: <1-95,D>[goto AHCL32T]
<R>[store "R" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL32T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.331_02.000	**Instrument Variable Name:**	AHCL32T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL32T
[if [AHCL32N = Number greater than person years old and AHCL32T= 4]] goto ERR1_AHCL32T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.332_01.000	**Instrument Variable Name:**	AHCL33N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

SkipInstructions: <1-95,D>[goto AHCL33T]
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.332_02.000	**Instrument Variable Name:**	AHCL33T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

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

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID: AHS.333_01.000   **Instrument Variable Name:**   AHCL34N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a knee problem

SkipInstructions: <1-95,D>[goto AHCL34T]
<R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this
is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If
this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.333_02.000   **Instrument Variable Name:**   AHCL34T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last
condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL34T
[if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto
ERR1_AHCL34T

Question ID:	AHS.334_01.000	**Instrument Variable Name:**	AHCL35N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T]
<R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.334_02.000	**Instrument Variable Name:**	AHCL35T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL35T
[if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

Question ID:	AHS.335_01.000	**Instrument Variable Name:**	AHCL90N	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA90}?

* Enter number for time with {problem in AFLHCA90}.
* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
<R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID:	AHS.335_02.000	**Instrument Variable Name:**	AHCL90T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL90T
[if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

2008 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 24-Apr-09

Question ID:	AHS.336_01.000	**Instrument Variable Name:**	AHCL91N	**QuestionnaireFileName:**	Sample Adult	

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions:
<1-95,D>[goto AHCL91T]
<R>[store "R" in AHCL91T] [goto SMKEV (next section)]
<96>[store "6" in AHCL91T] [goto SMKEV (next section)]

Question ID:	AHS.336_02.000	**Instrument Variable Name:**	AHCL91T	**QuestionnaireFileName:**	Sample Adult	

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA91}.

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

UniverseText: Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question

SkipInstructions:
<1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL91T
[if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto
ERR1_AHCL91T

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.010_00.000 **Instrument Variable Name:**   SMKEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto SMKREG]
<2,R,D>[goto VIGNO]

Question ID: AHB.020_00.000 **Instrument Variable Name:**   SMKREG   **QuestionnaireFileName:**   Sample Adult

QuestionText: How old were you when you FIRST started to smoke fairly regularly?

* Enter '6' if less than 6 years old.

* Enter '95' if 95 years old or older.

* Enter '96' if never smoked regularly.

06-84	6 - 84 years
85	85 years or older
96	Never smoked regularly
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]

[If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

Question ID: AHB.030_00.000 **Instrument Variable Name:**   SMKNOW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you NOW smoke cigarettes every day, some days or not at all?

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <1>[goto CIGSDA1]
<2> [goto CIGDAMO]
<3> [goto SMKQTNO]
<R,D> [goto VIGNO]

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID:	AHB.040_01.000	Instrument Variable Name:	SMKQTNO	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

* Enter '95' for 95 years old or older.

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

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-95> [goto SMKQTTP]
<R,D> [goto VIGNO]

Question ID:	AHB.040_02.000	Instrument Variable Name:	SMKQTTP	QuestionnaireFileName:	Sample Adult

QuestionText: 2 of 2

* Enter time period for time since quit smoking.

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

UniverseText: Sample adults 18+ who quit smoking

SkipInstructions: <1-4> [goto VIGNO]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP

Question ID:	AHB.050_00.000	Instrument Variable Name:	CIGSDA1	QuestionnaireFileName:	Sample Adult

QuestionText: On the average, how many cigarettes do you now smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

01-94	1 - 94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current every day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

| **Question ID:** | AHB.060_00.000 | **Instrument Variable Name:** | CIGDAMO | **QuestionnaireFileName:** | Sample Adult |

QuestionText: On how many of the PAST 30 DAYS did you smoke a cigarette?

*Enter '0' for None.

00	None
01-30	1-30 days
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <0>[goto CIGQTYR]
<1-30,R,D> [goto CIGSDA2]

| **Question ID:** | AHB.070_00.000 | **Instrument Variable Name:** | CIGSDA2 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: On the average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

01-94	1-94 cigarettes
95	95+ cigarettes
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who are current some day smokers

SkipInstructions: <1-95,R,D> [goto CIGQTYR]

| **Question ID:** | AHB.080_00.000 | **Instrument Variable Name:** | CIGQTYR | **QuestionnaireFileName:** | Sample Adult |

QuestionText: During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are every day or someday smokers

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

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.090_01.000 **Instrument Variable Name:** VIGNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

Question ID: AHB.090_02.000 **Instrument Variable Name:** VIGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for vigorous leisure-time physical activities.

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-4> goto VIGLNGNO

[if (VIGNO gt <4> and VIGTP eq <1>) or
        (VIGNO gt <28> and VIGTP eq <2>) or
        (VIGNO gt <31> and VIGTP eq <3>) or
        (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.100_01.000   **Instrument Variable Name:**   VIGLNGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

Question ID: AHB.100_02.000   **Instrument Variable Name:**   VIGLNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1,2>goto MODNO

if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP;

if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.110_01.000   **Instrument Variable Name:** MODNO   **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

* If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

* Enter number of light or moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

Question ID: AHB.110_02.000   **Instrument Variable Name:** MODTP   **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for light or moderate leisure-time physical activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-4> goto MODLNGNO

[if (MODNO gt <4> and MODTP eq <1>) or
 (MODNO gt <28> and MODTP eq <2>) or
 (MODNO gt <31> and MODTP eq <3>) or
 (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

2008 NHIS Questionnaire -   Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.120_01.000 **Instrument Variable Name:**   MODLNGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

About how long do you do these light or moderate leisure-time physical activities each time?

* Enter number for length of light or moderate leisure-time physical activities.

001-995	1-995
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

Question ID: AHB.120_02.000 **Instrument Variable Name:**   MODLNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

1	Minutes
2	Hours
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2>goto ERR2_MODLNGTP

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.130_01.000   **Instrument Variable Name:**   STRNGNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type activity

000	Never
001-995	1-995 time(s)
996	Unable to do this type activity
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

Question ID: AHB.130_02.000   **Instrument Variable Name:**   STRNGTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for strengthening activities

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who do strengthening activities

SkipInstructions: <1-4> goto ALC1YR
[If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or
  (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto
ERR_STRNGTP]

Question ID:	AHB.140_00.000	**Instrument Variable Name:**	ALC1YR	**QuestionnaireFileName:**	Sample Adult

QuestionText: These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage.

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto ALCLIFE]

Question ID:	AHB.150_00.000	**Instrument Variable Name:**	ALCLIFE	**QuestionnaireFileName:**	Sample Adult

QuestionText: In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not had 12 drinks in any one year or don't know if they did or refused to answer

SkipInstructions: <1> [goto ALC12MNO]
<2,R,D> [goto AHGT_FT]

Question ID:	AHB.160_01.000	**Instrument Variable Name:**	ALC12MNO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, how often did you drink any type of alcoholic beverage?

* Read if necessary: "How many days per week, per month or per year did you drink?"

* Enter number for how often alcoholic beverages were consumed in the past year.

*Enter '0' for Never.

000	Never
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 12 drinks in any one year or at least 12 drinks in their entire life

SkipInstructions: <1-365>[goto ALC12MTP]
<0,R,D>[goto AHGT_FT]

Question ID: AHB.160_02.000 **Instrument Variable Name:**   ALC12MTP   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

0	Never/None
1	Week
2	Month
3	Year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who drank at least once in the past year

SkipInstructions: <1-3> [goto ALCAMT]

[If (ALC12MNO gt <7> & ALC12MTP = <1>) or (ALC12MNO gt <31> & ALC12MTP = <2>) or (ALC12MNO gt <365> & ALC12MTP = <3>) goto ERR_ALC12MTP]

Question ID: AHB.170_00.000 **Instrument Variable Name:**   ALCAMT   **QuestionnaireFileName:**   Sample Adult

QuestionText: In the PAST YEAR, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?

* Enter '1' if less than 1 drink.

* Enter '95' if 95 or more drinks.

01-94	1-94 drinks
95	95+ drinks
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.180_01.000 **Instrument Variable Name:** ALC5UPNO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

In the PAST YEAR, on how many DAYS did you have 5 or more drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have 5 or more drinks in a single day?

* Enter number of days.

* Enter '0' for Never/None.

000	Never/None
001-365	1-365 days
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-365>[goto ALC5UPTP]
<0,R,D>[goto AHGT_FT]

Question ID: AHB.180_02.000 **Instrument Variable Name:** ALC5UPTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for days per week, per month or per year.

0	Never/None
1	Per week
2	Per month
3	Per year
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had 5+ drinks in one day at least once in the past year

SkipInstructions: <1-3>goto AHGT_FT
 [If (ALC5UPNO gt <7> & ALC5UPTP = <1>) or
   (ALC5UPNO gt <31> & ALC5UPTP = <2>) or
   (ALC5UPNO gt <365> & ALC5UPTP = <3>) goto ERR1_ALC5UPTP
[if number of days drank in the past year (calculated from ALC12MNO and ALC12MTP) lt number of days per
year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]

Question ID:	AHB.190_01.000	**Instrument Variable Name:**	AHGT_FT	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

02-07	2-7 feet
97	Refused
99	Don't know
M	Metric

UniverseText: Sample adults 18+

SkipInstructions:
<2-7> [goto AHGT_IN]
<R,D> [goto AWGT_LB]
<M> [goto AHGT_M]
[if AHGT_FT NE<2-7,D,R,M> goto ERR1_AHGT_FT]
[if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Question ID:	AHB.190_02.000	**Instrument Variable Name:**	AHGT_IN	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

00-11	0-11 inches
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who answered their height in feet

SkipInstructions:
<0-11,R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_IN]

Question ID:	AHB.190_03.000	**Instrument Variable Name:**	AHGT_M	**QuestionnaireFileName:**	Sample Adult

QuestionText: How tall are you without shoes?

* Enter height in metric.

0-2	0-2 meters
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who choose to give their height in metric measurements

SkipInstructions:
<0-2> [goto AHGT_CM]
<R,D> [goto AWGT_LB]
<empty> [goto ERR_AHGT_M]

2008 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 24-Apr-09

Question ID: AHB.190_04.000   **Instrument Variable Name:**   AHGT_CM   **QuestionnaireFileName:**   Sample Adult

QuestionText:

   *Enter centimeters.

000-241	0-241 centimeters
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto ERR1_AHGT_CM]
< > goto ERR2_AHGT_CM
[If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt <120>] goto ERR3_AHGT_CM]

Question ID: AHB.200_01.000   **Instrument Variable Name:**   AWGT_LB   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much do you weigh without shoes?

   * Enter "M" to record metric measurements

   * Enter '500' for 500 pounds or more

050-500	50-500 pounds
997	Refused
999	Don't know
M	Metric

UniverseText: Sample adults 18+

SkipInstructions: <50-500> [goto SLEEP]
[if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB
<R,D>[goto SLEEP]
<M> [goto AWGT_KG]

Question ID: AHB.200_02.000   **Instrument Variable Name:**   AWGT_KG   **QuestionnaireFileName:**   Sample Adult

QuestionText: How much do you weigh without shoes?

   * Enter weight in kilograms

022-226	22-226 kilograms
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <22-226,R,D> [goto SLEEP]

[If AWGT_KG lt <22> or K gt <226>goto ERR_AWGT_KG]

Question ID: AHB.210_00.000 **Instrument Variable Name:**   SLEEP   **QuestionnaireFileName:**   Sample Adult

QuestionText: On average, how many hours of sleep do you get in a 24-hour period?

* Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

01-24	1-24 hours
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-24,R,D> [goto next section]
[If SLEEP eq <1-5> goto ERR_SLEEP]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.020_00.000   **Instrument Variable Name:**   AUSUALPL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is there a place that you USUALLY go to when you are sick or need advice about your health?

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions:

Question ID: AAU.030_00.000   **Instrument Variable Name:**   APLKIND   **QuestionnaireFileName:**   Sample Adult

QuestionText: [Fill1: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?

[Fill2: What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?]

1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice

SkipInstructions: <1-5> [go to AHCPLROU]
<6,R,D> [go to AHCPLKND]

Question ID: AAU.035_00.000   **Instrument Variable Name:**   AHCPLROU   **QuestionnaireFileName:**   Sample Adult

QuestionText: Is that {fill: place from (APLKIND)} the same place you USUALLY go when you need routine or preventive care, such as a physical examination or check up?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who reported place goes most often as a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place

SkipInstructions: <1> [goto AHCCHGYR]
<2,R,D> [go to AHCPLKND]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.037_00.000 **Instrument Variable Name:** AHCPLKND **QuestionnaireFileName:** Sample Adult

QuestionText: What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

0	Doesn't get preventive care anywhere
1	Clinic or health center
2	Doctor's office or HMO
3	Hospital emergency room
4	Hospital outpatient department
5	Some other place
6	Doesn't go to one place most often
7	Refused
9	Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.

SkipInstructions: <0-6,R,D> if AUSUALPL = 2,R,D goto AHCDLY_1
ELSE goto AHCCHGYR

Question ID: AAU.040_00.000 **Instrument Variable Name:** AHCCHGYR **QuestionnaireFileName:** Sample Adult

QuestionText: At any time in the PAST 12 MONTHS did you CHANGE the place(s) to which you USUALLY go for health care?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice [or who reported same place as usual source of routine/preventive care]

SkipInstructions: <1>[goto AHCCHGHI]
<2,R,D>[goto AHCDLY_1]

Question ID: AAU.050_00.000 **Instrument Variable Name:** AHCCHGHI **QuestionnaireFileName:** Sample Adult

QuestionText: Was this change for a reason related to health insurance?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with 1+ usual place(s) to go when sick/need health advice who CHANGED their USUAL place for health care in past 12 months

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.061_01.000   **Instrument Variable Name:**   AHCDLY_1   **QuestionnaireFileName:**   Sample Adult

QuestionText:

There are many reasons people delay getting medical care.

Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get through on the telephone.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_2]

Question ID: AAU.061_02.000   **Instrument Variable Name:**   AHCDLY_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You couldn't get an appointment soon enough.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_3]

Question ID: AAU.061_03.000   **Instrument Variable Name:**   AHCDLY_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.061_04.000 **Instrument Variable Name:** AHCDLY_4 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...The (clinic/doctor's) office wasn't open when you could get there.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_5]

Question ID: AAU.061_05.000 **Instrument Variable Name:** AHCDLY_5 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...You didn't have transportation.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_1]

Question ID: AAU.111_01.000 **Instrument Variable Name:** AHCAFY_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Prescription medicines.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_2]

2008 NHIS Questionnaire -   Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.111_02.000 **Instrument Variable Name:**   AHCAFY_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Mental health care or counseling.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_3]

Question ID: AAU.111_03.000 **Instrument Variable Name:**   AHCAFY_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Dental care (including check ups).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_4]

Question ID: AAU.111_04.000 **Instrument Variable Name:**   AHCAFY_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it?

...Eyeglasses.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.135_00.000 **Instrument Variable Name:** ADENLONG **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A10

About how long has it been since you last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D>[goto AHCSY1_1]

Question ID: AAU.141_01.000 **Instrument Variable Name:** AHCSY1_1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_2]

Question ID: AAU.141_02.000 **Instrument Variable Name:** AHCSY1_2 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...An optometrist, ophthalmologist, or eye doctor (someone who prescribes eyeglasses).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_3]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.141_03.000 **Instrument Variable Name:**   AHCSY1_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A foot doctor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_4]

Question ID: AAU.141_04.000 **Instrument Variable Name:**   AHCSY1_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A chiropractor.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_5]

Question ID: AAU.141_05.000 **Instrument Variable Name:**   AHCSY1_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A physical therapist, speech therapist, respiratory therapist, audiologist, or occupational therapist.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCSY1_6]

Question ID: AAU.141_06.000 **Instrument Variable Name:**   AHCSY1_6   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A nurse practitioner, physician assistant, or midwife.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[if SEX=1goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

Question ID: AAU.200_00.000 **Instrument Variable Name:**   AHCSYR7   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read lead-in if necessary

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A doctor who specializes in women's health (an obstetrician/gynecologist).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who are female

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 8]

Question ID: AAU.211_01.000 **Instrument Variable Name:**   AHCSY8_ 8   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A medical doctor who specializes in a particular medical disease or problem (other than obstetrician/gynecologist, psychiatrist, or ophthalmologist).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [go to AHCSY8_ 9]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.211_02.000 **Instrument Variable Name:**   AHCSY8_ 9   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read Lead-in if Necessary.

DURING THE PAST 12 MONTHS, that is since {12 month ref.date}, have you seen or talked to any of the following health care providers about your own health?

...A general doctor who treats a variety of illnesses (a doctor in general practice, family medicine, or internal medicine)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHCSYR10]
<2,R,D> [goto AHERNOYR]

Question ID: AAU.230_00.000 **Instrument Variable Name:**   AHCSYR10   **QuestionnaireFileName:**   Sample Adult

QuestionText: Does that doctor treat children and adults (a doctor in general practice or family medicine)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have seen or talked to a general doctor during the past 12 months

SkipInstructions: <1,2,R,D> [go to AHERNOYR]

Question ID: AAU.240_00.000 **Instrument Variable Name:**   AHERNOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A11

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0 - 8,R,D> [go to AHCHYR]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto AHCHMOYR]
<2,R,D>[goto AHCNOYR]

Question ID: AAU.260_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

01-12	01-12 months
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-12,R,D>[goto AHCHNOYR]

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A12

What was the total number of home visits received during {Fill1: that month/Fill2: those months}?

01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

SkipInstructions: <1-8,R,D>[goto AHCNOYR]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.280_00.000 **Instrument Variable Name:**   AHCNOYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A11

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you seen a doctor or other health care professional about your own health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.

00	None
01	1
02	2-3
03	4-5
04	6-7
05	8-9
06	10-12
07	13-15
08	16 or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-8,R,D>[goto ASRGYR]

Question ID: AAU.290_00.000 **Instrument Variable Name:**   ASRGYR   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto ASRGNOYR]
<2,R,D> [goto AMDLONG]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID:	AAU.300_00.000	**Instrument Variable Name:**	ASRGNOYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: Including any times you may have already told me about, HOW MANY DIFFERENT TIMES have you had surgery during the PAST 12 MONTHS?

* Enter "95" for 95 or more times.

01-94	1-94 times
95	95+ times
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who had surgery or surgical procedures during past 12 months

SkipInstructions: <1-95,R,D> [goto AMDLONG]
<11-95> [goto ERR_ASGYR]

Question ID:	AAU.305_00.000	**Instrument Variable Name:**	AMDLONG	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) A10 ? [F1]

About how long has it been since you last saw or talked to a doctor or other health care professional about your own health? Include doctors seen while a patient in a hospital.

0	Never
1	6 months or less
2	More than 6 mos, but not more than 1 yr ago
3	More than 1 yr, but not more than 2 yrs ago
4	More than 2 yrs, but not more than 5 yrs ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-5,R,D> [goto SHTFLUYR]

Question ID:	AAU.310_00.000	**Instrument Variable Name:**	SHTFLUYR	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASHFLU_M] <2,R,D> [goto SPRFLUYR]

2008 NHIS Questionnaire -   Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 24-Apr-09

Question ID: AAU.312_01.000 **Instrument Variable Name:**   ASHFLU_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu shot?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [goto ASHFLU_Y] <R> [goto SPRFLUYR]

Question ID: AAU.312_02.000 **Instrument Variable Name:**   ASHFLU_Y   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu shot.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last flu shot or who didn't know the month

SkipInstructions: <valid year,R,D> [goto SPRFLUYR]
[If ASHFLU_M and ASHFLU_Y = a future date] goto ERR1_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date prior to birth] goto ERR2_ASHFLU_Y
[If ASHFLU_M and ASHFLU_Y = a date before 12 months ago] goto ERR3_ASHFLU_Y

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.315_00.000 **Instrument Variable Name:** SPRFLUYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

* Read if necessary: This influenza vaccine is called FluMist (trademark).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ASPFLU_M]
     [if SHTFLUYR =1 and SPRFLUYR=1] goto ERR1_SPRFLUYR
     [if AGE GE 50] goto ERR2_SPRFLUYR
  <2,D,R> [goto SHTPNUYR]

Question ID: AAU.318_01.000 **Instrument Variable Name:** ASPFLU_M **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

During what month and year did you receive your most recent flu nasal spray?

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto ASPFLU_Y] <R> [goto SHTPNUYR]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID:	AAU.318_02.000	**Instrument Variable Name:**	ASPFLU_Y	**QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year, R,D> [goto SHTPNUYR]
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Question ID:	AAU.320_00.000	**Instrument Variable Name:**	SHTPNUYR	**QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had a pneumonia shot?

This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	AAU.330_00.000	**Instrument Variable Name:**	APOX	**QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had chickenpox?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.340_00.000 **Instrument Variable Name:**   APOX12MO   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000 **Instrument Variable Name:**   AHEP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHTHEPB]
                                        <2,R,D> [goto AHEPLIV]

Question ID: AAU.360_00.000 **Instrument Variable Name:**   AHEPLIV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever lived with someone who had hepatitis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have never had hepatitis; Ref/DK if ever had hepatitis

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

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.370_00.000 **Instrument Variable Name:** SHTHEPB **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER received the hepatitis B vaccine?

* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SHEPDOS]
<2,R,D> [goto SHTHEPA]

Question ID: AAU.380_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

1	Received at least 3 doses
2	Received less than 3 doses
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

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

Question ID: AAU.390_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHEPANUM
<2,R,D> if AGE GE 50 goto SHINGLES
        else goto SHTTD

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.400_00.010 **Instrument Variable Name:** SHEPANUM **QuestionnaireFileName:** Sample Adult

QuestionText: How many hepatitis A shots did you receive?

*Enter '96' if all shots were received

01-95	01-95 shots
96	Received all shots
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> if AGE GE 50 goto SHINGLES
elseif AGE LT 50 goto SHTTD

Question ID: AAU.410_00.010 **Instrument Variable Name:** SHINGLES **QuestionnaireFileName:** Sample Adult

QuestionText: Shingles is an outbreak of a rash or blisters on the skin that may be associated with severe pain. The pain is generally on one side of the body or face. Shingles is caused by the chicken pox virus. A vaccine for shingles has been available since May 2006. Have you ever had the Zoster (ZOSS-ter) or Shingles vaccine, also called Zostavax®?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 50+

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

Question ID: AAU.420_00.010 **Instrument Variable Name:** SHTTD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you received a tetanus shot in the past 10 years?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHTTD05
<2,R,D> goto LIVEV

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.430_00.010 **Instrument Variable Name:**   SHTTD05   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was your most recent tetanus shot given in 2005 or later?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a tetanus shot in the past 10 years

SkipInstructions: <1,R> if AGE le 64 goto SHTTDAP
                 elseif AGE gt 64 goto LIVEV
            <2,D> goto LIVEV

Question ID: AAU.440_00.010 **Instrument Variable Name:**   SHTTDAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: There are currently two types of tetanus shots available today. One is the Td or tetanus-diphtheria vaccine and the other is called Tdap or Adacel (trademark). They are similar except the Tdap shot also includes a pertussis (per-TUH-sis) or whooping cough vaccine. Thinking back to your most recent tetanus shot, did the doctor tell you the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark).

1	Yes-included pertussis
2	No-did not include pertussis
3	Doctor did not say
7	Refused
9	Don't know

UniverseText: Sample adults <65 who have had a tetanus shot in 2005 or beyond or refused to say if they had a tetanus shot in 2005 or beyond

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

Question ID: AAU.450_00.010 **Instrument Variable Name:**   LIVEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Has a doctor or other health professional ever told you that you had any kind of chronic, or long-term liver condition?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

2008 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 24-Apr-09

Question ID: AAU.460_00.010 **Instrument Variable Name:**   TRAVEL   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever traveled outside of the United States to countries other than Europe, Japan, Australia, New Zealand or Canada, since 1995?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> goto next section

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.010_00.000   **Instrument Variable Name:** OCOND   **QuestionnaireFileName:** Sample Adult

QuestionText: How would you describe the condition of your mouth [if LUPPRT = 2,R,D, fill: and teeth]? Would you say very good, good, fair or poor?

1	Very good
2	Good
3	Fair
4	Poor
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [go to OBTWS]

Question ID: AOH.020_00.000   **Instrument Variable Name:** OBTWS   **QuestionnaireFileName:** Sample Adult

QuestionText: Would you say the condition of your mouth [Fill: and teeth] is better than, the same as or not as good as other people your age?

1	Better
2	Same
3	Not as good
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D> [go to OEMB]

Question ID: AOH.030_00.000   **Instrument Variable Name:** OEMB   **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 6 MONTHS, how often have you been self-conscious or embarrassed because of your teeth, mouth or dentures? Would you say often, sometimes, rarely or never?

1	Often
2	Sometimes
3	Rarely
4	Never
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4, R,D> and ADENLONG = 1 [go to OREAS_1];
else if <1-4, R,D> and ADENLONG ne 1 [go to OREAS_4]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.040_01.000   **Instrument Variable Name:**   OREAS_1   **QuestionnaireFileName:**   Sample Adult

QuestionText: I am going to read you a list of reasons people get dental care. Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS.

. . . For emergency dental care where you saw the dentist within 24 hours or as soon as was possible

*If respondent did not miss any work enter '1'.
*Probe if necessary.

01	None or less than 1 hour
02	1 hour, less than 3 hours
03	3 hours, less than 5 hours
04	5 hours, less than 7 hours
05	7 or more hours
06	Doesn't go to work or school
07	Did not have this type of dental care
97	Refused
99	Don't know

UniverseText: Sample adults 18+, seen a dentist, past 6 mos

SkipInstructions: <1-6, R, D> [go to OREAS_2]

Question ID: AOH.040_02.000   **Instrument Variable Name:**   OREAS_2   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS.

. . . For planned routine dental or orthodontic care

*If respondent did not miss any work enter '1'
*Probe if necessary.

01	None or less than 1 hour
02	1 hour , less than 3 hours
03	3 hours, less than 5 hours
04	5 hours, less than 7 hours
05	7 or more hours
06	Doesn't go to work or school
07	Did not have this type of dental care
97	Refused
99	Don't know

UniverseText: Sample adults 18+, seen a dentist, past 6 mos

SkipInstructions: <1-6, R, D > [go to OREAS_3]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.040_03.000 **Instrument Variable Name:**   OREAS_3   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS.

. . . For tooth whitening or other cosmetic procedures

*If respondent did not miss any work enter '1'
*Probe if necessary.

01	None to less than 1 hour
02	1 hour, less than 3 hours
03	3 hours, less than 5 hours
04	5 hours, less than 7 hours
05	7 or more hours
06	Doesn't go to work or school
07	Did not have this type of dental care
97	Refused
99	Don't know

UniverseText: Sample adults 18+, seen a dentist, past 6 mos

SkipInstructions: <1-6, R, D > [go to OREAS_4]

Question ID: AOH.040_04.000 **Instrument Variable Name:**   OREAS_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: Fill:
 if ADENLONG ='1', display:
*Read if necessary: I am going to read you a list of reasons people get dental care. Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS.

. . . For taking someone else to a dental appointment

ELSE display:
Please tell me how many hours of work or school you have missed IN THE PAST 6 MONTHS for taking someone else to a dental appointment?

ENDIF

*If respondent did not miss any work enter '1'
*Probe if necessary.

01	None to less than 1 hour
02	1 hour, less than 3 hours
03	3 hours, less than 5 hours
04	5 hours, less than 7 hours
05	7 or more hours
06	Doesn't go to work or school
07	Did not have this type of dental care
97	Refused
99	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6, D, R > and if LUPPRT =2 [go to OPROB_01];
else if <1-6, D, R > and LUPPRT ne 2 [go to OPROB_08]

Question ID: AOH.050_01.000   **Instrument Variable Name:**   OPROB_01   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . A toothache or sensitive teeth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_02]

Question ID: AOH.050_02.000   **Instrument Variable Name:**   OPROB_02   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Bleeding gums

1	Yes
2	No
7	Refused
9	Don't Know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_03]

Question ID: AOH.050_03.000   **Instrument Variable Name:**   OPROB_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Crooked teeth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1, 2, R, D> [go to OPROB_04]

2008 NHIS Questionnaire -   Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.050_04.000 **Instrument Variable Name:**   OPROB_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Broken or missing teeth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_05]

Question ID: AOH.050_05.000 **Instrument Variable Name:**   OPROB_05   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Stained or discolored teeth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_06]

Question ID: AOH.050_06.000 **Instrument Variable Name:**   OPROB_06   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Loose teeth not due to an injury

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_07]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.050_07.000 **Instrument Variable Name:** OPROB_07 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems? Please say yes or no to each.

. . . Broken or missing fillings

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have not lost all lower and upper teeth

SkipInstructions: <1,2, R,D> [go to OPROB_08]

Question ID: AOH.055_01.000 **Instrument Variable Name:** OPROB_08 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each.

. . . Pain in your jaw joint

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OPROB_09]

Question ID: AOH.055_02.000 **Instrument Variable Name:** OPROB_09 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each.

. . . Sores in your mouth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OPROB_10]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.055_03.000 **Instrument Variable Name:** OPROB_10 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each.

. . . Difficulty eating or chewing

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OPROB_11]

Question ID: AOH.055_04.000 **Instrument Variable Name:** OPROB_11 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each.

. . . Bad breath

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OPROB_12]

Question ID: AOH.055_05.000 **Instrument Variable Name:** OPROB_12 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, have you had any of the following problems that lasted more than a day? Please say yes or no to each.

. . . Dry mouth

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> and([OPROB_1 =1 or OPROB_2 =1 or OPROB_3 =1 or OPROB_4 =1 or OPROB_5 =1 or OPROB_6 =1 or OPROB_7 =1 or OPROB_8 =1 or OPROB_9 =1 or OPROB_10 =1 or OPROB_11 =1 or OPROB_12 =1]) [go to ODENT1]

else if <1,2,R,D> and ((OPROB_1 or OPROB_2 through _12) ne 1) [go to OCEXAM]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID:	AOH.060_00.000	**Instrument Variable Name:**	ODENT1	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 6 MONTHS did you see a dentist or a medical doctor for any of the problems with your mouth or teeth?

*Read if necessary: Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth

SkipInstructions: <1> [go to ODENT2]
<2> [goto ONODEN_1]
<R,D> [goto OINT_1]

Question ID:	AOH.070_00.000	**Instrument Variable Name:**	ODENT2	**QuestionnaireFileName:**	Sample Adult

QuestionText: Which one did you see - a dentist or a medical doctor?

* Code as dentists for all types such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

1	Dentist
2	Doctor
3	Both
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth and saw a doctor or dentist

SkipInstructions: <1,3, R,D> [go to OINT_1]
<2> [go to ONODEN_1]

Question ID:	AOH.080_01.000	**Instrument Variable Name:**	ONODEN_1	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth? Please say yes or no to each.

. . . You didn't think it was important

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_2]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health

Question ID:	AOH.080_02.000	**Instrument Variable Name:**	ONODEN_2	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . The problem went away

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_3]

Question ID:	AOH.080_03.000	**Instrument Variable Name:**	ONODEN_3	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . You couldn't afford treatments or you didn't have insurance

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_4]

Question ID:	AOH.080_04.000	**Instrument Variable Name:**	ONODEN_4	**QuestionnaireFileName:**	Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . You didn't have transportation

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_5]

Question ID: AOH.080_05.000 **Instrument Variable Name:**   ONODEN_5   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . You were afraid to see a dentist

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_6]

Question ID: AOH.080_06.000 **Instrument Variable Name:**   ONODEN_6   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . You were waiting for an appointment

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to ONODEN_7]

Question ID: AOH.080_07.000 **Instrument Variable Name:**   ONODEN_7   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: DURING THE PAST 6 MONTHS, why didn't you see a dentist for the problems with your mouth or teeth?   Please say yes or no to each.

. . . You didn't think a dentist could fix the problem

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ didn't see a dentist for problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to OINT_1]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.090_01.000 **Instrument Variable Name:** OINT_1 **QuestionnaireFileName:** Sample Adult

QuestionText: Did the problems with your mouth or teeth interfere with any of the following. Please say yes or no to each.

. . . Your job or school

1	Yes
2	No
3	Doesn't go to work or school
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth

SkipInstructions: <1-3, R,D> [go to OINT_2]

Question ID: AOH.090_02.000 **Instrument Variable Name:** OINT_2 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: Did the problems with your mouth or teeth interfere with any of the following. Please say yes or no to each.

. . . Sleeping

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to OINT_3]

Question ID: AOH.090_03.000 **Instrument Variable Name:** OINT_3 **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary: Did the problems with your mouth or teeth interfere with any of the following. Please say yes or no to each.

. . . Social activities such as going out or being with other people

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to OINT_4]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID: AOH.090_04.000 **Instrument Variable Name:**   OINT_4   **QuestionnaireFileName:**   Sample Adult

QuestionText: *Read if necessary: Did the problems with your mouth or teeth interfere with any of the following. Please say yes or no to each.

. . . Your usual activities at home

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ have at least one problem with mouth or teeth

SkipInstructions: <1,2, R,D> [go to OCEXAM]

Question ID: AOH.100_00.000 **Instrument Variable Name:**   OCEXAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever heard of an exam for oral or mouth cancer?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OCTONG]

Question ID: AOH.110_00.000 **Instrument Variable Name:**   OCTONG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever had an exam for oral cancer in which the doctor, dentist or other health professional pulls on your tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2, R,D> [go to OCNECK]

Question ID: AOH.120_00.000 **Instrument Variable Name:**   OCNECK   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever had an exam for oral cancer in which the doctor, dentist or other health professional feels your neck?

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> or OCTONG=1 [goto OCEXWHEN]
else <2,R,D> and OCTONG ne 1 [goto next section]

2008 NHIS Questionnaire - Sample Adult
Adult Oral Health
Document Version Date: 24-Apr-09

Question ID:	AOH.130_00.000	**Instrument Variable Name:**	OCEXWHEN	**QuestionnaireFileName:** Sample Adult

QuestionText: When did you have your most recent oral or mouth cancer exam?
Was it within the past year, between 1 and 3 years ago, or over 3 years ago?

1	Within past year
2	Between 1 and 3 years ago
3	Over 3 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have had oral cancer exam

SkipInstructions: <1,2> [go to OCEXCHCK]
<3,R,D> next section

Question ID:	AOH.140_00.000	**Instrument Variable Name:**	OEXCHECK	**QuestionnaireFileName:** Sample Adult

QuestionText: Did you have your most recent oral cancer exam during a routine check-up or
because you were having a specific problem?

*If respondent answers both code as part of a routine check-up.

1	Part of routine check-up
2	For a specific problem
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have had oral cancer exam with last 3 years

SkipInstructions: <1,2, R, D> [go to OCEXPROF]

Question ID:	AOH.150_00.000	**Instrument Variable Name:**	OCEXPROF	**QuestionnaireFileName:** Sample Adult

QuestionText: What type of health care professional performed your most recent oral cancer exam?

1	Doctor/Physician
2	Nurse/nurse practitioner
3	Dentists (include oral surgeons orthodontists)
4	Dental hygienist
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ have had oral cancer exam with last 3 years

SkipInstructions: <1-5, R,D > [go to next section]

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.010_00.000   **Instrument Variable Name:** BLDGV   **QuestionnaireFileName:** Sample Adult

QuestionText: Now, I am going to ask about giving blood donations to a blood bank such as the American Red Cross.

Have you donated blood since March 1985?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BLDG12M]
<2,R,D> [goto HIVTST]

Question ID: ADS.020_00.000   **Instrument Variable Name:** BLDG12M   **QuestionnaireFileName:** Sample Adult

QuestionText: During the PAST 12 MONTHS, that is, since [fill: 12-month ref. Date], have you donated blood?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have given blood since March 1985

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

Question ID: ADS.040_00.000   **Instrument Variable Name:** HIVTST   **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about the test for HIV (the virus that causes AIDS).

[fill: Except for tests you may have had as part of blood donations, have you ever been tested for HIV?/Have you ever been tested for HIV?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TST12M_M]
<2> [goto WHYTST]
<R,D> [goto EXTST12M]

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.050_00.000   **Instrument Variable Name:**   WHYTST   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A13

I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS).

Which one of these would you say is the MAIN reason why you have not been tested?

01	It's unlikely you've been exposed to HIV
02	You were afraid to find out if you were HIV positive (that you had HIV)
03	You didn't want to think about HIV or about being HIV positive
04	You were worried your name would be reported to the government if you tested positive
05	You didn't know where to get tested
06	You don't like needles
07	You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
08	Some other reason
09	No particular reason
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have not been tested for HIV

SkipInstructions: <1-7,9,R,D> [goto EXTST12M]
<8> [goto WHYSPEC]

Question ID: ADS.055_00.000   **Instrument Variable Name:**   WHYSPEC   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the main reason why you have not been tested?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ with some other reason for no HIV test

SkipInstructions: <20 char long> [goto EXTST12M]

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.060_01.000   **Instrument Variable Name:**   TST12M_M   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

[fill: Not including blood donations, in what month and year was your last test for HIV (the virus that causes AIDS)?/In what month and year was your last test for HIV, (the virus that causes AIDS)?]

* Enter month of last HIV test.

* Enter "96" to go to the time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV/AIDS

SkipInstructions: <R,96> [goto TIMETST]
<1-12,D> [goto TST12M_Y]

Question ID: ADS.060_02.000   **Instrument Variable Name:**   TST12M_Y   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter year of last HIV test.

1985-2009	1985-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their last HIV test or who didn't know the month

SkipInstructions: <1880-2030> [goto REATST]
<R,D> [goto TIMETST]
[if TST12M_M and TST12M_Y = a future date] goto ERR1_TST12M_Y
[if TST12M_M and TST12M_Y = a date prior to birth date] goto ERR2_TST12M_Y

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.061_00.000   **Instrument Variable Name:**   TIMETST   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was it:

* Read answer categories.

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 2 years ago
4	More than 2 years, but not more than 5 years ago
5	More than 5 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV, who refused or requested the time period format at TEST12M_M, or refused or don't know the year of their last HIV test.

SkipInstructions: <1-5,R,D> [goto REATST]

Question ID: ADS.065_00.000   **Instrument Variable Name:**   REATST   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A14

I am going to show you a list of reasons why some people have been tested for HIV (the virus that causes AIDS).

[fill: Not including your blood donations, which of these would you say was the MAIN reason for your last HIV test?/Which of these would you say was the MAIN reason for your last HIV test?]

01	Someone suggested you should be tested
02	You might have been exposed through sex or drug use
03	You might have been exposed through your work or at work
04	You just wanted to find out if you were infected or not
05	For part of a routine medical check-up, or for hospitalization or surgical procedure
06	You were sick or had a medical problem
07	You were pregnant or delivered a baby
08	For health or life insurance coverage
09	For military induction, separation, or military service
10	For immigration
11	For marriage license or to get married
12	You were concerned you could give HIV to someone
13	You wanted medical care or new treatments if you tested positive
14	Some other reason
15	No particular reason
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1>[goto REASWHO]
<2-13,15,R,D> [goto LASTST]
<14> [goto REASPEC]

Question ID:	ADS.066_00.000	**Instrument Variable Name:**	REASWHO	**QuestionnaireFileName:**	Sample Adult

QuestionText: Who suggested you should be tested - a doctor, nurse or other health care professional, a sex partner, someone at the health department, or someone else?

1	Doctor, nurse or other health care professional
2	Sex partner
3	Someone at health department
4	Family member or friend
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV because someone suggested it

SkipInstructions: <1-4,R,D> [goto LASTST]
<5> [goto WHOSPEC]

Question ID:	ADS.067_00.000	**Instrument Variable Name:**	WHOSPEC	**QuestionnaireFileName:**	Sample Adult

QuestionText: Who suggested you should be tested?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV because someone not listed in REASWHO suggested it

SkipInstructions: <20 char long> [goto LASTST]

Question ID:	ADS.069_00.000	**Instrument Variable Name:**	REASPEC	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the main reason for your last HIV test?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV for some reason not listed in REATST

SkipInstructions: <20 char long>[goto LASTST]

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.070_00.000   **Instrument Variable Name:**   LASTST   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A15

[fill: Not including your blood donations, where did you have your last HIV test?/Where did you have your last HIV test?]

01	Private doctor/HMO
02	AIDS clinic/counseling/testing site
03	Hospital, emergency room, outpatient clinic
04	Other type of clinic
05	Public health department
06	At home
07	Drug treatment facility
08	Military induction or military service site
09	Immigration site
10	In a correctional facility (jail or prison)
11	Other location
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1-3,5,7-10,R,D> [goto GIVNAM]
<4> [goto CLINTYP]
<6> [goto WHOADM]
<11> [goto LASTSPEC]

Question ID: ADS.072_00.000   **Instrument Variable Name:**   CLINTYP   **QuestionnaireFileName:**   Sample Adult

QuestionText: What type of clinic did you go to for your last HIV test?

01	Family planning clinic
02	Prenatal clinic
03	Tuberculosis clinic
04	STD clinic
05	Community health clinic
06	Clinic run by employer or insurance company
07	Other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV at another type of clinic

SkipInstructions: <1-7,R,D> [goto GIVNAM]

2008 NHIS Questionnaire - Sample Adult
AIDS Knowledge & Attitudes
Document Version Date: 24-Apr-09

Question ID: ADS.074_00.000   **Instrument Variable Name:**   WHOADM   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was this test administered by a nurse or other health worker, or did you use a self-sampling kit?

1	Nurse or health worker
2	Self-sampling kit
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV at home

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

Question ID: ADS.076_00.000   **Instrument Variable Name:**   LASTSPEC   **QuestionnaireFileName:**   Sample Adult

QuestionText: Where did you have your last HIV test?

* This should be a specific location that is not on the list.

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were tested at another location

SkipInstructions: <20 char long> [goto GIVNAM]

Question ID: ADS.080_00.000   **Instrument Variable Name:**   GIVNAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: The last time you were tested, did you have to give your first and last names?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been tested for HIV

SkipInstructions: <1,2,R,D> [goto EXTST12M]

Question ID: ADS.110_00.000   **Instrument Variable Name:**   EXTST12M   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill: Do you expect to have another test for HIV in the next 12 months, not including blood donations?/Do you expect to have a test for HIV in the next 12 months, not including blood donations?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: ADS.140_00.000   **Instrument Variable Name:**   CHNSADS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What are your chances of GETTING HIV (the virus that causes AIDS)?

Would you say high, medium, low, or none?

1	High
2	Medium
3	Low
4	None
5	Already have HIV or AIDS
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> [goto STMTRU]

Question ID: ADS.150_00.000   **Instrument Variable Name:**   STMTRU   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) A16

Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH Statement or statements are true for you.
Just IF ANY of them are.

* Read if necessary.

(a) You have hemophilia and have received clotting factor concentrations.
(b) You are a man who has had sex with other men, even just one time.
(c) You have taken street drugs by needle, even just one time.
(d) You have traded sex for money or drugs, even just one time.
(e) You have tested positive for HIV (the virus that causes AIDS).
(f) You have had sex (even just one time) with someone who would answer "yes" to any of these statements.

1	Yes, at least one statement is true
2	No, none of these statements are true
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [If AGE GE <50> [go to TBHRD] else [go to STD]]

Question ID: ADS.160_00.000   **Instrument Variable Name:**   STD   **QuestionnaireFileName:**   Sample Adult

QuestionText: The next questions are about other sexually transmitted diseases or STDs. STDs are also known as venereal diseases or VD. Examples of STDs are gonorrhea, Chlamydia (CLUH-MIH-DEE-UH), syphilis, herpes, and genital warts.

In the past five years, have you had an STD other than HIV or AIDS?

* If asked, tell respondent to include newly contracted STDs and recurring flare-ups of previously contracted STDs.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18-49

SkipInstructions: <1> [goto STDDOC]
<2,R,D> [goto TBHRD]

Question ID: ADS.170_00.000   **Instrument Variable Name:**   STDDOC   **QuestionnaireFileName:**   Sample Adult

QuestionText: The last time you had an STD other than HIV or AIDS, did you see a doctor or other health professional to get it checked?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18 - 49 who have had an STD other than HIV or AIDS in the past 5 years

SkipInstructions: <1> [goto STDWHER]
<2,R,D> [goto TBHRD]

Question ID: ADS.180_00.000   **Instrument Variable Name:**   STDWHER   **QuestionnaireFileName:**   Sample Adult

QuestionText: Where did you go to be checked?

* Read answer choices only if necessary.

1	Private doctor
2	Family planning clinic
3	STD clinic
4	Emergency room
5	Health department
6	Some other place
7	Refused
9	Don't know

UniverseText: Sample adults 18-49 who have had an STD other than HIV or AIDS who saw a doctor or other health professional

SkipInstructions: <1-5,R,D> [goto TBHRD]
<6> [goto STDWOTH]

Question ID:	ADS.190_00.000	**Instrument Variable Name:**	STDWOTH	**QuestionnaireFileName:**	Sample Adult

QuestionText: Where did you go to be checked?

Verbatim	Verbatim response
7	Refused
9	Don't know

UniverseText: Sample adults 18-49 who have had an STD other than HIV or AIDS who were tested at some other place

SkipInstructions: <20 char long> [goto TBHRD]

Question ID:	ADS.200_00.000	**Instrument Variable Name:**	TBHRD	**QuestionnaireFileName:**	Sample Adult

QuestionText: The next questions are about tuberculosis, or TB.

Have you ever heard of tuberculosis?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto TBKNOW]
<2,R,D> [goto HOMELESS]

Question ID:	ADS.210_00.000	**Instrument Variable Name:**	TBKNOW	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever personally known anyone who had TB?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have heard of tuberculosis

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

Question ID: ADS.220_00.000 **Instrument Variable Name:** TB **QuestionnaireFileName:** Sample Adult

QuestionText: How much do you know about TB - a lot, some, a little, or nothing?

1	A lot
2	Some
3	A little
4	Nothing
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have heard of tuberculosis

SkipInstructions: <1-3> [goto TBSPRD]
<4> [goto TBCHANC]
<R,D> [goto HOMELESS]

Question ID: ADS.230_00.000 **Instrument Variable Name:** TBSPRD **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A17

How is TB spread?

* Probe: Can TB be spread in any other way?

* Mark all that apply, separate with commas.

1	Breathing the air around a person who is sick with TB
2	Sharing eating/drinking utensils
3	Through semen or vaginal secretions shared during sexual intercourse
4	From smoking
5	From mosquito or other insect bites
6	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have knowledge of tuberculosis

SkipInstructions: <1-6,R,D> goto TBCURED

Question ID: ADS.240_00.000 **Instrument Variable Name:** TBCURED **QuestionnaireFileName:** Sample Adult

QuestionText: As far as you know, can TB be cured?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have knowledge of tuberculosis

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

Question ID: ADS.250_00.000   **Instrument Variable Name:**   TBCHANC   **QuestionnaireFileName:**   Sample Adult

QuestionText: What are your chances of getting TB? Would you say high, medium, low, or none?

1	High
2	Medium
3	Low
4	None
5	Already have TB
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

SkipInstructions: <1-5,R,D> [goto TBSHAME]

Question ID: ADS.260_00.000   **Instrument Variable Name:**   TBSHAME   **QuestionnaireFileName:**   Sample Adult

QuestionText: (Fill1: If a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

(Fill2: If you or a member of your family were diagnosed with TB, would you feel ashamed or embarrassed?)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have knowledge or heard of tuberculosis or know nothing about tuberculosis

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

Question ID: ADS.270_00.000   **Instrument Variable Name:**   HOMELESS   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever spent more than 24 hours living on the streets, in a shelter, or in a jail or prison?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto next section]

<div align="center">

2008 NHIS Questionnaire -   Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

</div>

Question ID: NAF.020_00.000 **Instrument Variable Name:**   SUN1_SHA   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1

The next few questions are about the time you spend in the sun.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Stay in the shade? Would you say (Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN1_CAP]

Question ID: NAF.022_00.000 **Instrument Variable Name:**   SUN1_CAP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1

* Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a baseball cap or sun visor? Would you say (Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN1_HAT]

Question ID: NAF.023_00.000   **Instrument Variable Name:**   SUN1_HAT   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1 and CAN2

* Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around? Would you say (Read categories 1-5). . .

* Do not include visors, baseball caps, or hats that do not shade the face, ears and neck. Include safari hats.

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGS]

Question ID: NAF.024_00.000   **Instrument Variable Name:**   SUN2_LGS   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1

* Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear a long sleeved shirt? Would you say (Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_LGP]

2008 NHIS Questionnaire -   Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.025_00.000   **Instrument Variable Name:**   SUN2_LGP   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1

* Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Wear long pants or other clothing that reaches your ankles? Would you say (Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-6,R,D> [goto SUN2_SCR]

Question ID: NAF.026_00.000   **Instrument Variable Name:**   SUN2_SCR   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN1   ?[F1]

* Read if necessary.

When you go outside on a warm sunny day for MORE than one hour, how often do you. . .

Use sunscreen? Would you say (Read categories 1-5). . .

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go out in the sun
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4> [goto SPF] <5,6,R,D> [goto SNNUM]

Question ID:	NAF.027_00.000	**Instrument Variable Name:**	SPF	**QuestionnaireFileName:**	Sample Adult

QuestionText: ?[F1]

What is the SPF number of the sunscreen you use MOST often?

* Read if necessary.

If you use more than one or different ones, pick the one used most often.

* Enter '96' if unable to pick the one used most often.

01-50	1-50
96	More than one, different ones, other
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who use sunscreen at least rarely

SkipInstructions: <1-50> goto SNNUM
<96, R, D> goto SPFSCALE
<51-95> goto ERR_SPF

Question ID:	NAF.028_00.000	**Instrument Variable Name:**	SPFSCALE	**QuestionnaireFileName:**	Sample Adult

QuestionText: Is the SPF usually 1-14 or 15-50?

1	1-14
2	15-50
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who answered more than one, different ones, or other to SPF number, or did not know or refused to say the SPF

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

Question ID:	NAF.033_00.000	**Instrument Variable Name:**	SNNUM	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you used any of the following indoor tanning devices---a sunlamp, sunbed or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

* Enter '0' for none.

000	None
001-365	1-365 times
997	Refused
999	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-365,R,D> if SEX=2 and AGE ge 18
goto PAPHAD
else if SEX=1 and AGE le 64
goto HPVHRD
elseif SEX=1 and AGE ge 65
goto PSAHAD

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.130_00.000 **Instrument Variable Name:** PAPHAD **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER HAD a Pap smear or Pap test?

* Read if necessary.

A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1> goto PAP6YR
<2> goto PAPNOT
<R,D> goto HYST

Question ID: NAF.140_00.000 **Instrument Variable Name:** PAP6YR **QuestionnaireFileName:** Sample Adult

QuestionText: How many Pap smears or Pap tests have you had in the LAST 6 YEARS?

* Enter '0' for none.

* Enter '95' for 95 or more exams.

00	None
01-94	1-94 times
95	95+ times
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or Pap test

SkipInstructions: <0-95,R,D> [goto RPAP1_MT]

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.150_01.000   **Instrument Variable Name:**   RPAP1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT Pap smear or Pap test?

* Enter month of last Pap smear or Pap test.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or Pap test

SkipInstructions: <1-12,D> goto RPAP1_YR
<R> store "R" in RPAP1_YR and goto RPAP2
<96> store "96" in RPAP1_YR and goto RPAP1N
<13-95> goto ERR_RPAP1_MT

Question ID: NAF.150_02.000   **Instrument Variable Name:**   RPAP1_YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter year of last Pap smear or Pap test.

1880-2009	1880-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap smear or Pap test or didn't know month of last Pap smear or Pap test

SkipInstructions: <valid year> if RPAP1_YR gt current year or (RPAP1_YR=current year and RPAP1_MT gt current month)
                goto ERR1_RPAP1_YR (future date)
            elseif RPAP1_YR lt DOBY or (RPAP1_YR=DOBY and RPAP1_MT lt DOBM)
              goto ERR2_RPAP1_YR (prior to birth date)
            elseif RPAP1_MT=D
              goto RPAP2
            elseif RPAP1_MT=1-12
              goto PAPREAS
<R,D> goto RPAP2

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.160_01.000   **Instrument Variable Name:**   RPAP1N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT Pap smear or Pap test?

* Enter number for time since last Pap smear or Pap test.

* Enter '95' for 95 or more.

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

UniverseText: Female sample adults 18+ who selected number and time period format for most recent Pap smear test from the initial month screen

SkipInstructions: <1-95> goto RPAP1T
<R,D> store "R","D" in RPAP1T and goto RPAP2

Question ID: NAF.160_02.000   **Instrument Variable Name:**   RPAP1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent Pap smear or Pap test.

1	Days ago1
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PAPREAS
<4> if RPAP1N=4
   set RPAP2=4
   goto PAPREAS
  elseif RPAP1N gt 5 and RPAP1N gt AGE
   goto ERR_RPAP1T (greater than persons age)
  elseif RPAP1N gt 5 and RPAP1N le AGE
   set RPAP2=5
   goto PAPREAS
  elseif RPAP1N=1,2,3,5
   goto RPAP2
<R,D> goto RPAP2

2008 NHIS Questionnaire -   Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.165_00.000 **Instrument Variable Name:** RPAP2 **QuestionnaireFileName:** Sample Adult

QuestionText: (book) CAN3

Was it:

* Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last Pap smear test was over 5 years ago)

SkipInstructions: <1-5,R,D> goto PAPREAS

Question ID: NAF.170_00.000 **Instrument Variable Name:** PAPREAS **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this Pap smear or Pap test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or Pap test

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

Question ID: NAF.180_00.000 **Instrument Variable Name:** PAPABN **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had a Pap smear or Pap test where the results were NOT normal?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or Pap test

SkipInstructions: <1,2,R,D> if (RPAP1_YR lt (system year - 3)) or (RPAP1_YR=(system year - 3) and RPAP1_MT lt system month) or
(RPAP1T=4 and RPAP1N gt 3) or (RPAP2=4,5)
goto PAPNOT
else
goto MDCRECPAP

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.210_00.000	Instrument Variable Name:	PAPNOT	QuestionnaireFileName:	Sample Adult

QuestionText: (book) CAN4

What is the most important reason you have [Fill1: NEVER had a Pap smear or Pap test/NOT had a Pap smear or Pap test in the LAST 3 YEARS]?

01	No reason/never thought about it
02	Didn't need/Didn't know I needed this type of test
03	Doctor didn't order it/didn't say I needed it
04	Haven't had any problems
05	Put if off/Didn't get around to it
06	Too expensive/No insurance/Cost
07	Too painful, unpleasant, or embarrassing
08	Had hysterectomy
09	Don't have doctor
10	Had an HPV DNA test
11	Other
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have never had a Pap smear, or who have not had a Pap smear in the last 3 years

SkipInstructions:
<1,2,4-7,10,11,R,D> goto MDRECPAP
<8> set HYST=1 and goto MDRECPAP
<3,9> if PAPHAD=1
        goto PAPWHEN
    elseif PAPHAD=2
        goto HYST

Question ID:	NAF.210_01.000	Instrument Variable Name:	PAPNOT	QuestionnaireFileName:	Sample Adult

QuestionText: (book) CAN4

What is the most important reason you have [Fill1: NEVER had a Pap smear or Pap test/NOT had a Pap smear or Pap test in the LAST 3 YEARS]?

UniverseText: Female sample adults 18+ who have never had a Pap smear, or who have not had a Pap smear in the last 3 years

SkipInstructions:
<1,2,4-7,10,11,R,D> goto MDRECPAP
<8> set HYST=1 and goto MDRECPAP
<3,9> if PAPHAD=1
        goto PAPWHEN
    elseif PAPHAD=2
        goto HYST

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.215_00.000	**Instrument Variable Name:**	MDRECPAP	**QuestionnaireFileName:**	Sample Adult	

QuestionText: Fill1 (IF PAPHAD=1 and most recent screening exam LE 3 years from system date)
"Was your most recent Pap smear or Pap test recommended by a doctor or other health professional?"

Else (IF PAPHAD=2, or most recent screening exam GT 3 years from system date or RPAP2=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional recommended that you have a Pap smear or Pap test?"

1	Yes
2	No
3	Did not see a doctor in the past 12 months
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who had a doctor, who didn't answer that her doctor didn't recommend a Pap Smear, who haven't had a hysterectomy, and gave a reason for not having Pap test ever/in the last 3 years

SkipInstructions: <1-3,R,D> if PAPHAD=1
    goto PAPWHEN
  elseif PAPHAD=2 and PAPNOT=8 and AGE=18-64
    goto HPVHRD
  elseif PAPHAD=2 and PAPNOT=8 and AGE ge 65
    goto MAMHAD
  elseif PAPHAD=2 and PAPNOT ne 8
    goto HYST

Question ID:	NAF.216_00.000	**Instrument Variable Name:**	PAPWHEN	**QuestionnaireFileName:**	Sample Adult	

QuestionText: When do you expect to have your next Pap smear or Pap test?

01	A year or less from now
02	1-3 years from now
03	3-5 years from now
04	More than 5 years from now
05	When doctor recommends it
06	Never, had HPV DNA test
07	Never, had HPV vaccine
08	Never, other reason
97	Refused
99	Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear or Pap test

SkipInstructions: <1-8,R,D> if PAPNOT=8
    store "1" in HYST
    if AGE=18-64
      goto HPVHRD
    elseif AGE ge 65
      goto MAMHAD
    endif
  elseif PAPNOT ne '8'
    goto HYST

Question ID:	NAF.220_00.000	**Instrument Variable Name:**	HYST	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you had a hysterectomy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have not already indicated they have had a hysterectomy

SkipInstructions: <1,2,R,D> if AGE=18-64
                goto HPVHRD
              elseif AGE ge 65
                goto MAMHAD

Question ID:	NAF.221_00.000	**Instrument Variable Name:**	HPVHRD	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1> goto HPVCAUS
              <2,R,D> goto SHHPVHRD

Question ID:	NAF.222_00.000	**Instrument Variable Name:**	HPVCAUS	**QuestionnaireFileName:**	Sample Adult

QuestionText: These next questions are about HPV. Your best guess is fine.

Do you think HPV can cause cervical cancer?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LE 64 who have ever heard of HPV

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

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
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Question ID:	NAF.223_00.000	Instrument Variable Name:	HPVSEXCN	QuestionnaireFileName:	Sample Adult

QuestionText: Do you think you can get HPV through sexual contact?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LE 64 who have ever heard of HPV

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

Question ID:	NAF.224_00.000	Instrument Variable Name:	HPVTRET	QuestionnaireFileName:	Sample Adult

QuestionText: Do you think HPV can go away on its own without treatment?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults LE 64 who have ever heard of HPV

SkipInstructions: <1,2,R,D> if SEX=2
goto HPVHAD
elseif SEX=1
goto SHHPVHRD

Question ID:	NAF.224_00.010	Instrument Variable Name:	HPVHAD	QuestionnaireFileName:	Sample Adult

QuestionText: Have you ever been told by a doctor or other health professional that you had HPV?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults LE 64

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

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.225_00.000	Instrument Variable Name:	SHHPVHRD	QuestionnaireFileName:	Sample Adult

QuestionText: A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, or GARDASIL®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults age LE 64

SkipInstructions: <1,2,R,D> if SEX=2
    goto SHTHPV
    elseif SEX=1 and AGE ge 40
     goto PSAHAD
    elseif SEX=1 and AGE=18-39
     goto next section

Question ID:	NAF.226_00.000	Instrument Variable Name:	SHTHPV	QuestionnaireFileName:	Sample Adult

QuestionText: Have you ever received the HPV shot or cervical cancer vaccine?

1	Yes
2	No
3	Doctor refused when asked
7	Refused
9	Don't know

UniverseText: Female sample adults age LE 64

SkipInstructions: <1> goto SHHPVDOS
<2,3,R,D> goto HPVINT

Question ID:	NAF.227_00.000	Instrument Variable Name:	SHHPVDOS	QuestionnaireFileName:	Sample Adult

QuestionText: How many HPV shots did you receive?

* Enter '96' for all shots

01-50	1-50 shots
96	All shots
97	Refused
99	Don't know

UniverseText: Female sample adults age LE 64 who have had a HPV shot

SkipInstructions: <1-50,96,R,D> if AGE ge 30
    goto MAMHAD
    elseif AGE=18-29
     goto next section
<51-95> goto ERR_SHHPVDOS

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.228_00.000   **Instrument Variable Name:**   HPVINT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Would you be interested in getting the HPV vaccine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age LE 64 who have never had a HPV shot or doctor refused when asked to give shot or Ref/DK this information

SkipInstructions: <1> goto HPVCOST
<2,D> goto HPVNOT
<R> goto next section

Question ID: NAF.229_00.000   **Instrument Variable Name:**   HPVNOT   **QuestionnaireFileName:**   Sample Adult

QuestionText: What is the MAIN reason you would NOT want to get the vaccine?

01	Does not need vaccine
02	Not sexually active
03	Too expensive
04	Too old for vaccine
05	Doctor didn't recommend it
06	Worried about safety of vaccine
07	Don't know where to get vaccine
08	My spouse/family member is against it
09	Don't know enough about vaccine
10	Already have HPV
11	Other
97	Refused
99	Don't know

UniverseText: All female sample adults LE 64 year old who are not interested in getting the HPV shot or said don't know for interested in getting the shot

SkipInstructions: <1,2,4-11,R,D> if AGE ge 30
goto MAMHAD
elseif AGE=18-29
goto next section
<3> goto HPVLOCST

Question ID:	NAF.229_00.010	**Instrument Variable Name:**	HPVCOST	**QuestionnaireFileName:**	Sample Adult

QuestionText: The cost of the vaccine may be about $360-$500. Would you get the HPV vaccine if you had to pay this amount?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age LE 64 who are interested in getting the HPV vaccine

SkipInstructions: <1,R,D> if AGE ge 30
                    goto MAMHAD
                elseif AGE=18-29
                    goto next section
            <2> goto HPVLOCST

Question ID:	NAF.229_00.020	**Instrument Variable Name:**	HPVLOCST	**QuestionnaireFileName:**	Sample Adult

QuestionText: If you could get the HPV vaccine free or at a much lower cost, would you get it?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age LE 64 who would not pay $360-500 for the HPV vaccine or for whom the main reason not to get the vaccine was because it was too expensive

SkipInstructions: <1,2,R,D> if AGE ge 30
                    goto MAMHAD
                elseif AGE=18-29
                    goto next section

Question ID:	NAF.230_00.000	**Instrument Variable Name:**	MAMHAD	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER HAD a mammogram?

* Read if necessary.

A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 30+

SkipInstructions: <1> goto MAM6YR
            <2> goto MDRECMAM
            <R,D> if AGE ge 40
                    goto HRTEVER
                elseif AGE=30-39
                    goto next section

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
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Question ID: NAF.250_00.000   **Instrument Variable Name:**   MAM6YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: How many mammograms have you had in the LAST 6 YEARS?

* Enter '0' for none.

* Enter '95' for 95 or more mammograms.

00	None
01-94	1-94
95	95+
97	Refused
99	Don't know

UniverseText: Female sample adults age 30+ who have ever had a mammogram

SkipInstructions: <0-95,R,D> goto RMAM1_MT

Question ID: NAF.260_01.000   **Instrument Variable Name:**   RMAM1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

The next few questions are about your recent mammograms. When did you have your MOST RECENT mammogram?

* Enter month of last mammogram.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-12,D> goto RMAM1_YR
<R> store "R" in RMAM1_YR and goto RMAM2
<96> store "96" in RMAM1_YR and goto RMAM1N
<13-95> goto ERR_RMAM1_MT

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
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Question ID: NAF.260_02.000   **Instrument Variable Name:**   RMAM1_YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter year of last mammogram.

1880-2009	1880-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

SkipInstructions: <valid year> if RMAM1_YR gt current year or (RMAM1_YR=current year and RMAM1_MT gt current month)
goto ERR1_RMAM1_YR (future date)
elseif RMAM1_YR lt DOBY or (RMAM1_YR=DOBY and RMAM1_MT lt DOBM)
goto ERR2_RMAM1_YR (prior to birth date)
elseif RMAM1_MT=D
goto RMAM2
elseif RMAM1_MT=1-12
goto MAMREAS
<R,D> goto RMAM2

Question ID: NAF.270_01.000   **Instrument Variable Name:**   RMAM1N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT mammogram?

* Enter number for time since last mammogram.

* Enter '95' for 95 or more.

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

UniverseText: Female sample adults 30+ who selected number and time period format for most recent mammogram from the initial month screen

SkipInstructions: <1-95> goto RMAM1T
<R,D> store "R","D" in RMAM1T and goto RMAM2

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.270_02.000 **Instrument Variable Name:** RMAM1T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent mammogram.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
```
<1-3> goto MAMREAS
<4> if RMAM1N=4
        set RMAM2=4
        goto MAMREAS
    elseif RMAM1N gt 5 and RMAM1N gt AGE
        goto ERR_RMAM1T (greater than persons age)
    elseif RMAM1N gt 5 and RMAM1N le AGE
        set RMAM2=5
        goto MAMREAS
    elseif RMAM1N=1,2,3,5
        goto RMAM2
<R,D> goto RMAM2
```

Question ID: NAF.275_00.000 **Instrument Variable Name:** RMAM2 **QuestionnaireFileName:** Sample Adult

QuestionText: (book) CAN3

Was it:

* Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last mammogram was over 5 years ago)

SkipInstructions: <1-5,R,D> goto MAMREAS

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.310_00.000 **Instrument Variable Name:** MAMREAS **QuestionnaireFileName:** Sample Adult

QuestionText: What was the MAIN reason you had this mammogram - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have ever had a mammogram

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

Question ID: NAF.370_00.000 **Instrument Variable Name:** MDRECMAM **QuestionnaireFileName:** Sample Adult

QuestionText: Fill1 (IF MAMHAD=1 and most recent screening exam LE 2 years from system date)
"Was your most recent mammogram recommended by a doctor or other health professional?"

Else (IF MAMHAD=2, or most recent screening exam GT 2 years from system date or RMAM2=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional recommended that you have a mammogram?"

1	Yes
2	No
3	Did not see a doctor in the past 12 months
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have or have not ever had a mammogram

SkipInstructions: <1,2,3,R,D> goto MAMINFO

Question ID: NAF.371_00.000 **Instrument Variable Name:** MAMINFO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever read or been given conflicting information about whether you should get a mammogram?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who did not answer Ref/DK to having a mammogram

SkipInstructions: <1> goto MAMDELAY
<2,R,D> if AGE ge 40
     goto HRTEVER
    elseif AGE=30-39
      goto next section

2008 NHIS Questionnaire -   Sample Adult
Adult Cancer Screening
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Question ID: NAF.372_00.000   **Instrument Variable Name:** MAMDELAY   **QuestionnaireFileName:** Sample Adult

QuestionText: Did this conflicting information cause you to delay or not get a mammogram in the past year?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 30+ who have heard conflicting information on whether to get a mammogram

SkipInstructions: <1,2,R,D> if AGE ge 40
　　　　　goto HRTEVER
　　　　elseif AGE=30-39
　　　　　goto next section

Question ID: NAF.373_00.000   **Instrument Variable Name:** HRTEVER   **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER taken hormone replacement therapy or HRT for menopause?

* Read if necessary.

This is a pill, patch or treatment that gives women more of the female hormone, estrogen.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 40+

SkipInstructions: <1> goto HRTNOW
<2,R,D> goto CREHAD

Question ID: NAF.374_00.000   **Instrument Variable Name:** HRTNOW   **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW taking hormone replacement therapy or HRT for menopause?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults age 40+ who have ever taken hormone replacement therapy or HRT

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

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.375_00.000 **Instrument Variable Name:** HRTLONG **QuestionnaireFileName:** Sample Adult

QuestionText: Some women go on and off hormone replacement therapy. How long have you taken HRT altogether?

* Read if necessary.

Please total all the time you have taken HRT.

1	A year or less
2	More than 1 up to 2 years
3	More than 2 up to 4 years
4	More than 4 up to 8 years
5	More than 8 years
7	Refused
9	Don't know

UniverseText: Female sample adults age 40+ who have ever taken hormone replacement therapy or HRT

SkipInstructions: <1-5,R,D> goto CREHAD

Question ID: NAF.430_00.000 **Instrument Variable Name:** PSAHAD **QuestionnaireFileName:** Sample Adult

QuestionText: The following questions are about men's health.

Have you EVER HAD a PSA test?

* Read if necessary.

A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Male sample adults 40+

SkipInstructions: <1> goto RPSA1_MT
<2> goto MDRECPSA
<R,D> goto CREHAD

Question ID: NAF.460_01.000 **Instrument Variable Name:** RPSA1_MT **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

The next few questions are about your recent PSA tests. When did you have your MOST RECENT PSA test?

* Enter month of last PSA test.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Male sample adults 40+ who have ever had a PSA test

SkipInstructions: <1-12,D> goto RPSA1_YR
<R> store "R" in RPSA1_YR and goto RPSA2
<96> store "96" in RPSA1_YR and goto RPSA1N
<13-95> goto ERR_RPSA1_MT

Question ID: NAF.460_02.000 **Instrument Variable Name:** RPSA1_YR **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter year of last PSA test.

1880-2009	1880-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Male sample adults 40+ who answered month of last PSA test or didn't know month of last PSA test

SkipInstructions: <valid year> if RPSA1_YR gt current year or (RPSA1_YR=current year and RPSA1_MT gt current month)
goto ERR1_RPSA1_YR (future date)
elseif RPSA1_YR lt DOBY or (RPSA1_YR=DOBY and RPSA1_MT lt DOBM)
goto ERR2_RPSA1_YR (prior to birth date)
elseif RPSA1_MT=D
goto RPSA2
elseif RPSA1_MT=1-12
goto PSAREAS
<R,D> goto RPSA2

2008 NHIS Questionnaire -   Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.470_01.000 **Instrument Variable Name:**   RPSA1N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

        When did you have your MOST RECENT PSA test?

        * Enter number for time since last PSA test.

        * Enter '95' for 95 or more.

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

UniverseText: Male sample adults 40+ who selected number and time period format for most recent PSA test from the initial
                month screen

SkipInstructions: <1-95> goto RPSA1T
                <R,D> store "R","D" in RPSA1T and goto RPSA2

Question ID: NAF.470_02.000 **Instrument Variable Name:**   RPSA1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

        * Enter time period for time since most recent PSA test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PSAREAS
                <4> if RPSA1N=4
                        set RPSA2=4
                        goto PSAREAS
                    elseif RPSA1N gt 5 and RPSA1N gt AGE
                        goto ERR_RPSA1T (greater than persons age)
                    elseif RPSA1N gt 5 and RPSA1N le AGE
                        set RPSA2=5
                        goto PSAREAS
                    elseif RPSA1N=1,2,3,5
                        goto RPSA2
                <R,D> goto RPSA2

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.475_00.000	**Instrument Variable Name:**	RPSA2	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) CAN3

Was it:

* Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	Over 5 years ago
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last PSA test was over 5 years ago)

SkipInstructions: <1-5,R,D> goto PSAREAS

Question ID:	NAF.480_00.000	**Instrument Variable Name:**	PSAREAS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?

1	Part of a routine exam
2	Because of a problem
3	Other reason
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who have had a PSA test

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

Question ID:	NAF.485_00.000	**Instrument Variable Name:**	MDRECPSA	**QuestionnaireFileName:**	Sample Adult

QuestionText: Fill1 (IF PSAHAD=1 and most recent screening exam LE 1 year from system date)
"Was your most recent PSA test recommended by a doctor or other health professional?"

Else (IF PSAHAD=2, or most recent screening exam GT 1 year from system date or RPSA2=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional recommended that you have a PSA test?"

1	Yes
2	No
3	Did not see a doctor in the past 12 months
7	Refused
9	Don't know

UniverseText: Male sample adults 40+ who have either had or not had a PSA test

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

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.540_00.000   **Instrument Variable Name:**   CREHAD   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you EVER HAD a Sigmoidoscopy (sigmoid-OS-copy), colonoscopy (colon-OS-copy), or Proctoscopy (proc-TOS-copy)? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

* Read if necessary.

A Proctoscopy is an older exam that used a rigid tube.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> goto RCRE1_MT
<2> goto CREREC
<R,D> goto HFOBHAD

Question ID: NAF.560_01.000   **Instrument Variable Name:**   RCRE1_MT   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT exam?

* Enter month of last exam.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a colorectal exam

SkipInstructions: <1-12,D> goto RCRE1_YR
<R> store "R" in RCRE1_YR and goto RCRE2
<96> store "96" in RCRE1_YR and goto RCRE1N
<13-95> goto ERR_RCRE1_MT

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

| **Question ID:** | NAF.560_02.000 | **Instrument Variable Name:** | RCRE1_YR | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 2 of 2

* Enter year of last colorectal exam.

1880-2009	1880-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last colorectal exam or didn't know month of last colorectal exam

SkipInstructions: <valid year> if RCRE1_YR gt current year or (RCRE1_YR=current year and RCRE1_MT gt current month)
      goto ERR1_RCRE1_YR (future date)
    elseif RCRE1_YR lt DOBY or (RCRE1_YR=DOBY and RCRE1_MT lt DOBM)
     goto ERR2_RCRE1_YR (prior to birth date)
    elseif RCRE1_MT=D
     goto RCRE2
    elseif RCRE1_MT=1-12
     goto CRENAM
<R,D> goto RCRE2

| **Question ID:** | NAF.570_01.000 | **Instrument Variable Name:** | RCRE1N | **QuestionnaireFileName:** | Sample Adult |

QuestionText: 1 of 2

When did you have your MOST RECENT exam?

* Enter number for time since last exam.

* Enter '95' for 95 or more.

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

UniverseText: Sample adults 40+ who selected number and time period format for most recent colorectal exam from the initial month screen

SkipInstructions: <1-95> goto RCRE1T
<R,D> store "R","D" in RCRE1T and goto RCRE2

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.570_02.000   **Instrument Variable Name:**   RCRE1T   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent exam.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
```
<1-3> goto CRENAM
<4> if RCRE1N=4
        set RCRE2=4
        goto CRENAM
    elseif RCRE1N=6,7,8,9
        set RCRE2=5
        goto CRENAM
    elseif RCRE1N gt 10 and RCRE1N gt AGE
        goto ERR_RCRE1T (greater than persons age)
    elseif RCRE1N gt 10 and RCRE1N le AGE
        set RCRE2=6
        goto CRENAM
    elseif RCRE1N=1,2,3,5,10
        goto RCRE2
<R,D> goto RCRE2
```

Question ID: NAF.575_00.000   **Instrument Variable Name:**   RCRE2   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN5

Was it:

* Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last colorectal exam was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> goto CRENAM

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID: NAF.580_00.000   **Instrument Variable Name:**   CRENAM   **QuestionnaireFileName:**   Sample Adult

QuestionText: (book) CAN6

For a SIGMOIDOSCOPY (sigmoid-OS-copy), a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY (colon-OS-copy) is SIMILAR, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home. A PROCTOSCOPY (proc-TOS-copy) is an older exam that used a rigid tube. Was this MOST RECENT exam a Sigmoidoscopy, colonoscopy, Proctoscopy or something else?

1   Sigmoidoscopy
2   Colonoscopy
3   Proctoscopy
4   Something else
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have ever had a colorectal exam

SkipInstructions: <1-4,R,D> goto CREREAS

Question ID: NAF.590_00.000   **Instrument Variable Name:**   CREREAS   **QuestionnaireFileName:**   Sample Adult

QuestionText: What was the MAIN reason you had this exam - was it part of a routine exam, because of a problem, or some other reason?

1   Part of a routine exam
2   Because of a problem
3   Other reason
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have ever had a colorectal exam

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

Question ID: NAF.610_00.000   **Instrument Variable Name:**   CREREC   **QuestionnaireFileName:**   Sample Adult

QuestionText: Fill1 (IF CREHAD=1 and most recent screening exam LE 10 years from system date)
"Was your most recent test recommended by a doctor or other health professional?"

Else (IF CREHAD=2, or most recent screening exam GT 10 years from system date or RCRE2=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional recommended that you have a Sigmoidoscopy (sigmoid-OS-copy) or colonoscopy (colon-OS-copy)?"

1   Yes
2   No
3   Did not see a doctor in the past 12 months
7   Refused
9   Don't know

UniverseText: Sample adults 40+ who have either had or not had a colorectal exam

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

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.620_00.000	**Instrument Variable Name:**	HFOBHAD	**QuestionnaireFileName:**	Sample Adult

QuestionText: The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Have you EVER HAD a blood stool test, using a HOME test kit?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 40+

SkipInstructions:
<1> goto RHFO1_MT
<2> goto MDHFOB
<R,D> goto next section

Question ID:	NAF.640_01.000	**Instrument Variable Name:**	RHFO1_MT	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool test using a kit at home?

* Enter month of last test.

* Enter '96' to go to number and time period format.

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
96	Time period format
97	Refused
99	Don't know

UniverseText: Sample adults 40+ who have ever had a home blood stool test

SkipInstructions:
<1-12,D> goto RHFO1_YR
<R> store "R" in RHFO1_YR and goto RHFO2
<96> store "96" in RHFO1_YR and goto RHFO1N
<13-95> goto ERR_RHFO1_MT

2008 NHIS Questionnaire - Sample Adult

Adult Cancer Screening

Document Version Date: 24-Apr-09

Question ID: NAF.640_02.000   **Instrument Variable Name:**   RHFO1_YR   **QuestionnaireFileName:**   Sample Adult

QuestionText: 2 of 2

* Enter year of last home blood stool test.

1880-2009	1880-2009
9996	Time period format
9997	Refused
9999	Don't know

UniverseText: Sample adults age 40+ who answered month of last home blood stool test or didn't know month of last test

SkipInstructions: <valid year> if RHFO1_YR gt current year or (RHFO1_YR=current year and RHRO1_MT gt current month)
                goto ERR1_RHFO1_YR (future date)
            elseif RHFO1_YR lt DOBY or (RHFO1_YR=DOBY and RHFO1_MT lt DOBM)
                goto ERR2_RHFO1_YR (prior to birth date)
            elseif RHFO1_MT=D
                goto RHFO2
            elseif RHFO1_MT=1-12
                goto MDHFOB
        <R,D> goto RHFO2

Question ID: NAF.650_01.000   **Instrument Variable Name:**   RHFO1N   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT blood stool test using a kit at home?

* Enter number for time since last test.

* Enter '95' for 95 or more.

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

UniverseText: Sample adults 40+ who selected number and time period format for most recent home blood stool test from the initial month screen

SkipInstructions: <1-95> goto RHFO1T
            <R,D> store "R","D" in RHFO1T and goto RHFO2

2008 NHIS Questionnaire - Sample Adult
Adult Cancer Screening
Document Version Date: 24-Apr-09

Question ID:	NAF.650_02.000	**Instrument Variable Name:**	RHFO1T	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent home blood stool test.

1	Days ago
2	Weeks ago
3	Months ago
4	Years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions:
```
<1-3> goto MDHFOB
<4> if RHFO1N=4
      set RHFO2=4
      goto MDHFOB
    elseif RHFO1N=6,7,8,9
      set RHFO2=5
      goto MDHFOB
    elseif RHFO1N gt 10 and RHFO1N gt AGE
      goto ERR_RHFO1T (greater than persons age)
    elseif RHFO1N gt 10 and RHFO1N le AGE
      set RHFO2=6
      goto MDHFOB
    elseif RHFO1N=1,2,3,5,10
      goto RHFO2
<R,D> goto RHFO2
```

Question ID:	NAF.655_00.000	**Instrument Variable Name:**	RHFO2	**QuestionnaireFileName:**	Sample Adult

QuestionText: (book) CAN5

Was it:

* Read answer categories.

1	A year ago or less
2	More than 1 year but not more than 2 years
3	More than 2 years but not more than 3 years
4	More than 3 years but not more than 5 years
5	More than 5 years but not more than 10 years
6	Over 10 years ago
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who failed to give a complete date in either the month or year format or failed to give a complete date in the number and time period format, or entered years ago in the time period format (excluding those whose last home blood stool test was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> goto MDHFOB

Question ID:	NAF.700_00.000	**Instrument Variable Name:**	MDHFOB	**QuestionnaireFileName:**	Sample Adult

QuestionText: Fill1 (IF HFOBHAD=1 and most recent screening exam LE 1 year from system date)
"Was your most recent HOME blood stool test recommended by a doctor or other health professional?"

Else (IF HFOBHAD=2, or most recent screening exam GT 1 year from system date or RHFO2=R,D)
"In the PAST 12 MONTHS, has a doctor or other health professional recommended that you have a HOME blood stool test?"

1	Yes
2	No
3	Did not see a doctor in the past 12 months
7	Refused
9	Don't know

UniverseText: Sample adults 40+ who have either had or not had a home fecal occult test

SkipInstructions: <1-3,R,D> goto next section

2008 NHIS Questionnaire -   Sample Adult
Adult Heart Disease
Document Version Date: 24-Apr-09

Question ID: PAF.010_00.000   **Instrument Variable Name:**   HYPPREG   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about health conditions.

Earlier you mentioned that you had been told you had high blood pressure. Was this only during pregnancy?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who were ever told they had high blood pressure

SkipInstructions: <1> [goto next section] <2,R,D> [goto HLOSWGT]

Question ID: PAF.020_00.000   **Instrument Variable Name:**   HLOSWGT   **QuestionnaireFileName:**   Sample Adult

QuestionText: [fill: These next questions are about health conditions.

Earlier you mentioned that you had been told that you had high blood pressure. Because of your high blood pressure, has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?/Because of your high blood pressure, has a doctor or other health professional EVER advised you to go on a diet or change your eating habits to help lower your blood pressure?]

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high blood pressure that was not related to pregnancy or Ref/DK if high blood pressure was pregnancy related

SkipInstructions: <1> [goto WGTADEV] <2,R,D> [goto LOWSLT]

Question ID: PAF.030_00.000   **Instrument Variable Name:**   WGTADEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you EVER follow this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were advised to go on a diet or change their eating habits to help lower high blood pressure

SkipInstructions: <1> [goto WGTADNOW] <2,R,D> [goto LOWSLT]

2008 NHIS Questionnaire - Sample Adult
Adult Heart Disease
Document Version Date: 24-Apr-09

Question ID: PAF.040_00.000   **Instrument Variable Name:**   WGTADNOW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW following this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever followed advice to go on a diet or change their eating habits to help lower blood pressure

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

Question ID: PAF.050_00.000   **Instrument Variable Name:**   LOWSLT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Because of your high blood pressure, has a doctor or other health professional EVER advised you to cut down on salt or sodium in your diet?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high blood pressure that was not related to pregnancy or Ref/DK if high blood pressure was pregnancy related

SkipInstructions: <1> [goto LOWSLTEV] <2,R,D> [goto EXERC]

Question ID: PAF.060_00.000   **Instrument Variable Name:**   LOWSLTEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you EVER follow this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were advised to cut down on salt or sodium because of high blood pressure

SkipInstructions: <1> [goto LOWSLTNW] <2,R,D> [goto EXERC]

Question ID: PAF.070_00.000   **Instrument Variable Name:**   LOWSLTNW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW following this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever followed advice to cut down on salt or sodium intake because of high blood pressure

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

2008 NHIS Questionnaire -   Sample Adult
Adult Heart Disease
Document Version Date: 24-Apr-09

Question ID: PAF.080_00.000   **Instrument Variable Name:** EXERC   **QuestionnaireFileName:** Sample Adult

QuestionText: Because of your high blood pressure, has a doctor or other health professional EVER advised you to exercise?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high blood pressure that was not related to pregnancy or Ref/DK if high blood pressure was pregnancy related

SkipInstructions: <1> [goto EXERCEV] <2,R,D> [goto HBPALC]

Question ID: PAF.090_00.000   **Instrument Variable Name:** EXERCEV   **QuestionnaireFileName:** Sample Adult

QuestionText: Did you EVER follow this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were advised to exercise because of high blood pressure

SkipInstructions: <1> [goto EXERCNW] <2,R,D> [goto HBPALC]

Question ID: PAF.100_00.000   **Instrument Variable Name:** EXERCNW   **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW following this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever followed advice to exercise because of high blood pressure

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

Question ID: PAF.110_00.000   **Instrument Variable Name:** HBPALC   **QuestionnaireFileName:** Sample Adult

QuestionText: Because of your high blood pressure, has a doctor or other health professional EVER advised you to cut down on alcohol use?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high blood pressure that was not related to pregnancy or Ref/DK if high blood pressure was pregnancy related

SkipInstructions: <1> [goto HBPALCEV] <2,R,D> [goto HYPMEDEV]

2008 NHIS Questionnaire - Sample Adult
Adult Heart Disease
Document Version Date: 24-Apr-09

Question ID: PAF.120_00.000   **Instrument Variable Name:**   HBPALCEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Did you EVER follow this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were advised to reduce their alcohol use because of high blood pressure

SkipInstructions: <1> [goto HBPALCNW] <2,R,D> [goto HYPMEDEV]

Question ID: PAF.130_00.000   **Instrument Variable Name:**   HBPALCNW   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW following this advice?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who ever followed advice to reduce alcohol use because of high blood pressure

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

Question ID: PAF.140_00.000   **Instrument Variable Name:**   HYPMEDEV   **QuestionnaireFileName:**   Sample Adult

QuestionText: Was any medicine EVER prescribed by a doctor for your high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever told they had high blood pressure that was not related to pregnancy or Ref/DK if high blood pressure was pregnancy related

SkipInstructions: <1> [goto HYPMED] <2,R,D> [BAID_01]

Question ID: PAF.150_00.000   **Instrument Variable Name:**   HYPMED   **QuestionnaireFileName:**   Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever prescribed medicine for high blood pressure

SkipInstructions: <1> [goto BAID_01] <2,R,D> [goto HYMDMED]

Question ID: PAF.160_00.000 **Instrument Variable Name:** HYMDMED **QuestionnaireFileName:** Sample Adult

QuestionText: Did a doctor advise you to stop taking the medicine?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were ever prescribed medicine for high blood pressure and are not now taking or Ref/DK if taking prescribed medicine for high blood pressure

SkipInstructions: <1,2,R,D> [goto BAID_01]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.010_01.000   **Instrument Variable Name:**   BAID_01   **QuestionnaireFileName:**   Sample Adult

QuestionText: These next questions are about dizziness or balance problems.

Do you use any of the following aids to help you get around? Please say yes or no to each.

... A cane

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BAID_02]

Question ID: BAL.010_02.000   **Instrument Variable Name:**   BAID_02   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...Crutches

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BAID_03]

Question ID: BAL.010_03.000   **Instrument Variable Name:**   BAID_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...A walker

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BAID_04]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.010_04.000   **Instrument Variable Name:**   BAID_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...A wheelchair

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BAID_05]

Question ID: BAL.010_05.000   **Instrument Variable Name:**   BAID_05   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...A scooter

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BAID_06]

Question ID: BAL.010_06.000   **Instrument Variable Name:**   BAID_06   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...A brace

1	Yes
2	No
7	Refused
9	Don't Know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BBRAC]
<2,R,D> [goto BAID_07]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.010_07.000   **Instrument Variable Name:**   BAID_07   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...Artificial or replacement limbs or joints

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto BART]
<2,R,D> [goto BBAID_08]

Question ID: BAL.010_08.000   **Instrument Variable Name:**   BAID_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do you use any of the following aids to help you get around? Please say yes or no to each.

...Medically prescribed shoes or orthotics

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID: BAL.020_00.000   **Instrument Variable Name:**   BBRAC   **QuestionnaireFileName:**   Sample Adult

QuestionText: What type of brace(s) do you use?

* Enter all that apply, separate with commas.

01	Ankle
02	Arm
03	Back
04	Knee
05	Leg
06	Neck
07	Wrist
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who use a brace

SkipInstructions: <1-7,R,D> [goto BAID_07]

Question ID:	BAL.030_00.000	Instrument Variable Name:	BART	QuestionnaireFileName:	Sample Adult

QuestionText: What part or parts is/are artificial?

* Enter all that apply, separate with commas.

1	Arm
2	Leg
3	Hip
4	Knee
5	Other
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have an artificial limb

SkipInstructions: <1-5,R,D> [goto BAID_08]

Question ID:	BAL.040_00.000	Instrument Variable Name:	BDIZZ	QuestionnaireFileName:	Sample Adult

QuestionText: During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_01]

Question ID:	BAL.050_01.000	Instrument Variable Name:	BBAL_01	QuestionnaireFileName:	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol.
Please say yes or no to each.

...Muscle weakness that affects walking

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_02]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.050_02.000   **Instrument Variable Name:** BBAL_02   **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Severe fatigue

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_03]

Question ID: BAL.050_03.000   **Instrument Variable Name:** BBAL_03   **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Drifting to the side when trying to walk straight

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_04]

Question ID: BAL.050_04.000   **Instrument Variable Name:** BBAL_04   **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Walking through a doorway without bumping into one side

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_05]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.050_05.000 **Instrument Variable Name:** BBAL_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking in the dark

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_06]

Question ID: BAL.050_06.000 **Instrument Variable Name:** BBAL_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking on uneven ground or surfaces

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_07]

Question ID: BAL.050_07.000 **Instrument Variable Name:** BBAL_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking with bi- or tri-focal or progressive lenses or contacts

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

* If respondent does not wear bi- or tri-focal progressive lenses or contacts, Enter '2'.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-3,R,D> [goto BBAL_08]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.050_08.000   **Instrument Variable Name:**   BBAL_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Blurred or fuzzy vision when moving your head

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_09]

Question ID: BAL.050_09.000   **Instrument Variable Name:**   BBAL_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Fear of heights

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_10]

Question ID: BAL.050_10.000   **Instrument Variable Name:**   BBAL_10   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Fear of large open spaces

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_11]

Question ID: BAL.050_11.000   **Instrument Variable Name:**   BBAL_11   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking up a flight of stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_12]

Question ID: BAL.050_12.000   **Instrument Variable Name:**   BBAL_12   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty walking down a flight of stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_13]

Question ID: BAL.050_13.000   **Instrument Variable Name:**   BBAL_13   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty riding an escalator or moving walkway

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto BBAL_14]

Question ID: BAL.050_14.000 **Instrument Variable Name:** BBAL_14 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty going through tunnels

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, etc.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[[goto BBAL_15]

Question ID: BAL.050_15.000 **Instrument Variable Name:** BBAL_15 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. DURING THE PAST 12 MONTHS, have you had any of the following problems? Do not include times when drinking alcohol. Please say yes or no to each.

...Difficulty going over bridges

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, etc.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> If BDIZZ =1 or (if any of BBAL_01 through BBAL_15 = 1) [goto BTYPE_01];
else BDIZZ=2,R,D and (if all of BBAL_01 to BBAL_15=2,R,D) [goto BMEDIC] (BAL.290).

Question ID: BAL.060_01.000 **Instrument Variable Name:** BTYPE_01 **QuestionnaireFileName:** Sample Adult

QuestionText: This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...A spinning or vertigo sensation, a rocking of yourself or your surroundings

*Read if necessary: Vertigo is an illusion of rotation or other motion, as if riding a carousel.
* Read if necessary: Do not include times when drinking alcohol.

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: <1,2,R,D> [goto BTYPE_02]

2008 NHIS Questionnaire -   Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.060_02.000 **Instrument Variable Name:** BTYPE_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...A floating, spacey, or tilting sensation

* Read if necessary: Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: <1,2,R,D> [goto BTYPE_03]

Question ID: BAL.060_03.000 **Instrument Variable Name:** BTYPE_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling lightheaded, without a sense of motion

* Read if necessary: Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: <1,2,R,D> [goto BTYPE_04]

Question ID: BAL.060_04.000 **Instrument Variable Name:** BTYPE_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling as if you are going to pass out or faint

* Read if necessary: Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: <1,2,R,D> [goto BTYPE_05]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.060_05.000 **Instrument Variable Name:** BTYPE_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Blurring of your vision when you move your head

* Read if necessary: Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: <1,2,R,D> [goto BTYPE_06]

Question ID: BAL.060_06.000 **Instrument Variable Name:** BTYPE_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. This next question is about symptoms of dizziness or balance problems. Please tell me if you have had any of these problems in the past 12 months. Please say yes or no to each.

...Feeling off-balance or unsteady

* Read if necessary: Do not include times when drinking alcohol.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a problem(s) with dizziness or balance

SkipInstructions: if (all BTYPE_01 -BTYPE_06 = 2,R,D) and (BDIZZ = 2,R,D) [goto BMEDIC];
else if two or more BTYPE_01 - BTYPE_06 = 1 then [goto BBOTH];
else if (only one BTYPE_01-BTYPE_06=1,R,D) or (all BTYPE_01 -BTYPE_06 = 2,R,D and (BDIZZ = 1) [goto BAGE]

Question ID:	BAL.070_00.000	**Instrument Variable Name:**	BBOTH	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, which ONE of these feelings of dizziness or balance problems bothered you the most?

*Read categories below.

1	Feeling a sense of spinning
2	A floating or spacey feeling
3	Feeling lightheaded
4	Feeling like you are about to pass out
5	Blurred vision
6	Unsteadiness
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who had more than one symptom of dizziness or balance problem

SkipInstructions: <1-6,R,D> [goto BAGE]

Question ID:	BAL.080_00.000	**Instrument Variable Name:**	BAGE	**QuestionnaireFileName:**	Sample Adult

QuestionText: About how old were you when (Fill: most bothersome or only feeling) first happened?

* Read if necessary. If unsure, estimate as best you can.
* Enter '996' If since birth.

001-120	Age in years
996	Since birth
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: <1-120> if BAGE gt AGE
       [goto ERR2_BAGE];
    Else
       [goto BLONG]
<121-995> [goto ERR1_BAGE]
<'996', R, D> [goto BLONG]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.090_00.000   **Instrument Variable Name:**   BLONG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Altogether, about how long have you had the (Fill: most bothersome or only feeling)?

*Probe if needed.

01	Less then 3 months
02	3 months to less than 12 months
03	12 months to less than 3 years
04	3 years to less than 5 years
05	5 years to less than 10 years
06	10 years to less than 15 years
07	15 years or more
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: <1-7, R, D> [goto BOFTEN]

Question ID: BAL.100_00.000   **Instrument Variable Name:**   BOFTEN   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, about how often have you had the (Fill: most bothersome or only feeling)?

*Probe if needed.

01	Almost always
02	3 or more times a day
03	Once or twice a day
04	Several times a week
05	Once a week
06	Several times a month
07	Once a month
08	Less than once a month
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: <1> and (BBOTH = 6 or [BTYPE_06 =1 and BBOTH = ' ']) [goto BHOSP];
        Else <1> and (BBOTH=1-5,R,D or (BTYPE_06=2,R,D or BBOTH ne ' ')) [goto BLAST]
        Else <2-8,R,D>[goto BLAST]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.110_00.000	**Instrument Variable Name:**	BLAST	**QuestionnaireFileName:**	Sample Adult

QuestionText: How long does each spell or bout of (Fill: most bothersome or only feeling) usually last? Do not include nausea or vomiting.

* Read if necessary. Only count the duration of individual spells or bouts, not a whole cluster of them, and don't include other related symptoms.

*Probe if needed.

01	Momentary, or less than one minute
02	One minute to less than 20 minutes
03	20 minutes to less than 4 hours
04	4 hours to less than 24 hours
05	1 day to less than 14 days
06	2 weeks to less than 3 months
07	3 months or longer
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1-7, R,D> [goto BTRIG_01]

Question ID:	BAL.120_01.000	**Instrument Variable Name:**	BTRIG_01	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Turning your head side to side

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_02]

Question ID:	BAL.120_02.000	**Instrument Variable Name:**	BTRIG_02	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Looking up or down

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_03]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.120_03.000 **Instrument Variable Name:** BTRIG_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Rolling over in bed

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_04]

Question ID: BAL.120_04.000 **Instrument Variable Name:** BTRIG_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Getting up after sitting or lying down

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_05]

Question ID: BAL.120_05.000 **Instrument Variable Name:** BTRIG_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Standing or being on your feet for a long time

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_06]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.120_06.000   **Instrument Variable Name:**   BTRIG_06   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Riding in a car, bus, airplane, boat, or train

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_07]

Question ID: BAL.120_07.000   **Instrument Variable Name:**   BTRIG_07   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Walking down a grocery store aisle

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_08]

Question ID: BAL.120_08.000   **Instrument Variable Name:**   BTRIG_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Hearing loud sounds

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_09]

Question ID: BAL.120_09.000   **Instrument Variable Name:**   BTRIG_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Blowing your nose

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_10]

Question ID: BAL.120_10.000   **Instrument Variable Name:**   BTRIG_10   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Prescription medicine or drugs

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_11]

Question ID: BAL.120_11.000   **Instrument Variable Name:**   BTRIG_11   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Over the counter medicine such as aspirin, Tylenol, or Advil

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_12]

Question ID: BAL.120_12.000   **Instrument Variable Name:**   BTRIG_12   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Eating too much salt

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BTRIG_13]

Question ID: BAL.120_13.000   **Instrument Variable Name:**   BTRIG_13   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following usually cause or trigger your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Certain foods or drink, such as chocolate, coffee or alcohol

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1, 2, R, D> [goto BSAME_01]

Question ID: BAL.130_01.000   **Instrument Variable Name:**   BSAME_01   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Nausea or vomiting

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_01]
<2, R, D> [goto BSAME_02]

Question ID: BAL.130_02.000   **Instrument Variable Name:**   BSAME_02   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Motion sickness or discomfort

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_02]
<2, R, D> [goto BSAME_03]

Question ID: BAL.130_03.000   **Instrument Variable Name:**   BSAME_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Difficulty rolling over in bed

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_03]
<2, R, D> [goto BSAME_04]

Question ID: BAL.130_04.000   **Instrument Variable Name:**   BSAME_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Hearing loss in one or both ears

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_04]
<2, R, D> [goto BSAME_05]

| **Question ID:** | BAL.130_05.000 | **Instrument Variable Name:** | BSAME_05 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Tinnitus (TIN-uh-tus)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_05]
<2, R, D> [goto BSAME_06]

| **Question ID:** | BAL.130_06.000 | **Instrument Variable Name:** | BSAME_06 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Earache or pain

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_06]
<2, R, D> [goto BSAME_07]

| **Question ID:** | BAL.130_07.000 | **Instrument Variable Name:** | BSAME_07 | **QuestionnaireFileName:** | Sample Adult |

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Fullness or pressure in the ear without pain

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_07]
<2, R, D> [goto BSAME_08]

Question ID:	BAL.130_08.000	**Instrument Variable Name:**	BSAME_08	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Sinus congestion

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_08]
<2, R, D> [goto BSAME_09]

Question ID:	BAL.130_09.000	**Instrument Variable Name:**	BSAME_09	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Migraine headache

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_09]
<2, R, D>[goto BSAME_10]

Question ID:	BAL.130_10.000	**Instrument Variable Name:**	BSAME_10	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Headache, other than migraine

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_10]
<2, R, D> [goto BSAME_11]

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Question ID:	BAL.130_11.000	**Instrument Variable Name:**	BSAME_11	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Neck pain

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [got BONLY_11];
<2,R,D> if [BTYPE_05 = 1 and BBOTH = ' '] or [BBOTH = 5] then [goto BSAME_13];
else <2,R,D> if (BTYPE_05=2,R,D) or (BTYPE_05=1 and BBOTH=1-4,6,R,D) [goto BSAME_12]

Question ID:	BAL.130_12.000	**Instrument Variable Name:**	BSAME_12	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Blurred or double vision

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_12];
<2, R, D> [[goto BSAME_13]

Question ID:	BAL.130_13.000	**Instrument Variable Name:**	BSAME_13	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Loss of vision or blacking out

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_13];
<2, R, D> [goto BSAME_14]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.130_14.000	**Instrument Variable Name:**	BSAME_14	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Sweats or sweating

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_14];
<2, R, D> [goto BSAME_15]

Question ID:	BAL.130_15.000	**Instrument Variable Name:**	BSAME_15	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Shortness of breath or trouble breathing

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_15];
<2, R, D> [goto BSAME_16]

Question ID:	BAL.130_16.000	**Instrument Variable Name:**	BSAME_16	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Difficulty speaking or slurred speech

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_16];
<2, R, D> [goto BSAME_17]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.130_17.000 **Instrument Variable Name:** BSAME_17 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Difficulty swallowing

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_17];
<2, R, D> [goto BSAME_18]

Question ID: BAL.130_18.000 **Instrument Variable Name:** BSAME_18 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Numbness in your face, hands, or feet

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_18];
<2, R, D> [goto BSAME_19]

Question ID: BAL.130_19.000 **Instrument Variable Name:** BSAME_19 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Weak or clumsy arms or legs

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_19];
<2, R, D> [goto BSAME_20]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.130_20.000	**Instrument Variable Name:**	BSAME_20	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...High level of stress

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_20];
<2, R, D> [goto BSAME_21]

Question ID:	BAL.130_21.000	**Instrument Variable Name:**	BSAME_21	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Anxiety

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_21];
<2, R, D> [goto BSAME_22]

Question ID:	BAL.130_22.000	**Instrument Variable Name:**	BSAME_22	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Do any of the following problems happen around the same time as your (Fill: most bothersome or only feeling)? Please say yes or no to each.

...Depression

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and do not almost always have unsteadiness

SkipInstructions: <1> [goto BONLY_22];
<2, R, D> [goto BHOSP]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_01.000 **Instrument Variable Name:** BONLY_01 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have nausea or vomiting only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have nausea and vomiting with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_02]

Question ID: BAL.140_02.000 **Instrument Variable Name:** BONLY_02 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have motion sickness or discomfort only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have motion sickness or discomfort with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_03]

Question ID: BAL.140_03.000 **Instrument Variable Name:** BONLY_03 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty rolling over in bed only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have difficulty rolling over in bed with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_04]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.140_04.000	**Instrument Variable Name:**	BONLY_04	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have hearing loss in one or both ears only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1 Only
2 Regardless
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have hearing loss in one or both ears with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_05]

Question ID:	BAL.140_05.000	**Instrument Variable Name:**	BONLY_05	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have tinnitus only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1 Only
2 Regardless
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have tinnitus with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_06]

Question ID:	BAL.140_06.000	**Instrument Variable Name:**	BONLY_06	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have earache or pain only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1 Only
2 Regardless
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who have earache or pain with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_07]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.140_07.000	**Instrument Variable Name:**	BONLY_07	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have fullness or pressure in the ear only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fullness or pressure in ear with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_08]

Question ID:	BAL.140_08.000	**Instrument Variable Name:**	BONLY_08	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have sinus congestion only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have sinus congestion with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_09]

Question ID:	BAL.140_09.000	**Instrument Variable Name:**	BONLY_09	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you have migraine headache only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have a migraine headache with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_10]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_10.000   **Instrument Variable Name:**   BONLY_10   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have headaches other than migraine only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

    * Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have headaches other than migraine with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_11]

Question ID: BAL.140_11.000   **Instrument Variable Name:**   BONLY_11   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have neck pain only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

    * Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have neck pain with symptoms of dizziness or a balance problem

SkipInstructions: <1,2,R,D> if [BTYPE_05 = 1 and BBOTH = ' '] or [BBOTH = 5] then [goto BSAME_13];
                 else if (BTYPE_05=2,R,D) or (BTYPE_05=1 and BBOTH=1-4,6,R,D) [goto BSAME_12]

Question ID: BAL.140_12.000   **Instrument Variable Name:**   BONLY_12   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have blurred or double vision only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

    * Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have blurred or double vision with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_13]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_13.000 **Instrument Variable Name:** BONLY_13 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have loss of vision or blacking out only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have loss of vision or blacking out with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_14]

Question ID: BAL.140_14.000 **Instrument Variable Name:** BONLY_14 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have sweats or sweating only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have sweats or sweating with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [[goto BSAME_15]

Question ID: BAL.140_15.000 **Instrument Variable Name:** BONLY_15 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have shortness of breath or trouble breathing only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1   Only
2   Regardless
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have shortness of breath or trouble breathing with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [[goto BSAME_16]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_16.000 **Instrument Variable Name:** BONLY_16 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty speaking or slurred speech only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty speaking or slurred speech with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_17]

Question ID: BAL.140_17.000 **Instrument Variable Name:** BONLY_17 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have difficulty swallowing only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have difficulty swallowing with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_18]

Question ID: BAL.140_18.000 **Instrument Variable Name:** BONLY_18 **QuestionnaireFileName:** Sample Adult

QuestionText: Do you have numbness in your face, hands, or feet only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have numbness in face, hands, or feet with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_19]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_19.000   **Instrument Variable Name:**   BONLY_19   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have weak or clumsy arms or legs only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have weak or clumsy arms or legs with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_20]

Question ID: BAL.140_20.000   **Instrument Variable Name:**   BONLY_20   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have high level of stress only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have a high level of stress with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_21]

Question ID: BAL.140_21.000   **Instrument Variable Name:**   BONLY_21   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have anxiety only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have anxiety with symptoms of dizziness or a balance problem

SkipInstructions: < 1,2, R,D> [goto BSAME_22]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.140_22.000   **Instrument Variable Name:**   BONLY_22   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you have depression only when you have the (Fill: most bothersome or only feeling) or do you have it regardless?

* Read if necessary. We mean around the same time, or just before, during or following

1	Only
2	Regardless
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have depression with symptoms of dizziness or a balance problem

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

Question ID: BAL.150_00.000   **Instrument Variable Name:**   BHOSP   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have you ever gone to a hospital or emergency room about your (Fill: most bothersome or only feeling)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1> [goto BHOSPNO]
<2, R, D> [goto BHP]

Question ID: BAL.160_00.000   **Instrument Variable Name:**   BHOSPNO   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 5 YEARS, about how many times have you gone to a hospital emergency room about your (Fill: most bothersome or only feeling)?

0	None
1	1 time
2	2 times
3	3-4 times
4	5-9 times
5	10-14 times
6	15 or more times
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever been to a hospital ER about symptoms of dizziness or a balance problem

SkipInstructions: < 0-6, R,D> [goto BHP]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.170_00.000	**Instrument Variable Name:**	BHP	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you EVER seen a doctor or other health professional, except for in the emergency room, about your (Fill: most bothersome or only feeling)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1>[[goto BHP_01];
<2, R, D> and if BHOSP=2,R,D [[goto BTRET (BAL.260)];
else <2,R,D> and BHOSP=1 [goto BFIRST (BAL.200)]

Question ID:	BAL.180_01.000	**Instrument Variable Name:**	BHP_01	**QuestionnaireFileName:**	Sample Adult

QuestionText: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)? Please say yes or no to each.

... Family doctor or general practitioner

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_02]

Question ID:	BAL.180_02.000	**Instrument Variable Name:**	BHP_02	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Cardiologist or doctor of internal medicine

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_03]

2008 NHIS Questionnaire -   Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.180_03.000   **Instrument Variable Name:**   BHP_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Ear, nose, and throat doctor

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_04]

Question ID: BAL.180_04.000   **Instrument Variable Name:**   BHP_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Neurologist

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_05]

Question ID: BAL.180_05.000   **Instrument Variable Name:**   BHP_05   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

... Eye doctor, optometrist, or ophthalmologist (AHF-thal-MOL-oh-jist)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_06]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.180_06.000	**Instrument Variable Name:**	BHP_06	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Dentist, orthodontist or oral surgeon

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: <1,2,R,D> and SEX =2 [goto BHP_07];
        Else if SEX=1 [goto BHP_08]

Question ID:	BAL.180_07.000	**Instrument Variable Name:**	BHP_07	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Gynecologist or OB/GYN

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Female sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_08]

Question ID:	BAL.180_08.000	**Instrument Variable Name:**	BHP_08	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Psychiatrist, psychologist or social worker

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_09]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.180_09.000   **Instrument Variable Name:**   BHP_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Chiropractor

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_10]

Question ID: BAL.180_10.000   **Instrument Variable Name:**   BHP_10   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Osteopath (OS-te-o-path) or doctor of osteopathy (os-tee-OP-uh-thee)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_11]

Question ID: BAL.180_11.000   **Instrument Variable Name:**   BHP_11   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Occupational therapist, physical therapist or rehabilitation specialist

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_12]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.180_12.000   **Instrument Variable Name:**   BHP_12   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Nurse or nurse practitioner

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_13]

Question ID: BAL.180_13.000   **Instrument Variable Name:**   BHP_13   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Nutritionist or dietician

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_14]

Question ID: BAL.180_14.000   **Instrument Variable Name:**   BHP_14   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

... Foot doctor

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_15]

Question ID:	BAL.180_15.000	Instrument Variable Name:	BHP_15	QuestionnaireFileName:	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Radiologist or technician for MRI, CAT scan or ultrasound

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BHP_16]

Question ID:	BAL.180_16.000	Instrument Variable Name:	BHP_16	QuestionnaireFileName:	Sample Adult

QuestionText: * Read if necessary: Which of the following types of doctors or health professionals have you seen about your (Fill: most bothersome or only feeling)?
Please say yes or no to each.

...Some other health professional

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto B5YRS]

Question ID:	BAL.190_00.000	Instrument Variable Name:	B5YRS	QuestionnaireFileName:	Sample Adult

QuestionText: DURING THE PAST 5 YEARS, about how many times have you gone to a doctor or other health professional about your (Fill: most bothersome or only feeling)?

0	None
1	1 time
2	2 times
3	3 - 4 times
4	5 - 9 times
5	10 - 14 times
6	15 or more times
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional for symptoms of dizziness or a balance problem

SkipInstructions: < 0-6, R, D> [goto BFIRST]

Question ID:	BAL.200_00.000	**Instrument Variable Name:**	BFIRST	**QuestionnaireFileName:**	Sample Adult

QuestionText: How long ago did you FIRST see a doctor or other health professional, including emergency room physicians about your (Fill: most bothersome or only feeling)?

1	Less than 12 months
2	12 months to less than 3 years
3	3 years to less than 5 years
4	5 years to less than 10 years
5	10 years to less than 15 years
6	15 years or more
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional, including ER physicians, for symptoms of dizziness or a balance problem

SkipInstructions: < 1-6, R,D> [goto BDIFF]

Question ID:	BAL.210_00.000	**Instrument Variable Name:**	BDIFF	**QuestionnaireFileName:**	Sample Adult

QuestionText: In total, about how many separate doctors, emergency room physicians, or other health professionals have you EVER seen concerning your (Fill: most bothersome or only feeling)?

1	1
2	2
3	3 to 4
4	5 to 9
5	10 to 14
6	15 or more
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional, including ER physicians, for symptoms of dizziness or a balance problem

SkipInstructions: < 1-6, R, D> [goto BHELP]

Question ID:	BAL.220_00.000	**Instrument Variable Name:**	BHELP	**QuestionnaireFileName:**	Sample Adult

QuestionText: Do you feel that any of these doctors or health professionals have helped your (Fill: most bothersome or only feeling)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional, including ER physicians, for symptoms of dizziness or a balance problem

SkipInstructions: < 1> [goto BTHLP_NO]
<2, R, D> [goto BDIAG]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.230_01.000 **Instrument Variable Name:** BTHLP_NO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

About how long was it between the first time you saw a doctor or other health professional about your (Fill: most bothersome or only feeling) until you began to feel helped by treatments or advice you received?

Please tell me the number of days, weeks, months or years.

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who feel a health professional helped their symptoms of dizziness or balance problem

SkipInstructions: <1-365, D> [goto   BTHLP_TP];
<R> [goto BDIAG]

Question ID: BAL.230_02.000 **Instrument Variable Name:** BTHLP_TP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter time period for time since last saw a doctor or other health professional.

1	Days
2	Weeks
3	Months
4	Years
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who feel a health professional helped their symptoms of dizziness or balance problem

SkipInstructions: <1-3, R, D> [goto   BDIAG]
<4> if (BTHLP_TP gt AGE and BTHLP_TP=4) [goto ERR_BTHLP_TP]
      else [goto BDIAG]

Question ID: BAL.240_00.000 **Instrument Variable Name:** BDIAG **QuestionnaireFileName:** Sample Adult

QuestionText: Did any of the doctors or health care professionals tell you the cause or give you a diagnosis for your (Fill: most bothersome or only feeling)?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever seen a health professional, including ER physicians, for symptoms of dizziness or a balance problem

SkipInstructions: < 1> [goto BCAUS]
<2, R,D> [goto BTRET]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness

Question ID:	BAL.250_00.000	**Instrument Variable Name:**	BCAUS	**QuestionnaireFileName:**	Sample Adult

QuestionText: What did the doctor (s) or health care professional (s) tell you was the cause or causes of your (Fill: most bothersome or only feeling)?

* Enter all that apply, separate with commas.

* Read the list if necessary.

01	Antibiotics given through a needle or tube (I.V.)
02	Arthritis
03	Brain tumor
04	Cogan's syndrome or Sjogren's (SHO-grenz) syndrome
05	Loose or dislodged CRYSTALS in your ear or BPPV (benign positional vertigo)
06	Diabetes
07	Head or neck trauma or concussion
08	Heart disease
09	Inner ear infection
10	Meniere's (Men-e-AIRZ) disease
11	Migraine headaches
12	Neurological or muscular conditions (such as M.S., or M.D.)
13	Side effect or medicines or drugs
14	Stroke
15	TMJ or Temporal mandibular joint disorder
16	Other health problem(s)
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who were told cause of symptoms of dizziness or balance problem

SkipInstructions: <1-16, R, D> [goto BTRET]

Question ID:	BAL.260_00.000	**Instrument Variable Name:**	BTRET	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever taken or tried anything to treat your (Fill: most bothersome or only feeling) such as physical therapy, certain exercises, avoiding certain foods, taking medicines, surgery, or wearing magnets or wristbands?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1> [goto BTRET_01]
                                 <2, R, D> [goto BSTAT]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.270_01.000 **Instrument Variable Name:** BTRET_01 **QuestionnaireFileName:** Sample Adult

QuestionText: What treatments have you tried? Please say yes or no to each.

...Exercises or physical therapy

* Do not include Tai Chi, Yoga, or Qi Gong.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_02]

Question ID: BAL.270_02.000 **Instrument Variable Name:** BTRET_02 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Head rolling maneuver by a doctor or therapist (Epley maneuver)

* Do not include treatment by a chiropractor.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_03]

Question ID: BAL.270_03.000 **Instrument Variable Name:** BTRET_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Steroid injections into the ear

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_04]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.270_04.000   **Instrument Variable Name:**   BTRET_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Gentamicin (jen-tah-MI-sin) injection into the ear

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_05]

Question ID: BAL.270_05.000   **Instrument Variable Name:**   BTRET_05   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Ear surgery

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_06]

Question ID: BAL.270_06.000   **Instrument Variable Name:**   BTRET_06   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Head or neck surgery

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_07]

Question ID: BAL.270_07.000   **Instrument Variable Name:**   BTRET_07   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Bed rest for several hours or days

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_08]

Question ID: BAL.270_08.000   **Instrument Variable Name:**   BTRET_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Psychiatric treatment

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_09]

Question ID: BAL.270_09.000   **Instrument Variable Name:**   BTRET_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Chiropractic treatment or manipulation

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_10]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.270_10.000 **Instrument Variable Name:** BTRET_10 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Acupuncture

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_11]

Question ID: BAL.270_11.000 **Instrument Variable Name:** BTRET_11 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Massage therapy

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_12]

Question ID: BAL.270_12.000 **Instrument Variable Name:** BTRET_12 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Tai Chi, Yoga, or Qi Gong

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_13]

Question ID: BAL.270_13.000   **Instrument Variable Name:**   BTRET_13   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Hypnosis

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_14]

Question ID: BAL.270_14.000   **Instrument Variable Name:**   BTRET_14   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Low salt diet

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_15]

Question ID: BAL.270_15.000   **Instrument Variable Name:**   BTRET_15   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Avoiding or cutting back on certain foods or drinks such as chocolate, coffee or alcohol

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_16]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.270_16.000 **Instrument Variable Name:**   BTRET_16   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Quitting or reducing use of tobacco or cigarettes

* Enter '2' for non-smokers.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_17]

Question ID: BAL.270_17.000 **Instrument Variable Name:**   BTRET_17   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Prescription medicine or drugs

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_18]

Question ID: BAL.270_18.000 **Instrument Variable Name:**   BTRET_18   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Over the counter medicine such as aspirin, Tylenol, or Advil

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_19]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.270_19.000   **Instrument Variable Name:**   BTRET_19   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Herbal remedy such as feverfew leaf, ginger or ginkgo biloba (GIN-ko bye-LO-bah)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_20]

Question ID: BAL.270_20.000   **Instrument Variable Name:**   BTRET_20   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Meniette (trademark superscript) (men-YETS) device, air pressure pulses in ear

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_21]

Question ID: BAL.270_21.000   **Instrument Variable Name:**   BTRET_21   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Wearing acupressure wristband or Sea-Band (trademark superscript)

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_22]

Question ID: BAL.270_22.000   **Instrument Variable Name:**   BTRET_22   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

...Wearing magnets

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

SkipInstructions: < 1, 2, R,D> [goto BTRET_23]

Question ID: BAL.270_23.000   **Instrument Variable Name:**   BTRET_23   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. What treatments have you tried? Please say yes or no to each.

... Mouth guard

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have been treated for symptoms of dizziness or a balance problem

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

Question ID: BAL.280_00.000   **Instrument Variable Name:**   BSTAT   **QuestionnaireFileName:**   Sample Adult

QuestionText: During the past 12 months, has your (Fill: most bothersome or only feeling) gotten worse, stayed the same, improved somewhat, or improved greatly?

1	Gotten worse
2	Stayed the same
3	Improved somewhat
4	Improved greatly
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1-4, R, D> [goto BMEDIC]

Question ID: BAL.290_00.000   **Instrument Variable Name:**   BMEDIC   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do you now take any medicine on a regular basis for any health problems or conditions?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>
  if BDIZZ = 1 or any BTYPE_01-BTYPE_06 = 1
    <1> [goto BBETT];
    <2, R,D> [goto BCHNG];
  else If BDIZZ=2,R,D and all BTYPE_01-_06=2,R,D,' ' [goto BMED_01]

Question ID: BAL.300_00.000   **Instrument Variable Name:**   BBETT   **QuestionnaireFileName:**   Sample Adult

QuestionText: Does any of your medicine cause your (Fill: most bothersome or only feeling) to get worse?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem and take medicine

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

Question ID: BAL.310_00.000   **Instrument Variable Name:**   BCHNG   **QuestionnaireFileName:**   Sample Adult

QuestionText: Do your dizziness or balance problems prevent you in any way from doing things you otherwise could do?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1> [goto BCHNG_01]
<2, R,D> [goto BMISSWK]

2008 NHIS Questionnaire -   Sample Adult

Adult Balance and Dizziness

Document Version Date: 24-Apr-09

Question ID: BAL.320_01.000 **Instrument Variable Name:**   BCHNG_01   **QuestionnaireFileName:**   Sample Adult

QuestionText: Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Work or school

1	Yes
2	No
3	Doesn't Work or Go to School
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1-3, R,D> [goto BCHNG_02]

Question ID: BAL.320_02.000 **Instrument Variable Name:**   BCHNG_02   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Driving a motor vehicle

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_03]

Question ID: BAL.320_03.000 **Instrument Variable Name:**   BCHNG_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Riding in a car, bus, airplane, boat or train

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_04]

Question ID:	BAL.320_04.000	**Instrument Variable Name:**	BCHNG_04	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

....Exercising or taking walks

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_05]

Question ID:	BAL.320_05.000	**Instrument Variable Name:**	BCHNG_05	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Standing or being on your feet for 30 minutes or longer

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_06]

Question ID:	BAL.320_06.000	**Instrument Variable Name:**	BCHNG_06	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Walking down a flight of stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_07]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.320_07.000   **Instrument Variable Name:**   BCHNG_07   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Walking or climbing up 10 steps without resting

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_08]

Question ID: BAL.320_08.000   **Instrument Variable Name:**   BCHNG_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

...Going outside your home for shopping, movies, sporting or other events

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_09]

Question ID: BAL.320_09.000   **Instrument Variable Name:**   BCHNG_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Participating in social activities such as visiting friends, attending clubs and meetings, or going to parties

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

SkipInstructions: < 1, 2, R,D> [goto BCHNG_10]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.320_10.000	Instrument Variable Name:	BCHNG_10	QuestionnaireFileName:	Sample Adult

QuestionText: * Read if necessary. Have your dizziness or balance problems caused you to change or cut back on any of the following activities? Please say yes or no to each.

... Bathing yourself, dressing yourself, feeding yourself, or going to the toilet

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ whose dizziness or balance problems prevent them from doing things

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

Question ID:	BAL.330_00.000	Instrument Variable Name:	BMISSWK	QuestionnaireFileName:	Sample Adult

QuestionText: Have you EVER missed any days from work or school because of your dizziness or balance problems?

1	Yes
2	No
3	Doesn't Work or Go to School
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1> [goto BLMS_NO]
< 2, 3, R,D> [goto BPROB]

Question ID:	BAL.340_01.000	Instrument Variable Name:	BLMS_NO	QuestionnaireFileName:	Sample Adult

QuestionText: 1 of 2

During your entire life, about how many days of work or school have you missed because of your dizziness or balance problems?

Please tell me the number of days, weeks, months, or years.

001-365	1-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who missed work or school because of dizziness or balance problems

SkipInstructions: <1-365, D> [goto BLMS_TP]
<R> [goto BPROB]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.340_02.000	**Instrument Variable Name:**	BLMS_TP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time missed work or school.

1	Days
2	Weeks
3	Months
4	Years
7	Refused
9	Don't know

UniverseText: Sample adults 18+who missed work or school because of dizziness or balance problems

SkipInstructions: < 1-3, R, D> [goto BM12_NO]
<4>(if BLMS_NO ge AGE and BLMS_TP=4) [goto ERR_BLMS_TP]
else [goto BM12_NO]

Question ID:	BAL.350_01.000	**Instrument Variable Name:**	BM12_NO	**QuestionnaireFileName:**	Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, how many days of work or school have you missed because of your dizziness or balance problems?

Please tell me the number of days, weeks, or months.

000-365	0-365
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who missed work or school because of dizziness or balance problems

SkipInstructions: <1-365, D> [goto BM12_TP]
<0, R> [goto BPROB)

Question ID:	BAL.350_02.000	**Instrument Variable Name:**	BM12_TP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time missed work or school.

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who missed work or school because of dizziness or balance problems

SkipInstructions: < 1-3, R,D> [goto BPROB]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.360_00.000	**Instrument Variable Name:**	BPROB	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem was your dizziness or balance condition? Would you say it was no problem, a small problem, a moderate problem, a big problem, or a very big problem?

1	No problem
2	A small problem
3	A moderate problem
4	A big problem
5	A very big problem
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had symptoms of dizziness or at least one balance problem

SkipInstructions: < 1-5, R, D> [goto BMED_01]

Question ID:	BAL.370_01.000	**Instrument Variable Name:**	BMED_01	**QuestionnaireFileName:**	Sample Adult

QuestionText: Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Antibiotics given through a needle or tube (I.V.)

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_02]

Question ID:	BAL.370_02.000	**Instrument Variable Name:**	BMED_02	**QuestionnaireFileName:**	Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Antibiotics injected into the ear

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_03]

2008 NHIS Questionnaire - Sample Adult

Adult Balance and Dizziness

Document Version Date: 24-Apr-09

Question ID: BAL.370_03.000 **Instrument Variable Name:** BMED_03 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Diuretics (di-u-RET-iks) due to water retention

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_04]

Question ID: BAL.370_04.000 **Instrument Variable Name:** BMED_04 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Antivert (trademark superscript) (Meclizine) for dizziness, nausea or vomiting

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_05]

Question ID: BAL.370_05.000 **Instrument Variable Name:** BMED_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Medicine or patches for motion sickness, nausea or vomiting

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_06]

Question ID: BAL.370_06.000 **Instrument Variable Name:** BMED_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Medicines for anxiety

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_07]

Question ID: BAL.370_07.000 **Instrument Variable Name:** BMED_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...Chemotherapy (ke-mo-THER-ah-pe) drugs

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R,D> [goto BMED_08]

Question ID: BAL.370_08.000 **Instrument Variable Name:** BMED_08 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you ever taken or had any of the following medications or treatments for ANY health conditions or problems. Please say yes or no to each.

...X-Ray, MRI or CAT scan of the head

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

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

Question ID:	BAL.380_00.000	Instrument Variable Name:	BBIO	QuestionnaireFileName:	Sample Adult

QuestionText: Have any of your biological, that is, BLOOD relatives such as parents, brothers, sisters, or children had a problem with dizziness, balance, or falling, NOT related to aging?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: < 1, 2, R, D> [goto BFALL5]

Question ID:	BAL.390_00.000	Instrument Variable Name:	BFALL5	QuestionnaireFileName:	Sample Adult

QuestionText: These next questions are about falls or falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking or bending position. DURING THE PAST 5 YEARS have you fallen at least one time?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> if all BTYPE_01-BTYPE_06 = 2,R,D goto BFALL12
    Elseif BTYPE_01 = 1 goto BFL_01
    Elseif BTYPE_02 = 1 goto BFL_02
    Elseif BTYPE_03 = 1 goto BFL_03
    Elseif BTYPE_04 = 1 goto BFL_04
    Elseif BTYPE_05 = 1 goto BFL_05
    Elseif BTYPE_06 = 1 goto BFL_06
<2,R,D> goto next section;

Question ID:	BAL.400_01.000	Instrument Variable Name:	BFL_01	QuestionnaireFileName:	Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling a sense of spinning?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a spinning or vertigo sensation and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_02 = 1 goto BFL_02
    Elseif BTYPE_03 = 1 goto BFL_03
    Elseif BTYPE_04 = 1 goto BFL_04
    Elseif BTYPE_05 = 1 goto BFL_05
    Elseif BTYPE_06 = 1 goto BFL_06
    Else goto BFALL12

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Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.400_02.000 **Instrument Variable Name:** BFL_02 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having a floating or spacey feeling?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had a floating, spacey, or tilting sensation and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_03 = 1 goto BFL_03
Elseif BTYPE_04 = 1 goto BFL_04
Elseif BTYPE_05 = 1 goto BFL_05
Elseif BTYPE_06 = 1 goto BFL_06
Else goto BFALL12

Question ID: BAL.400_03.000 **Instrument Variable Name:** BFL_03 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling lightheaded?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have felt lightheaded, without a sense of motion, and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_04 = 1 goto BFL_04
Elseif BTYPE_05 = 1 goto BFL_05
Elseif BTYPE_06 = 1 goto BFL_06
Else goto BFALL12

Question ID: BAL.400_04.000 **Instrument Variable Name:** BFL_04 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were feeling like you are about to pass out?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have felt as if they are going to pass out or faint and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_05 = 1 goto BFL_05
Elseif BTYPE_06 = 1 goto BFL_06
Else goto BFALL12

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.400_05.000   **Instrument Variable Name:**   BFL_05   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having blurred vision?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had blurred vision when moving their head and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> if BTYPE_06 = 1 goto BFL_06
Else goto BFALL12

Question ID: BAL.400_06.000   **Instrument Variable Name:**   BFL_06   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 5 YEARS, did any of your falls occur just before or around the time you were having unsteadiness?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have had felt off-balance or unsteady and have fallen during the past 5 years

SkipInstructions: <1,2,R,D> goto BFALL12

Question ID: BAL.410_00.000   **Instrument Variable Name:**   BFALL12   **QuestionnaireFileName:**   Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you fallen at least once a month on average?

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 5 years

SkipInstructions: < 1> go to BF12_NO]
<2, R,D> [goto BFTIME]

Question ID: BAL.420_01.000   **Instrument Variable Name:**   BF12_NO   **QuestionnaireFileName:**   Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, about how many times per day, week, or month have you fallen?

001-500	1-500
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month on average during the past 12 months

SkipInstructions: <1-500,D> [goto BF12_TP]
<R> [goto BINJ]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID:	BAL.420_02.000	**Instrument Variable Name:**	BF12_TP	**QuestionnaireFileName:**	Sample Adult

QuestionText: 2 of 2

* Enter time period for time fallen.

1	Day
2	Week
3	Month
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen at least once a month on average during the past 12 months

SkipInstructions: If (BF12_NO ge 10 and BF12_TP='1'), then [goto ERR_BF12_TP];
If (BF12_NO ge 50 and BF12_TP='2'), then [goto ERR_BF12_TP];
If (BF12_NO ge 200 and BF12_TP='3'), then [goto ERR_BF12_TP];
<1-3,R,D> [goto BINJ]

Question ID:	BAL.430_00.000	**Instrument Variable Name:**	BFTIME	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you fallen?

*Read if necessary. If unsure, estimate as best you can.

0	None
1	1 time
2	2 times
3	3-4 times
4	5-7 times
5	8 or more times
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have not fallen at least once a month on average during the past 12 months

SkipInstructions: <0> [goto next section
<1-5, R,D> [goto BINJ]

Question ID:	BAL.440_00.000	**Instrument Variable Name:**	BINJ	**QuestionnaireFileName:**	Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have an injury as a result of a fall? For example, with a bruise, cut or wound, sprain, dislocation, fracture, broken bones, back pain, head or neck injury.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1> [goto BIJMS_NO]
<2, R,D> [goto BFWHY_01]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
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Question ID: BAL.450_01.000 **Instrument Variable Name:** BIJMS_NO **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

DURING THE PAST 12 MONTHS, how many days of work or school did you miss because of injury from falls?

Please tell me the number of days, weeks, or months.

* Enter '996 if doesn't work or go to school.

000-365	0-365
996	Doesn't work or go to school
997	Refused
999	Don't know

UniverseText: Sample adults 18+ who were injured as a result of a fall during the past 12 months

SkipInstructions: <1-365, D > [goto BIJMS_TP]
<0, R, 996> [goto BFWHY_01]
<366-995> [goto ERR_BIJMS_NO]

Question ID: BAL.450_02.000 **Instrument Variable Name:** BIJMS_TP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time missed school.

1	Days
2	Weeks
3	Months
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who were injured as a result of a fall during the past 12 months

SkipInstructions: <1-3, R,D> [goto BFWHY_01]

Question ID: BAL.460_01.000 **Instrument Variable Name:** BFWHY_01 **QuestionnaireFileName:** Sample Adult

QuestionText: Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You tripped or stumbled

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_02]

2008 NHIS Questionnaire - Sample Adult
Adult Balance and Dizziness
Document Version Date: 24-Apr-09

Question ID: BAL.460_02.000   **Instrument Variable Name:**   BFWHY_02   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You slipped

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_03]

Question ID: BAL.460_03.000   **Instrument Variable Name:**   BFWHY_03   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You hurried too much

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_04]

Question ID: BAL.460_04.000   **Instrument Variable Name:**   BFWHY_04   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were not paying attention

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_05]

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Question ID: BAL.460_05.000 **Instrument Variable Name:** BFWHY_05 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had nothing to hold onto

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_06]

Question ID: BAL.460_06.000 **Instrument Variable Name:** BFWHY_06 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You blacked out or fainted

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_07]

Question ID: BAL.460_07.000 **Instrument Variable Name:** BFWHY_07 **QuestionnaireFileName:** Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You lost your balance

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_08]

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Question ID: BAL.460_08.000   **Instrument Variable Name:**   BFWHY_08   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were knocked over by someone or something

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_09]

Question ID: BAL.460_09.000   **Instrument Variable Name:**   BFWHY_09   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were playing sports or exercising

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_10]

Question ID: BAL.460_10.000   **Instrument Variable Name:**   BFWHY_10   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with hearing

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_11]

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Question ID: BAL.460_11.000   **Instrument Variable Name:**   BFWHY_11   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with vision

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_12]

Question ID: BAL.460_12.000   **Instrument Variable Name:**   BFWHY_12   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were getting up after sitting or lying down

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_13]

Question ID: BAL.460_13.000   **Instrument Variable Name:**   BFWHY_13   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You were walking up or down stairs

* If respondent is unable to do this activity for reasons OTHER than dizziness or balance, Enter '2'
Examples include respondents who are in a wheelchair, are deaf, blind, don't have a driver's license, etc.

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_14]

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Question ID: BAL.460_14.000 **Instrument Variable Name:**   BFWHY_14   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had slow reactions or reflexes

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_15]

Question ID: BAL.460_15.000 **Instrument Variable Name:**   BFWHY_15   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had weakness or numbness in one or both legs

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_16]

Question ID: BAL.460_16.000 **Instrument Variable Name:**   BFWHY_16   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had not eaten recently or you had low blood sugar

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_17]

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Question ID: BAL.460_17.000   **Instrument Variable Name:**   BFWHY_17   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with medicine

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_18]

Question ID: BAL.460_18.000   **Instrument Variable Name:**   BFWHY_18   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You drank too much alcohol

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_19]

Question ID: BAL.460_19.000   **Instrument Variable Name:**   BFWHY_19   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem using a walker, cane, or other aid that helps you get around

1	Yes
2	No
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_20]

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Question ID: BAL.460_20.000   **Instrument Variable Name:**   BFWHY_20   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a problem with shoes, sandals or socks

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_21]

Question ID: BAL.460_21.000   **Instrument Variable Name:**   BFWHY_21   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...You had a health condition

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto BFWHY_22]

Question ID: BAL.460_22.000   **Instrument Variable Name:**   BFWHY_22   **QuestionnaireFileName:**   Sample Adult

QuestionText: * Read if necessary. Have you fallen during the past 12 months due to any of the following reasons? Please say yes or no to each.

...Some other reason

1   Yes
2   No
7   Refused
9   Don't know

UniverseText: Sample adults 18+ who have fallen during the past 12 months

SkipInstructions: <1,2, R,D> [goto next section]

2008 NHIS Questionnaire - Sample Adult
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