
2014 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 28-May-15

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

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

* If refused enter CTRL-R

- 1 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
endif

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

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

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

- 1 Yes
- 2 No

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

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

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Document Version Date: 28-May-15

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

QuestionText: * Ask if necessary.

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

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

UniverseText: Knowledgeable proxy is available.

SkipInstructions: <1-4> goto AIDVERF_S

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

QuestionText: *Ask if necessary.

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

- 1 Yes
- 2 No

UniverseText: Knowledgeable proxy is not available.

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

2014 NHIS Questionnaire - Sample Adult

Adult Identification

Document Version Date: 28-May-15

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

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

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

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

1 Yes

2 No

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

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

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 Male

2 Female

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

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

Hard Edit: ERR_AIDSEX

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

goto AIDVERF_S (as the default goto)

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

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

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

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

1 Yes

2 No

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

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

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

QuestionText: How old are you?

000-120 Age in years

997 Refused

999 Don't know

UniverseText: Respondent said his/her age is not correct

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

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)

2014 NHIS Questionnaire - Sample Adult

Adult Identification

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

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

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

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

1 Yes

2 No

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

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

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

QuestionText: 1 of 3

What is your birthday?

*Enter month of birth.

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

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

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

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

QuestionText: 2 of 3

*Enter day of birth.

01-31 Day of the month

97 Refused

99 Don't know

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

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

If days not valid, goto ERR_AIDDOB_D

Hard Edit: ERR_AIDDOB_D

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

*Please correct.

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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

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

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

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

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

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

Calculate age from AIDDOB_M, AIDDOB_D, and AIDDOB_Y.

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

Hard Edit: ERR1_AIDDOB_Y

*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.

2014 NHIS Questionnaire - Sample Adult

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

2014 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 28-May-15**

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

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

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

Is that correct?

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

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

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

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

QuestionText: (book) A1 ? [F1]

What is your correct working status?

* 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
- 9 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]

2014 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 28-May-15**

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

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

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

UniverseText: Sample Adults 18+ 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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 28-May-15

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 Refused
 - 9 Don't know

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

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

2014 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 28-May-15**

Question ID: ASD.080_00.000 **Instrument Variable Name:** KINDIND **QuestionnaireFileName:** Sample Adult**QuestionText:** ? [F1]

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

Verbatim Verbatim response

7 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,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 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,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 Refused

9 Don't know

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <90 char long,D,R> [goto WRKCAT]

2014 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 28-May-15**

Question ID: ASD.110_00.000 **Instrument Variable Name:** WRKCAT **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A2 ? [F1]

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

* Read answer choices if necessary.

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

UniverseText: Sample adults 18+ who were working last week, or who were with a job or business but not at work, or who were working but not for pay at a family-owned job or business, or who have ever worked**SkipInstructions:** <1-4,6,D,R>[goto LOCALNO]
<5> [goto BUSINC]

Question ID: ASD.112_00.000 **Instrument Variable Name:** BUSINC **QuestionnaireFileName:** Sample Adult**QuestionText:** Is this business incorporated?

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

UniverseText: Sample adults 18+ who are self-employed**SkipInstructions:** <1,2,D,R> [goto LOCALNO]

2014 NHIS Questionnaire - Sample Adult**Adult Socio-Demographic****Document Version Date: 28-May-15**

Question ID: ASD.120_00.000 **Instrument Variable Name:** LOCALNO **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]

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

QuestionText: ? [F1]

1 of 2

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

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

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

SkipInstructions: <1-365> [goto WRKLONGT]
 <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)
2 Week(s)
3 Month(s)
4 Year(s)

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

SkipInstructions: <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.

2014 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

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

QuestionText: ? [F1]

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

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

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

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

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

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

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Socio-Demographic

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

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

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

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.010_00.000 **Instrument Variable Name:** HYPEV **QuestionnaireFileName:** Sample Adult**QuestionText:** Now I am going to ask you about certain medical conditions.
Have you EVER been told by a doctor or other health professional that you had

... Hypertension, also called high blood pressure?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto HYPDIFV]
<2,R,D> [goto HYBPCKNO]

Question ID: ACN.020_00.000 **Instrument Variable Name:** HYPDIFV **QuestionnaireFileName:** Sample Adult**QuestionText:** Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?

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

UniverseText: Sample adults 18+ who were told they had hypertension**SkipInstructions:** <1> [goto HYPYR]
<2,R,D> [goto HYBPCKNO]

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.

- 1 Yes
- 2 No
- 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 HYBPCKNO]

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

QuestionText: 1 of 2

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

*Enter '0' for Never.

*Enter '95' for 95 or more.

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

UniverseText: Sample adults 18+

SkipInstructions: <0,R,D> if HYPEV=1 [goto HYPMDEV2];
 else [goto CHLEV]
 <1-95> [goto HYBPCKTP]

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

QuestionText: 2 of 2

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

0	Never
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

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

SkipInstructions: If (HYBPCKNO gt AGE and HYBPCKTP=4), {goto ERR_HYBPCKTP}
 <1-4> [goto HYBPLEV]
 <R,D> if HYPEV=1 [goto HYPMDEV2];
 else [goto CHLEV]

Hard Edit: If (HYBPCKNO gt AGE and HYBPCKTP=4), display:

*Time period for last blood pressure check cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.022_01.010 **Instrument Variable Name:** HYBPLEV **QuestionnaireFileName:** Sample Adult

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

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

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

SkipInstructions: <1-5,R,D> if HYPEV=1 [goto HYPMDEV2];
else [goto CHLEV]

Question ID: ACN.022_02.020 **Instrument Variable Name:** HYPMDEV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was any medicine EVER prescribed by a doctor for your high blood pressure?

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

UniverseText: Sample adults 18+ who have ever been told they had high blood pressure

SkipInstructions: <1> [goto HYPMED2]
<2,R,D> [goto CHLEV]

Question ID: ACN.022_03.030 **Instrument Variable Name:** HYPMED2 **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

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

UniverseText: Sample adults 18+ who were ever prescribed medicine for high blood pressure

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.023_00.010 **Instrument Variable Name:** CHLEV **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER been told by a doctor or other health professional that 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> [goto CHLYR]
<2,R,D> [goto CLCKNO]

Question ID: ACN.023_00.020 **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+ who were ever told they had high cholesterol

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

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.023_01.010 **Instrument Variable Name:** CLCKNO **QuestionnaireFileName:** Sample Adult**QuestionText:** 1 of 2

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

*Enter '0' for Never.

*Enter '95' for 95 or more.

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

UniverseText: Sample adults 18+**SkipInstructions:** <0,R,D> If CHLEV(e)='1', [goto CHLMDEV2]
Else [goto CHDEV]
<1-95> [goto CLCKTP]

Question ID: ACN.023_02.010 **Instrument Variable Name:** CLCKTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

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

0	Never
1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)
7	Refused
9	Don't know

UniverseText: Sample adults 18+ who have ever had their blood cholesterol checked**SkipInstructions:** If (CLCKNO gt AGE and CLCKTP=4), {goto ERR_CLCKTP}
<1-4,R,D> If CHLEV=1 [goto CHLMDEV2]
Else [goto CHDEV]**Hard Edit:** If (CLCKNO gt AGE and CLCKTP=4), display:*Time period for last blood cholesterol check cannot be greater than age.
* Please correct.

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.023_03.030 **Instrument Variable Name:** CHLMDEV2 **QuestionnaireFileName:** Sample Adult

QuestionText: Was any medication EVER prescribed by a doctor to help lower your cholesterol?

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

UniverseText: Sample adults 18+ who have ever been told they had high cholesterol

SkipInstructions: <1> [goto CHLMDNW2]
<2,R,D> [goto CHDEV]

Question ID: ACN.023_04.040 **Instrument Variable Name:** CHLMDNW2 **QuestionnaireFileName:** Sample Adult

QuestionText: Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

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

UniverseText: Sample adults 18+ who were ever prescribed medicine for high cholesterol

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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 JAWP]

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

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

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

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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

QuestionText: *Read if necessary:

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

...Feeling weak, lightheaded or faint.

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

UniverseText: Sample adults 18+

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

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

QuestionText: *Read if necessary:

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

...Chest pain or discomfort.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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

QuestionText: *Read if necessary:

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: *Read if necessary:

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

...Shortness of breath.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.032_06.060 **Instrument Variable Name:** AHADO **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A4

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

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

UniverseText: Sample adults 18+

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

Question ID: ACN.033_01.010 **Instrument Variable Name:** FACE **QuestionnaireFileName:** Sample Adult

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

... Sudden numbness or weakness of face, arm, or leg, especially on one side.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.033_02.020 **Instrument Variable Name:** SPEAKING **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

... Sudden confusion or trouble speaking.

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

UniverseText: Sample adults 18+

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

Question ID: ACN.033_03.030 **Instrument Variable Name:** EYE **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

... Sudden trouble seeing in one or both eyes.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.033_04.040 **Instrument Variable Name:** WALKING **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

... Sudden trouble walking, dizziness, or loss of balance.

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

UniverseText: Sample adults 18+

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

Question ID: ACN.033_05.050 **Instrument Variable Name:** HEADACHE **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

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

... Sudden severe headache with no known cause.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.033_06.060 **Instrument Variable Name:** ASTDO **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A4

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

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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

QuestionText: ? [F1]

Do you still have asthma?

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

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

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

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

QuestionText: ? [F1]

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

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

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

SkipInstructions: <1,2,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?

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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
-

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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.

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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

QuestionText:

* Enter code for the second kind of cancer.

* Enter '96' for no more.

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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.

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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
-

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

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 years
997 Refused
999 Don't know

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

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

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

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 years
997 Refused
999 Don't know

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

SkipInstructions: <1-100, D> goto CANKIND_3
<R> and <R> at CANKIND_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.

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

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 years
997 Refused
999 Don't know

UniverseText: Sample adults 18+ who were ever told they had cancer**SkipInstructions:** <1-100, D> goto CANKIND_4
<R> and <R> at CANKIND_3[goto DIBEV]
<R> and CANKIND_3 NE <R> [goto CANKIND_4]

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

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]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.165_00.000 **Instrument Variable Name:** DIBPRE1 **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

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

UniverseText: Sample adults 18+ who were never told they had diabetes, or who refused or said don't know to having been told they had diabetes**SkipInstructions:** <1> [goto INSLN]
<2,R,D> [goto AHAYFYR]

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.
-

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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

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

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

UniverseText: Sample adults 18+ who were 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 AHAYFYR]

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

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

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.250_00.000 **Instrument Variable Name:** JNTSYMP **QuestionnaireFileName:** Sample Adult**QuestionText:** The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

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

UniverseText: Sample adults 18+**SkipInstructions:** <1> [goto JMTHP]
<2,R,D> [goto ARTH]

Question ID: ACN.260_00.000 **Instrument Variable Name:** JMTHP **QuestionnaireFileName:** Sample Adult**QuestionText:** (book) A5

Which joints are affected?

* Enter all that apply, separate with commas.

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

UniverseText: Sample adults 18+ who had joint pain in the past 30 days**SkipInstructions:** <1-17,R,D> [goto JNTPN]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.265_00.010 **Instrument Variable Name:** JNTPN **QuestionnaireFileName:** Sample Adult**QuestionText:** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.

00-10 0-10
97 Refused
99 Don't know

UniverseText: Sample adults GE 18 years who have had any symptoms of pain, aching, or stiffness in or around a joint during the past 30 days**SkipInstructions:** <0-10,R,D> [goto JNTCHR]

Question ID: ACN.270_00.000 **Instrument Variable Name:** JNTCHR **QuestionnaireFileName:** Sample Adult**QuestionText:** Did your joint symptoms FIRST begin more than 3 months ago?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days**SkipInstructions:** <1,2,R,D> [goto JNTHP]

Question ID: ACN.280_00.000 **Instrument Variable Name:** JNTHP **QuestionnaireFileName:** Sample Adult**QuestionText:** Have you EVER seen a doctor or other health professional for these joint symptoms?

1 Yes
2 No
7 Refused
9 Don't know

UniverseText: Sample adults 18+ who had joint pain in the past 30 days**SkipInstructions:** <1,2,R,D> [goto ARTH]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

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

Question ID: ACN.290_00.010 **Instrument Variable Name:** ARTHWT **QuestionnaireFileName:** Sample Adult**QuestionText:** Has a doctor or other health professional EVER suggested losing weight to help your 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 ARTHPH]

Question ID: ACN.290_00.020 **Instrument Variable Name:** ARTHPH **QuestionnaireFileName:** Sample Adult**QuestionText:** Has a doctor or other health professional EVER suggested physical activity or exercise to help your 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 ARTHCLS]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.290_00.030 **Instrument Variable Name:** ARTHCLS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER taken an educational course or class to teach you how to manage problems related to your 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 ARTHLMT]

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 ARTHWRK]

Question ID: ACN.295_00.010 **Instrument Variable Name:** ARTHWRK **QuestionnaireFileName:** Sample Adult

QuestionText: In this next question we are referring to work for pay.
Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

- 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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

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]

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

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 AHEARST2]

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 AHEARST2]
<R> [goto AHEARST2]
<2,D> [goto PREGFLYR]

Question ID: ACN.370_00.010 **Instrument Variable Name:** PREGFLYR **QuestionnaireFileName:** Sample Adult

QuestionText: [fill1: 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 AHEARST2]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.010 **Instrument Variable Name:** AHEARST2 **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices.

Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.400_00.020 **Instrument Variable Name:** HRWORS **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

Without a hearing aid ...

Is your hearing WORSE in one ear than the other?

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

UniverseText: Sample adults 18+ with other than excellent hearing

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.030 **Instrument Variable Name:** HRWHICH **QuestionnaireFileName:** Sample Adult

QuestionText: Which ear is worse?

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

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

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

Question ID: ACN.400_00.040 **Instrument Variable Name:** HRRIGHT **QuestionnaireFileName:** Sample Adult

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

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.050 **Instrument Variable Name:** HRLEFT **QuestionnaireFileName:** Sample Adult

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

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

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

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

Question ID: ACN.400_00.060 **Instrument Variable Name:** HRWHISP **QuestionnaireFileName:** Sample Adult

QuestionText: Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a QUIET room?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];
else [goto HRFAM]
<2,R,D> [goto HRTALK]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.070 **Instrument Variable Name:** HRTALK **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to you from across a QUIET room?

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

UniverseText: Sample adults 18+ who cannot hear whispers across a quiet room or Ref/DK this question

SkipInstructions: <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];
else [goto HRFAM]
<2,R,D> [goto HRSHOUT]

Question ID: ACN.400_00.080 **Instrument Variable Name:** HRSHOUT **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to you from across a QUIET room?

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

UniverseText: Sample adults 18+ who cannot hear a normal voice across a quiet room or Ref/DK this question

SkipInstructions: <1> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];
else [goto HRFAM]
<2,R,D> [goto HRSPEAK]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.090 **Instrument Variable Name:** HRSPEAK **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

Without a hearing aid ...

Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into your [fill1: ear/better ear]?

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

UniverseText: Sample adults 18+ who cannot hear a shouting voice across a quiet room

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

Question ID: ACN.400_00.100 **Instrument Variable Name:** HRCOCREC **QuestionnaireFileName:** Sample Adult

QuestionText: A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear implant to you?

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

UniverseText: Sample adults 18+ who cannot hear a shouting voice across a quiet room

SkipInstructions: <1> [goto HRCOCIMP]
<2,R,D> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];
else [goto HRFAM]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.400_00.110 **Instrument Variable Name:** HRCOCIMP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had cochlear implant surgery?

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

UniverseText: Sample adults 18+ who have had a cochlear implant recommended

SkipInstructions: <1,2,R,D> if AHEARST2=6 and HRWORS=2,R,D [goto HRBACK];
else [goto HRFAM]

Question ID: ACN.401_00.010 **Instrument Variable Name:** HRFAM **QuestionnaireFileName:** Sample Adult

QuestionText: Has anyone, friends, relatives or others, ever told you that you have a hearing problem?

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

UniverseText: Sample adults 18+ who are not deaf or who are deaf but hear worse in one ear than the other

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.401_00.020 **Instrument Variable Name:** HRBACK **QuestionnaireFileName:** Sample Adult

QuestionText: How often do you find it difficult to follow a conversation if there is background NOISE, for example, when other people are talking, TV or radio is on, or children are playing close by? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-5,R,D> if AHEARST2 eq 2-6,R,D [goto HRFRUST];
else [goto HRPROBHP]

Question ID: ACN.401_00.030 **Instrument Variable Name:** HRFRUST **QuestionnaireFileName:** Sample Adult

QuestionText: How often does your hearing cause you to feel frustrated when talking to your friends or relatives? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

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

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

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.401_00.040 **Instrument Variable Name:** HRSAFETY **QuestionnaireFileName:** Sample Adult**QuestionText:** How often does your hearing cause you to worry about your safety while working or doing other activities? Would you say...

*Read categories below.

- | | |
|---|---------------------|
| 1 | Always |
| 2 | Usually |
| 3 | About half the time |
| 4 | Seldom |
| 5 | Never |
| 7 | Refused |
| 9 | Don't know |

UniverseText: Sample adults 18+ who have other than excellent hearing**SkipInstructions:** <1-5,R,D> if (AHEARST2=2 and HRWORS=2,R,D) or AHEARST2=R,D [goto HRPROBHP];
else if ((AHEARST2(e) IN ('3','4','5','6')) or (AHEARST2(e)='2' and HRWORS(e)='1')) [goto HEARAGE1]

Question ID: ACN.402_00.010 **Instrument Variable Name:** HEARAGE1 **QuestionnaireFileName:** Sample Adult**QuestionText:** How old were you when you began to have ANY [fill1: hearing loss/hearing loss in either ear]?

- | | |
|----|-------------------------|
| 01 | At birth |
| 02 | 0 to 2 years of age |
| 03 | 3 to 5 years of age |
| 04 | 6 to 11 years of age |
| 05 | 12 to 19 years of age |
| 06 | 20 to 29 years of age |
| 07 | 30 to 39 years of age |
| 08 | 40 to 49 years of age |
| 09 | 50 to 59 years of age |
| 10 | 60 to 69 years of age |
| 11 | 70 to 79 years of age |
| 12 | 80 or more years of age |
| 97 | Refused |
| 99 | Don't know |

UniverseText: Sample adults 18+ whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1-12,R,D> [goto HRCAUS1]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.402_00.020 **Instrument Variable Name:** HRCAUS1 **QuestionnaireFileName:** Sample Adult

QuestionText: What is the MAIN cause of your hearing loss?

- 01 Present at birth because mother had infectious disease, for example, German measles (rubella), cytomegalovirus (CMV), toxoplasmosis, etc.
- 02 Present at birth for a genetic reason
- 03 Present at birth for other reason, e.g., preterm birth (NOT genetic or infectious disease)
- 04 After birth due to an infectious disease (measles, meningitis, mumps, etc.)
- 05 Ear infections or otitis media, fluid in middle ear space, ear drum burst (perforation)
- 06 Ear injury or head/neck trauma
- 07 Ear surgery
- 08 Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretic
- 09 Ear disease such as Meniere's disease or otosclerosis
- 10 Brain tumor (acoustic neuroma/vestibular schwannoma, etc)
- 11 Loud, brief noise from gunfire, hand grenade, IED, other blasts or explosions
- 12 Sudden hearing loss, unexplained by loud, brief noise or other known causes
- 13 Long term noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.
- 14 Getting older/aging
- 15 Some other cause
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

SkipInstructions: <1-15,R,D> [goto HRPROBHP]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.402_00.030 **Instrument Variable Name:** HRPROBHP **QuestionnaireFileName:** Sample Adult

QuestionText: When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,4-6,R,D> [goto HRTEST]
<1-3> [goto HRENT]

Question ID: ACN.402_00.040 **Instrument Variable Name:** HRENT **QuestionnaireFileName:** Sample Adult

QuestionText: IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to a...
Hearing specialist, such as an Ear, Nose, and Throat (ENT) doctor?

*Read if necessary:
Include an Otolaryngologist (OH-toh-LAYR-ehn-GAHL-oh-jist), or Neuro-Otologist (OH-tol-o-jist)

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

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.402_00.050 **Instrument Variable Name:** HRAUD **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary:

IN THE PAST 5 YEARS, have you seen or been referred by your doctor or other health care professional to
...an audiologist or hearing aid dispenser?

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

UniverseText: Sample adults 18+ who saw a doctor or other health care professional about hearing or ear problems 4 or less years ago

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

Question ID: ACN.402_00.060 **Instrument Variable Name:** HRTEST **QuestionnaireFileName:** Sample Adult

QuestionText: A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat (ENT) doctors, and trained health technicians or occupational nurses. When was the last time you had your hearing tested by a hearing specialist?

- 0 Never
- 1 In the past year
- 2 1 to 2 years ago
- 3 3 to 4 years ago
- 4 5 to 9 years ago
- 5 10 to 14 years ago
- 6 15 or more years ago
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.403_00.010 **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 HRAIDLNG]
<2,R,D> [goto HRAIDDEV]

Question ID: ACN.403_00.020 **Instrument Variable Name:** HRAIDLNG **QuestionnaireFileName:** Sample Adult

QuestionText: How long have you used a hearing aid(s)?

- 01 Less than 6 weeks
- 02 6 weeks to 11 months
- 03 1 to 2 years
- 04 3 to 4 years
- 05 5 to 9 years
- 06 10 to 14 years
- 07 15 years or more
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who now use a hearing aid

SkipInstructions: <1-7,R,D> [goto HRAID2WK]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.403_00.030 **Instrument Variable Name:** HRAID2WK **QuestionnaireFileName:** Sample Adult

QuestionText: Think about how much you used your present hearing aid(s) over the past two weeks. On an average day, how many hours did you use your hearing aid(s)?

- 0 None
- 1 Less than 1 hour a day
- 2 1 to 3 hours a day
- 3 4 to 7 hours a day
- 4 8 or more hours per day
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who now use a hearing aid

SkipInstructions: <0> [goto HRAIDNOT]
<1-4,R,D> [goto HRAIDHLP]

Question ID: ACN.403_00.040 **Instrument Variable Name:** HRAIDHLP **QuestionnaireFileName:** Sample Adult

QuestionText: Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). OVER THE PAST 2 WEEKS, how much has the hearing aid helped in those situations?

*Read categories below.

- 1 Helped not at all
- 2 Helped slightly
- 3 Helped moderately
- 4 Helped quite a lot
- 5 Helped very much
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who used a hearing aid for at least some of the time in the past two weeks or Ref/DK this question

SkipInstructions: <1-5,R,D> if (AHEARST2=3-6,R,D) or (AHEARST2=2 and HRWORS=1) [goto HRAUDTRN];
else [goto HRBDIZZ]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.403_00.050 **Instrument Variable Name:** HRAIDEV **QuestionnaireFileName:** Sample Adult

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

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

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

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

Question ID: ACN.403_00.060 **Instrument Variable Name:** HRAIDREC **QuestionnaireFileName:** Sample Adult

QuestionText: Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?

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

UniverseText: Sample adults 18+ who do not now use a hearing aid or who have not used one in the past or who refused to answer whether they use or have used a hearing aid

SkipInstructions: <1> [goto HRAIDNOT]
<2,R,D> if AHEARST2=3-6,R,D or (AHEARST2=2 and HRWORS=1) [goto HRAUDTRN];
else [goto HRBDIZZ]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.403_00.070 **Instrument Variable Name:** HRAIDLGP **QuestionnaireFileName:** Sample Adult

QuestionText: How long did you use a hearing aid(s) in the past?

- 01 Less than 6 weeks
- 02 6 weeks to 11 months
- 03 1 to 2 years
- 04 3 to 4 years
- 05 5 to 9 years
- 06 10 to 14 years
- 07 15 years or more
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have used a hearing aid in the past, but not currently

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

Question ID: ACN.403_00.080 **Instrument Variable Name:** HRAIDOFT **QuestionnaireFileName:** Sample Adult

QuestionText: When you used to wear a hearing aid, on an average day, how many hours did you use your hearing aid?

- 0 None
- 1 Less than 1 hour a day
- 2 1 to 3 hours a day
- 3 4 to 7 hours a day
- 4 8 or more hours per day
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have used a hearing aid in the past, but not currently

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

2014 NHIS Questionnaire - Sample Adult**Adult Conditions****Document Version Date: 28-May-15**

Question ID: ACN.403_00.090 **Instrument Variable Name:** HRAIDNOT **QuestionnaireFileName:** Sample Adult**QuestionText:** Why have you decided not to use a hearing aid(s)?

*Enter all that apply, separate with commas.

- 01 It didn't help
- 02 It made everything too loud
- 03 Didn't like the way it sounded (unwanted sounds such as whistling or other noises)
- 04 Didn't like the way I sounded (my own voice when wearing the hearing aid)
- 05 It was uncomfortable
- 06 It had frequent breakdowns/Needed repairs
- 07 Didn't like the way it looked
- 08 It cost too much
- 09 Don't think I need a hearing aid
- 10 It was misplaced or lost
- 11 Other reason
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who said they currently use a hearing aid but have not used one in the past 2 weeks, or who have ever used a hearing aid, but not currently, or who have had a hearing aid recommended without obtaining one**SkipInstructions:** <1-11,R,D> if AHEARST2=3-6,R,D or (AHEARST2=2 and HRWORS=1) [goto HRAUDTRN];
else [goto HRBDIZZ]

Question ID: ACN.404_00.010 **Instrument Variable Name:** HRAUDTRN **QuestionnaireFileName:** Sample Adult**QuestionText:** Auditory training includes learning how to use visual cues to enhance your listening skills, placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did you ever receive instruction or training to improve your ability to hear?

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

UniverseText: Sample adults 18+ whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other**SkipInstructions:** <1-2,R,D> [goto HREALDS]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.404_00.020 **Instrument Variable Name:** HRALDS **QuestionnaireFileName:** Sample Adult

QuestionText: BECAUSE OF YOUR HEARING, have you ever used assistive technology to communicate, such as FM systems, instant or text messages, headsets, closed-caption television, amplified telephone, relay services, or live video streaming?

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

UniverseText: Sample adults 18+ whose hearing is not excellent or good, or who reported good hearing, but hear worse in one ear than the other

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

Question ID: ACN.404_00.030 **Instrument Variable Name:** HRALDTP **QuestionnaireFileName:** Sample Adult

QuestionText: What types of assistive technology have you EVER used?

*Enter all that apply, separate with commas.

- 01 FM system pocket talker or other personal listening device
- 02 Instant or text messages
- 03 Amplified telephone
- 04 Amplified or vibrating alarm clock
- 05 Notification or signaling alarm (light signaler for doorbell, baby cry monitor, etc.)
- 06 Headset with Television/Theater or closed-captioned TV
- 07 TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service
- 08 Video relay service
- 09 Live video streaming (video on computers or phones) using sign language or other means to communicate
- 10 Sign language interpreter
- 11 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have ever used assistive listening devices (ALDs)

SkipInstructions: <1-11,R,D> [goto HRBDIZZ]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.405_00.010 **Instrument Variable Name:** HRBDIZZ **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, have you had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, unsteadiness or imbalance?

Do not include times when drinking alcohol.

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

UniverseText: Sample adults 18+

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

Question ID: ACN.406_00.010 **Instrument Variable Name:** HRTIN **QuestionnaireFileName:** Sample Adult

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

*Read if necessary:

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

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.406_00.020 **Instrument Variable Name:** HRTINOFT **QuestionnaireFileName:** Sample Adult

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

*Read categories below.

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

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

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

Question ID: ACN.406_00.030 **Instrument Variable Name:** HRTINLNG **QuestionnaireFileName:** Sample Adult

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

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.406_00.040 **Instrument Variable Name:** HRTINMUS **QuestionnaireFileName:** Sample Adult

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

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

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

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

Question ID: ACN.406_00.050 **Instrument Variable Name:** HRTINSLP **QuestionnaireFileName:** Sample Adult

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

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.406_00.060 **Instrument Variable Name:** HRTINPROB **QuestionnaireFileName:** Sample Adult

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

*Read categories below.

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

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

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

Question ID: ACN.406_00.070 **Instrument Variable Name:** HRTINDIS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care professional?

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.406_00.080 **Instrument Variable Name:** HRTINDOC **QuestionnaireFileName:** Sample Adult

QuestionText: IN THE PAST 5 YEARS, have you been evaluated or treated for the ringing, roaring or buzzing in your ears or head by a medical specialist in hearing, such as an Ear, Nose and Throat (ENT) doctor, audiologist, neurologist, or psychiatrist?

*Include otolaryngologist, otologist and neuro-otologist.

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

UniverseText: Sample adults 18+ who discussed this ringing, roaring or buzzing with their doctor or other health professional

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

Question ID: ACN.406_00.090 **Instrument Variable Name:** HRTINRM **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.406_00.100 **Instrument Variable Name:** HRREMTYP **QuestionnaireFileName:** Sample Adult

QuestionText: What remedies or treatments have you tried?

*Enter all that apply, separate with commas.

- 01 Started or taking drugs or medications
- 02 Stopped or reduced use of drugs or medications, such as aspirin, diuretics, etc.
- 03 Hearing aids/amplification
- 04 Masking device(s)
- 05 Surgical or other medical procedures
- 06 Relaxation therapy, stress reduction techniques
- 07 Tinnitus Retraining Therapy (TRT)
- 08 Music Therapy
- 09 Avoided irritants, such as caffeine, salt, smoking (tobacco)
- 10 Nutritional supplements, such as niacin or zinc
- 11 Alternative methods (hypnosis, acupuncture, etc.)
- 12 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

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

Question ID: ACN.407_00.005 **Instrument Variable Name:** HRTNRMHP **QuestionnaireFileName:** Sample Adult

QuestionText: How much have remedies or treatments helped with the ringing, roaring, or buzzing in your ears or head? Would you say they...

*Read categories below.

- 1 Helped not at all
- 2 Helped slightly
- 3 Helped moderately
- 4 Helped quite a lot
- 5 Helped very much
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have tried remedies or treatments for the ringing, roaring, or buzzing in their ears or head

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.407_00.010 **Instrument Variable Name:** HRHCUSIS **QuestionnaireFileName:** Sample Adult

QuestionText: ?[F1]

Some people are bothered by everyday sounds or noises that don't bother most people. Do every day sounds, such as from a hair dryer, vacuum cleaner, lawnmower, or siren, seem too loud or annoying to you?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.407_00.020 **Instrument Variable Name:** HRHCPROB **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how much of a problem have you had because every day sounds seem unbearably loud? Would you say it was...

*Read categories below.

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

UniverseText: Sample adults 18+ who are bothered more than most people by loud sounds or noise or who perceive everyday sounds as too loud

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.408_00.010 **Instrument Variable Name:** HRFIRE **QuestionnaireFileName:** Sample Adult

QuestionText: The next few questions are about your current or previous exposure to loud sounds or noises.

Have you EVER used guns or firearms for any reason?

*Include target shooting, hunting, your job (including military service).

*Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto HRFIRTYP]
<2,R,D> If EVERWRK ne <2,R,D> [goto HRWKVLNS];
else if EVERWRK IN (2, R, D) [goto HRLSVLNS]

Question ID: ACN.408_00.020 **Instrument Variable Name:** HRFIRTYP **QuestionnaireFileName:** Sample Adult

QuestionText: Was this for work, leisure, or both?

- 1 Work
- 2 Leisure
- 3 Both work and leisure
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used guns or firearms

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.408_00.030 **Instrument Variable Name:** HRFRTIM **QuestionnaireFileName:** Sample Adult

QuestionText: When did you use guns or firearms... during the last 12 months, before then, or both during and before the last 12 months?

*Include target shooting, hunting, your job (including military service).

*Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

- 1 During the last 12 months
- 2 Before the last 12 months
- 3 Both during and before the last 12 months
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever used guns or firearms

SkipInstructions: <1,3> [goto HR12MR]
<2,R,D> [goto HRTOTR]

Question ID: ACN.408_00.040 **Instrument Variable Name:** HR12MR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, about how many rounds have you fired?

*Read categories if necessary.

*Include target shooting, hunting, your job (including military service).

*One round equals one shot.

- 1 1 to less than 100 rounds
- 2 100 to less than 1000 rounds
- 3 1000 to less than 10,000 rounds
- 4 10,000 rounds or more
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have used firearms in the past 12 months

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.408_00.050 **Instrument Variable Name:** HRFRPROT **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear plugs or ear muffs? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have used firearms in the past 12 months

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

Question ID: ACN.408_00.060 **Instrument Variable Name:** HRTOTR **QuestionnaireFileName:** Sample Adult

QuestionText: How many TOTAL rounds have you ever fired?

*Read categories if necessary.

*Include target shooting, hunting, your job (including military service).

*One round equals one shot.

- 1 1 to less than 100 rounds
- 2 100 to less than 1000 rounds
- 3 1000 to less than 10,000 rounds
- 4 10,000 to less than 50,000 rounds
- 5 50,000 rounds or more
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ Sample adults 18+ who have ever used guns or firearms

SkipInstructions: <1-5,R,D> if HRFRTIM=R,D and EVERWRK ne <2,R,D> [goto HRWKVLNS];
else [goto HRLSVLNS];
else if HRFRTIM=2,3 [goto HRFPRPT2]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.408_00.070 **Instrument Variable Name:** HRFRPRT2 **QuestionnaireFileName:** Sample Adult

QuestionText: Before THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear plugs or ear muffs? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have used firearms before the last 12 months

SkipInstructions: <1-5,R,D> If EVERWRK ne
<2,R,D> [goto HRWKVLNS];
else [goto HRLSVLNS]

Question ID: ACN.409_00.010 **Instrument Variable Name:** HRWKVLNS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a job, or combination of jobs, where you were exposed to VERY LOUD sounds or noise for 4 OR MORE HOURS A DAY, SEVERAL DAYS A WEEK?

VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

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

UniverseText: Sample adults 18+ who have ever worked

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.409_00.020 **Instrument Variable Name:** HRWKLNS **QuestionnaireFileName:** Sample Adult

QuestionText: Have you ever had a job, or combination of jobs, where you were exposed to LOUD sounds or noise for 4 OR MORE HOURS A DAY, SEVERAL DAYS A WEEK?

Loud means so loud that you must SPEAK IN A RAISED VOICE to be heard.

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

UniverseText: Sample adults 18+ who have ever worked, and who have NOT been exposed to VERY LOUD sounds or noise at work

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

Question ID: ACN.409_00.030 **Instrument Variable Name:** HRWKVLNT **QuestionnaireFileName:** Sample Adult

QuestionText: In your work, how many months or years have you been exposed at work to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

*Read if necessary: VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

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

UniverseText: Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day, several days a week

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.409_00.040 **Instrument Variable Name:** HRWKVLEX **QuestionnaireFileName:** Sample Adult

QuestionText: When were you exposed to VERY LOUD sounds or noise at work... during the last 12 months, before then, or both during and before the last 12 months?

- 1 During the last 12 months
- 2 Before the last 12 months
- 3 Both during and before the last 12 months
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day, several days a week

SkipInstructions: <1,3> [goto HRWKVLP1];
<2> [goto HRWKVLP2]
<R,D> [goto HRLSVLNS]

Question ID: ACN.409_00.050 **Instrument Variable Name:** HRWKVLP1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when exposed to VERY LOUD sounds or noise at work? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to VERY LOUD noise 4 or more hours a day, several days a week in the past 12 months

SkipInstructions: <1-5,R,D> if HRWKVLEX=3 [goto HRWKVLP2];
else [goto HRLSVLNS]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.409_00.060 **Instrument Variable Name:** HRWKVLP2 **QuestionnaireFileName:** Sample Adult

QuestionText: BEFORE THE LAST 12 MONTHS, when exposed at work to VERY LOUD sounds or noise, how often DID you wear hearing protection, such as ear plugs or ear muffs? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a job that exposed them to very loud noise 4 or more hours a day, several days a week BEFORE the past 12 months

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

Question ID: ACN.409_00.070 **Instrument Variable Name:** HRWRLNS **QuestionnaireFileName:** Sample Adult

QuestionText: For how many months or years have you been exposed at work to LOUD sounds or noise for 4 or more hours a day, several days a week?

LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.

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

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.409_00.080 **Instrument Variable Name:** HRWKLEX **QuestionnaireFileName:** Sample Adult

QuestionText: When were you exposed to LOUD sounds or noise at work... during the last 12 months, before then, or both during and before the last 12 months?

- 1 During the last 12 months
- 2 Before the last 12 months
- 3 Both during and before the last 12 months
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to loud noise 4 or more hours a day, several days a week

SkipInstructions: <1,3> [goto HRWKLP1];
<2> [goto HRWKLP2]
<R,D> [goto HRLSVLNS]

Question ID: ACN.409_00.090 **Instrument Variable Name:** HRWKLP1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when exposed to LOUD sounds or noise at work? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever had a job that exposed them to LOUD noise 4 or more hours a day, several days a week in the past 12 months

SkipInstructions: <1-5,R,D> if HRWKLEX=3 [goto HRWKLP2];
else [goto HRLSVLNS]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.409_00.100 **Instrument Variable Name:** HRWKLP2 **QuestionnaireFileName:** Sample Adult

QuestionText: BEFORE THE LAST 12 MONTHS, when exposed at work to LOUD sounds or noise, how often DID you wear hearing protection, such as ear plugs or ear muffs? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had a job that exposed them to loud noise 4 or more hours a day, several days a week BEFORE the past 12 months

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

Question ID: ACN.410_00.010 **Instrument Variable Name:** HRLSVLNS **QuestionnaireFileName:** Sample Adult

QuestionText: Outside of work, have you ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes noise from power tools, machinery, recreational vehicles, racing or speedways, rock concerts, some sporting events, and other things?
VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.410_00.020 **Instrument Variable Name:** HRVLTYP **QuestionnaireFileName:** Sample Adult

QuestionText: What VERY LOUD activities have you EVER been exposed to 10 or more times a year?

*Enter all that apply, separate with commas.

- 01 Lawn mower, electric trimmer, leaf/snow blower, etc.
- 02 Power tools, e.g., for woodworking, cutting down trees, etc.
- 03 Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc.
- 04 Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats
- 05 Rock concerts, disco/clubs or bars, other very loud music exposure
- 06 Very loud music, including from CD Player/MP3 Player/iPod, etc.
- 07 Very loud sporting events
- 08 Guns, firearms
- 09 Video/computer games, home theater
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have ever been exposed to very loud leisure-time noise 10 or more times a year

SkipInstructions: <1-10,R,D> [goto HRNOSEXP]

Question ID: ACN.410_00.031 **Instrument Variable Name:** HRLNOS **QuestionnaireFileName:** Sample Adult

QuestionText: Outside of work, have you ever been exposed to LOUD sounds or noise 10 or more times a year? This includes noise from lawn mowers, some household appliances, loud music, video games, and other things?

LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.

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

UniverseText: Sample adults 18+ who were not exposed to very loud noise 10 or more times a year (outside of work)

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.410_00.032 **Instrument Variable Name:** HRLTYP **QuestionnaireFileName:** Sample Adult

QuestionText: What LOUD activities have you EVER been exposed to 10 or more times a year?

*Enter all that apply, separate with commas.

- 01 Lawn mower, electric trimmer, leaf/snow blower, etc.
- 02 Power tools, e.g., for woodworking, cutting down trees, etc.
- 03 Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc.
- 04 Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats
- 05 Rock concerts, disco/clubs or bars, other loud music exposure
- 06 Very loud music, including from CD Player/MP3 Player/iPod, etc.
- 07 Very loud sporting events
- 08 Guns, firearms
- 09 Video/computer games, home theater
- 10 Other
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have ever been exposed to loud leisure-time noise 10 or more times a year

SkipInstructions: <1-10,R,D> [goto HRNOSEXP]

Question ID: ACN.410_00.050 **Instrument Variable Name:** HRNOSEXP **QuestionnaireFileName:** Sample Adult

QuestionText: When were you exposed to [fill1: LOUD/VERY LOUD] sounds or noise during leisure time, non-occupational activities, that is, during the last 12 months, before then, or both during and before the last 12 months?

- 1 During the last 12 months
- 2 Before the last 12 months
- 3 Both during and before the last 12 months
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ with very loud or loud leisure noise exposure outside of work

SkipInstructions: <1,3> [goto HRLSP1];
<2> [goto HRLSP2]
<R,D> [goto HRINTNET]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.410_00.060 **Instrument Variable Name:** HRLSP1 **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, when exposed to [fill1: LOUD/VERY LOUD] noise or music [fill2: outside of work], how often have you worn hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have been exposed to leisure-time noise in the past 12 months

SkipInstructions: <1-5,R,D> if HRNOSEXP=3 [goto HRLSP2];
else [goto HRINTNET]

Question ID: ACN.410_00.070 **Instrument Variable Name:** HRLSP2 **QuestionnaireFileName:** Sample Adult

QuestionText: BEFORE THE LAST 12 MONTHS, when exposed [Fill1: outside of work] to [Fill2: LOUD/VERY LOUD] noise or music, how often did you wear hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...

*Read categories below.

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have been exposed to leisure-time noise before the past 12 months

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.411_00.010 **Instrument Variable Name:** HRINTNET **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you get information from the internet about your health, medical treatments, or rehabilitation services?

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

UniverseText: Sample adults 18+

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

Question ID: ACN.411_00.020 **Instrument Variable Name:** HRINTHL **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...
Hearing loss for you

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

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or rehabilitation services.

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.411_00.021 **Instrument Variable Name:** HRINTHA **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing aids, including cochlear implants or other devices for you

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

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or rehabilitation services.

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

Question ID: ACN.411_00.022 **Instrument Variable Name:** HRINTTN **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Ringling, roaring, or buzzing sounds in the ears or head (tinnitus) for you

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

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or rehabilitation services.

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.411_00.023 **Instrument Variable Name:** HRINTDZ **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Dizziness or balance problems for you

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

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or rehabilitation services.

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

Question ID: ACN.411_00.024 **Instrument Variable Name:** HRINTHP **QuestionnaireFileName:** Sample Adult

QuestionText: *Read if necessary.

DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing protection such as ear plugs or ear muffs for you

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

UniverseText: Sample adults 18+ who used the internet in the past year to get information about health, medical treatment, or rehabilitation services.

SkipInstructions: <1,2,R,D> if HRINTHP=1 or HRINTHA=1 or HRINTTN=1 or HRINTDZ=1 or HRINTHP=1 [goto HRINTHPR];
else [goto AVISION]

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

Question ID: ACN.411_00.030 **Instrument Variable Name:** HRINTHPR **QuestionnaireFileName:** Sample Adult

QuestionText: Was any of this information written by a doctor, other health professionals, medical associations, or other health-related organizations?

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

UniverseText: Sample adults 18+ who have received information from the internet in the past 12 months about hearing loss, hearing aids (cochlear implants/other devices), tinnitus, or hearing protection (earplugs/ear muffs)

SkipInstructions: <1,2,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]

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

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

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Conditions

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

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

* Enter '0' for None.

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

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

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

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.

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

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

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Walk up 10 steps without resting?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

* 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) A6

* Read lead-in if necessary.

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

...Sit for about 2 hours?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Stoop, bend, or kneel?

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

...Reach up over your head?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

* 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) A6

* 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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A6

* Read lead-in if necessary.

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

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

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

UniverseText: Sample adults 18+

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

Else goto SMKEV (next section)

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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

QuestionText: (book) A7

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
-

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

UniverseText: Sample adults 18+ who, without using special equipment, have at least a little difficulty walking a quarter mile; walking up 10 steps without resting; standing/being on feet for about 2 hours; sitting for about 2 hours; stooping/bending/kneeling; reaching up over head; using fingers to grasp/handle small objects; lifting/carrying 10 pounds; pushing/pulling large objects; going out for things (shopping/movies); participating in social activities; or relaxing at home (reading/sewing).

SkipInstructions: [1- 12, 14 - 35] goto the appropriate follow up question AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order
 <13> store "96" in AHCL13N and "6" IN AHCL13T[goto SMKEV]
 <90> [goto AFLHCA_S1]
 <91> [goto AFLHCA_S2]
 Roster through all AFLHCA entries. Once exhausted goto SMKEV (next section)
 < R,D> [goto SMKEV (next section)]

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

QuestionText: * Enter other impairment/problem.

Verbatim Verbatim response
7 Refused
9 Don't know

UniverseText: Sample adults 18+ whose difficulties performing activities listed in FLWALK through FLRELAX is due to at least one condition not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL90N]
 >ENTER< only with no description [goto ERR1_AFLHCA_S1]
 Else goto the appropriate follow-up questions AHCL01N-AHCL12N, AHCL14N-AHCL35N], in numerical order, as specified in AFLHCA

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 Refused
9 Don't know

UniverseText: Sample adults 18+ whose difficulty performing activities listed in FLWALK through FLRELAX is due to more than one condition that is not listed in AFLHCA

SkipInstructions: <50 chars>[goto AHCL91N]
 >ENTER< only with no description [goto ERR1_AFLHCA_S1]

Hard Edit: \$ You should enter something specific.

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: 1 of 2

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

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

* Enter '95' for 95 or more.

* Enter '96' if since birth.

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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.

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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	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)]

2014 NHIS Questionnaire - Sample Adult

Adult Health Status & Limitations

Document Version Date: 28-May-15

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

QuestionText: 2 of 2

* Enter time period for time with hearing problem.

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

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

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

Hard Edit: ERR1_AHCL02T

* Time with condition cannot be greater than age.
* Please correct.

ERR2_AHCL02T

* "6" not selectable.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

QuestionText: 1 of 2

How long have you had arthritis or rheumatism?

* Enter number for time with arthritis or rheumatism.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

* Enter time period for time with arthritis or rheumatism.

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

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

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

Hard Edit: ERR_AHCL03T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

QuestionText: 1 of 2

How long have you had a back or neck problem?

* Enter number for time with back or neck problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

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

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

QuestionText: 2 of 2

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

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL04T
[if [AHCL04N = Number greater than person years old and AHCL04T= 4]] goto ERR1_AHCL04T

Hard Edit: ERR_AHCL04T
* Time with condition cannot be greater than age.
* Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.304_01.000 **Instrument Variable Name:** AHCL05N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a fracture, bone, or joint injury?

* Enter number for time with a fracture, bone, or joint injury.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a fracture, bone, or joint injury

SkipInstructions: <1-95,D>[goto AHCL05T]
 <R>[store "R" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL05T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.304_02.000 **Instrument Variable Name:** AHCL05T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with fracture, bone, or joint injury.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL05T
 [if [AHCL05N = Number greater than person years old and AHCL05T= 4]] goto ERR1_AHCL05T

Hard Edit: ERR_AHCL05T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.306_01.000 **Instrument Variable Name:** AHCL07N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a heart problem?

* Enter number for time with a heart problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL07T]
 <R>[store "R" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL07T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.306_02.000 **Instrument Variable Name:** AHCL07T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with heart problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL07T
 [if [AHCL07N = Number greater than person years old and AHCL07T= 4]] goto ERR1_AHCL07T

Hard Edit: ERR_AHCL07T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

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

SkipInstructions: <1-95,D>[goto AHCL08T]
 <R>[store "R" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL08T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.307_02.000 **Instrument Variable Name:** AHCL08T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with stroke problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL08T
 [if [AHCL08N = Number greater than person years old and AHCL08T= 4]] goto ERR1_AHCL08T

Hard Edit: ERR_AHCL08T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.310_01.000 **Instrument Variable Name:** AHCL11N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a lung or breathing problem (e.g. asthma and emphysema)?

* Enter number for time with a lung or breathing problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a lung or breathing problem

SkipInstructions: <1-95,D>[goto AHCL11T]
<R>[store "R" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL11T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.310_02.000 **Instrument Variable Name:** AHCL11T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with lung or breathing problem (e.g. asthma and emphysema).

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL11T
[if [AHCL11N = Number greater than person years old and AHCL11T= 4]] goto ERR1_AHCL11T

Hard Edit: ERR_AHCL11T
* Time with condition cannot be greater than age.
* Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

Question ID: AHS.311_01.000 **Instrument Variable Name:** AHCL12N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had cancer?

* Enter number for time with cancer.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to cancer

SkipInstructions: <1-95,D>[goto AHCL12T]
 <R>[store "R" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL12T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.311_02.000 **Instrument Variable Name:** AHCL12T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with cancer.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL12T
 [if [AHCL12N = Number greater than person years old and AHCL12T= 4]] goto ERR1_AHCL12T

Hard Edit: ERR_AHCL12T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.314_01.000 **Instrument Variable Name:** AHCL15N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a developmental problem (e.g., cerebral palsy)?

* Enter number for time with a developmental problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL15T]
 <R>[store "R" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL15T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.314_02.000 **Instrument Variable Name:** AHCL15T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with developmental problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL15T
 [if [AHCL15N = Number greater than person years old and AHCL15T= 4]] goto ERR1_AHCL15T

Hard Edit: ERR_AHCL15T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

Question ID: AHS.315_01.000 **Instrument Variable Name:** AHCL16N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had senility?

* Enter number for time with senility.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to senility

SkipInstructions: <1-95,D>[goto AHCL16T]
 <R>[store "R" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL16T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.315_02.000 **Instrument Variable Name:** AHCL16T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with senility.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL16T
 [if [AHCL16N = Number greater than person years old and AHCL16T= 4]] goto ERR1_AHCL16T

Hard Edit: ERR_AHCL16T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.316_01.000 **Instrument Variable Name:** AHCL17N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had depression, anxiety, or an emotional problem?

* Enter number for time with depression, anxiety, or an emotional problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to depression, anxiety, or an emotional problem

SkipInstructions: <1-95,D>[goto AHCL17T]
<R>[store "R" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL17T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.316_02.000 **Instrument Variable Name:** AHCL17T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with depression, anxiety, or emotional problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL17T
[if [AHCL17N = Number greater than person years old and AHCL17T= 4]] goto ERR1_AHCL17T

Hard Edit: ERR_AHCL17T

* Time with condition cannot be greater than age.
* Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

Question ID: AHS.317_01.000 **Instrument Variable Name:** AHCL18N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a weight problem?

* Enter number for time with a weight problem.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL18T]
 <R>[store "R" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL18T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.317_02.000 **Instrument Variable Name:** AHCL18T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with weight problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL18T
 [if [AHCL18N = Number greater than person years old and AHCL18T= 4]] goto ERR1_AHCL18T

Hard Edit: ERR_AHCL18T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

Question ID: AHS.318_01.000 **Instrument Variable Name:** AHCL19N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a missing limb (finger, toe, or digit)?

* Enter number for time with a missing limb.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a missing limb

SkipInstructions: <1-95,D>[goto AHCL19T]
 <R>[store "R" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL19T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.318_02.000 **Instrument Variable Name:** AHCL19T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with missing limb.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL19T
 [if [AHCL19N = Number greater than person years old and AHCL19T= 4]] goto ERR1_AHCL19T

Hard Edit: ERR_AHCL19T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.320_01.000 **Instrument Variable Name:** AHCL21N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a circulation problem (including blood clots)?

* Enter number for time with a circulation problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL21T]
 <R>[store "R" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL21T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.320_02.000 **Instrument Variable Name:** AHCL21T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with circulation problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL21T
 [if [AHCL21N = Number greater than person years old and AHCL21T= 4]] goto ERR1_AHCL21T

Hard Edit: ERR_AHCL21T
 * Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.321_01.000 **Instrument Variable Name:** AHCL22N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had benign tumors or cysts?

* Enter number for time with benign tumors or cysts.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to benign tumors or cysts

SkipInstructions: <1-95,D>[goto AHCL22T]
 <R>[store "R" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL22T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.321_02.000 **Instrument Variable Name:** AHCL22T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with benign tumors or cysts.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL22T
 [if [AHCL22N = Number greater than person years old and AHCL22T= 4]] goto ERR1_AHCL22T

Hard Edit: ERR_AHCL22T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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	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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

UniverseText: Sample adults 18+ who had difficulty due to epilepsy or seizures

SkipInstructions: <1-95,D>[goto AHCL25T]
 <R>[store "R" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL25T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.324_02.000 **Instrument Variable Name:** AHCL25T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with epilepsy or seizures.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL25T
 [if [AHCL25N = Number greater than person years old and AHCL25T= 4]] goto ERR1_AHCL25T

Hard Edit: ERR_AHCL25T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.325_01.000 **Instrument Variable Name:** AHCL26N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had multiple sclerosis (MS) or muscular dystrophy (MD)?

* Enter number for time with multiple sclerosis (MS) or muscular dystrophy (MD).

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to multiple sclerosis or muscular dystrophy

SkipInstructions: <1-95,D>[goto AHCL26T]
 <R>[store "R" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL26T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.325_02.000 **Instrument Variable Name:** AHCL26T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with multiple sclerosis or muscular dystrophy.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL26T
 [if [AHCL26N = Number greater than person years old and AHCL26T= 4]] goto ERR1_AHCL26T

Hard Edit: ERR_AHCL26T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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/quadruplegia?

* Enter number for time with polio (myelitis), paralysis or para/quadruplegia.

* 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 polio(myelitis), paralysis or para/quadruplegia

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/quadruplegia.

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.
* Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

UniverseText: Sample adults 18+ who had difficulty due to nerve damage

SkipInstructions: <1-95,D>[goto AHCL29T]
 <R>[store "R" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL29T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.328_02.000 **Instrument Variable Name:** AHCL29T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with nerve damage.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL29T
 [if [AHCL29N = Number greater than person years old and AHCL29T= 4]] goto ERR1_AHCL29T

Hard Edit: ERR_AHCL29T

* Time with condition cannot be greater than age.

* Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.329_01.000 **Instrument Variable Name:** AHCL30N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a hernia?

* Enter number for time with a hernia.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL30T]
 <R>[store "R" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL30T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.329_02.000 **Instrument Variable Name:** AHCL30T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with hernia.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL30T
 [if [AHCL30N = Number greater than person years old and AHCL30T= 4]] goto ERR1_AHCL30T

Hard Edit: ERR_AHCL30T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult
Adult Health Status & Limitations
Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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	1-94
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.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.332_01.000 **Instrument Variable Name:** AHCL33N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a thyroid problem, Grave's disease or gout?

* Enter number for time with a thyroid problem, Grave's disease or gout.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to a thyroid problem, Grave's disease or gout

SkipInstructions: <1-95,D>[goto AHCL33T]
<R>[store "R" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<96>[store "6" in AHCL33T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.332_02.000 **Instrument Variable Name:** AHCL33T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with thyroid problem, Grave's disease or gout.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
<6> goto ERR2_AHCL33T
[if [AHCL33N = Number greater than person years old and AHCL33T= 4]] goto ERR1_AHCL33T

Hard Edit: ERR_AHCL33T
* Time with condition cannot be greater than age.
* Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.333_01.000 **Instrument Variable Name:** AHCL34N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had a knee problem?

* Enter number for time with a knee problem.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

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

SkipInstructions: <1-95,D>[goto AHCL34T]
 <R>[store "R" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL34T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.333_02.000 **Instrument Variable Name:** AHCL34T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with knee problem.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL34T
 [if [AHCL34N = Number greater than person years old and AHCL34T= 4]] goto ERR1_AHCL34T

Hard Edit: ERR1_AHCL34T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.334_01.000 **Instrument Variable Name:** AHCL35N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had migraine headaches?

* Enter number for time with migraine headaches.

* Enter '95" for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to migraine headaches

SkipInstructions: <1-95,D>[goto AHCL35T]
 <R>[store "R" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL35T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.334_02.000 **Instrument Variable Name:** AHCL35T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with migraine headaches.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL35T
 [if [AHCL35N = Number greater than person years old and AHCL35T= 4]] goto ERR1_AHCL35T

Hard Edit: ERR1_AHCL35T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA90}

SkipInstructions: <1-95,D>[goto AHCL90T]
 <R>[store "R" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <96>[store "6" in AHCL90T] [goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]

Question ID: AHS.335_02.000 **Instrument Variable Name:** AHCL90T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA90}.

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

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

SkipInstructions: <1- 4, R,D>[[if 91 selected in AFLHCA goto AFLHCA_S2]
 Else goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL90T
 [if [AHCL90N = Number greater than person years old and AHCL90T= 4]] goto ERR1_AHCL90T

Hard Edit: ERR_AHCL90T

* Time with condition cannot be greater than age.

* Please correct.

2014 NHIS Questionnaire - Sample Adult**Adult Health Status & Limitations**

Document Version Date: 28-May-15

Question ID: AHS.336_01.000 **Instrument Variable Name:** AHCL91N **QuestionnaireFileName:** Sample Adult

QuestionText: 1 of 2

How long have you had {problem in AFLHCA91}?

* Enter number for time with {problem in AFLHCA91}.

* Enter '95' for 95 or more.

* Enter "96" if since birth.

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

UniverseText: Sample adults 18+ who had difficulty due to {problem in AFLHCA91}

SkipInstructions: <1-95,D>[goto AHCL91T]
 <R>[store "R" in AHCL91T] [goto SMKEV (next section)]
 <96>[store "6" in AHCL91T] [goto SMKEV (next section)]

Question ID: AHS.336_02.000 **Instrument Variable Name:** AHCL91T **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for time with {problem in AFLHCA91}.

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

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

SkipInstructions: <1- 4, R,D>[goto the next condition, in numerical order, selected at AFLHCA (AHS.200). If this is the last condition selected, goto SMKEV (next section)]
 <6> goto ERR2_AHCL91T
 [if [AHCL91N = Number greater than person years old and AHCL91T= 4]] goto ERR1_AHCL91T

Hard Edit: ERR_AHCL91T

* Time with condition cannot be greater than age.
 * Please correct.

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

Question ID: AHB.010_00.000 **Instrument Variable Name:** SMKEV **QuestionnaireFileName:** Sample Adult

QuestionText: These next questions are about cigarette smoking.

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

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

UniverseText: Sample adults 18+

SkipInstructions: <1>[goto SMKREG]
<2,R,D>[goto 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 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <6-95,96,R,D> [goto SMKNOW]
[If SMKREG gt AGE and SMKREG ne <96>, goto ERR_SMKREG

Hard Edit: ERR_SMKREG

- * Starting age exceeded current age.
 - * Please correct.
-

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

Question ID: AHB.030_00.000 **Instrument Variable Name:** SMKNOW **QuestionnaireFileName:** Sample Adult

QuestionText: Do you NOW smoke cigarettes every day, some days or not at all?

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

UniverseText: Sample adults 18+ who ever smoked 100 cigarettes

SkipInstructions: <1>[goto CIGSDA1]
<2>[goto CIGDAMO]
<3>[goto SMKQTNO]
<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]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

Question ID: AHB.040_02.000 **Instrument Variable Name:** SMKQTTP **QuestionnaireFileName:** Sample Adult**QuestionText:** 2 of 2

* Enter time period for time since quit smoking.

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

UniverseText: Sample adults 18+ who quit smoking**SkipInstructions:** <1-4> [goto OTHCIGEV]
<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTP
if (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.**Hard Edit:** ERR2_SMKQTTP* Age started ([Fill1: SMKREG]) + years since quit ([Fill2: SMKQTNO]) exceeds current age ([Fill3: AGE]).
* Please correct.**Soft Edit:** ERR1_SMKQTTP* 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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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 ECIGEV]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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 Refused
- 9 Don't know

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

SkipInstructions: <1,2,3,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 ECIGEV]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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 ECIGEV]

Question ID: AHB.088_00.010 **Instrument Variable Name:** ECIGEV **QuestionnaireFileName:** Sample Adult

QuestionText: The next questions are about electronic cigarettes, often called e-cigarettes. E-cigarettes look like regular cigarettes, but are battery-powered and produce vapor instead of smoke.

Have you ever used an e-cigarette, even one time?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

Question ID: AHB.088_00.020 **Instrument Variable Name:** ECIGED **QuestionnaireFileName:** Sample Adult**QuestionText:** Do you now use e-cigarettes every day, some days, or not at all?

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

UniverseText: Sample adults 18+ who have ever used e-cigarettes**SkipInstructions:** <1-3,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 Refused
- 999 Don't know

UniverseText: Sample adults 18+**SkipInstructions:** <0,996,R,D>[goto MODNO]
<1-995>[goto VIGTP]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

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.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who do vigorous activities**SkipInstructions:** <1-995>[goto VIGLNGTP]
<R,D>[goto MODNO]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 28-May-15

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 Refused
- 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto MODTP]
<0, 996, R,D>[goto STRNGNO]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 28-May-15

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.

- 001-995 1-995
- 997 Refused
- 999 Don't know

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

SkipInstructions: <1-995>[goto MODLNGTP]
<R,D>[goto STRNGNO]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 28-May-15

Question ID: AHB.120_02.000 **Instrument Variable Name:** MODLNGTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

* Enter time period for length of light or moderate leisure-time physical activities.

- 1 Minutes
- 2 Hours
- 7 Refused
- 9 Don't know

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

SkipInstructions: <1,2> goto STRNGNO

if MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTP

if MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2> goto ERR2_MODLNGTP

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 Refused
- 999 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-995>[goto STRNGTP]
<0, 996,R,D>[goto ALC1YR]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 28-May-15

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 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have had at least 1 drink in the past year

SkipInstructions: <1-95,R,D> [goto ALC5UPNO]
<10-95>[goto ERR_ALCAMT]

Soft Edit: ERR_ALCAMT

* [Fill: ALCAMT] drinks is an unusually high number.
* Please verify.
* Do not probe

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

Question ID: AHB.180_01.000 **Instrument Variable Name:** ALC5UPNO **QuestionnaireFileName:** Sample Adult

QuestionText: ? [F1]

1 of 2

In the PAST YEAR, on how many DAYS did you have [fill: 5 or more/4 or more] drinks of any alcoholic beverage?

* Read if necessary:

How many days per week, per month or per year did you have [fill: 5 or more/4 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]

2014 NHIS Questionnaire - Sample Adult

Adult Health Behaviors

Document Version Date: 28-May-15

Question ID: AHB.180_02.000 **Instrument Variable Name:** ALC5UPTP **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

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

- 0 Never/None
- 1 Per week
- 2 Per month
- 3 Per year
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year

SkipInstructions: <1-3> [goto BINGE]
[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) is less than the number
of days per year with 5 or more (for males)/4+ (females) 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 [fill: 5 or more/4 or more] drinks exceeds number of days drank.
* Please correct.
* Do not probe.

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

Question ID: AHB.181_00.000 **Instrument Variable Name:** BINGE **QuestionnaireFileName:** Sample Adult**QuestionText:**

This question was removed from the instrument in October 2014 and replaced with BINGE1. Data for BINGE appear on in-house NCHS files only and are not included on the public use release.

? [F1]

DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks in about TWO HOURS?

* Enter '0' if none.

* Enter '60' if 60 or more times.

00-60	0-60
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year**SkipInstructions:** <0-60,R,D> [goto AHGT_FT]

Question ID: AHB.181_00.000. **Instrument Variable Name:** BINGE1 **QuestionnaireFileName:** Sample Adult**QuestionText:** This question was added to the instrument in October 2014, replacing the BINGE question. Data for BINGE1 appear on in-house NCHS files only and are not included on the public use release.

? [F1]

Considering all types of alcoholic beverages, DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks on an occasion?

* Enter '0' if none.

* Enter '60' if 60 or more times.

00-60	0-60
97	Refused
99	Don't know

UniverseText: Sample adults 18+ who have had 5+ (males) or 4+ (females) drinks in one day at least once in the past year**SkipInstructions:** <0-60,R,D> [goto AHGT_FT]

2014 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 28-May-15

Question ID: AHB.190_01.000 **Instrument Variable Name:** AHGT_FT **QuestionnaireFileName:** Sample Adult

QuestionText: How tall are you without shoes?

* Enter "M" to record metric measurements

02-07 2-7 feet
97 Refused
99 Don't know

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.

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors**

Document Version Date: 28-May-15

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 Refused
999 Don't know

UniverseText: Sample adults 18+ who answered their height in meters

SkipInstructions: <0-241,R,D> goto AWGT_LB

[If AHGT_M eq <2> and AHGT_CM gt <41> or AHGT_M eq <1> and AHGT_CM gt <141>] goto
 ERR1_AHGT_CM
 < > goto ERR2_AHGT_CM
 [If AHGT_M eq <1> and AHGT_CM lt <20> or AHGT_M eq <0> and AHGT_CM lt
 <120>] goto ERR3_AHGT_CM]

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.

2014 NHIS Questionnaire - Sample Adult
Adult Health Behaviors
Document Version Date: 28-May-15

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> if AWGT_LB lt '50' or AWGT_LB gt '500'
 goto ERR1_AWGT_LB
 elseif ((SEX = '1' and (AWGT_LB lt '113' or AWGT_LB gt '316')) or
 ((SEX = '2' and (AWGT_LB lt '96' or AWGT_LB gt '293')))
 goto ERR2_AWGT_LB
 elseif AHGT_FLG = '1' and AWGT_FLG = '1'
 [goto next section]
 else
 calculate the BMI (Body Mass Index) - See BMI spec page
 <R,D> [goto next section]

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.

2014 NHIS Questionnaire - Sample Adult**Adult Health Behaviors****Document Version Date: 28-May-15**

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 Refused

999 Don't know

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

SkipInstructions: <23-226> if AWGT_KG lt '23' or AWGT_KG gt '226'
 goto ERR1_AWGT_KG
 elseif ((SEX = '1' and (AWGT_KG lt '51' or AWGT_KG gt '143')) or
 ((SEX = '2' and (AWGT_KG lt '43' or AWGT_KG gt '133'))
 goto ERR2_AWGT_KG
 elseif AHGT_FLG = '1' and AWGT_FLG = '1'
 goto next section
 else
 calculate the BMI (Body Mass Index) - See BMI spec page
<R,D> goto next section

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.

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult**Adult Access to Health Care & Utilization****Document Version Date: 28-May-15**

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?

- 0 Doesn't get preventive care anywhere
- 1 Clinic or health center
- 2 Doctor's office or HMO
- 3 Hospital emergency room
- 4 Hospital outpatient department
- 5 Some other place
- 6 Doesn't go to one place most often
- 7 Refused
- 9 Don't know

UniverseText: Sample Adults 18+ who do not have a usual source of sick care; who Ref/DK if have a usual source of sick care; who have a usual source of sick care but do not go to one place most often or Ref/DK what kind of place; who have a usual source of sick care, but it is not same place as usual source of routine/preventive care; who have a usual source of sick care but Ref/DK if it is same place as usual source of routine/preventive care.**SkipInstructions:** <0-6,R,D> if AUSUALPL = 2 [goto ANOUSLPL]; else if AUSUALPL=R,D goto APRVTRYR
ELSE goto AHCCHGYR

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

UniverseText: Sample adults 18+ without a usual place of care

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

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?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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?

- 1 Yes
- 2 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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: * Read Lead-in if Necessary

There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS?

...Once you get there, you have to wait too long to see the doctor.

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

UniverseText: Sample adults 18+

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

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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?

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

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

UniverseText: Sample adults 18+

SkipInstructions: <1,2,R,D>[goto ARX12_6]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

UniverseText: Sample adults 18+

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

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

QuestionText: (book) A8

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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=1 goto AHCSY8_8; else if SEX=2 goto AHCSYR7]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

Question ID: AAU.240_00.000 **Instrument Variable Name:** AHERNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A9

DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health (This includes emergency room visits that resulted in a hospital admission.)?

- 00 None
- 01 1
- 02 2-3
- 03 4-5
- 04 6-7
- 05 8-9
- 06 10-12
- 07 13-15
- 08 16 or more
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <0,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?

- 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> [go to AERHOS]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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

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

- 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> [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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: AAU.250_00.000 **Instrument Variable Name:** AHCHYR **QuestionnaireFileName:** Sample Adult

QuestionText: DURING THE PAST 12 MONTHS, did you receive care AT HOME from a nurse or other health care professional?

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

UniverseText: Sample adults 18+

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

Question ID: AAU.260_00.000 **Instrument Variable Name:** AHCHMOYR **QuestionnaireFileName:** Sample Adult

QuestionText: During how many of the PAST 12 MONTHS did you receive care AT HOME from a health care professional?

- 01-12 01-12 months
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who received home care from a health professional during the past 12 months

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

Question ID: AAU.270_00.000 **Instrument Variable Name:** AHCHNOYR **QuestionnaireFileName:** Sample Adult

QuestionText: (book) A10

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) A9

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: DURING THE PAST 12 MONTHS, have you had SURGERY or other surgical procedures either as an inpatient or outpatient?

* Read if necessary: This includes both major surgery and minor procedures such as setting bones or removing growths.

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

UniverseText: Sample adults 18+

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

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.

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: (book) A8 ? [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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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.

00	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	Refused
99	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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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.

- 1 Minutes
- 2 Hours
- 7 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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

QuestionText: 1 of 2

During what month and year did you receive your most recent flu shot?

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

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

SkipInstructions: <1-12,D> [goto ASHFLU_Y]
<R> if PREGNOW=1 and INTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
else if PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
else [goto SPRFLUYR]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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> if PREGNOW=1 andINTERVIEW_MONTH=1-3,8-12 [goto FLUSHPG1];
else if PREGNOW=1 and INTERVIEW_MONTH=4-7 or PREGFLYR=1 [goto FLUSHPG2];
else [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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

Earlier you said you were pregnant sometime between August [last year] and March [current year]. Did you get a flu shot before, during or after this pregnancy?/

Earlier you said you were pregnant sometime since August 1 [current year]. 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.

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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

QuestionText: 1 of 2

During what month and year did you receive your most recent flu nasal spray?

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

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

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: AAU.318_02.000 **Instrument Variable Name:** ASPFLU_Y **QuestionnaireFileName:** Sample Adult

QuestionText: 2 of 2

*Enter year of most recent flu nasal spray.

Year	Year
9997	Refused
9999	Don't know

UniverseText: Sample adults 18+ who gave a month for their flu nasal vaccine or who didn't know the month

SkipInstructions: <valid year, R, D> [goto SHTPNUYR]
[If ASPFLU_M and ASPFLU_Y = a future date] goto ERR1_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date prior to birth] goto ERR2_ASPFLU_Y
[If ASPFLU_M and ASPFLU_Y = a date before 12 months ago] goto ERR3_ASPFLU_Y

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

Question ID: AAU.330_00.000 **Instrument Variable Name:** APOX **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had chickenpox?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> [goto APOX12MO]
<2,R,D> [goto AHEP]

Question ID: AAU.340_00.000 **Instrument Variable Name:** APOX12MO **QuestionnaireFileName:** Sample Adult

QuestionText: Have you had chickenpox in the PAST 12 MONTHS?

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

UniverseText: Sample adults 18+ who have ever had chickenpox

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

Question ID: AAU.350_00.000 **Instrument Variable Name:** AHEP **QuestionnaireFileName:** Sample Adult

QuestionText: Have you EVER had hepatitis?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

Question ID: AAU.380_00.000 **Instrument Variable Name:** SHEPDOS **QuestionnaireFileName:** Sample Adult

QuestionText: Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?

- 1 Received at least 3 doses
- 2 Received less than 3 doses
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+ who have ever received the Hepatitis B vaccine

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

Question ID: AAU.390_00.010 **Instrument Variable Name:** SHTHEPA **QuestionnaireFileName:** Sample Adult

QuestionText: The hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?

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

UniverseText: Sample adults 18+

SkipInstructions: <1> goto SHEPANUM
<2,R,D> [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 01-95 shots
- 96 Received all shots
- 97 Refused
- 99 Don't know

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

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

Question ID: AAU.405_00.010 **Instrument Variable Name:** AHEPCTST **QuestionnaireFileName:** 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

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult**Adult Access to Health Care & Utilization**Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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 APSBCHK]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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?

- 1 Yes
- 2 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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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.

- 1 Yes
- 2 No
- 7 Refused
- 9 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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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 organization
- 4 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> if age LT 65 [goto AEXCHNG];
else age GE 65 [goto next section]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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

QuestionText: Was a plan purchased?

- 1 Yes
- 2 No
- 7 Refused
- 9 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> if age LT 65 [goto AEXCHNG]; else [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 Both
- 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 AINDDIF1]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Access to Health Care & Utilization

Document Version Date: 28-May-15

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>
if age LT 65 [goto AEXCHNG];
else [goto next section]

2014 NHIS Questionnaire - Sample Adult
Adult Access to Health Care & Utilization
Document Version Date: 28-May-15

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>
if age LT 65 [goto AEXCHNG];
else [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> if age LT 65 [goto AEXCHNG];
else [goto next section]

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

QuestionText: Have you looked into purchasing health insurance coverage through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state name)]?

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

UniverseText: Sample adults LT 65 years

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

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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 disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

SkipInstructions: <1-4,R,D> [goto ACINCNT0]

Question ID: ASI.170_00.000 **Instrument Variable Name:** ACINCNT0 **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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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 disagree
- 4 Definitely disagree
- 7 Refused
- 9 Don't know

UniverseText: Sample adults 18+

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

Question ID: ASI.190_00.000 **Instrument Variable Name:** ACINKNT **QuestionnaireFileName:** Sample Adult

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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?

- 1 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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
- 2 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 Refused
- 9 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 Refused
 - 99 Don't know

UniverseText: Male sample adults 18+ who answered something else at ACISMELS or ACISIMDK

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

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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?

- 1 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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
- 2 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 Refused
- 9 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 Refused
 - 99 Don't know

UniverseText: Female sample adults 18+ who answered something else at ACISFELS or ACISIFDK

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

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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.

- 00** 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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.

- 00 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.

- 00 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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.

- 00 Never felt rested in the past week
- 01-07 1-7 days
- 97 Refused
- 99 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

Question ID: ASI.390_02.000 **Instrument Variable Name:** ACINERV **QuestionnaireFileName:** 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

UniverseText: Sample adults 18+

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

Question ID: ASI.390_03.000 **Instrument Variable Name:** ACIRSTLS **QuestionnaireFileName:** Sample Adult

QuestionText: (book) ASI5

* Read if necessary:

During the PAST 30 DAYS, how often did you feel

...Restless or fidgety?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

Question ID: ASI.390_04.000 **Instrument Variable Name:** ACIHOPLS **QuestionnaireFileName:** 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 Refused
- 9 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]

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

Question ID: ASI.390_06.000 **Instrument Variable Name:** ACIWTHLS **QuestionnaireFileName:** 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
- 9 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 ACIMUCH];
else [goto ACIHIVT]

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

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

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

2014 NHIS Questionnaire - Sample Adult

Adult Selected Items

Document Version Date: 28-May-15

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
- 02 You were afraid to find out if you were HIV positive (that you had HIV)
- 03 You didn't want to think about HIV or about being HIV positive
- 04 You were worried your name would be reported to the government if you tested positive
- 05 You didn't know where to get tested
- 06 You don't like needles
- 07 You were afraid of losing job, insurance, housing, friends, family, if people knew you were positive for AIDS infection
- 08 Some other reason
- 09 No particular reason
- 97 Refused
- 99 Don't know

UniverseText: Sample adults 18+ who have never been tested for HIV

SkipInstructions: <1-9,R,D> [goto next section]

2014 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 28-May-15

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.

- 001-995 1-995
- 997 Refused
- 999 Don't know

UniverseText: Sample adults 18+ who use the Internet

SkipInstructions: <1-995> [goto AWEBOFTP]
<R,D> [goto AWEBORP]

2014 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 28-May-15

Question ID: AWB.020_02.000 **Instrument Variable Name:** AWEBOFTP **QuestionnaireFileName:** 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

UniverseText: Sample adults 18+ who use the Internet and gave a valid value for the number portion of this question

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

Question ID: AWB.025_00.000 **Instrument Variable Name:** AWEBORP **QuestionnaireFileName:** Sample Adult

QuestionText: Research companies invite people to become members of online research panels where they regularly respond to surveys online. Are you currently a member of an online research panel?

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

UniverseText: Sample adults 18+ who use the Internet

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

Question ID: AWB.030_00.000 **Instrument Variable Name:** AWEBEML **QuestionnaireFileName:** Sample Adult

QuestionText: Do you send or receive emails?

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

UniverseText: Sample adults 18+

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

2014 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 28-May-15

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.

001-995 1-995

997 Refused

999 Don't know

UniverseText: Sample adults 18+ who gave an email address

SkipInstructions: <1-995> [goto AWBEMTP] <R,D> [goto next section]

2014 NHIS Questionnaire - Sample Adult

Adult Internet and Email Usage

Document Version Date: 28-May-15

Question ID: AWB.050_02.000 **Instrument Variable Name:** AWEBMTP **QuestionnaireFileName:** 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]
