Adult Identification

Document Version Date: 29-May-14

Question ID: AID.005 00.000 Instrument Variable Name: QuestionnaireFileName: **SADULT** 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 Physical or mental condition prohibits responding 2 Sample adult is able to respond 3 Unknown **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

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?

Yes
 No

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

SkipInstructions: <1> goto PROX2

<2> goto PROX3

endif

Adult Identification

Document Version Date: 29-May-14

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?

Yes
 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

Adult Identification

Document Version Date: 29-May-14

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".

Yes
 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

Question ID: AID.040 00.000 Instrument Variable Name: AIDSEX QuestionnaireFileName: Sample Adult

QuestionText: Are you Male or Female?

* If don't know or refused enter your best guess of the person's sex.

1 Male2 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

Hard Edit: ERR_AIDSEX

*The gender will now be changed to [fill: AIDSEX].

goto AIDVERF S (as the default goto)

Adult Identification

Document Version Date: 29-May-14

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".

Yes
 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

Soft Edit: ERR_AIDAGE

*Age of [fill1: ALIAS of Sample Adult] remains [fill2: Age of Sample Adult] years old.

goto AIDVERF_A (whether suppressed or not)

Adult Identification

Document Version Date: 29-May-14

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".

Yes
 No

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

SkipInstructions: <1> if AGE of Sample Adult le '17'

goto NO_MORE

els

goto beginning of adult.asd

endi

<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

Adult Identification

Document Version Date: 29-May-14

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 Refused99 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

Hard Edit: ERR_AIDDOB_D

*[fill1: AIDDOB_D] is not a valid day for [fill2: AIDDOB_M].

*Please correct.

Adult Identification

Document Version Date: 29-May-14

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

Adult Identification

Document Version Date: 29-May-14

```
UniverseText:
                     Respondent said his/her date of birth is not correct or his/her age is not correct
                     <1880-2020, Refused, Don't know> if AIDVERF A = '2' (No) then reset AIDVERF A to empty
SkipInstructions:
                                                      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 = 'Ref or 'DK') or (if AIDDOB Y = 'Ref or 'DK')
                       goto ERR3_AIDDOB_Y
                       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
                     ERR1_AIDDOB_Y
Hard Edit:
                     *Future date invalid: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
                     *Please correct.
                     goto AIDDOB M (whether suppressed or not)
                     ERR2 AIDDOB Y
                     *Not a valid day: [fill1: <AIDDOB_M> <AIDDOB_D>, <AIDDOB_Y>]
                     *Please correct.
                     goto AIDDOB M (whether suppressed or not)
                     ERR3 AIDDOB Y
                     *DOB of [fill2: ALIAS of Sample Adult] remains [fill3: <DOBM> <DOBD>, <DOBY>]
                     goto AIDVERF A (whether suppressed or not)
                     ERR4 AIDDOB Y
                     * Data mismatched. Please fix Age or Birthday.
```

Adult Identification

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- * If still cannot reconcile, enter 'Don't know' for year of birth.
- * Please correct.

Adult Socio-Demographic

Document Version Date: 29-May-14

Question ID: ASD.050 00.000 Instrument Variable Name: QuestionnaireFileName: WRKVER 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: QuestionnaireFileName: WRKCOR Sample Adult QuestionText: (book) A1 ? [F1] What is your correct working status? * Read answer categories. 1 Working for pay at a job or business 2 With a job or business but not at work 3 Looking for work 4 Working, but not for pay, at a family-owned job or business 5 Not working at a job or business and not looking for work 7 Refused Don't know **UniverseText:** Sample adults 18+ whose working status was incorrect or who were not the Family Respondent and with an answer of D or R to DOINGLW. **SkipInstructions:** <1,4> [goto to WHOWRK] <2,5>[goto WHYNOWK2]

<3,R,D>[goto EVERWRK]

Adult Socio-Demographic

Document Version Date: 29-May-14

Question ID: ASD.062 00.000 Instrument Variable Name: QuestionnaireFileName: DOINGLW2 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+ and also the family section respondent and said Refused or Don't know to the working last week status question in the family section **SkipInstructions:** if DOINGLW2 = Refused or Don't know then

[goto EVERWRK]

endif

Question ID: ASD.065 00.000 Instrument Variable Name: WHYNOWK2 QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

(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 or contract and off-season

08 On layoff 09 Disabled 10 Other 97 Refused 99 Don't know

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

for work or with a job or business but not at work

SkipInstructions: <1-10,D,R> if WRKCOR = 2 then

> [goto WHOWRK] else [goto EVERWRK]

Adult Socio-Demographic

Document Version Date: 29-May-14

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> [goto WHOWRK]

<2,D,R> [goto next section]

Question ID: ASD.070 00.000 Instrument Variable Name: WHOWRK QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

(Fill1:For whom did you work at your MAIN job or business? (Name of company, business, organization or employer))

(Fill2: Thinking about the job you held the longest, for whom did you work? (Name of company, business, organization or employer))

(Fill3: Thinking about the job you held most recently, for whom did you work? (Name of company, business, organization or employer))

Verbatim Verbatim response

7 Refused9 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,D,R> [goto KINDIND]

Adult Socio-Demographic

Document Version Date: 29-May-14

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 Refused9 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,D,R> [goto KINDWRK]

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 Refused9 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,D,R> [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 Refused9 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,D,R> [goto WRKCAT]

Adult Socio-Demographic

Document Version Date: 29-May-14

Question ID: ASD.110 00.000 Instrument Variable Name: QuestionnaireFileName: WRKCAT 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. Employee of a PRIVATE company for wages 1 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,D,R>[goto LOCALLNO] <5> [goto BUSINC] **Question ID:** ASD.112 00.000 Instrument Variable Name: QuestionnaireFileName: **BUSINC** Sample Adult

QuestionText: Is this business incorporated?

> 1 Yes 2 No 7 Refused Don't know

UniverseText: Sample adults 18+ who are self-employed

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

Adult Socio-Demographic

Document Version Date: 29-May-14

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]

Adult Socio-Demographic

Document Version Date: 29-May-14

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?

001-365997999Pon'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]

<D,R> if EVERWRK eq 1 and (WHYNOWK2 eq 03 or AGE GE 65)

[goto HOURPD];

Else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)

[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)

Week(s)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: <4> if WRKLONGN gt AGE then [goto ERR WRKLONGT]

<1-4> if EVERWRK = 1 and (WHYNOWK2 = 3 or AGE ge 65) then [goto HOURPD]

else if (EVERWRK eq 1 and WHYNOWK2 = 1,2,4-10, D,R," " and AGE lt 65) or (DOINGLW2 = 1,2,4)

[goto WRKLONGH]

Hard Edit: ERR_WRKLONGT

* Number of years is greater than age.

* Please correct.

Adult Socio-Demographic

Document Version Date: 29-May-14

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?

Yes
 No

7 Refused9 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,D,R> [goto PDSICK]

Adult Socio-Demographic

Document Version Date: 29-May-14

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,D,R>

if DOINGLW2 = 1,2,4 then [goto ONEJOB]; else if DOINGLW2=3,5 then [goto WRKLYR2]; else if DOINGLW2=D, R then [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,D,R> [goto next section]

Adult Socio-Demographic

Document Version Date: 29-May-14

Question ID: ASD.210_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

Yes
 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: <0-2,D,R> [goto next section]

Adult Conditions

Document Version Date: 29-May-14

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 CHLYR]

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> [goto HYPYR]

<2,R,D> [goto CHLYR]

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

QuestionText: DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?

*Enter '1' if respondent is taking medication to control his/her high blood pressure.

Yes

2 No

1

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were ever told they had hypertension (2+ visits)

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

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.025_00.010 Instrument Variable Name: CHLYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had high cholesterol?

*Enter '1' if respondent is taking medication to control his/her high cholesterol.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

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]

Adult Conditions

Document Version Date: 29-May-14

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

QuestionText: * Read 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 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]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.031 04.000 Instrument Variable Name: HRTEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

* Read 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 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]

Adult Conditions

Document Version Date: 29-May-14

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

QuestionText: * Read 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 COPDEV]

Question ID: ACN.035 00.000 Instrument Variable Name: COPDEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that you had chronic obstructive pulmonary disease,

also called COPD?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [if AGE GE 40, goto ASPMDMED;

else goto AASMEV]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.040 00.010 Instrument Variable Name: ASPMEDEV QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart

disease?

* If the respondent volunteers they have been told to take an aspirin every other day or "regularly" for these reasons, enter

1 for "yes."

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto ASPMEDAD]

<2,R,D> [goto ASPONOWN]

Question ID: ACN.040_00.020 Instrument Variable Name: ASPMEDAD QuestionnaireFileName: Sample Adult

QuestionText: Are you NOW following this advice?

* If the respondent provides an answer such as "sometimes," "occasionally," or "from time to time," enter 1 for "yes."

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart

disease

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

<2> [goto ASPMDMED]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.040 00.030 Instrument Variable Name: ASPMDMED QuestionnaireFileName: Sample Adult

QuestionText: Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

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

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

QuestionText: On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

* If the respondent volunteers they are taking an aspirin every other day or "regularly" for these reasons, enter 1 for "yes."

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised to

take aspirin every day

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

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

QuestionText: ? [F1]

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]

Adult Conditions

Document Version Date: 29-May-14

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

QuestionText: ? [F1]

Do you still have asthma?

Yes
 No
 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: ? [F1]

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

Yes
 No
 Refused
 Don't know

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

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

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

QuestionText: ? [F1]

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

Yes
 No
 Refused
 Don't know

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

SkipInstructions: <1,2,R,D> if AASSTILL=1 or AASMYR=1 [go to AASMHSP];

else if AASSTILL=2,R,D and AASMYR=2,R,D [go to ULCEV]

Adult Conditions

Document Version Date: 29-May-14

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 still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1,2,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 [fill1: work/get work done around the

house] because of your asthma?

*Enter '0' for none.

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

000 None001-365 1-365 days

996 Unable to do this activity

997 Refused999 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0-100,996,R,D> [go to AASMPMED]

<101-365> [go to ERR1_AWZMSWK] <366-994> [go to ERR2_AWZMSWK]

Hard Edit: if AWZMSWK = 366-994 then display ERR2_AWZMSWK:

"366-994 days not allowed in this field.

*Please correct."

Soft Edit: if AWZMSWK >100 and ne 996 then display ERR1_AWZMSWK:

"AWZMSWK is an unusually large number;

*Please verify.

Adult Conditions

Document Version Date: 29-May-14

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 prevents symptoms over the long term. The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in through your mouth using a canister inhaler or a disk inhaler.

DURING THE PAST 3 MONTHS, have you used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1> [goto AASMTYP]

<2,R,D> [go to AASMDTP2]

Question ID: ACN.100_00.065 Instrument Variable Name: AASMTYP QuestionnaireFileName: Sample Adult

QuestionText:

When you take your rescue prescription asthma medication, would you say that you most often use an inhaler and/or disk, or do you most often use a nebulizer?

*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes

- 1 Inhaler or disk
- 2 Nebulizer
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have used a quick relief prescription asthma inhaler in the past three months

SkipInstructions: <1> [go to AASMCAN]

<2,R,D> [go to AASMDTP2]

Adult Conditions

Document Version Date: 29-May-14

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 or disks of this type of quick relief inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have used a prescription asthma inhaler/disk most often in the past three months

SkipInstructions: <1,2,R,D> [go to AASMDTP2]

Question ID: ACN 100 00.090 Instrument Variable Name: AASMDTP2 QuestionnaireFileName: Sample Adult

QuestionText: The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used

to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.

Are you NOW taking a preventive asthma medication every day or almost every day, less often, or never?

1 Every day or almost every day

2 Less often

3 Never

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AASWMP]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.100 00.100 Instrument Variable Name: AASWMP QuestionnaireFileName: Sample Adult

QuestionText: An asthma action plan is a printed form with specific instructions based on your asthma 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 who had asthma episode/attack in past 12 months

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

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 who had asthma episode/attack in past 12 months

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 who had asthma episode/attack in past 12 months

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

Adult Conditions

Document Version Date: 29-May-14

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 who had asthma episode/attack in past 12 months

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 who had asthma episode/attack in past 12 months

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 environment

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 who had asthma episode/attack in past 12 months

SkipInstructions: <1-3,R,D> [go to AAROUTIN]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.107 00.020 Instrument Variable Name: AAROUTIN QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times did you see a doctor or other health professional for a routine

checkup for your asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for

acute care for an asthma episode or attack.

*Enter '0' for none.

 000
 None

 001-365
 1-365 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

SkipInstructions: <0-50,R,D> [go to AASYMPT]

<51-365> [goto ERR_AAROUTIN]

Soft Edit: ERR_AAROUTIN

[fill4: AAROUTIN] is an unusually large number.

* Please verify.

Question ID: ACN.107_00.030 Instrument Variable Name: AASYMPT QuestionnaireFileName: Sample Adult

QuestionText: The next three questions are about the last time you saw a doctor or other health care professional for routine care or for

any reason.

At your last visit, did your doctor or other health professional ask HOW OFTEN

....you had asthma symptoms?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

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

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.107 00.040 Instrument Variable Name: AARESCUE QuestionnaireFileName: Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

....you used a quick relief inhaler?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

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

Question ID: ACN.107 00.050 Instrument Variable Name: AAACTLIM QuestionnaireFileName: Sample Adult

QuestionText: At your last visit, did your doctor or other health professional ask HOW OFTEN

...asthma symptoms limited your daily activities?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who still have asthma or who had asthma episode/attack in past 12 months

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

Adult Conditions

Document Version Date: 29-May-14

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]

Adult Conditions

Document Version Date: 29-May-14

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]

<2,R,D> [goto DIBEV]

Adult Conditions

Document Version Date: 29-May-14

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			

Adult Conditions

Document Version Date: 29-May-14

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

Hard Edit: ERR1_CANKIND_1

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_1

* Code 20 or 26 is unavailable for females.

Adult Conditions

Document Version Date: 29-May-14

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

99

Refused

Don't know

Adult Conditions

Document Version Date: 29-May-14

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

Hard Edit: ERR1_CANKIND_2

* Code 6 or 18 or 29 is unavailable for males.

ERR2_CANKIND_2

* Code 20 or 26 is unavailable for females.

Adult Conditions

Document Version Date: 29-May-14

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

Adult Conditions

Document Version Date: 29-May-14

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

Hard Edit: ERR1_CANKIND_3

* Code 6 or 18 or 29 is unavailable for males.

ERR2 CANKIND 3

* Code 20 or 26 is unavailable for females.

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]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.150 00.001 Instrument Variable Name: CANAGE 1 QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_1 / Fill2: this cancer] was first diagnosed?

001-100 1-100 years997 Refused999 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

Hard Edit: ERR_ CANAGE_1

* [Fill2: CANAGE 1] years old is older than age[fill3: AGE].

* Please correct.

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

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_2/Fill2: this cancer] was first diagnosed?

001-100 1-100 years997 Refused999 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 2goto 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

Hard Edit: ERR_CANAGE_2

* [Fill2: CANAGE_2] years old is older than your age[fill3: AGE].

* Please correct.

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.150 00.003 Instrument Variable Name: CANAGE 3 QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

How old were you when [Fill1: CANKIND_3/Fill2: this cancer] was first diagnosed?

001-100 1-100 years997 Refused999 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

Hard Edit: ERR_ CANAGE_3

* [Fill2: CANAGE_3] years old is older than your age[fill3: AGE].

* Please correct.

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

QuestionText: ? [F1]

[Fill1:Other than during pregnancy, have you EVER been told by a doctor or other health professional that you have diabetes or sugar diabetes?]/[Fill2:Have you EVER been told by a doctor or other 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,R,D> [goto DIBPRE1]

<3> [goto INSLN]

Adult Conditions

Document Version Date: 29-May-14

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 EPILEP1]

Question ID: ACN.170 00.000 Instrument Variable Name: DIBAGE QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

How old were you when a doctor or other health professional 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]

If number in DIBAGE greater than person years old (AGE) goto ERR DIBAGE

Hard Edit: ERR_ DIBAGE

* [Fill1: DIBAGE] years old is older than your age[fill2: AGE].

* Please correct.

Adult Conditions

Document Version Date: 29-May-14

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 told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar **SkipInstructions:** <1,2,R,D> [goto DIBPILL] ACN.190_00.000 Instrument Variable Name: **Question ID: QuestionnaireFileName:** DIBPILL 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 told they had diabetes or sugar diabetes (other than during pregnancy) or who were told they had pre-diabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar **SkipInstructions:** <1,2,R,D> [goto EPILEP1] **Question ID:** ACN.192 00.010 Instrument Variable Name: QuestionnaireFileName: EPILEP1 Sample Adult QuestionText: Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy? 1 Yes 2 No 7 Refused 9 Don't know UniverseText: Sample adults 18+ **SkipInstructions:** <1> [goto EPILEP2]

<2,R,D> [goto AHAYFYR]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.192 00.020 Instrument Variable Name: EPILEP2 QuestionnaireFileName: Sample Adult

QuestionText: Are you currently taking any medicine to control your seizure disorder or epilepsy?

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP3]

Question ID: ACN.192 00.030 Instrument Variable Name: EPILEP3 QuestionnaireFileName: Sample Adult

QuestionText: Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you

had in the past year?

*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch.".

*If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

- 0 None
- 1 One
- 2 Two or three
- 3 Between four and ten
- 4 More than 10
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <0-4,R,D> [goto EPILEP4]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.192 00.040 Instrument Variable Name: EPILEP4 QuestionnaireFileName: Sample Adult

QuestionText: In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

SkipInstructions: <1,2,R,D> [goto EPILEP5]

Question ID: ACN.192_00.050 Instrument Variable Name: EPILEP5 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like

working, school, or socializing with family or friends? Would you say...

*Read categories below.

1 Not at all

- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever been told they have epilepsy or a seizure disorder

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

Adult Conditions

Document Version Date: 29-May-14

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 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]

Adult Conditions

Document Version Date: 29-May-14

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

QuestionText: * Read 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 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]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.201 05.000 Instrument Variable Name: LIVYR QuestionnaireFileName: Sample Adult

QuestionText: * Read 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]

Adult Conditions

Document Version Date: 29-May-14

Question ID:	ACN.260_00.000 Instrument Variable Name: JMTHP	QuestionnaireFileName:	Sample Adult
QuestionText:	(book) A4		
	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		
UniverseTex	t: Sample adults 18+ who had joint pain in the past 30 days		
SkipInstruct	ions: <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		

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

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

Refused

Don't know

7

9

UniverseText:

Adult Conditions

Document Version Date: 29-May-14

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?

Yes
 No

7 Refused

9 Don't know

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

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

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

QuestionText: ? [F1]

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: (<1> or JNTSYMP eq <1>) [goto ARTHLMT];

else (<2,R,D> and JNTSYMP ne 1) [goto PAINECK]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.295 00.000 Instrument Variable Name: ARTHLMT QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

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> [goto PAINECK]

Question ID: ACN.300 00.000 Instrument Variable Name: PAINECK QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

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]

Adult Conditions

Document Version Date: 29-May-14

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

QuestionText: ? [F1]

* Read 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: ? [F1]

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]

Adult Conditions

Document Version Date: 29-May-14

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 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]

Adult Conditions

Document Version Date: 29-May-14

Question ID: ACN.350 00.000 Instrument Variable Name: ACOLD2W QuestionnaireFileName: Sample Adult

QuestionText: These next questions are about your recent health DURING THE LAST 2 WEEKS.

Did you have a head cold or chest cold that started DURING THE LAST 2 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 THE LAST 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 if SEX=1 or AGE >49 [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> if INTERVIEW_MONTH=4,5,6,7 (April-July) [goto PREGFLYR];

else [goto HRAIDNOW] <R> [goto HRAIDNOW]

K [goto HKAIDNOW]

<2,D> [goto PREGFLYR]

Adult Conditions

PREGFLYR

QuestionnaireFileName:

Sample Adult

Document Version Date: 29-May-14

QuestionText: [fill: Were you pregnant any time since August 1st, [fill: LAST YEAR]?/Were you pregnant any time from August [fill: LAST YEAR] through March [fill: CURYEAR]?/Were you pregnant any time since August 1st, [fill: CURYEAR]?] 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Female sample adults 18-49 years of age who are not currently pregnant or who don't know if they are currently pregnant and interviewed April - July **SkipInstructions:** <1,2,R,D> [goto HRAIDNOW] **Question ID:** $ACN.400\ 00.000\ \textbf{Instrument Variable Name:}$ 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?

ACN.370_00.010 Instrument Variable Name:

Question ID:

Yes
 No
 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]

Adult Conditions

Document Version Date: 29-May-14

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: <1-6,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 LUPPRT]

Adult Conditions

Document Version Date: 29-May-14

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

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

Yes
 No
 Refused
 Don't know

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

SkipInstructions: <1,2,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 next section]

Adult Immunosuppression

Document Version Date: 29-May-14

Question ID: AIS.010 00.010 Instrument Variable Name: AIMSUPEV QuestionnaireFileName: Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that your immune system is weakened?

*Read if necessary: A weakened immune system is also called immune compromised or immune suppressed. It means that you are not able to fight infections and is usually caused by an underlying illness or by various medical treatments or prescription medications.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AIMSPSTL]

<2,R,D> [goto next section]

Question ID: AIS.010_00.020 Instrument Variable Name: AIMSPSTL QuestionnaireFileName: Sample Adult

QuestionText: Based on what a doctor or other health professional told you, do you still have a weakened immune system?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system

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

Adult Immunosuppression

Document Version Date: 29-May-14

Question ID: AIS.010 00.030 Instrument Variable Name: AIMSPMED QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about reasons a doctor or other health professional may have told you that your immune system was weakened. Please say yes or no to each.

DURING THE PAST 6 MONTHS, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system? Examples include steroid or corticosteroid pills, such as prednisone, or other oral or injected medications for treating many types of autoimmune conditions or certain cancers.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system

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

Question ID: AIS.010_00.040 Instrument Variable Name: AIMSPCHC QuestionnaireFileName: Sample Adult

QuestionText: Do you currently have a health condition that a doctor or other health professional told you weakens the immune system,

even without related medications or treatments? Examples include certain kinds of leukemia, lymphoma, or HIV

infection.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system

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

Adult Immunosuppression

Document Version Date: 29-May-14

Question ID: AIS.010 00.050 Instrument Variable Name: AIMSPSHC QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER told you that your immune system is weakened because you have kidney

disease, lung disease, liver disease, diabetes, poor nutrition, or general frailty?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system

SkipInstructions: <1,2,R,D>

If CANKIND_1=1-30 or CANKIND_2=1-30 or CANKIND_3=1-30 or CANKIND_4=96 [goto AIMSPCAN];

else [goto AIMSPCLD]

Question ID: AIS.010_00.060 **Instrument Variable Name:** AIMSPCAN **QuestionnaireFileName:** Sample Adult

QuestionText: Earlier you said you had {fill1: type of cancer from CANKIND_1, CANKIND_2, CANKIND_3, CANKIND_4 cancer}.

Did a doctor or other health professional EVER tell you that your immune system is weakened because of {fill2: this

cancer/these cancers}?

*Read if necessary: Please only respond yes if a doctor or health care professional told you the cancer weakens the immune system, even if you are not now having treatments or taking prescription medicines that weaken the immune

system.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system and have one or more kinds of cancer

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

Adult Immunosuppression

Document Version Date: 29-May-14

Question ID: AIS.010_00.070 Instrument Variable Name: AIMSPCLD QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor or other health professional EVER told you that your immune system is weakened because you seem to get

many infections and colds or that you can't seem to get over them?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever been told by a doctor/other health professional that they had a weakened

immune system

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

Adult Health Status & Limitations

Document Version Date: 29-May-14

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

SkipInstructions:

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

<0-366,R,D> [goto BEDDAYR] <120-366> [goto ERR WKDAYR]

Soft Edit: ERR_WKDAYR

* [Fill: WKDAYR] is an unusually large number.

* Please verify.

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]

Soft Edit: ERR_BEDDAYR

* [Fill: BEDDAYR] is an unusually large number.

* Please verify.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS .091 01.000 Instrument Variable Name: FLWALK QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

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?

- 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) A5

* 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS.091 03.000 Instrument Variable Name: FLSTAND QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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]

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

QuestionText: (book) A5

* 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS .091 05.000 Instrument Variable Name: FLSTOOP QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

- 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]

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

QuestionText: (book) A5

* 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS 141 01.000 Instrument Variable Name: FLGRASP QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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]

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

QuestionText: (book) A5

* 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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS 141 03.000 Instrument Variable Name: FLPUSH QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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?

- 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]

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

QuestionText: (book) A5

* 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?

- 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]

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS 171 02.000 Instrument Variable Name: FLSOCL QuestionnaireFileName: Sample Adult

QuestionText: (book) A5

* 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?

- 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) A5

* 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)?

- 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 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)

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS.200 00.000 Instrument Variable Name: QuestionnaireFileName: **AFLHCA** Sample Adult QuestionText: (book) A6 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(for example, asthma and emphysema) 12 Cancer 13 Birth defect 14 Intellectual disability, also known as mental retardation 15 Other developmental problem (for example, cerebral palsy) 16 Senility 17 Depression/anxiety/emotional problem 18 Weight problem 19 Missing limbs (fingers, toes or digits), amputee 20 Kidney, bladder or renal problems 21 Circulation problems (including blood clots) 22 Benign Tumors, Cysts 23 Fibromyalgia, lupus 24 Osteoporosis, tendinitis 25 Epilepsy, seizures 26 Multiple Sclerosis (MS), Muscular Dystrophy (MD) 27 Polio(myelitis), paralysis, para/quadriplegia 28 Parkinson's disease, other tremors 29 Other nerve damage, including carpal tunnel syndrome 30 Hernia 31 Ulcer 32 Varicose veins, hemorrhoids 33 Thyroid problems, Grave's disease, gout 34 Knee problems (not arthritis (03), not joint injury(05)) 35 Migraine headaches (not just headaches) 90 Other impairment/problem (Specify one) 91 Other impairment/problem (Specify one) 97 Refused

99

Don't know/Not sure

Adult Health Status & Limitations

Document Version Date: 29-May-14

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 Refused9 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

Hard Edit: \$ You should enter something specific.

Question ID: AHS.201 91.000 Instrument Variable Name: AFLHCA_S2 QuestionnaireFileName: Sample Adult

QuestionText: * Enter other impairment/problem.

Verbatim Verbatim response

7 Refused9 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]

Hard Edit: \$ You should enter something specific.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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)]

Adult Health Status & Limitations

Document Version Date: 29-May-14

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

Hard Edit: ERR1_AHCL01T

*Time with condition cannot be greater than age.

* Please correct.

ERR2_AHCL01T

* "6" not selectable.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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)]

Adult Health Status & Limitations

Document Version Date: 29-May-14

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)
- 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

Hard Edit: ERR1_AHCL02T

* Time with condition cannot be greater than age.

* Please correct.

ERR2 AHCL02T

* "6" not selectable.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
97
96
99
90
90
91
10-94
95+
95+
95+
95+
96
97
98
99
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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

Hard Edit: ERR_AHCL03T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
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

Hard Edit: ERR_AHCL04T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL05T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL06T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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)

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

Hard Edit: ERR_AHCL07T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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 <1-95,D>[goto AHCL08T] **SkipInstructions:** <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

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

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

ERR AHCL08T **Hard Edit:**

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL09T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL10T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL11T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
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

Hard Edit: ERR_AHCL12T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS.313 01.000 Instrument Variable Name: AHCL14N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had intellectual disability, also known as mental retardation?

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

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to intellectual disability/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 intellectual disability/mental retardation.

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

UniverseText: 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

Hard Edit: ERR_AHCL14T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL15T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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 01-94 95+ 95 96 Since birth 97 Refused 99 Don't know **UniverseText:** Sample adults 18+ who had difficulty due to senility <1-95,D>[goto AHCL16T] **SkipInstructions:** <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 Sample adults 18+ who answered 1-95, D for the "number" part of this 2-part question UniverseText: **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 ERR AHCL16T

* Please correct.

* Time with condition cannot be greater than age.

Hard Edit:

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL17T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL18T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL19T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL20T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL21T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL22T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL23T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

Question ID: AHS .323 01.000 Instrument Variable Name: AHCL24N QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long have you had osteoporosis or tendinitis?

* Enter number for time with osteoporosis or tendinitis.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to osteoporosis or tendinitis

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 tendinitis.

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

Hard Edit: ERR_AHCL24T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
97
96
99
90
90
91
10-94
95+
95+
95+
95+
96
97
98
99
90
90
91
94
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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

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL26T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL27T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL28T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
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

Hard Edit: ERR_AHCL29T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL30T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL31T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL32T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR_AHCL33T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR1_AHCL34T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
 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

Hard Edit: ERR1_AHCL35T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
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

Hard Edit: ERR_AHCL90T

* Time with condition cannot be greater than age.

Adult Health Status & Limitations

Document Version Date: 29-May-14

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
95
95+
96
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

Hard Edit: ERR_AHCL91T

* Time with condition cannot be greater than age.

Adult Health Behaviors

Document Version Date: 29-May-14

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?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto SMKREG]

<2,R,D>[goto OTHCIGEV]

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 Refused99 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

Hard Edit: ERR_SMKREG

* Starting age exceeded current age.

Adult Health Behaviors

Document Version Date: 29-May-14

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

Not at allRefused

9 Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <1>[goto CIGSDA1]

<2>[goto CIGDAMO]

<3>[goto SMKQTNO] <D,R>[goto OTHCIGEV]

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]

<D,R> [goto OTHCIGEV]

Adult Health Behaviors

Document Version Date: 29-May-14

Question ID: AHB.040 02.000 Instrument Variable Name: QuestionnaireFileName: **SMKQTTP** 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 OTHCIGEV] <4> [if SMKQTNO gt (AGE - <15>), goto ERR1 SMKQTTP if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP. ERR2 SMKQTTP **Hard Edit:** * Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]). * Please correct. ERR1 SMKQTTP **Soft Edit:** * Respondent quit smoking before age 15? * Please verify. **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]

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Adult Health Behaviors

Document Version Date: 29-May-14

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,D,R> [goto OTHCIGEV]

Question ID: AHB.085_00.010 Instrument Variable Name: OTHCIGEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

These next questions are about your use of tobacco products OTHER THAN CIGARETTES.

Tobacco products OTHER THAN CIGARETTES that are smoked include cigars, pipes, water pipes or hookahs, very small cigars that look like cigarettes, bidis (bee-dees) or cigarillos (cig-a-ril-los).

Have you ever smoked tobacco products other than cigarettes EVEN ONE TIME?

* Do not include electronic cigarettes or e-cigarettes.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto OTHCIGED]

<2,R,D> [goto SMKLESEV]

Adult Health Behaviors

Document Version Date: 29-May-14

Question ID: AHB.085 00.020 Instrument Variable Name: OTHCIGED QuestionnaireFileName: Sample Adult

QuestionText: Do you NOW smoke tobacco products other than cigarettes every day, some days, rarely, or not at all?

- 1 Every day
- 2 Some days
- 3 Rarely
- 4 Not at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever smoked tobacco products other than cigarettes

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

Question ID: AHB.085_00.030 Instrument Variable Name: SMKLESEV QuestionnaireFileName: Sample Adult

QuestionText: ? [F1]

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (snoose), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

* Do not include nicotine replacement therapy products (patch, gum, lozenge, spray), which are considered smoking cessation treatments.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SMKLESED]

<2,R,D> [if SMKEV=1 or OTHCIGEV=1, [goto TOBLASYR];

else goto VIGNO]

Adult Health Behaviors

Document Version Date: 29-May-14

 Question ID:
 AHB.085_00.040
 Instrument Variable Name:
 SMKLESED
 QuestionnaireFileName:
 Sample Adult

QuestionText: Do you NOW use smokeless tobacco products every day, some days, rarely, or not at all?

1 Every day

2 Some days

3 Rarely

4 Not at all

7 Refused9 Don't know

UniverseText: Sample adults 18+ who have ever used smokeless tobacco products

SkipInstructions: <1-4,R,D> goto TOBLASYR

Question ID: AHB.085_00.050 Instrument Variable Name: TOBLASYR QuestionnaireFileName: Sample Adult

QuestionText: Around this time last year, were you using ANY KIND of tobacco product?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who smoked at least 100 cigarettes in their entire life, ever smoked tobacco products other than

cigarettes, or ever used smokeless tobacco products

SkipInstructions: <1,2,R,D> If (TOBLASYR='1' or SMKNOW in('1','2') or OTHCIGED in('1','2','3') or SMKLESED in('1','2','3'))

and CIGQTYR ne '2' [goto TOBQTYR];

Else If (TOBLASYR ne'1' & SMKNOW not in('1','2')& OTHCIGED not in('1','2','3') & SMKLESED not

in('1','2','3'))

or CIGQTYR = '2' [goto VIGNO]

Adult Health Behaviors

Document Version Date: 29-May-14

Question ID: AHB.085 00.060 Instrument Variable Name: TOBQTYR QuestionnaireFileName: Sample Adult

QuestionText: During the past 12 months, have you stopped using ALL KINDS of tobacco products for more than one day because you

were trying to quit using tobacco?

* "All kinds" means trying to quit using tobacco completely, including smoking cigarettes, smoking products other than

cigarettes, and using smokeless tobacco products.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were using tobacco products around this time last year or were current users of any

tobacco products (cigarettes, non-cigarette tobacco, or smokeless)

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

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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,996,R,D>[goto MODNO]

<1-995>[goto VIGTP]

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Soft Edit: ERR1_VIGTP

* [Fill1: VIGNO] times per [Fill2: VIGTP] is unusually high.

* Please verify.

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.

001-995997999Pon't know

UniverseText: Sample adults 18+ who do vigorous activities

SkipInstructions: <1-995>[goto VIGLNGTP]

<R,D>[goto MODNO]

Adult Health Behaviors

Document Version Date: 29-May-14

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

Hard Edit: ERR1_VIGLNGTP

* Question asked for activities lasting at least 10 minutes.

* Please correct.

Soft Edit: ERR2_VIGLNGTP

* [Fill1: VIGLNGNO] [fill2: VIGLNGTP] is unusually high.

* Please verify.

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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]

<0, 996, R,D>[goto STRNGNO]

Adult Health Behaviors

Document Version Date: 29-May-14

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

Soft Edit: ERR_MODNO

* [Fill1: MODNO] times per [fill2: MODTP] is unusually high.

* Please verify.

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.

001-995997999Pon't know

UniverseText: Sample adults 18+ who do light or moderate activities

SkipInstructions: <1-995>[goto MODLNGTP]

<R,D>[goto STRNGNO]

Adult Health Behaviors

Document Version Date: 29-May-14

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 Minutes2 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

Hard Edit: ERR1_MODLNGTP

* Question asked for activities lasting at least 10 minutes.

* Please correct.

Soft Edit: ERR2_MODLNGTP

* [Fill1: MODLNGNO] [Fill2: MODLNGTP] is unusually high.

* Please verify.

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 Refused999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]

<0, 996,R,D>[goto ALC1YR]

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Soft Edit: ERR_STRNGTP

* [Fill1: STRNGNO] times per [Fill2: STRNGTP] is unusually high.

* Please verify.

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]

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Hard Edit: ERR_ALC12MTP

* [Fill1: ALC12MNO] days per [Fill2: ALC12MTP] exceeds number possible in this time period.

* Please correct.

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 Refused99 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]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.

* Please verify.

* Do not probe

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Adult Health Behaviors

Document Version Date: 29-May-14

Question ID: AHB.180 02.000 Instrument Variable Name: ALC5UPTP QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

9

* Enter time period for days per week, per month or per year.

- Never/None
 Per week
 Per month
 Per year
 Refused
- **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

Don't know

[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) It number of days per

year with 5 or more drinks (calculated from ALC5UPNO and ALC5UPTP)] goto ERR2_ALC5UPTP]

Hard Edit: ERR1_ALC5UPTP

* [Fill1: ALC5UPNO] days per [Fill2: ALC5UPTP] exceeds number possible in this time period.

* Please correct.

ERR2 ALC5UPTP

- * Number of days had 5 or more drinks exceeds number of days drank.
- * Please correct.
- * Do not probe.

Adult Health Behaviors

Document Version Date: 29-May-14

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 feet97 Refused99 Don't know

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]

Hard Edit: ERR1_AHGT_FT

* Only 2-7, Don't Know/Refused or M allowed in this field.

* Please correct.

Soft Edit: ERR2_AHGT_FT

* Respondent's height in feet is [fill: AHGT_FT]?

* Please verify.

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]

Hard Edit: ERR1_AHGT_IN

* If [fill: AHGT FT] feet exactly, enter "0"; otherwise enter number of inches.

Soft Edit: ERR2_AHGT_IN

* Please verify that the height was entered correctly. Probe only if necessary.

Adult Health Behaviors

Document Version Date: 29-May-14

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]

Hard Edit: ERR_AHGT_M

* If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

Question ID: AHB.190 04.000 Instrument Variable Name: AHGT CM QuestionnaireFileName: Sample Adult

QuestionText:

*Enter centimeters.

000-241 0-241 centimeters

997 Refused999 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]

Hard Edit: ERR1_AHGT_CM

* Total height exceeds maximum allowed.

* Please correct.

ERR2_AHGT_CM

* If [fill: AHGT_M] meters exactly, enter "0"; otherwise enter number of centimeters.

Soft Edit: ERR3_AHGT_CM

* Please verify that the height was entered correctly. Probe only if necessary.

Adult Health Behaviors

Document Version Date: 29-May-14

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 next section]

[if AWGT_LB lt <50> or gt <500> goto ERR_AWGT_LB

<R,D>[goto next section] <M> [goto AWGT_KG]

Hard Edit: ERR1_AWGT_LB

* Weight is out of range (50-500).

* Please correct.

Soft Edit: ERR2_AWGT_LB

* Please verify that the weight was entered correctly. Probe only if necessary.

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

023-226 23-226 kilograms

997 Refused999 Don't know

UniverseText: Sample adults 18+ who choose to give their weight in metric measurements

SkipInstructions: <23-226,R,D> [goto next section]

[If AWGT KG lt <23> or K gt <226>goto ERR AWGT KG]

Hard Edit: ERR1_AWGT_KG

*Weight is out of range (23-226).

* Please correct.

Soft Edit: ERR2_AWGT_KG

* Please verify that the weight was entered correctly. Probe only if necessary.

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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: <1-3> [goto APLKIND]

<2,R,D> [goto AHCPLKND]

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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 aged 18+ years having a clinic or health center, doctor's office or HMO, hospital emergency room,

hospital outpatient department, or some other place that they usually go to when they are sick or need advice

about their health

SkipInstructions: <1> [goto AHCCHGYR]

<2,R,D> [go to AHCPLKND]

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?

O 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 [goto ANOUSLPL]; else if AUSUALPL=R,D goto APRVTRYR

ELSE goto AHCCHGYR

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

 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 APRVTRYR]

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 APRVTRYR]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID:	AAU.050_00.010 Instrument Variable Name:	ANOUSLPL	QuestionnaireFileName:	Sample Adult
QuestionText:	Why don't you have a usual source of medical care?			
	*Enter all that apply, separate with commas.			
01	Doesn't need a doctor/Haven't had any problems			
02	Doesn't like/trust/believe in doctors			
03	Doesn't know where to go			
04	Previous doctor is not available/moved			
05	Too expensive/no insurance/cost			
06	Speak a different language			
07	No care available/Care too far away, not convenient			
08	Put it off/Didn't get around to it			
09	Other			
97	Refused			
99	Don't know			
UniverseTex	t: Sample adults 18+ without a usual pla	ace of care		

Question ID: AAU.051_00.010 Instrument Variable Name: APRVTRYR QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you have any trouble finding a general doctor or provider who would see you?

Yes
 No

SkipInstructions:

7 Refused9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,>[goto APRVTRFD]

<2,R,D>[goto ADRNANP]

<1-9,R,D>[goto APRVTRYR]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.053_00.010 Instrument Variable Name: APRVTRFD QuestionnaireFileName: Sample Adult

QuestionText: Were you able to find a general doctor or provider who could see you?

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had trouble finding a provider

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

Question ID: AAU.057_00.010 Instrument Variable Name: ADRNANP QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they would not accept you as a new

patient?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.059_00.010 Instrument Variable Name: ADRNAI QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you told by a doctor's office or clinic that they did not accept your health care

coverage?

1 Yes

2 No

7 Refused

9 Don't' know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_1]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

AAU.061_03.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: AHCDLY_3 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

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCDLY_4]

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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 AHCAFY_5]

Question ID: AAU.111_05.010 Instrument Variable Name: AHCAFY_5 QuestionnaireFileName: Sample Adult

QuestionText: *Read 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?

...To see a specialist.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto AHCAFY_6]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.111_06.010 Instrument Variable Name: AHCAFY_6 QuestionnaireFileName: Sample Adult

QuestionText: *Read 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?

...Follow-up care.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.113_00.010 Instrument Variable Name: AWORPAY QuestionnaireFileName: Sample Adult

QuestionText: If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very

worried, somewhat worried, or not at all worried?

1 Very worried

2 Somewhat worried

3 Not at all worried

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.113_00.020 Instrument Variable Name: AHICOMP QuestionnaireFileName: Sample Adult

QuestionText: In regard to your health insurance or health care coverage, how does it compare to a year ago? Is it 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: <1,2,3,R,D>[goto ARX12MO]

Question ID: AAU.126_01.010 Instrument Variable Name: ARX12MO QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto ARX12_1]

<2,R,D> [goto ARX12_5]

Question ID: AAU.127_01.010 Instrument Variable Name: ARX12_1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

...You skipped medication doses to save money.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_2]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.127_02.010 Instrument Variable Name: ARX12_2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

1 Yes

- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_3]

Question ID: AAU.127_03.010 Instrument Variable Name: ARX12_3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You delayed filling a prescription to save money.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_4]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.127_04.010 Instrument Variable Name: ARX12_4 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You asked your doctor for a lower cost medication to save money.

1 Yes

- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who had been prescribed medication in the past 12 months

SkipInstructions: <1,2,R,D>[goto ARX12_5]

Question ID: AAU.127_05.010 Instrument Variable Name: ARX12_5 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, were any of the following true for you?

 \ldots You bought prescription drugs from another country to save money.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

 $\textbf{SkipInstructions:} \qquad <1,2,R,D>[goto~ARX12_6]$

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.127_06.010 Instrument Variable Name: QuestionnaireFileName: ARX12_6 Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You used alternative therapies to save money.

1 Yes

2 No

7 Refused

9 Don't know

Sample adults 18+ **UniverseText:**

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

Question ID: AAU.135_00.000 Instrument Variable Name: QuestionnaireFileName: **ADENLONG** Sample Adult

QuestionText: (book) A7

> 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.141_01.000 Instrument Variable Name: AHCSY1_1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, 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.

 $DURING\ THE\ PAST\ 12\ MONTHS, have\ you\ seen\ or\ talked\ to\ any\ of\ the\ following\ health\ care\ providers\ about\ your\ own$

health?

...An optometrist, ophthalmologist (AHF-thal-MOL-oh-jist), 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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, 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, 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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, 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, 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.200_00.000 Instrument Variable Name: AHCSYR7 QuestionnaireFileName: Sample Adult

QuestionText: * Read lead-in if necessary.

DURING THE PAST 12 MONTHS, 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 female adults aged 18+ years

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, 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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, 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

AAU.240_00.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **AHERNOYR** Sample Adult **QuestionText:** (book) A8 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 8-9 05 10-12 06 07 13-15 08 16 or more 97 Refused 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> [go to AHCHYR] <1-8> [goto AERVISND]

Question ID: AAU.243_00.010 Instrument Variable Name: AERVISND QuestionnaireFileName: Sample Adult

QuestionText: Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the

weekend?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.245_00.010 Instrument Variable Name: AERHOS QuestionnaireFileName: Sample Adult

QuestionText: Did this emergency room visit result in a hospital admission?

Yes
 No

7 Refused9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [go to AERREAS1]

Question ID: AAU.248 01.010 Instrument Variable Name: AERREAS1 QuestionnaireFileName: Sample Adult

QuestionText: Tell me which of these apply to your last emergency room visit?

... You didn't have another place to go

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS2]

Question ID: AAU.248_02.020 Instrument Variable Name: AERREAS2 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your doctor's office or clinic was not open

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS3]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.248_03.030 Instrument Variable Name: AERREAS3 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Your health provider advised you to go

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS4]

Question ID: AAU.248_04.040 Instrument Variable Name: AERREAS4 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... The problem was too serious for the doctor's office or clinic

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS5]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.248_05.050 Instrument Variable Name: AERREAS5 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... Only a hospital could help you

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS6]

Question ID: AAU.248_06.060 Instrument Variable Name: AERREAS6 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

... the emergency room is your closest provider

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS7]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.248_07.070 Instrument Variable Name: AERREAS7 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you get most of your care at the emergency room

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

SkipInstructions: <1,2,R,D> [goto AERREAS8]

Question ID: AAU.248_08.080 Instrument Variable Name: AERREAS8 QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

Tell me which of these apply to your last emergency room visit?

...you arrived by ambulance or other emergency vehicle

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who had at least one ER visit in the past year

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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 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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.270 00.000 Instrument Variable Name: QuestionnaireFileName: **AHCHNOYR** Sample Adult QuestionText: (book) A9 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]

Question ID: AAU.280_00.000 Instrument Variable Name: AHCNOYR QuestionnaireFileName: Sample Adult

QuestionText: (book) A8

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.290_00.000 Instrument Variable Name: ASRGYR QuestionnaireFileName: Sample Adult

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

QuestionText:

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto ASRGNOYR]

<2,R,D> [goto AMDLONG]

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]

Soft Edit: * {ASRGYR} is an unusually large number.

* Please verify.

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.305_00.000 Instrument Variable Name: AMDLONG QuestionnaireFileName: Sample Adult

QuestionText: (book) A7 ? [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,R,D> [goto HIT1A] <1-5> [goto AVISLAST]

Question ID: AAU.306_00.010 Instrument Variable Name: AVISLAST QuestionnaireFileName: Sample Adult

QuestionText: Thinking about your last visit for any type of medical care, where did you go?

*Read categories if necessary.

1 Clinic or health center

2 Doctor's office or HMO

3 Hospital emergency room

4 Hospital outpatient department

5 Urgent care center

6 Some other place

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who have ever seen/talked to a doctor

SkipInstructions: <1,2,4,6> [goto ALASTTYP]

<3,5> [goto AWAITRMN]

<R,D> [goto HIT1A]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.306_00.020 Instrument Variable Name: ALASTTYP QuestionnaireFileName: Sample Adult

QuestionText: Did you see a general doctor, a specialist, a nurse practitioner or physician assistant, or someone else?

- 1 General doctor
- 2 Specialist
- 3 Nurse practitioner/Physician assistant
- 4 Someone else
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

SkipInstructions: <1-3,R,D> [goto AVISAPTN] <4> [goto ALASTSPC]

Question ID: AAU.306_00.025 Instrument Variable Name: ALASTSPC QuestionnaireFileName: Sample Adult

QuestionText: What kind of health professional did you see at your last visit?

Verbatim Verbatim response

UniverseText: Sample adults 18+ who saw some other kind of provider on their last health care visit

SkipInstructions: <Allow 75,R,D> [goto AVISAPTN]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.307_01.010 Instrument Variable Name: AVISAPTN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health professional?

*Enter '0' for same day, walk-in appointment, or no appointment made.

*Enter number for appointment wait time.

*Enter '96' for routine appointment, appointment arranged during a previous visit, or received a reminder card from

provider.

Same day/walk-in appt/no appt made

01-95 1-95

96 Routine appt/appt arranged on previous visit/rec'd appt reminder card

97 Refused99 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

(not ER or urgent care center) on their last visit

SkipInstructions: <0,96,R> [goto AWAITRMN]

<1-95,D> [goto AVISAPTT]

Question ID: AAU.307_02.020 Instrument Variable Name: AVISAPTT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for appointment wait time.

1 Days

2 Weeks

3 Months

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else

and gave a number or answered DK for length of time to make an appointment

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.308_01.010 Instrument Variable Name: AWAITRMN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How long did you have to wait in the waiting room before you saw a doctor or other health professional for this visit?

*Enter '0' for no wait time.

*Enter number for time in waiting room.

00 No time
 01-96 1-96
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit

SkipInstructions: <0,R> [goto HIT1A]

<1-96,D> [goto AWAITRMT]

Question ID: AAU.308_02.020 Instrument Variable Name: AWAITRMT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time in waiting room.

Minutes
 Hours
 Refused

9 Don't know

UniverseText: Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time

SkipInstructions: <1,2,R,D> [goto HIT1A]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.309_00.010 Instrument Variable Name: HIT1A QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Look up health information on the Internet.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT2A]

Question ID: AAU.309_00.020 Instrument Variable Name: HIT2A QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Fill a prescription.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT3A]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.309_00.030 Instrument Variable Name: HIT3A QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Schedule an appointment with a health care provider.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT4A]

Question ID: AAU.309_00.040 Instrument Variable Name: HIT4A QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Communicate with a health care provider by email.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> [goto HIT5A]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.309_00.050 Instrument Variable Name: HIT5A QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary..

DURING THE PAST 12 MONTHS, have you ever used computers for any of the following

...Use online chat groups to learn about health topics.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.310_00.000 Instrument Variable Name: SHTFLUYR QuestionnaireFileName: Sample Adult

QuestionText: ?[F1]

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.312_01.000 Instrument Variable Name: ASHFLU_M QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

99

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

Don't know

UniverseText: Sample adults 18+ who have had a flu shot

SkipInstructions: <1-12,D> [goto ASHFLU_Y] <R> [goto SPRFLUYR]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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]

Hard Edit: ERR1_ASHFLU_Y

*Future date invalid

ERR2_ASHFLU_Y

*Date before birth

ERR3_ASHFLU_Y

*Date more than 12 months ago

Question ID: AAU.313_00.000 Instrument Variable Name: FLUSHPG1 QuestionnaireFileName: Sample Adult

QuestionText: Did you get a flu shot before or during your current pregnancy?

1 Before this pregnancy

2 During this pregnancy

7 Refused

9 Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and are interviewed January-March or August-December

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.314_00.000 Instrument Variable Name: FLUSHPG2 QuestionnaireFileName: Sample Adult

QuestionText: [Fill1: Earlier you said you were pregnant sometime since August 1st, 2011. Did you

get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime between August 2011 and March 2012.

Did you get a flu shot before, during or after this pregnancy?/]

1 Before this pregnancy

2 During this pregnancy

3 After this pregnancy

7 Refused

9 Don't know

UniverseText: Female sample adults 18-49 who are currently pregnant and were interviewed April-July or who have been

determined to be pregnant at a specific point in the past year

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

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]

Soft Edit: ERR1_SPRFLUYR

*Respondent says they have received both a flu shot and flu nasal vaccine.

*Please verify.

ERR2_SPRFLUYR

*Respondent says they have received a nasal vaccine to PREVENT the flu, not to TREAT symptoms of the flu.

*Please verify.

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.318_01.000 Instrument Variable Name: ASPFLU_M QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

99

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

UniverseText: Sample adults 18+ who have had a flu nasal vaccine

SkipInstructions: <1-12,D> [goto ASPFLU_Y]

Don't know

<R> [goto SHTPNUYR]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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 prior to birth] goto ERR2_ASPFLU_Y

[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

Hard Edit: ERR1_ASPFLU_Y

*Future date invalid

ERR2_ASPFLU_Y

*Date before birth

ERR3_ASPFLU_Y

*Date more than 12 months ago

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.330_00.000 Instrument Variable Name: QuestionnaireFileName: **APOX** Sample Adult **QuestionText:** Have you EVER had chickenpox? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ <1> [goto APOX12MO] **SkipInstructions:** <2,R,D> [goto AHEP] **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 <1,2,R,D> [goto AHEP] **SkipInstructions:** AAU.350_00.000 Instrument Variable Name: **Question ID: AHEP** QuestionnaireFileName: Sample Adult QuestionText: Have you EVER had hepatitis? 1 Yes 2 No 7 Refused 9 Don't know **UniverseText:** Sample adults 18+ <1> [goto AHEPBTST] **SkipInstructions:** <2,R,D> [goto AHEPLIV]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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 AHEPBTST]

Question ID: AAU.365_00.010 Instrument Variable Name: AHEPBTST QuestionnaireFileName: Sample Adult

QuestionText: Have you ever had a blood test for hepatitis B?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

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]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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?

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> [goto AHEPCTST]

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 shots96 Received all shots

97 Refused99 Don't know

UniverseText: Sample adults 18+ who have had a hepatitis A vaccine

SkipInstructions: <1-95,96,R,D> [goto AHEPCTST]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.405 00.010 Instrument Variable Name: QuestionnaireFileName: AHEPCTST Sample Adult

QuestionText: Have you ever had a blood test for hepatitis C?

> 1 Yes 2 No 7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AHEPCRES]

> <2,R,D> if AGE GE 50 goto SHINGLES elseif AGE LT 50 goto SHTTD

Question ID: AAU.405_00.020 Instrument Variable Name: **AHEPCRES** QuestionnaireFileName: Sample Adult

QuestionText: What is the MAIN reason you were tested for hepatitis C? Was it because...

*Read answer categories below.

- 1 You or your doctor thought you were at risk of having hepatitis C because a blood test or symptoms like fatigue, nausea, stomach pain, yellowing of the eyes or skin indicated you might have liver disease
- 2 You were born from 1945 through 1965
- 3 You were at risk of hepatitis C infection due to exposure to blood on your job, injection drug use or receipt of transfusion before 1992
- 4 Some other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a blood test for hepatitis C

<1-4,R,D> if AGE GE 50 [goto SHINGLES]; **SkipInstructions:**

elseif AGE LT 50 goto SHTTD

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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> and AGE >64 [goto LIVEV]

Else if <2,R,D> and AGE<65 [goto SHTHPV2]

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> [goto SHTTDAP]

<2,D> if AGE le 64 [goto SHTHPV2] elseif AGE gt 64 goto LIVEV

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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) or Boostrix (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 your health care provider tell you or did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine? The shot is often called Tdap or ADACEL (trademark) or BOOSTRIX (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 18+ 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> if age le 64 [goto SHTHPV2];

else [goto LIVEV]

Question ID: AAU.446_00.010 Instrument Variable Name: SHTHPV2 QuestionnaireFileName: Sample Adult

QuestionText: Have you ever received an HPV shot or vaccine?

*HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

*The vaccines are sometimes called CERVARIX (trademark) or GARDASIL (trademark).

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Refused
- 9 Don't know

UniverseText: Sample adults LE 64

SkipInstructions: <1> [goto SHHPVDOS]

<2,3,R,D> [goto LIVEV]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.448_00.010 Instrument Variable Name: SHHPVDOS QuestionnaireFileName: Sample Adult

QuestionText: How many HPV shots did you receive?

* Enter '50' if 50 or more shots

* Enter '96' for all shots

01-49 1-49 shots
 50 50+
 96 All shots
 97 Refused
 99 Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <1-50,96,R,D> [goto AHPVAGE]

<51-95> [goto ERR_SHHPVDOS]

Hard Edit: ERR_SHHPVDOS

* Shots should be in the range 1-50 or 96 for all shots.

* Please correct.

Question ID: AAU.449_00.010 Instrument Variable Name: AHPVAGE QuestionnaireFileName: Sample Adult

QuestionText: How old were you when you received your first HPV shot?

 008-064
 8-64 years

 997
 Refused

 999
 Don't know

UniverseText: Sample adults LE 64 who received an HPV shot

SkipInstructions: <8-120,R,D> [goto LIVEV]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

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]

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 WRKHLTH]

Question ID: AAU.465_00.010 Instrument Variable Name: WRKHLTH QuestionnaireFileName: Sample Adult

QuestionText:

Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist's office, nursing home or some other health-care facility? This includes emergency responders and public safety personnel, part-time and unpaid work in a health care facility as well as professional nursing care provided in the home.

*Read if necessary: This includes non-health care professionals, such as administrative staff, who work in a health-care facility.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.470_00.010 Instrument Variable Name: WRKDIR QuestionnaireFileName: Sample Adult

QuestionText: Do you provide direct patient care as part of your routine work? By direct patient care we MEAN PHYSICAL OR

HANDS ON CONTACT WITH PATIENTS.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who work or volunteer in a health-care setting

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

Question ID: AAU.500_00.010 Instrument Variable Name: APSBPCHK QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood pressure checked by a doctor, nurse, or other health

professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AAU.510_00.010 Instrument Variable Name: APSCHCHK QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had your blood cholesterol checked by a doctor, nurse, or other health

professional?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.520_00.010 Instrument Variable Name: APSBSCHK QuestionnaireFileName: Sample Adult

QuestionText: Have you had a fasting test for high blood sugar or diabetes DURING THE PAST 12 MONTHS?

Yes
 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> and SEX=1 and AGE GE 40 [goto APSCOL]

If <1,2,R,D> and SEX=1 and AGE < 40 [goto APSDIET]

Else <1,2,R,D> and SEX=2 [goto APSPAP]

Question ID: AAU.530_00.010 Instrument Variable Name: APSPAP QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Pap smear or Pap test DURING THE PAST 12 MONTHS?

*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: <1,2,R,D> if AGE GE 30 [goto APSMAM];

else <1,2,R,D and AGE<30 [goto APSDIET]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.540_00.010 Instrument Variable Name: APSMAM QuestionnaireFileName: Sample Adult

QuestionText: Have you had a Mammogram DURING THE PAST 12 MONTHS?

*Read if necessary.

A mammogram is an x-ray of each breast to look for breast cancer.

Yes
 No

7 Refused9 Don't know

UniverseText: Female sample adults 30+

SkipInstructions: <1,2,R,D> if AGE GE 40 [gotoAPSCOL];

else <1,2,R,D and AGE<40> [goto APSDIET]

Question ID: AAU.550_00.010 Instrument Variable Name: APSCOL QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had any test done for colon cancer?

*Read if necessary.

Colon cancer tests include blood stool tests, colonoscopy and sigmoidoscopy.

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

A sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.560_00.010 Instrument Variable Name: APSDIET QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your diet?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D> if SMKNOW in ('1','2') [goto APSSMKC];

else if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

Question ID: AAU.570_00.010 Instrument Variable Name: APSSMKC QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, has a doctor or other health professional talked to you about your smoking?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ currently who smoke every day or some days

SkipInstructions: <1,2,R,D> if (40<=AGE<=65) [goto LTCFAM];

else [goto AINDINS]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.580_00.010 Instrument Variable Name: LTCFAM QuestionnaireFileName: Sample Adult

QuestionText: Do you have a parent, spouse, sibling, or adult child who has needed help for at least a year with everyday needs like

bathing, dressing or eating due to a long term condition?

*Read if necessary.

Due to a chronic illness or disability.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

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

Question ID: AAU.582_00.010 Instrument Variable Name: LTCHELP QuestionnaireFileName: Sample Adult

QuestionText: How likely is it that you may someday need help with daily activities like bathing, dressing, eating, or using the toilet due

to a long term condition? Would you say...

*Read categories below.

1 Very likely

2 Somewhat likely

3 Somewhat unlikely

4 Very unlikely

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.584_00.010 Instrument Variable Name: LTCWHO QuestionnaireFileName: Sample Adult

QuestionText: If you needed such help, who would provide this help?

*Enter all that apply, separate with commas.

1 My family

2 Someone I hire

3 Home health care organization4 Nursing home/assisted living

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 40-65

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

Question ID: AAU.600_00.010 Instrument Variable Name: AINDINS QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 3 YEARS, did you try to purchase health insurance directly, that is, not through any employer,

union, or government program?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto AINDPRCH>

<2,R,D> [goto next section]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.600_00.020 Instrument Variable Name: AINDPRCH QuestionnaireFileName: Sample Adult

QuestionText: Was a plan purchased?

Yes
 No
 Refused
 Don't know

UniverseText: Sample adults 18+ who tried to purchase health insurance directly in the past 3 years

SkipInstructions: <1> [goto AINDWHO]

<2> [goto AINDNOT] <R,D> [goto next section]

Question ID: AAU.600_00.030 Instrument Variable Name: AINDWHO QuestionnaireFileName: Sample Adult

QuestionText: Was this plan for yourself, someone else in your family, or both?

1 Self

2 Someone else in family

3 Both7 Refused9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF1]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.600_00.040 Instrument Variable Name: AINDDIF1 QuestionnaireFileName: Sample Adult

QuestionText: How difficult was it to find a plan with the type of coverage you needed? Would you say...

*Read categories below.

1 Very difficult

2 Somewhat difficult

3 Not at all difficult

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDDIF2]

Question ID: AAU.600_00.050 Instrument Variable Name: AINDDIF2 QuestionnaireFileName: Sample Adult

QuestionText: How difficult was it to find a plan you could afford? Would you say...

*Read categories below.

1 Very difficult

2 Somewhat difficult

3 Not at all difficult

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1-3,R,D> [goto AINDENY1]

Question ID: AAU.600_01.060 Instrument Variable Name: AINDENY1 QuestionnaireFileName: Sample Adult

QuestionText: Did any company turn you down when you tried to buy coverage on your own?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY2]

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.600_02.060 Instrument Variable Name: AINDENY2 QuestionnaireFileName: Sample Adult

QuestionText: Did any company charge a higher price because of {fill 1: your/your family's/you or your family's} health?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

SkipInstructions: <1,2,R,D> [goto AINDENY3]

Question ID: AAU.600_03.060 Instrument Variable Name: AINDENY3 QuestionnaireFileName: Sample Adult

QuestionText: Did any company exclude a specific health problem from the coverage?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who purchased health insurance directly in the past 3 years

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

Adult Access to Health Care & Utilization

Document Version Date: 02-Oct-14

Question ID: AAU.601_00.070 Instrument Variable Name: AINDNOT QuestionnaireFileName: Sample Adult

QuestionText: Why did you not buy the plan?

*Enter all that apply, separate with commas.

1 Turned down

2 Cost

3 Pre-existing condition

4 Got health insurance from other source

5 Other

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who tried but did not purchase health insurance directly in the past 3 years

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

<5> [goto AINDNTSP]

Question ID: AAU.601_00.080 Instrument Variable Name: AINDNTSP QuestionnaireFileName: Sample Adult

QuestionText: *Specify other reason plan was not obtained.

Verbatim Verbatim response

UniverseText: Sample adults 18+ who had other reason plan was not purchased

SkipInstructions: <allow 75,R,D> [goto next section]

Question ID: AAU.605_00.010 Instrument Variable Name: AEXCHNG QuestionnaireFileName:

QuestionText: Have you looked into purchasing health insurance coverage through the [Fill:]?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults LT 65 years

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

NOTE: This is a new question beginning in Q4 2013.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.032 00.000 Instrument Variable Name: SNONCE QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth

EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan.

Yes
 No
 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto SNNUM1]

<2,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1]; else if SEX=2 and APSPAP ne 1 [goto PAPHAD1]; else if SEX=1 and AGE GE 40 [goto PSAREC]; else if SEX =1 and AGE<40 [goto next section]

Question ID: NAF.033_00.000 Instrument Variable Name: SNNUM1 QuestionnaireFileName: Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed

or tanning booth? Do NOT include times you have gotten a spray-on tan.

 001-365
 1-365 times

 997
 Refused

 999
 Don't know

UniverseText: Sample adults 18+ who have used indoor tanning device in past year

SkipInstructions: <1-365,R,D> if SEX=2 and if APSPAP=1 [goto RPAP1_M1];

else if SEX=2 and APSPAP ne 1 [goto PAPHAD1]; else if SEX=1 and AGE GE 40 [goto PSAREC]; else if SEX =1 and AGE<40 [goto next section]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.130_00.000 Instrument Variable Name: PAPHAD1 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+ who have not had a Pap test in the past 12 months

SkipInstructions: <1> [goto RPAP1_M1]

<2> [goto MDRECP1]

<R,D>[goto HYST]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID:	NAF.150_01.000 Instrument Variable Name:	RPAP1_M1	QuestionnaireFileName:	Sample Adult				
QuestionText:	1 of 2							
	[Fill1: Earlier you said you had a Pap test.]							
	When did you have your MOST RECENT Pap test?							
	*Enter month of last 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							

UniverseText: Female sample adults 18+ who have ever had a Pap smear

SkipInstructions: <1-12,D> [goto RPAP1_Y1]

Time period format

Refused

Don't know

96

97

99

<R> store 'R' in RPAP1_Y1 [goto RPAP21] <96> store '9996' in RPAP1_Y1 [goto RPAP1N1]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.150 02.000 Instrument Variable Name: RPAP1 Y1 QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last Pap test.

1880-current year 1880-current year

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 18+ who answered month of last Pap smear test or didn't know month of last Pap smear

test

goto ERR1_RPAP1_Y1 (future date)

elseif RPAP1 Y1 lt DOBY or (RPAP1 Y1=DOBY and RPAP1 M1 lt DOBM)

goto ERR2_RPAP1_Y1 (prior to birth date)

elseif RPAP1_M1=D goto RPAP21 elseif RPAP1_M1=1-12 goto PAPREA1 <R,D> goto RPAP21

Hard Edit: ERR1_RPAP1_Y1

* Future date invalid. Please correct.

ERR2_RPAP1_Y1

* Date before birth. Please correct.

Question ID: NAF.160_01.000 Instrument Variable Name: RPAP1N1 QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT Pap test?

*Enter number for time since last Pap test.

*Enter '95' for 95 or more.

01-94
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 RPAP1T1]

<R,D> store 'R,D' in RPAP1T1 [goto RPAP21]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.160_02.000 Instrument Variable Name: RPAP1T1 QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent Pap test.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Female sample adults 18+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto PAPREA1

<4> if RPAP1N1=4 set RPAP21=4 goto PAPREA1

> elseif RPAP1N1 gt 5 and RPAP1N1 gt AGE goto ERR_RPAP1T1 (greater than persons age) elseif RPAP1N1 gt 5 and RPAP1N1 le AGE

set RPAP21=5
goto PAPREA1
elseif RPAP1N1=1,2,3,5
goto RPAP21
<R,D> goto RPAP21

Hard Edit: ERR_RPAP1T1

* Time since last exam cannot be greater than age.

* Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.165 00.000 Instrument Variable Name: RPAP21 QuestionnaireFileName: Sample Adult

QuestionText: 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> if answer code is grayed out [goto ERR RPAP21];

else [goto PAPREA1]

Hard Edit: ERR_RPAP21

*That is not a valid response.

*Please correct.

Question ID: NAF.170_00.000 Instrument Variable Name: PAPREA1 QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this 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

SkipInstructions: <1-3,R,D> [goto MDRECP1]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.215 00.000 Instrument Variable Name: MDRECP1 QuestionnaireFileName: Sample Adult

Fill1: (IF PAPHAD1=1 and most recent screening exam LE 3 years from system date)
"Was your most recent Pan test recommended by a dector or other health professional?"

"Was your most recent Pap test recommended by a doctor or other health professional?"

Else (IF PAPHAD1=2, or PAPHAD1=1 and GT 3 years from system date or RPAP21=R,D)

"In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP test?"

1 Yes

2 No

QuestionText:

3 Did not see a doctor in the past 12 months

7 Refused

9 Don't know

UniverseText: Female sample adults 18+ who did not answer refused or don't know to initial Pap test question

SkipInstructions: <1-3,R,D>

if PAPHAD1=1 [goto PAPWHEN]; else PAPHAD ne 1 [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?

A year or less from now

More than 1 year to 3 years from now

More than 3 years to 5 years from now

More than 5 years from now

When doctor recommends it

Never, had HPV DNA test

Never, had HPV vaccine

Never, other reason

97 Refused

99 Don't know

UniverseText: Female sample adults 18+ who have ever had a Pap smear

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

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.220 00.000 Instrument Variable Name: HYST QuestionnaireFileName: Sample Adult

QuestionText: Have you had a hysterectomy?

Yes
 No
 Refused
 Don't know

UniverseText: Female sample adults 18+

SkipInstructions: <1,2,R,D>

if AGE GE 30 [goto MAMHAD]; else if AGE < 30 [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.

Yes
 No
 Refused
 Don't know

UniverseText: Female sample adults 30+ who have not had a mammogram in the past 12 months

SkipInstructions: <1> [goto RMAM1_MT]

<2> [goto MDRECMAM]

<R,D> if AGE GE 40 [goto COLHAD];

else [goto next section]

Adult Cancer Screening

Document Version Date: 29-May-14

QuestionText: 1 of 2 [Fill1: Earlier you said you had a mammogram.] When did you have your MOST RECENT mammogram? *Enter month of last mammogram. *Enter '96' to go to number and time period format. 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November	Question ID:	NAF.260_01.000 Instrument Variable Name:	RMAM1_MT	QuestionnaireFileName:	Sample Adult			
When did you have your MOST RECENT mammogram? *Enter month of last mammogram. *Enter '96' to go to number and time period format. 1 January 1 February 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October	QuestionText:	1 of 2						
*Enter month of last mammogram. *Enter '96' to go to number and time period format. 1 January 1 February 1 March 1 April 1 May 1 July 1 July 1 September 1 October		[Fill1: Earlier you said you had a mammogra	m.]					
*Enter '96' to go to number and time period format. 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October		When did you have your MOST RECENT mammogram?						
01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October		*Enter month of last mammogram.						
02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October		*Enter '96' to go to number and time period format.						
03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October	01	January						
 April May June July August September October 	02	February						
 May June July August September October 	03	March						
 May June July August September October 	04	April						
 June July August September October 	05							
08 August 09 September 10 October	06	-						
 August September October 	07	July						
09 September 10 October	08							
10 October	09	_						
	10	*						
	11							

UniverseText: Female sample adults 30+ who have ever had a mammogram

SkipInstructions: <1-12,D> [goto RMAM1_YR]

Time period format

December

Refused

Don't know

11 12

96

97

99

<R> store 'R' in RMAM1_YR [goto RMAM2] <96> store '9996' in RMAM1_YR [goto RMAM1N]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.260 02.000 Instrument Variable Name: RMAM1 YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last mammogram.

1880-current year 1880-current year

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Female sample adults age 30+ who answered month of last mammogram or didn't know month of last mammogram

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

Hard Edit: ERR1_RMAM1_YR

* Future date invalid. Please correct.

ERR2 RMAM1 YR

* Date before birth. Please correct.

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 [goto RMAM2]

Adult Cancer Screening

Document Version Date: 29-May-14

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.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 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

Hard Edit: ERR_RMAM1T

* Time since last exam cannot be greater than age.

* Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.275_00.000 Instrument Variable Name: RMAM2 QuestionnaireFileName: Sample Adult

QuestionText: 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> if answer code is grayed out [goto ERR RMAM2]

else [goto MAMREAS]

Hard Edit: ERR_RMAM2

*That is not a valid response.

*Please correct.

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]

Adult Cancer Screening

Document Version Date: 29-May-14

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 MAMHAD 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 did not answer refused or don't know to initial mammogram question

SkipInstructions: <1-3,R,D> if AGE GE 40 [goto COLHAD];

else [goto next section]

Question ID: NAF.427_00.000 Instrument Variable Name: PSAREC QuestionnaireFileName: Sample Adult

QuestionText: Has a doctor EVER recommended that you have 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: <1,2,R,D> [goto PSAHAD]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.430 00.000 Instrument Variable Name: QuestionnaireFileName: **PSAHAD** Sample Adult

QuestionText: 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+

<1> [goto RPSA1_MT] **SkipInstructions:**

<2,R,D> [goto COLHAD]

Question ID: $NAF.440_00.000$ Instrument Variable Name: QuestionnaireFileName: RPSA1 MT Sample Adult

QuestionText: 1 of 2

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 had a PSA test

SkipInstructions: <1-12,D> [goto RPSA1_YR]

<R> store 'R' in RPSA1 YR [goto RPSA2] <96> store '9996' in RPSA1 YR [goto RPSA1N]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.440 01.000 Instrument Variable Name: RPSA1 YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter year of last PSA test.

1880-current year 1880-current year

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Male sample adults 40+ who answered month of last PSA test or didn't know month of last PSA test

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

Hard Edit: ERR1_RPSA1_YR

* Future date invalid. Please correct.

ERR2 RPSA1 YR

* Date before birth. Please correct.

Question ID: NAF.440_02.000 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
95
95+
97 Refused
99 Don't know

UniverseText: Male sample adults 40+ who have 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 [goto RPSA2]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.440 03.000 Instrument Variable Name: RPSA1T QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

* Enter time period for time since most recent PSA test.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 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

Hard Edit: ERR_RPSA1T

* Time since last exam cannot be greater than age.

* Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.440 04.000 Instrument Variable Name: RPSA2 QuestionnaireFileName: Sample Adult

QuestionText: Was it:

*Read answer categories.

1 A year ago or less

2 More than 1 year but not more than 2 years

More than 2 years but not more than 3 yearsMore 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> if answer code is grayed out [goto ERR_RPSA2];

else [goto PSAREAS]

Hard Edit: ERR_RPSA2

*That is not a valid response.

*Please correct.

Question ID: NAF.441_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 COLHAD]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.540 00.000 Instrument Variable Name: COLHAD QuestionnaireFileName: Sample Adult

QuestionText:

Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake.

Have you EVER HAD a colonoscopy?

*Read if necessary:

A polyp is a small growth that develops on the inside of the colon or rectum.

Before these tests, you are asked to take a medication that causes diarrhea.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto COL MT]

<2,R,D> [goto SIGHAD]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.560 01.000 Instrument Variable Name: QuestionnaireFileName: COL_MT Sample Adult **QuestionText:** 1 of 2 When did you have your MOST RECENT colonoscopy? *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

May
 June
 July
 August
 September
 October
 November
 December

96 Time period format

97 Refused99 Don't know

UniverseText: Sample adults 40+ who have ever had a colonoscopy

SkipInstructions: <1-12,D> [goto COL YR]

<R> store 'R' in COL_YR [goto COL2] <96> store '9996' in COL_YR [goto COLN]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.560 02.000 Instrument Variable Name: COL YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last colonoscopy.

1880-current year 1880-current year

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last colonoscopy or didn't know month of last colonoscopy

goto ERR1 COL YR (future date)

elseif COL YR lt DOBY or (COL YR=DOBY and COL MT lt DOBM)

goto ERR2_COL_YR (prior to birth date)

elseif COL_MT=D goto COL2 elseif COL_MT=1-

elseif COL_MT=1-12 goto COLREAS <R,D> goto COL2

Hard Edit: ERR1_COL_YR

* Future date invalid. Please correct.

ERR2 COL YR

* Date before birth. Please correct.

Question ID: NAF.570_01.000 Instrument Variable Name: COLN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT colonoscopy?

*Enter number for time since last colonoscopy.

*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 colonoscopy from the initial

month screen

SkipInstructions: <1-95> [goto COLT]

<R,D> store 'R,D' in COLT [goto COL2]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.570 02.000 Instrument Variable Name: COLT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent colonoscopy.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto COLREAS

<4> if COLN=4
 set COL2=4
 goto COLREAS
 elseif COLN=6,7,8,9
 set COL2=5
 goto COLREAS
 elseif COLN gt 10 and COLN gt AGE
 goto ERR_COLT (greater than persons age)
 elseif COLN gt 10 and COLN le AGE
 set COL2=6
 goto COLREAS

elseif COLN=1,2,3,5,10 goto COL2 <R,D> goto COL2

Hard Edit: ERR_COLT

* Time since last exam cannot be greater than age.

* Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.575_00.000 Instrument Variable Name: COL2 QuestionnaireFileName: Sample Adult

QuestionText: 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 colonoscopy was 6-9 or over 10 years ago)

SkipInstructions: <1-6,R,D> if answer code is grayed out [goto ERR_COL2];

else [goto COLREAS]

Hard Edit: ERR_COL2

*That is not a valid response.

*Please correct.

Question ID: NAF.590 00.000 Instrument Variable Name: COLREAS QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-

up test of an earlier test or screening exam, or some other reason?

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Follow-up test of an earlier test or screening exam
- 4 Other reason
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 40+ who have had a colonoscopy

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

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.591 00.000 Instrument Variable Name: SIGHAD QuestionnaireFileName: Sample Adult

Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully

awake. Have you EVER HAD a sigmoidoscopy?

1 Yes

QuestionText:

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto SIG_MT]

<2,R,D> [goto HFOBHAD]

Question ID: NAF.592 01.000 Instrument Variable Name: SIG MT QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT sigmoidoscopy?

*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 sigmoidoscopy

SkipInstructions: <1-12,D> [goto SIG_YR]

<R> store 'R' in SIG_YR [goto SIG2]

<96> store '9996' in SIG YR [goto SIGN]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.593 02.000 Instrument Variable Name: SIG YR QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter year of last sigmoidoscopy.

1880-current year 1880-current year

9996 Time period format

9997 Refused9999 Don't know

UniverseText: Sample adults age 40+ who answered month of last sigmoidoscopy or didn't know month of last sigmoidoscopy

SkipInstructions: <valid year> if SIG_YR gt current year or (SIG_YR=current year and SIG_MT gt current month)

goto ERR1_ SIG_YR (future date)

elseif SIG_YR lt DOBY or (SIG_YR=DOBY and SIG_MT lt DOBM)

goto ERR2_ SIG_YR (prior to birth date)

elseif SIG_MT=D goto SIG2

elseif SIG_MT=1-12 goto SIGREAS <R,D> goto SIG2

Hard Edit: ERR1_SIG_YR

* Future date invalid. Please correct.

ERR2 SIG YR

* Date before birth. Please correct.

Question ID: NAF.594_01.000 Instrument Variable Name: SIGN QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

When did you have your MOST RECENT sigmoidoscopy?

*Enter number for time since last sigmoidoscopy.

*Enter '95' for 95 or more.

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

UniverseText: Sample adults 40+ who selected number and time period format for most recent sigmoidoscopy from the initial

month screen

SkipInstructions: <1-95> [goto SIGT]

<R,D> store 'R,D' in SIGT [goto SIG2]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.595 02.000 Instrument Variable Name: SIGT QuestionnaireFileName: Sample Adult

QuestionText: 2 of 2

*Enter time period for time since most recent sigmoidoscopy.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto SIGREAS

<4> if SIGN=4
 set SIG2=4
 goto SIGREAS
 elseif SIGN=6,7,8,9
 set SIG2=5
 goto SIGREAS
 elseif SIGN gt 10 and SIGN gt AGE
 goto ERR_SIGT (greater than persons age)
 elseif SIGN gt 10 and SIGN le AGE
 set SIG2=6
 goto SIGREAS
 elseif SIGN=1,2,3,5,10
 goto SIG2

<R,D> goto SIG2

Hard Edit: ERR_SIGT

^{*} Time since last exam cannot be greater than age.

^{*} Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

QuestionnaireFileName: **Question ID:** NAF.596 00.000 Instrument Variable Name: SIG2 Sample Adult QuestionText: 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 sigmoidoscopy was 6-9 or over 10 years ago) **SkipInstructions:** <1-6,R,D> if answer code is grayed out {goto ERR SIG2] else [goto SIGREAS] ERR SIG2 **Hard Edit:**

*That is not a valid response.

*Please correct.

Question ID: NAF.597 00.000 Instrument Variable Name: **SIGREAS** QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-

up test of an earlier test or screening exam, or some other reason?

1 Part of a routine exam

2 Because of a problem

3 Follow-up test of an earlier test or screening exam

4 Other reason

7 Refused

9 Don't know

UniverseText: Sample adults 40+ who have had a sigmoidoscopy

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

Adult Cancer Screening

Document Version Date: 29-May-14

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?

*Read if necessary:

Do not include tests done at the doctor's office.

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

SkipInstructions: <1> [goto RHFO1_MT]

<2,R,D> [goto COLPROB]

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID:	NAF.640_01.000 Instrument Variable Name:	RHFO1_MT	QuestionnaireFileName:	Sample Adult
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QuestionText: 1 of 2

When did you have your MOST RECENT blood stool test using a kit at home?

*Enter month of last home blood stool 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

08 August09 September

10 October11 November12 December

96 Time period format

97 Refused99 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 "9996" in RHFO1_YR and goto RHFO1N

Adult Cancer Screening

Document Version Date: 29-May-14

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-current year 1880-current year

9996 Time period format

9997 Refused9999 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

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 HFOBREA1

<R,D> goto RHFO2

Hard Edit: ERR1_RHFO1_YR

* Future date invalid. Please correct.

ERR2 RHFO1 YR

* Date before birth. Please correct.

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 home blood stool 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 [goto RHFO2]

Adult Cancer Screening

Document Version Date: 29-May-14

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.

Days ago
 Weeks ago
 Months ago
 Years ago
 Refused
 Don't know

UniverseText: Sample adults 40+ who answered 1-95 for number part of this 2 part question

SkipInstructions: <1-3> goto HFOBREA1

<4> if RHFO1N=4
 set RHFO2=4
 goto HFOBREA1
 elseif RHFO1N=6,7,8,9
 set RHFO2=5
 goto HFOBREA1
 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 HFOBREA1
 elseif RHFO1N=1,2,3,5,10
 goto RHFO2
<</p>
<R,D> goto RHFO2

Hard Edit: ERR_RHFO1T

* Time since last exam cannot be greater than age.

^{*} Please correct.

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.655 00.000 Instrument Variable Name: QuestionnaireFileName: RHFO2 Sample Adult QuestionText: 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> if answer code is grayed out [goto ERR RHFO2]; else [goto HFOBREA1] ERR RHFO2 **Hard Edit:**

 $NAF.660_00.000$ Instrument Variable Name: **Question ID:** HFOBREA1 QuestionnaireFileName: Sample Adult

QuestionText: What was the MAIN reason you had this home blood stool test - was it part of a routine exam, because of a problem, or

some other reason?

Part of a routine exam 1 2 Because of a problem

3 Other reason

7 Refused 9 Don't know

UniverseText: Sample adults 40+ who have had a home blood stool test

*That is not a valid response.

*Please correct.

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

Adult Cancer Screening

Document Version Date: 29-May-14

Question ID: NAF.750_00.000 Instrument Variable Name: COLPROB QuestionnaireFileName: Sample Adult

QuestionText: In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for

problems in your colon or rectum?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 40+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.005_00.000 Instrument Variable Name: ASIINTRO QuestionnaireFileName: Sample Adult

QuestionText: *You are about to enter the Sexual Identity and Lifestyle questions section. This section includes questions on computer

use, the respondent's neighborhood, sexual identity, financial worries, mental health, and HIV testing.

*Enter 1 to Continue.

1 Continue

UniverseText: Sample adults 18+

SkipInstructions: <1> goto ACICPUSE

Question ID: ASI.130_00.000 Instrument Variable Name: ACICPUSE QuestionnaireFileName: Sample Adult

QuestionText: These questions are about you and your neighborhood.

How often do you use a computer?

*Read answer categories.

1 Never or almost never

2 Some days

3 Most days

4 Every day

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.140_00.000 Instrument Variable Name: ACISATHC QuestionnaireFileName: Sample Adult

QuestionText: In general, how satisfied are you with the health care you received in the past 12 months?

*Read answer categories.

1 Very satisfied

2 Somewhat satisfied

3 Somewhat dissatisfied

4 Very dissatisfied

5 You haven't had health care in the past 12 months

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.150 00.000 Instrument Variable Name: ACITENUR QuestionnaireFileName: Sample Adult

QuestionText: About how long have you lived in your present neighborhood?

- 1 Less than 1 year
- 2 1-3 years
- 3 4-10 years
- 4 11-20 years
- 5 More than 20 years
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.160 00.000 Instrument Variable Name: ACINHELP QuestionnaireFileName: Sample Adult

QuestionText: How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood help each other out.

Would you say...

*Read answer categories.

1 Definitely agree

2 Somewhat agree

3 Somewhat disagree4 Definitely disagree

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.170_00.000 Instrument Variable Name: ACINCNTO QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

There are people I can count on in this neighborhood.

Would you say...

*Read answer categories if necessary.

1 Definitely agree

2 Somewhat agree

3 Somewhat disagree

4 Definitely disagree

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI 180 00.000 Instrument Variable Name: ACINTRU QuestionnaireFileName: Sample Adult

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

People in this neighborhood can be trusted.

Would you say...

*Read answer categories if necessary.

1 Definitely agree

2 Somewhat agree

3 Somewhat disagree4 Definitely disagree

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

QuestionText: *Read if necessary.

How much do you agree or disagree with the following statements about your neighborhood?

This is a close-knit neighborhood.

Would you say...

*Read answer categories if necessary.

1 Definitely agree

2 Somewhat agree

3 Somewhat disagree

4 Definitely disagree

7 Refused

9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D>

[if SEX=1, goto ACISIM; elseif SEX=2, goto ACISIF]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.220_00.000 Instrument Variable Name: ACISIM QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI1

Which of the following best represents how you think of yourself?

1 Gay

2 Straight, that is, not gay

3 Bisexual

4 Something else

5 I don't know the answer

7 Refused

UniverseText: Male sample adults 18+

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

<4> [goto ACISMELS] <5> [goto ACISIMDK]

Question ID: ASI.230 00.000 Instrument Variable Name: ACISMELS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

- You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- 2 You are transgender, transsexual or gender variant
- 3 You have not figured out or are in the process of figuring out your sexuality
- 4 You do not think of yourself as having sexuality
- 5 You do not use labels to identify yourself
- 6 You mean something else
- 7 Refused
- 9 Don't know

UniverseText: Male sample adults 18+ who think of themselves as something else

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

<6> [goto ACIMSESP]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.234_00.000 Instrument Variable Name: ACISIMDK QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI4

What do you mean by don't know?

1 You don't understand the words

You understand the words, but you have not figured out or are in the process of figuring out your sexuality

3 You mean something else

7 Refused9 Don't know

UniverseText: Male sample adults 18+ who answered don't know at ACISIM

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

<3> [goto ACIMSESP]

Question ID: ASI.238_00.000 Instrument Variable Name: ACIMSESP QuestionnaireFileName: Sample Adult

QuestionText: What do you mean by something else?

Verbatim Verbatim response

97 Refused99 Don't know

UniverseText: Male sample adults 18+ who answered something else at ACISMELS or ACISIMDK

SkipInstructions: <Allow 75,R,D> [goto ACIRETR]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.240 00.000 Instrument Variable Name: ACISIF QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI2

Which of the following best represents how you think of yourself?

1 Lesbian or gay

2 Straight, that is, not lesbian or gay

3 Bisexual

4 Something else

5 I don't know the answer

7 Refused

UniverseText: Female sample adults 18+

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

<4> [goto ACISFELS] <5> [goto ACISIFDK]

Question ID: ASI.250 00.000 Instrument Variable Name: ACISFELS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI3

What do you mean by something else?

- You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- 2 You are transgender, transsexual or gender variant
- 3 You have not figured out or are in the process of figuring out your sexuality
- 4 You do not think of yourself as having sexuality
- 5 You do not use labels to identify yourself
- 6 You mean something else
- 7 Refused
- 9 Don't know

UniverseText: Female sample adults 18+ who think of themselves as something else

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

<6> [goto ACIFSESP]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.254 00.000 Instrument Variable Name: ACISIFDK QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI4

What do you mean by don't know?

1 You don't understand the words

You understand the words, but you have not figured out or are in the process of figuring out your sexuality

3 You mean something else

7 Refused9 Don't know

UniverseText: Female sample adults 18+ who answered don't know at ACISIF

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

<3> [goto ACIFSESP]

Question ID: ASI.258_00.000 Instrument Variable Name: ACIFSESP QuestionnaireFileName: Sample Adult

QuestionText: What do you mean by something else?

Verbatim Verbatim response

97 Refused99 Don't know

UniverseText: Female sample adults 18+ who answered something else at ACISFELS or ACISIFDK

SkipInstructions: <Allow 75,R,D> [goto ACIRETR]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.260 00.000 Instrument Variable Name: ACIRETR QuestionnaireFileName: Sample Adult

QuestionText: The next questions ask how worried you are right now about financial matters.

How worried are you right now about not having enough money for retirement? Are you...

*Read answer categories.

1 Very worried

- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.270_00.000 Instrument Variable Name: ACIMEDC QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.280 00.000 Instrument Variable Name: ACISTLV QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to maintain the standard of living you enjoy? Are you...

*Read answer categories if necessary.

1 Very worried

- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI 290 00.000 Instrument Variable Name: ACICNHC QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to pay medical costs for normal healthcare? Are you...

*Read answer categories if necessary.

- 1 Very worried
- 2 Moderately worried
- 3 Not too worried
- 4 Not worried at all
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.300 00.000 Instrument Variable Name: ACICCOLL QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not having enough money to pay for your children's college? Are you...

*Read answer categories if necessary.

1 Very worried

2 Moderately worried

3 Not too worried

4 Not worried at all

5 This does not apply to me

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.310 00.000 Instrument Variable Name: ACINBILL QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not having enough to pay your normal monthly bills? Are you...

*Read answer categories if necessary.

1 Very worried

2 Moderately worried

3 Not too worried

4 Not worried at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.320 00.000 Instrument Variable Name: ACIHCST QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to pay your rent, mortgage, or other housing costs? Are you...

*Read answer categories if necessary.

1 Very worried

2 Moderately worried

3 Not too worried

4 Not worried at all

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.330 00.000 Instrument Variable Name: ACICCMP QuestionnaireFileName: Sample Adult

QuestionText: How worried are you right now about not being able to make the minimum payments on your credit cards? Are you...

*Read answer categories if necessary.

1 Very worried

2 Moderately worried

3 Not too worried

4 Not worried at all

5 I don't have credit cards

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.340 00.000 Instrument Variable Name: ACISLEEP 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: <1-5>[goto ERR_SLEEP];

<1-24, R,D>[goto ACISLPFL]

Soft Edit: ERR_SLEEP

*Average number of hours of sleep is [ACISLEEP].

* Please verify.

Question ID: ASI.350 00.000 Instrument Variable Name: ACISLPFL QuestionnaireFileName: Sample Adult

QuestionText: In the past week, how many times did you have trouble falling asleep?

*Enter '0' if respondent did not have trouble falling asleep in the past week.

*Enter '7' for 7 or more times.

Did not have trouble falling asleep in the past week

01-06 1-6 times
 07 7 or more times
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPST]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.360 00.000 Instrument Variable Name: ACISLPST QuestionnaireFileName: Sample Adult

QuestionText: In the past week, how many times did you have trouble staying asleep?

*Enter '0' if respondent did not have trouble staying asleep in the past week.

*Enter '7' for 7 or more times.

Did not have trouble staying asleep in the past week

01-06 1-6 times
 07 7 or more times
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACISLPMD]

Question ID: ASI.370 00.000 Instrument Variable Name: ACISLPMD QuestionnaireFileName: Sample Adult

QuestionText: In the past week, how many times did you take medication to help you fall asleep or stay asleep?

*Enter '0' if respondent did not take medication to help sleep in the past week.

*Enter '7' for 7 or more times.

Did not take medication to help sleep in the past week

01-06 1-6 times
 07 7 or more times
 97 Refused
 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto ACIREST]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.380 00.000 Instrument Variable Name: ACIREST QuestionnaireFileName: Sample Adult

QuestionText: In the past week, on how many days did you wake up feeling well rested?

*Enter '0' if respondent never felt well rested in the past week.

Never felt rested in the past week

01-07 1-7 days97 Refused99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0-7,R,D> [goto MHSAD_CK]

Question ID: ASI.390_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 ACISAD]

Question ID: ASI.390 01.000 Instrument Variable Name: ACISAD QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

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 ACINERV]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.390 02.000 Instrument Variable Name: QuestionnaireFileName: **ACINERV** Sample Adult QuestionText: (book) ASI5 * Read 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 Sample adults 18+ **UniverseText:**

Question ID: ASI.390 03.000 Instrument Variable Name: ACIRSTLS QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

SkipInstructions:

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

<1-5,R,D> [goto ACIRSTLS]

...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 ACIHOPLS]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.390 04.000 Instrument Variable Name: QuestionnaireFileName: ACIHOPLS Sample Adult QuestionText: (book) ASI5 * Read 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 Refused9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.390_05.000 Instrument Variable Name: ACIEFFRT QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI5

* Read 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 ACIWTHLS]

Adult Selected Items

Document Version Date: 11-Jun-14

ASI.390 06.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **ACIWTHLS** Sample Adult QuestionText: (book) ASI5 * Read 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 q Don't know **UniverseText:** Sample adults 18+ **SkipInstructions:** <1-5,R,D> if ACISAD or ACINERV or ACIRSTLS or ACIHOPLS or ACIEFFRT or ACIWTHLS=1-3 [goto

Question ID: ASI.400_00.000 Instrument Variable Name: ACIMUCH 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

ACIMUCH];

else [goto ACIHIVT]

A lot
 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 ACIHIVT]

Adult Selected Items

Document Version Date: 11-Jun-14

Question ID: ASI.410 00.000 Instrument Variable Name: ACIHIVT QuestionnaireFileName: Sample Adult

QuestionText: The next question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood

donations, have you ever been tested for HIV?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

<2> [goto ACIHIVWN]

Question ID: ASI.420_00.000 Instrument Variable Name: ACIHIVWN QuestionnaireFileName: Sample Adult

QuestionText: (book) ASI6

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

You were afraid to find out if you were HIV positive (that you had HIV)

You didn't want to think about HIV or about being HIV positive

You were worried your name would be reported to the government if you tested positive

You didn't know where to get tested

You don't like needles

You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection

Some other reason

No particular reason

97 Refused

99 Don't know

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]

Adult Internet and Email Usage

Document Version Date: 29-May-14

Question ID: AWB.010_00.000 Instrument Variable Name: AWEBUSE QuestionnaireFileName: Sample Adult

QuestionText: The next questions are about your Internet and email use.

Do you use the Internet?

1 Yes

2 No

7 Refused

9 Don't know

UniverseText: Sample adults 18+

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

Question ID: AWB.020 01.000 Instrument Variable Name: AWEBOFNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How often do you use the Internet?

*Read if necessary: How many times per day, per week, per month, or per year do you use the Internet?

*Enter number.

001-995997 Refused999 Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP] <R,D> [goto AWEBEML]

Adult Internet and Email Usage

Document Version Date: 29-May-14

AWB.020_02.000 Instrument Variable Name: **Question ID:** QuestionnaireFileName: **AWEBOFTP** Sample Adult

QuestionText: 2 of 2

*Enter time period for how often Internet is used.

1 Per day

2 Per week

3 Per month

4 Per year

7 Refused

9 Don't know

Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question **UniverseText:**

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

Question ID: AWB.030 00.000 Instrument Variable Name: QuestionnaireFileName: AWEBEML Sample Adult

QuestionText: Do you send or receive emails?

> 1 Yes

2 No

9

UniverseText:

7 Refused

Don't know

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

Sample adults 18+

Adult Internet and Email Usage

Document Version Date: 29-May-14

Question ID: AWB.040 00.000 Instrument Variable Name: AWEBEMAD QuestionnaireFileName: Sample Adult

QuestionText: We may want to contact you to obtain additional health-related information.

May I have your email address?

*Enter email address.

*Enter 'N' for none.

allow 75

97 Refused

99 Don't Know

UniverseText: Sample adults 18+ who send or receive email

SkipInstructions: <address> [goto AWBEMNO] <N,R,D> [goto next section]

Question ID: AWB.050 01.000 Instrument Variable Name: AWEBMNO QuestionnaireFileName: Sample Adult

QuestionText: 1 of 2

How often do you check this email account?

*Read if necessary: How many times per day, per week, per month, or per year do you check this email account?

*Enter number.

001-995997 Refused999 Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

Adult Internet and Email Usage

Document Version Date: 29-May-14

Question ID: AWB.050 02.000 Instrument Variable Name: QuestionnaireFileName: **AWEBMTP** Sample Adult QuestionText: 2 of 2 *Enter time period for how often email is checked. 1 Per day 2 Per week 3 Per month 4 Per year 7 Refused 9 Don't know

UniverseText: Sample adults 18+ who gave an email address and gave a valid value for the number portion of this question

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