National Health Interview Survey Draft Sample Adult Questionnaire 2018-R

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Sample Adult available   **Variable Name:** AVAIL_A

Universe Description: The Sample Adult section has not been started or completed or has a callback setup

Question Text: * Read if necessary:The next questions are about [sample adult's name]Is he/she available now?* The next questions must be answered by [sample adult's name]. Probe as necessary to determine the availability of [sample adult's name]

1. Available

2. Not Available or not able to answer right now

3. Physical or mental condition prohibits responding

Skip Instructions: <1> if ONOFFCAMPUS IN (1,RF,DK) [goto VFYONCAMP_A]

else[goto VFYALL_A]

<2> [goto ARRANGE_CALLBACK] then if there is a Sample child and they have not been interviewed [goto Child.VFY.VFYINTRO_C] elseif GEN.OUTCOME=203[goto BCK.THANKS_SUFF] else [goto BCK.THANKS_INSUFF]

<3> [goto PROXY_A]

<RF> if there is a SC [goto Child.VFY.VFYINTRO_C]

elseif GEN.OUTCOME=203[goto BCK.THANKS_SUFF]

else [goto BCK.THANKS_INSUFF]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Proxy Available   **Variable Name:** PROXY_A

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

Question Text: * 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 [sample adult's name]'s health available?

1. Yes

2. No

Skip Instructions: <1> [goto PROXYREL_A]

<2,RF,DK> [goto PROXYCALL_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Proxy Relationship to SA   **Variable Name:** PROXYREL_A

Universe Description: Knowledgeable proxy is available.

Question Text: What is this person's relationship to [sample adult's name]?

1. Relative who lives in household

2. Relative who doesn't live in household

3. Other nonrelative who lives in household

4. Other nonrelative who does not live in household

Skip Instructions: <1,3> [goto PROXYLNO_A]

<2,4,DK,RF> [goto VFYALL_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Proxy line number   **Variable Name:** PROXYLNO_A

Universe Description: Sample adult proxy is a relative or non relative who lives in the household

Question Text: * Select the person in this household who is the proxy for [sample adult's name].

Skip Instructions: <1-25>[goto VFYALL_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Arrange Proxy Callback   **Variable Name:** PROXYCALL_A

Universe Description: Knowledgeable proxy is not available.

Question Text: Can a callback with someone knowledgeable about [sample adult's name]'s health be arranged?

1. Yes

2. No

Skip Instructions: <1> [goto bCallback.ARRANGE_CALLBACK], then

if there is a Sample child and they have not been interviewed [goto Child.VFY.VFYINTRO_C]

else [goto BCK.THANKS1]

<2> if there is a Sample child and they have not been interviewed then [goto Child.VFY.VFYINTRO_C] else [goto BCK.THANKS2]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: On or off campus **Variable Name:** VFYONCAMP_A

Universe Description: Sample Adults living in on-campus housing

Question Text: I want to confirm some information.

Do you live in on-campus housing or off-campus housing?

1. On campus

2. Off campus

Skip Instructions: <1,RF,DK> [goto VFYALL_A]

<2> [goto NOMORE_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Verify sex, age, national origin, race   **Variable Name:** VFYALL_A

Universe Description: Sample adults 18+ and someone is available to continue the interview

Question Text: I have recorded [fill:reported sex, age, national origin, race]. Would you like to make any changes to this ?

1. Yes

2. No

Skip Instructions: <1> [goto VFYDEM_A]

<2> [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Which is incorrect   **Variable Name:** VFYDEM_A

Universe Description: Sample Adults 18+ would like to change demographic information

Question Text: * Read if necessary: What should I change?

* Mark all that apply, separate with commas.

1. Sex

2. Age

3. Hispanic Origin

4. Race

Skip Instructions: If 1 NOT IN VFYDEM_A and SEX IN (DK,RF) [goto SEXGUESS_A]

elseif 1 IN VFYDEM_A [goto NEWSEX_A]

elseif 2 IN VFYDEM_A [goto NEWAGE_A]

elseif 3 IN VFYDEM_A [goto NEWNATORG_A]

elseif 4 IN VFYDEM_A [goto NEWRACE_A]

<RF,DK> If SEX IN (DK,RF) [goto SEXGUESS_A]

else[goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: New sex of Sample Adult **Variable Name:** NEWSEX_A

Universe Description: Respondent said his/her sex is not correct

Question Text: Are you male or female?

1. Male

2. Female

Skip Instructions: if SEX=DK,RF and NEWSEX_A=DK,RF [goto SEXGUESS_A]

elseif 2 IN VFYDEM_A [goto NEWAGE_A]

elseif 3 IN VFYDEM_A [goto NEWNATORG_A]

elseif 4 IN VFYDEM_A [goto NEWRACE_A]

else [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Sex guess **Variable Name:** SEXGUESS_A

Universe Description: Sample adults for whom there is no sex provided by the household respondent and did not give a sex when asked to verify information

Question Text: * Enter your best guess of [sample adult's name]'s sex.

1. Male

2. Female

Skip Instructions: <1,2>

if 2 IN VFYDEM_A [goto NEWAGE_A]

elseif 3 IN VFYDEM_A [goto NEWNATORG_A]

elseif 4 IN VFYDEM_A [goto NEWRACE_A]

else [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: New age   **Variable Name:** NEWAGE_A

Universe Description: Sample Adult 18+ said his/her age is not correct

Question Text: How old are you?

* Enter age.

Skip Instructions: <0-120, RF, DK> if 3 IN VFYDEM_A [goto NEWNATORG_A]

elseif 4 IN VFYDEM_A [goto NEWRACE_A]

else [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: New Hispanic origin   **Variable Name:** NEWNATORG_A

Universe Description: Sample Adult 18+ said his/her Hispanic Origin is not correct

Question Text: Do you consider yourself to be Hispanic or Latino?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if 4 IN VFYDEM_A [goto NEWRACE_A]

else [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: New race **Variable Name:** NEWRACE_A

Universe Description: Sample Adult 18+ said his/her race is not correct

Question Text: What race or races do you consider yourself to be? Please select 1 or more of these categories:

White, Black/African American, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, or some other race?

 Enter all that apply, separate with commas.

1. White

2. Black/African American

3. American Indian

4. Alaska Native

5. Native Hawaiian

6. Other Pacific Islander

7. Asian

8. Some other race

Skip Instructions: <1-8,DK,RF> [goto BMONTH_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Month of birth   **Variable Name:** BMONTH_A

Universe Description: Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Question Text: * 1 of 3

What is your date of birth?

Please give month, day, and year for the date of birth.

* Enter month of birth.

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

Skip Instructions: <1-12,RF,DK> [goto BDAY_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Day of birth   **Variable Name:** BDAY_A

Universe Description: Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Question Text: * 2 of 3

* Enter day of birth.

Skip Instructions: <1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR_BDAY_A]

else [goto BYEAR_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Year of birth   **Variable Name:** BYEAR_A

Universe Description: Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Question Text: * 3 of 3

* Enter year of birth.

* If year of birth is before 1900, enter 1900.

Skip Instructions: <1900-current year,RF,DK>

if (BYEAR_A gt current year) or (BYEAR_A=current year and BMONTH_A gt current month) or (BYEAR_A=current year and BMONTH_A=current month and BDAY_A gt current day) [goto ERR_BYEAR_A]

elseif BDAY_A=29 and BMONTH_A=2 and (BYEAR=2000 or BYEAR_A/4 remainder ne 0) [goto ERR_BDAYLEAP_A]

elseif AGETEMP_A in ('RF','DK') AND BYEAR_A in ('RF','DK') and HHRESPA_FLG=empty [goto AGE18UP_A]

elseif ((AGE_CALC_A ne AGETEMP_A) AND (AGE_CALCMINUS1_A ne empty and AGE_CALCMINUS1_A ne AGETEMP_A)) AND DOB_COUNT ne 1 [goto VFYDOB_A]

elseif (AGETEMP_A eq AGE_CALC_A or AGE_CALCMINUS1_A) or DOB_COUNT=1

   if AGE lt 18 [goto NOMORE_A]

   elseif NATO_FINAL=1 [goto HISPTYPE_A]

   elseif RACE_FINAL=6 [goto PITYPE_A]

   elseif RACE_FINAL=7 [goto ASIANTYPE_A]

   elseif RACE_FINAL=8 [goto RACEOTHER_A]

   elseif RACE_FINAL has multiple values selected [goto MLTRACE_A]

   else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Guess Age   **Variable Name:** AGE18UP_A

Universe Description: No age collected and can't determine age based upon date of birth because a year was not given and the household respondent is not the sample adult

Question Text: * An age has not been collected and we are unable to determine an age based upon the date of birth.

 Are you 18 years of age or older?

Skip Instructions: <1> [goto AGEGUESS_A]

<2,RF,DK> [goto NOMORE_A]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Guess Age   **Variable Name:** AGEGUESS_A

Universe Description: Sample Adult says they are at least 18 years old

Question Text: * An age has not been collected and we are unable to determine an age based upon the date of birth.

What is your best guess at [alias name]'s age?

Skip Instructions: <18-120> if GEN.NATO_FINAL[PX_A] =1 [goto HISPTYPE_A]

   elseif GEN.RACE_FINAL[PX_A] =6 [goto PITYPE_A]

   elseif GEN.RACE_FINAL[PX_A] =7 [goto ASIANTYPE_A]

   elseif GEN.RACE_FINAL[PX_A] =8 [goto RACEOTHER_A]

   elseif GEN.RACE_FINAL[PX_A] has multiple values selected [goto MLTRACE_A]

   else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Verify date of birth   **Variable Name:** VFYDOB_A

Universe Description: Sample Adults whose age provided in either HHC or NEWAGE_A does not match either age calculated from date of birth information.

Question Text: There is a difference between the age the computer calculated from your date of birth of [Fill one age calculated from AGE_CALC_A as "(age)"
Fill two ages calculated from AGE_CALC_A and AGE_CALCMINUS1_A as "(age) or (age)"] and the age I had previously recorded of [If BDAY_A, BMONTH,A and BYEAR_A are all valid, fill: "date of birth as [fill: birth month] [fill: birth day] [fill: birth year], is that correct?"
If only BMONTH_A and BYEAR_A are valid, fill: "date of birth as [fill: birth month] [fill: birth year], is that correct?"
If only BDAY_A and BYEAR_A are valid].
I recorded your [If BDAY_A, BMONTH,A and BYEAR_A are all valid, fill: "date of birth as [fill: birth month] [fill: birth day] [fill: birth year], is that correct?"
If only BMONTH_A and BYEAR_A are valid, fill: "date of birth as [fill: birth month] [fill: birth year], is that correct?"
If only BDAY_A and BYEAR_A are valid]
1. Yes

2. No

Skip Instructions: <1,RF,DK> if AGE lt 18 [goto NOMORE_A]

elseif GEN.NATO_FINAL[PX_A]=1 [goto HISPTYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 6 [goto PITYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 7 [goto ASIANTYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 8 [goto RACEOTHER_A]

elseif multiple races are selected [goto MLTRACE_A]

elseif GEN.RACE_FINAL[PX_A] not IN (6,7,8) and no more than 1 race is selected [goto next section]

<2> if DOB_COUNT_A le 1 [goto BMONTH_A]

else if AGE lt 18 [goto NOMORE_A]

elseif GEN.NATO_FINAL[PX_A]=1 [goto HISPTYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 6 [goto PITYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 7 [goto ASIANTYPE_A]

elseif GEN.RACE_FINAL[PX_A] = 8 [goto RACEOTHER_A]

elseif multiple races are selected [goto MLTRACE_A]

elseif GEN.RACE_FINAL[PX_A] not IN (6,7,8) and no more than 1 race is selected [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Hispanic origin   **Variable Name:** HISPTYPE_A

Universe Description: Respondent is of Hispanic Origin

Question Text: What is your Hispanic or Latino ancestry or origin, such as Mexican, Mexican American, Chicano/Chicana, Central or South American, Puerto Rican, Cuban, Dominican (Republic), or Other Hispanic, Latino/Latina, or Spanish -- and if you have more than one, tell me all of them.

* Enter all that apply, separate with commas.

1. Mexican, Mexcian American, or Chicano(a)

2. Central American

3. South American

4. Puerto Rican

5. Cuban

6. Dominican (Republic)

7. Other Hispanic, Latino, or Spanish (specifiy)

Skip Instructions: <7> [goto HISPOTH_A]

<1-6,DK,RF>

if GEN.RACE_FINAL[PX_A]=6 [goto PITYPE_A]

elseif GEN.RACE_FINAL[PX_A]=7 [goto ASIANTYPE_A]

elseif GEN.RACE_FINAL[PX_A]=8 [goto RACEOTHER_A]

elseif GEN.RACE_FINAL[PX_A] has multiple values selected [goto MLTRACE_A]

else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Pacific Islander origin   **Variable Name:** PITYPE_A

Universe Description: Respondent identifies race as Pacific Islander

Question Text: I have recorded that you are Pacific Islander. What specific ethnic group or groups are you-- such as Guamanian or Chamorro, Samoan, or other Pacific Islander? If you are more than one, tell me all of them.

1. Guamanian or Chamorro

2. Samoan

3. Other Pacific Islander

Skip Instructions: <1-3,RF,DK> if GEN.RACE_FINAL[PX_A]=7 [goto ASIANTYPE_A]

elseif GEN.RACE_FINAL[PX_A]=8 [goto RACEOTHER_A]

elseif GEN.RACE_FINAL[PX_A] has multiple values selected [goto MLTRACE_A]

else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Asian origin   **Variable Name:** ASIANTYPE_A

Universe Description: Sample Adult identifies race as Asian

Question Text: I have recorded that you are Asian. What specific ethnic group or groups are you-- such as Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian? If you are more than one, tell me all of them.

1. Asain Indian

2. Chinese

3. Filipino

4. Japanese

5. Korean

6. Vietnamese

7. Other Asian

Skip Instructions: <7> [goto ASIANOTHER_A]

<1-6,RF,DK>

elseif GEN.RACE_FINAL[PX_A]=8 [goto RACEOTHER_A]

elseif GEN.RACE_FINAL[PX_A] has multiple values selected [goto MLTRACE_A]

else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Other race specify**Variable Name:** RACEOTHER_A

Universe Description: Respondent identifies as some other race

Question Text: What other race or races do you consider yourself to be?

Skip Instructions: <allow 80,RF,DK> if multiple responses to GEN.RACE_FINAL[PX_A] [goto MLTRACE_A]

else [goto next section]

Section Name: VFY   **Periodicity:** Annual Core

Variable Description: Multiple races   **Variable Name:** MLTRACE_A

Universe Description: Person identified as having multiple races

Question Text: Which one of these groups, that is [Fill categories marked at the RACE screen. Add the word "or" before the last category. For category 8, display "some other race" and not the text in RACE_SP] would you say BEST represents your race?

1. White

2. Black/African American

3. American Indian

4. Alaska Native

5. Native Hawaiian

6. Other Pacific Islander

7. Asian

8. Some other race

Skip Instructions: <1-8,RF,DK> [goto next section]

Section Name: HIS   **Periodicity:** Annual Core

Variable Description: General health status   **Variable Name:** PHSTAT_A

Universe Description: Sample Adults 18+

Question Text: Would you say your health in general is excellent, very good, good, fair, or poor?

1. Excellent

2. Very Good

3. Good

4. Fair

5. Poor

Skip Instructions: <1-5,RF,DK> [goto next section]

Section Name: HYP   **Periodicity:** Annual Core

Variable Description: Ever had hypertension   **Variable Name:** HYPEV_A

Universe Description: Sample Adults 18+

Question Text: 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

Skip Instructions: <1> [goto HYPDIF_A]

<2,RF,DK> [goto next section]

Section Name: HYP   **Periodicity:** Annual Core

Variable Description: Hypertension, two + vists **Variable Name:** HYPDIF_A

Universe Description: Sample Adults 18+ who were told they had hypertension

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

1. Yes

2. No

Skip Instructions: <1> [goto HYP12M_A]

<2,RF,DK> [goto HYPMED_A]

Section Name: HYP   **Periodicity:** Annual Core

Variable Description: Hypertension, past 12m   **Variable Name:** HYP12M_A

Universe Description: Sample Adults 18+ who were ever told they had hypertension (2+ visits)

Question Text: During the past 12 months, have you had hypertension, also called high blood pressure?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HYPMED_A]

Section Name: HYP   **Periodicity:** Annual Core

Variable Description: High blood pressure meds **Variable Name:** HYPMED_A

Universe Description: Sample Adults 18+ who have been told they have hypertension

Question Text: Are you NOW taking any medication prescribed by a doctor for your high blood pressure?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: CHL   **Periodicity:** Annual Core

Variable Description: Ever had high cholesterol **Variable Name:** CHLEV_A

Universe Description: Sample Adults 18+

Question Text: Have you EVER been told by a doctor or other health professional that you had high cholesterol?

1. Yes

2. No

Skip Instructions: <1> [goto CHL12M_A]

<2,RF,DK> [goto next section]

Section Name: CHL   **Periodicity:** Annual Core

Variable Description: High cholesterol, past 12m   **Variable Name:** CHL12M_A

Universe Description: Sample Adults 18+ who were ever told they had high cholesterol

Question Text: During the past 12 months, have you had high cholesterol?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto CHLMED_A]

Section Name: CHL   **Periodicity:** Annual Core

Variable Description: Cholesterol medication-now   **Variable Name:** CHLMED_A

Universe Description: Sample Adults 18+ who were ever told they had high cholesterol

Question Text: Are you NOW taking any medication prescribed by a doctor to help lower your cholesterol?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: CVC   **Periodicity:** Annual Core

Variable Description: Ever had coronary heart disease   **Variable Name:** CHDEV_A

Universe Description: Sample Adults 18+

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

...Coronary heart disease?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto ANGEV_A]

Section Name: CVC   **Periodicity:** Annual Core

Variable Description: Ever had angina   **Variable Name:** ANGEV_A

Universe Description: Sample Adults 18+

Question Text: * 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

Skip Instructions: <1,2,RF,DK> [goto MIEV_A]

Section Name: CVC   **Periodicity:** Annual Core

Variable Description: Ever had a heart attack   **Variable Name:** MIEV_A

Universe Description: Sample Adults 18+

Question Text: * 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

Skip Instructions: <1,2,RF,DK> [goto STREV_A]

Section Name: CVC   **Periodicity:** Annual Core

Variable Description: Ever had a stroke **Variable Name:** STREV_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Have you EVER been told by a doctor or other health professional that you had

...A stroke?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: ASP   **Periodicity:** Rotating Core

Variable Description: Told to take low-dose aspirin   **Variable Name:** ASPMEDEV_A

Universe Description: Sample Adults 40+

Question Text: 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

Skip Instructions: <1> [goto ASPMEDNOWN_A]

<2,RF,DK> [goto ASPONOWN_A]

Section Name: ASP   **Periodicity:** Rotating Core

Variable Description: Now following aspirin advice   **Variable Name:** ASPMEDNOWN_A

Universe Description: Sample Adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

Question Text: 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

Skip Instructions: <1,RF,DK> [goto next section]

<2> [goto ASPMEDSTP_A]

Section Name: ASP   **Periodicity:** Rotating Core

Variable Description: Advise to stop taking aspirin   **Variable Name:** ASPMEDSTP_A

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

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

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: ASP   **Periodicity:** Rotating Core

Variable Description: Taking low dose-aspirin on own   **Variable Name:** ASPONOWN_A

Universe Description: Sample Adults 40+ who have not been advised to take aspirin every day or Refused/Don't know if they have been advised to take aspirin every day

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

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: AST   **Periodicity:** Annual Core

Variable Description: Ever had asthma   **Variable Name:** ASEV_A

Universe Description: Sample Adults 18+

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

1. Yes

2. No

Skip Instructions: <1> [goto ASTILL_A]

<2,RF,DK> [goto next section]

Section Name: AST   **Periodicity:** Annual Core

Variable Description: Still have asthma **Variable Name:** ASTILL_A

Universe Description: Sample Adults 18+ who were ever told they have asthma

Question Text: Do you still have asthma?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto ASAT12M_A]

Section Name: AST   **Periodicity:** Annual Core

Variable Description: Asthma episode   **Variable Name:** ASAT12M_A

Universe Description: Sample Adults 18+ who were ever told they had asthma

Question Text: During the past 12 months, have you had an episode of asthma or an asthma attack?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto ASER12M_A]

Section Name: AST   **Periodicity:** Annual Core

Variable Description: Asthma ER visit   **Variable Name:** ASER12M_A

Universe Description: Sample Adults 18+ who were ever told they had asthma

Question Text: During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Ever had cancer   **Variable Name:** CANEV_A

Universe Description: Sample Adults 18+

Question Text: 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

Skip Instructions: <1> [goto CANKIND1_A]]

<2,RF,DK> [goto next section]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: First kind of cancer   **Variable Name:** CANKIND1_A

Universe Description: Sample Adults 18+ who were ever told they had cancer

Question Text: What kind of cancer was it?

* Enter code for the first kind of cancer.

1. Bladder
2. Blood
3. Bone
4. Brain
5. Breast
6. Cervix/Cervical
7. Colon
8. Esophagus/Esophageal
9. Gallbladder
10. Kidney
11. Larynx-trachea
12. Leukemia
13. Liver
14. Lung
15. Lymphoma
16. Melanoma
17. Mouth/tongue/lip
18. Ovary/Ovarian
19. Pancreas/Pancreatic
20. Prostate
21. Rectum/Rectal
22. Skin (non-melanoma)
23. Skin (don't know what kind)
24. Soft tissue (muscle or fat)
25. Stomach
26. Testis/Testicular
27. Throat – pharynx
28. Thyroid
29. Uterus/Uterine
30. Other
Skip Instructions: If SEX_FINAL[PX_A]=1 and CANKIND1_A IN ('6','18','29')[goto ERR1_ CANKIND_A]

elseif SEX_FINAL[PX_A]=2 and CANKIND1_A IN ('20','26')[goto ERR2_ CANKIND_A]

<1-30,RF,DK> [goto CANAGE1_A]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Age diagnosed-first cancer   **Variable Name:** CANAGE1_A

Universe Description: Sample Adults 18+ who were ever told they had cancer

Question Text: How old were you when [If CANKIND1_A = R,D fill "this cancer"];

else fill [name of cancer selected in CANKIND1_A] was first diagnosed?

Skip Instructions: <1-120,RF,DK> [goto CANKIND2_A]

If number in CANAGE1_A gt AGE [goto ERR_CANAGE1_A]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Second kind of cancer   **Variable Name:** CANKIND2_A

Universe Description: Sample Adults 18+ who were ever told they had cancer

Question Text: What other kind of cancer did you have?
* Enter code for the second kind of cancer.
* Enter '96' for no more.
1. Bladder
2. Blood
3. Bone
4. Brain
5. Breast
6. Cervix/Cervical
7. Colon
8. Esophagus/Esophageal
9. Gallbladder
10. Kidney
11. Larynx-trachea
12. Leukemia
13. Liver
14. Lung
15. Lymphoma
16. Melanoma
17. Mouth/tongue/lip
18. Ovary/Ovarian
19. Pancreas/Pancreatic
20. Prostate
21. Rectum/Rectal
22. Skin (non-melanoma)
23. Skin (don't know what kind)
24. Soft tissue (muscle or fat)
25. Stomach
26. Testis/Testicular
27. Throat – pharynx
28. Thyroid
29. Uterus/Uterine
30. Other
Skip Instructions: If SEX_FINAL[PX_A]=1 and CANKIND2_A IN ('6','18','29') [goto ERR1_ CANKIND_A]

elseif SEX_FINAL[PX_A]=2 and CANKIND2_A IN ('20','26') [goto ERR2_ CANKIND_A]

elseif CANKIND2_A=1-30 and CANKIND1_A=same value as CANKIND2_A [goto ERR_CANKIND2_A]

<1-30,DK> [goto CANAGE2_A]

<96,RF> [goto next section]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Age diagnosed-second cancer   **Variable Name:** CANAGE2_A

Universe Description: Sample Adults 18+ who selected a second kind of cancer or don't know the second kind of cancer

Question Text: How old were you when [If CANKIND2_A = R,D fill "this cancer"];

else fill [name of cancer selected in CANKIND2_A] was first diagnosed?

Skip Instructions: <1-120,RF,DK> [goto CANKIND3_A]

If CANAGE2_A gt AGE [goto ERR_CANAGE2_A]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Third kind of cancer   **Variable Name:** CANKIND3_A

Universe Description: Sample Adults 18+ who selected a second kind of cancer or don t know the second kind of cancer

Question Text: What other kind of cancer did you have?
* Enter code for the third kind of cancer.
* Enter '96' for no more.
1. Bladder
2. Blood
3. Bone
4. Brain
5. Breast
6. Cervix/Cervical
7. Colon
8. Esophagus/Esophageal
9. Gallbladder
10. Kidney
11. Larynx-trachea
12. Leukemia
13. Liver
14. Lung
15. Lymphoma
16. Melanoma
17. Mouth/tongue/lip
18. Ovary/Ovarian
19. Pancreas/Pancreatic
20. Prostate
21. Rectum/Rectal
22. Skin (non-melanoma)
23. Skin (don't know what kind)
24. Soft tissue (muscle or fat)
25. Stomach
26. Testis/Testicular
27. Throat – pharynx
28. Thyroid
29. Uterus/Uterine
30. Other
Skip Instructions: If SEX=1 and CANKIND3_A IN (6 , 18 , 29) [goto ERR1_CANKIND_A]
elseif SEX=2 and CANKIND3_A IN (20 , 26) [goto ERR2_CANKIND_A]
elseif CANKIND3_A=1-30 and (CANKIND1_A=same value as CANKIND3_A or CANKIND2_A=same value as CANKIND3_A) [goto ERR_CANKIND3_A]
<1-30,DK>[goto CANAGE3_A]
<96,RF> [goto next section]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Age diagnosed-third cancer   **Variable Name:** CANAGE3_A

Universe Description: Sample Adults 18+ who selected a third kind of cancer or don t know the third kind of cancer

Question Text: How old were you when [If CANKIND3_A = R,D fill "this cancer"];

else fill [name of cancer selected in CANKIND3_A] was first diagnosed?

Skip Instructions: <1-120,DK,RF> [goto CANMORE_A]

Section Name: CAN   **Periodicity:** Annual Core

Variable Description: Other kinds of cancer   **Variable Name:** CANMORE_A

Universe Description: Sample Adults 18+ who selected a third kind of cancer or don t know the third kind of cancer

Question Text: Did you have any other kinds of cancer?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Ever had prediabetes   **Variable Name:** PREDIB_A

Universe Description: Sample Adults 18+

Question Text: Has a doctor or other health professional EVER told you that you had prediabetes or borderline diabetes?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> If SEX=2 [goto GESDIB_A]

elseif SEX=1,RF,DK [goto DIBEV_A]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Ever had gestational diabetes   **Variable Name:** GESDIB_A

Universe Description: Female Sample Adults 18+

Question Text: Has a doctor or other health professional EVER told you that you had gestational diabetes, a type of diabetes that occurs ONLY during pregnancy?

*Read if necessary: Gestational diabetes is diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnant women are usually screened for gestational diabetes during the 24th to 28th week of pregnancy.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto DIBEV_A]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Ever had diabetes **Variable Name:** DIBEV_A

Universe Description: Sample Adults 18+

Question Text: [If GESDIB_A ne 1 AND PREDIB_A ne 1: "Has"

If GESDIB_A=1 AND PREDIB_A ne 1: "Not including gestational diabetes, has"

If PREDIB_A=1 AND GESDIB_A ne 1: "Not including prediabetes, has"

If GESDIB_A=1 AND PREDIB_A=1: "Not including prediabetes or gestational diabetes, has"] a doctor or other health professional EVER told you that you had

diabetes?

1. Yes

2. No

Skip Instructions: <1> [goto DIBAGE_A]

<2,RF,DK> [goto next section]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Age diabetes diagnosed   **Variable Name:** DIBAGE_A

Universe Description: Sample Adults 18+ who were told they had diabetes

Question Text: How old were you when a doctor or other health professional FIRST told you that you had diabetes [not including prediabetes [if PREDIB_A=1] or gestational diabetes [if GESDIB_A=1]]?

Skip Instructions: <0-120,RF,DK> [goto DIBPILL_A]

If number in DIBAGE_A greater than valid age (AGE) [goto ERR_DIBAGE_A]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Taking diabetic pills   **Variable Name:** DIBPILL_A

Universe Description: Sample Adults 18+ who were told they had diabetes

Question Text: 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

Skip Instructions: <1-2,RF,DK> [goto DIBINS_A]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Taking insulin   **Variable Name:** DIBINS_A

Universe Description: Sample Adults 18+ who were told they had diabetes

Question Text: Insulin can be taken by shot or pump. Are you NOW taking insulin?

1. Yes

2. No

Skip Instructions: <1-2,RF,DK> [goto DIBTYPE_A]

Section Name: DIB   **Periodicity:** Annual Core

Variable Description: Diabetes type   **Variable Name:** DIBTYPE_A

Universe Description: Sample Adults 18+ who were told they had diabetes

Question Text: What type of diabetes do you have? Is it Type 1, Type 2, or some other type?

1. Type 1

2. Type 2

3. Other type of diabetes

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: CON   **Periodicity:** Annual Core

Variable Description: Ever had COPD   **Variable Name:** COPDEV_A

Universe Description: Sample Adults 18+

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

...Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto ARTHEV_A]

Section Name: CON   **Periodicity:** Annual Core

Variable Description: Ever had arthritis **Variable Name:** ARTHEV_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary:

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

...Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto DEMENEV_A]

Section Name: CON   **Periodicity:** Annual Core

Variable Description: Ever had dementia   **Variable Name:** DEMENEV_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary:

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

...Dementia, including Alzheimer's disease?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto ANXEV_A]

Section Name: CON   **Periodicity:** Annual Core

Variable Description: Ever had anxiety disorder **Variable Name:** ANXEV_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary:

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

...Any type of anxiety disorder?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto DEPEV_A]

Section Name: CON   **Periodicity:** Annual Core

Variable Description: Ever had depression   **Variable Name:** DEPEV_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary:

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

...Any type of depression?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Pregnant now   **Variable Name:** PREGNOW_A

Universe Description: Female Sample Adults 18-49 or age is don't know or refused

Question Text: Are you currently pregnant?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto WEIGHTLB_A]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Weight in lbs   **Variable Name:** WEIGHTLB_A

Universe Description: Sample Adults 18+

Question Text: [ ]*Enter M to record metric measurements.

* If [sample adult's name]'s weight is less than 50 pounds, enter 50. If [sample adult's name]'s weight is greater than 500 pounds, enter 500.

Skip Instructions: If WEIGHTLB_A LT '50' or WEIGHTLB_A GT '500' [goto ERR1_WEIGHTLB_A]

elseif ((SEX = '1' and (WEIGHTLB_A LT '113' or WEIGHTLB_A GT '316')) or (SEX = '2' and (WEIGHTLB_A LT '96' or WEIGHTLB_A GT '293')) or (SEX IN (RF,DK) and (WEIGHTLB_A LT '96' or WEIGHTLB_A GT '316'))) [goto ERR2_WEIGHTLB_A]

<50-500,RF,DK> [goto HEIGHTFT_A]

<M> [goto WEIGHTKG_A]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Weight in kg   **Variable Name:** WEIGHTKG_A

Universe Description: Sample Adults 18+ who choose to give their weight in metric measurements

Question Text: [ ]* Enter weight in kilograms.

* If [sample adult's name]'s weight is less than 23 kilograms, enter 23. If [sample adult's name]'s weight is greater than 226 kilograms, enter 226.

Skip Instructions: If WEIGHTKG_A LT '23' or WEIGHTKG_A GT '226' [goto ERR1_WEIGHTKG_A]

elseif ((SEX = '1' and (WEIGHTKG_A LT '51' or WEIGHTKG_A GT '143')) or (SEX = '2' and (WEIGHTKG_A LT '43' or WEIGHTKG_A GT '133')) or (SEX IN ('RF','DK') and (WEIGHTKG_A LT 43 or WEIGHTKG_A GT '143')))[goto ERR2_WEIGHTKG_A]

<23-226,RF,DK> [goto HEIGHTM_A]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Height in feet   **Variable Name:** HEIGHTFT_A

Universe Description: Sample Adult 18+

Question Text: How tall are you without shoes?

* Enter M to record metric measurements.

* If [sample adult's name]'s height is less than 2 feet, enter 2. If [sample adult's name]'s height is greater than 7 feet, enter 7.

Skip Instructions: If HEIGHTFT_A NE <2-7,RF,DK,M> [goto ERR1_ HEIGHTFT_A]

If HEIGHTFT_A = <2,3> [goto ERR2_ HEIGHTFT_A]

<2-7> [goto HEIGHTIN_A]

<RF,DK> [goto next section]

<M> [goto HEIGHTM_A]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Height in inches   **Variable Name:** HEIGHTIN_A

Universe Description: Sample Adult 18+ and height is 2-7ft

Question Text: * Enter inches.

* Enter '0' if exactly [Fill value from HEIGHTFT_A] feet tall.

Skip Instructions: <empty> [goto ERR1_HEIGHTIN_A]

If ((SEX = '1' and (AHTINCH_A LT '61' or AHTINCH_A GT '75')) or (SEX = '2' and (AHTINCH_A LT '56' or AHTINCH_A GT '69')) or

(SEX IN ('DK','RF') and (AHTINCH_A LT '56' or AHTINCH_A GT '75')))[goto ERR2_HEIGHTIN_A]

<0-11,RF,DK> [goto next section]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Height in meters **Variable Name:** HEIGHTM_A

Universe Description: Sample Adults 18+ who choose to give their height in metric measurements

Question Text: How tall are you without shoes?

* Enter height in metric.

* If the height is given in centimeters, press '0' at meters and enter the measure in centimeters (241 centimeters maximum).

Skip Instructions: <empty> [goto ERR_ HEIGHTM_A]

<0-2> [goto HEIGHTCM_A]

<RF,DK> [goto next section]

Section Name: BMI   **Periodicity:** Annual Core

Variable Description: Height in centimeters   **Variable Name:** HEIGHTCM_A

Universe Description: Sample Adults 18+ who entered 0 to 2 meters for height

Question Text: * Enter centimeters.

* Enter height in metric.

* If [sample adult's name]'s height is greater than 241 centimeters, enter 241.

Skip Instructions: If (HEIGHTM_A='2' and HEIGHTCM_A GT '41') or (HEIGHTM_A='1' and HEIGHTCM_A GT '141') [goto ERR1_ HEIGHTCM_A]

elseif ((SEX='1' and (AHTCM_A LT '156' or AHTCM_A GT '192')) or (SEX='2' and (AHTCM_A LT '143' or AHTCM_A GT '176')) or (SEX IN ('DK','RF) and (AHTCM_A LT '143' or AHTCM_A GT '192')))[goto ERR2_ HEIGHTCM_A]

<0-241,RF,DK> [goto next section]

Section Name: VIS   **Periodicity:** Annual Core

Variable Description: Wear glasses/contact lenses   **Variable Name:** WEARGLSS_A

Universe Description: Sample Adults 18+

Question Text: Do you wear glasses or contact lenses?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto VISIONDF_A]

Section Name: VIS   **Periodicity:** Annual Core

Variable Description: Difficulty seeing   **Variable Name:** VISIONDF_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty [If WEARGLSS_A=1 fill "seeing, even when wearing glasses or contact lenses"; else fill "seeing"]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: HEA   **Periodicity:** Annual Core

Variable Description: Use hearing aid   **Variable Name:** HEARAID_A

Universe Description: Sample Adults 18+

Question Text: Do you use a hearing aid?

1. Yes

2. No

Skip Instructions: <1> [goto HEARAIDFR_A]

<2,RF,DK> [goto HEARINGDF_A]

Section Name: HEA   **Periodicity:** Annual Core

Variable Description: How often use hearing aid   **Variable Name:** HEARAIDFR_A

Universe Description: Sample Adults 18+ who use a hearing aid

Question Text: How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

1. All of the time

2. Some of the time

3. Rarely

4. Never

Skip Instructions: <1-4,RF,DK> [goto HEARINGDF_A]

Section Name: HEA   **Periodicity:** Annual Core

Variable Description: Difficulty hearing **Variable Name:** HEARINGDF_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty hearing [If HEARAID_A=1, fill: ", even when using your hearing aid(s)"

Else: NO FILL]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Walking/steps   **Variable Name:** DIFF_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto EQUIP_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Equipment   **Variable Name:** EQUIP_A

Universe Description: Sample Adults 18+

Question Text: Do you use any equipment or receive help for getting around?

1. Yes

2. No

Skip Instructions: <1> [goto CANEWLKR_A]

<2,RF,DK> [goto WLKDF100_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Walking 100 yards   **Variable Name:** WLKDF100_A

Universe Description: Sample Adults 18+ who do not use equipment or receive help for getting around

Question Text: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto WLKDF500_A]

<4> [goto STEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Walking 1/3 mile **Variable Name:** WLKDF500_A

Universe Description: Sample Adults 18+ who have no difficulty, some difficulty, or a lot of difficulty walking 100 yards

Question Text: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto STEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Walking steps   **Variable Name:** STEPS_A

Universe Description: Sample Adults 18+ who cannot walk 100 yards on level ground, or have no difficulty, some difficulty, a lot of difficulty, or cannot walk 1/3 of a mile or on level ground or refused or don't know

Question Text: Do you have difficulty walking up or down 12 steps?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Cane/walker   **Variable Name:** CANEWLKR_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around

Question Text: Do you use any of the following...

...Cane or walker?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto WCHAIR_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Wheelchair/scooter   **Variable Name:** WCHAIR_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around

Question Text: * Read if necessary: Do you use any of the following?

...Wheelchair or scooter?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PERASST_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Assistance   **Variable Name:** PERASST_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around

Question Text: * Read if necessary: Do you use any of the following?

...Someone's assistance?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto NOEQWLKDF100_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: 100 yards without aid   **Variable Name:** NOEQWLKDF100_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around

Question Text: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block, without the use of your aid? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto NOEQWLKDF500_A]

<4> [goto NOEQSTEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: 1/3 mile without aid   **Variable Name:** NOEQWLKDF500_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around and who have no difficulty, some difficulty, or a lot of difficulty walking 100 yards without the use of their aid

Question Text: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, without the use of your aid?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto NOEQSTEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Steps without aid **Variable Name:** NOEQSTEPS_A

Universe Description: Sample Adults 18+ who use equipment and cannot walk 100 yards on level ground without their equipment, or have no difficulty, some difficulty, a lot of difficulty, or cannot walk 1/3 of a mile on level ground without their equipment or refused or don t know

Question Text: Do you have difficulty walking up or down 12 steps without your aid?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> if WCHAIR_A ne 1 [goto EQWLKDF100_A] else [goto next section]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: 100 yards with aid   **Variable Name:** EQWLKDF100_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter

Question Text: Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block, WHEN USING your aid?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-3,RF,DK> [goto EQWLKDF500_A]

<4> [goto EQSTEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: 1/3 mile with aid **Variable Name:** EQWLKDF500_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter, and have no difficulty, some difficulty, or a lot of difficulty walking 100 yards, when using their aid

Question Text: Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, WHEN USING your aid?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto EQSTEPS_A]

Section Name: MOB   **Periodicity:** Annual Core

Variable Description: Steps with aid   **Variable Name:** EQSTEPS_A

Universe Description: Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter and cannot walk 100 yards on level ground when using an aid, or have no difficulty, some difficulty, a lot of difficulty, or cannot walk 1/3 of a mile on level ground when using an aid or refused or don't know

Question Text: Do you have difficulty walking up or down 12 steps WHEN USING your aid?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: COM   **Periodicity:** Annual Core

Variable Description: Difficulty communicating **Variable Name:** COMDIFF_A

Universe Description: Sample Adults 18+

Question Text: Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: COG　　**Periodicity:** Annual Core

Variable Description: Remembering/concentrating　　**Variable Name:** COGMEMDFF_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty remembering or concentrating?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1,RF,DK> [goto next section]

<2-4> [goto COGTYPEDFF_A]

Section Name: COG　　**Periodicity:** Annual Core

Variable Description: Which one or both　　**Variable Name:** COGTYPEDFF_A

Universe Description: Sample Adults 18+ who have some difficulty, a lot of difficulty, or are unable to remember or concentrate

Question Text: Do you have difficulty remembering or concentrating or both?

1. Difficulty remembering only

2. Difficulty concentrating only

3. Difficulty with both remembering and concentrating

Skip Instructions: <1,3> [goto COGFRQDFF_A]

<2,RF,DK> [goto next section]

Section Name: COG   **Periodicity:** Annual Core

Variable Description: Remembering-how often **Variable Name:** COGFRQDFF_A

Universe Description: Sample Adults 18+ who have difficulty remembering or remembering and concentrating

Question Text: How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

1. Sometimes

2. Often

3. All of the time

Skip Instructions: <1-3,RF,DK> [goto COGAMTDFF_A]

Section Name: COG   **Periodicity:** Annual Core

Variable Description: Remembering-how much **Variable Name:** COGAMTDFF_A

Universe Description: Sample Adults 18+ who have difficulty remembering or remembering and concentrating

Question Text: Do you have difficulty remembering a few things, a lot of things, or almost everything?

1. A few things

2. A lot of things

3. Almost everything

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: UPP   **Periodicity:** Annual Core

Variable Description: Difficulty with self care   **Variable Name:** UPPSLFCR_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto UPPRAISE_A]

Section Name: UPP   **Periodicity:** Annual Core

Variable Description: Difficulty raising soda bottle   **Variable Name:** UPPRAISE_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto UPPOBJCT_A]

Section Name: UPP   **Periodicity:** Annual Core

Variable Description: Difficulty using hands and fingers **Variable Name:** UPPOBJCT_A

Universe Description: Sample Adults 18+

Question Text: Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: SOC   **Periodicity:** Annual Core

Variable Description: Errands alone   **Variable Name:** SOCERRNDS_A

Universe Description: Sample Adults 18+

Question Text: Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto SOCSCLPAR_A]

Section Name: SOC   **Periodicity:** Annual Core

Variable Description: Social activities   **Variable Name:** SOCSCLPAR_A

Universe Description: Sample Adults 18+

Question Text: Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?

*Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all/Unable to do

Skip Instructions: <1-4,RF,DK> [goto SOCWRKNOW_A]

Section Name: SOC   **Periodicity:** Annual Core

Variable Description: Kept from working   **Variable Name:** SOCWRKNOW_A

Universe Description: Sample Adults 18+

Question Text: Does a physical, mental, or emotional problem NOW keep you from working at a job or business?

1. Yes

2. No

Skip Instructions: <1> [goto next section]

<2,RF,DK> goto SOCWRKLIM_A]

Section Name: SOC   **Periodicity:** Annual Core

Variable Description: Work limited   **Variable Name:** SOCWRKLIM_A

Universe Description: Sample Adults 18+ who do not have a physical, mental, emotional problem now keeping them from working at a job or business, or don t know or refused

Question Text: Are you limited in the kind OR amount of work you can do because of a physical, mental or emotional problem?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Have health insurance   **Variable Name:** HICOV_A

Universe Description: Sample Adults 18+

Question Text: The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid and the Children's Health Insurance Program that provide medical care or help pay medical bills. Are you covered by any kind of health insurance or some other kind of health care plan?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto HIKIND_A]

<2> if AGE ge 65 [goto MCAREPRB_A]

else [goto MCAIDPRB_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Kind(s) of health insurance   **Variable Name:** HIKIND_A

Universe Description: Sample Adults 18+ covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

Question Text: What kinds of health insurance or health care coverage do you have? Is it...Private health insurance, Medicare, Medigap, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or an other government program?

* Enter all that apply, separate with commas.

1. Private health insurance

2. Medicare

3. Medigap

4. Medicaid

5. Children's Health Insurance Program (CHIP)

6. Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA

7. Indian Health Service

8. State-sponsored health plan

9. Other government program

10. No coverage of any type

Skip Instructions: if more than 1 answer selected and (<10> IN HIKIND_A) [goto ERR1_HIKIND_A]

elseif AGE ge 65 and (<2> NOT IN HIKIND_A) [goto MCAREPRB_A]

elseif (AGE lt 65 or AGE IN (RF,DK)) and (<10> IN HIKIND_A) [goto MCAIDPRB_A]

else [goto SINCOVDE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Covered by Medicare   **Variable Name:** MCAREPRB_A

Universe Description: Sample Adults 65+ who have not indicated they had Medicare in HIKIND_A

Question Text: Are you covered by Medicare?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVDE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Covered by Medicaid   **Variable Name:** MCAIDPRB_A

Universe Description: Sample Adults 18-64 who have indicated they are uninsured, refused, or don't know their type of health insurance

Question Text: There is a program called Medicaid that pays for health care for persons in need. [if STMEDICAID ne empty, fill: "In [fill: State Name] it is also called [fill: State Medicaid Program Name]."

else fill: blank] Are you covered by Medicaid?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVDE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Dental   **Variable Name:** SINCOVDE_A

Universe Description: Sample Adults 18+

Question Text: Are you covered by a separate plan that only pays for dental services?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVVS_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Vision   **Variable Name:** SINCOVVS_A

Universe Description: Sample Adults 18+

Question Text: Are you covered by a separate plan that only pays for vision services?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SINCOVRX_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Prescriptions   **Variable Name:** SINCOVRX_A

Universe Description: Sample Adults 18+

Question Text: Are you covered by a separate plan that only pays for prescriptions?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HICHANGE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Confirm coverage types   **Variable Name:** HICHANGE_A

Universe Description: Sample Adults 18+

Question Text: I have recorded you are [if HIKIND_A=10 and (MCAIDPRB_A=2,R,D or MCAREPRB_A= 2,R,D) and SINCOVDE_A=2,R,D and SINCOVVS_A=2,R,D and SINCOVRX_A=2,R,D fill: "not covered by health insurance"

else fill: "covered by [fill: coverage types from HIKIND_A, except HIKIND_A=10]"]. Is this correct?

1. Yes

2. No

Skip Instructions: <1,RF,DK>

if 02 in HIKIND_A or MCAREPRB_A=1[goto MCPART_A]

else if 04 in HIKIND_A or MCAIDPRB_A=1[goto MACHMN_A]

else if 01 in HIKIND_A [goto SET_INSPRI_FLAG]

else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]

else if 05 in HIKIND_A [goto CHNAME_A]

else if 08 in HIKIND_A [goto OPNAME_A]

else if 09 in HIKIND_A [goto OGNAME_A]

else if 06 in HIKIND_A [goto MILSPC_A]

else if 07 in HIKIND_A [goto HINOTYR_A]

else [goto HILAST_A]

<2> [goto ERR1_HICHANGE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Type of Medicare coverage   **Variable Name:** MCPART_A

Universe Description: Sample Adults 18+ with Medicare

Question Text: What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

1. Part A- hospital only

2. Part B- medical only

3. Both Part A and Part B

Skip Instructions: <1-3,RF,DK> [goto MCCHOICE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicare Advantage plan **Variable Name:** MCCHOICE_A

Universe Description: Sample Adults 18+ with Medicare

Question Text: Are you enrolled in a Medicare Advantage plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MCHMO_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicare HMO   **Variable Name:** MCHMO_A

Universe Description: Sample Adults 18+ with Medicare

Question Text: Are you under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

1. Yes

2. No

Skip Instructions: <1> [goto MCANAME_A]

<2,RF,DK> if MCCHOICE_A=1 [goto MCANAME_A]

elseif MCCHOICE_A IN (2,RF,DK) [goto MCPARTD_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of Medicare HMO   **Variable Name:** MCANAME_A

Universe Description: Sample Adults 18+ with a Medicare Advantage plan or a Medicare managed care arrangement

Question Text: What is the name of your Medicare Advantage or Medicare HMO plan?

Skip Instructions: <allow 80,RF,DK> [goto MCPARTD_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicare Part D   **Variable Name:** MCPARTD_A

Universe Description: Sample Adults 18+ with Medicare

Question Text: Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK>

if 04 in HIKIND_A or MCAIDPRB_A=1 [goto MACHMN_A]

elseif 01 in HIKIND_A [goto SET_INSPRI_FLAG]

elseif 03 in HIKIND_A [goto SET_INSPRI_FLAG]

elseif 05 in HIKIND_A [goto CHNAME_A]

elseif 08 in HIKIND_A [goto OPNAME_A]

elseif 09 in HIKIND_A [goto OGNAME_A]

elseif 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of Medicaid plan   **Variable Name:** MACHMN_A

Universe Description: Sample Adults 18+ with Medicaid coverage

Question Text: The next questions are about Medicaid coverage. What is the name of your Medicaid health plan?

Skip Instructions: <allow 80,RF,DK> [goto MAXCHNG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicaid through Marketplace   **Variable Name:** MAXCHNG_A

Universe Description: Sample Adults 18+ with Medicaid coverage

Question Text: Was your Medicaid obtained through Healthcare.gov or the [fill:state Marketplace name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MAPREM_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Pay Medicaid premium   **Variable Name:** MAPREM_A

Universe Description: Sample Adults 18+ with Medicaid coverage

Question Text: A health insurance premium is the amount you or a family member pay each month for health care coverage. Do you or a family member pay a premium for this Medicaid plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MADEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicaid deductible   **Variable Name:** MADEDUC_A

Universe Description: Sample Adults 18+ with Medicaid coverage

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1> [goto MAHDHP_A]

<2,RF,DK>

if 01 in HIKIND_A [goto SET_INSPRI_FLAG]

else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]

else if 05 in HIKIND_A [goto CHNAME_A]

else if 08 in HIKIND_A [goto OPNAME_A]

else if 09 in HIKIND_A [goto OGNAME_A]

else if 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

National Health Interview Survey Draft Sample Adult Questionnaire 2018-R

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Medicaid HDHP   **Variable Name:** MAHDHP_A

Universe Description: Sample Adults 18+ with Medicaid coverage who have a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: $1,300] or [fill: $1,300] or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. less than $1,300

2. $1,300 or more

Skip Instructions: <1,2,RF,DK>

if 01 in HIKIND_A [goto SET_INSPRI_FLAG]

elseif 03 in HIKIND_A [goto SET_INSPRI_FLAG]

elseif 05 in HIKIND_A [goto CHNAME_A]

elseif 08 in HIKIND_A [goto OPNAME_A]

elseif 09 in HIKIND_A [goto OGNAME_A]

elseif 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Covered by same plan-plan 1   **Variable Name:** PLANNAME1 _A

Universe Description: Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Question Text: Earlier we recorded that [sample child] was covered by [fill: plan name]. Are you covered by this same plan as [sample child]?

1. Yes

2. No

Skip Instructions: <1> if Child.INS.bPlan[1].POLHLD_C ne 1 [goto POLHLDA1_A],

if Child.INS.bPlan[1].POLHLD_C=1 [goto PRPOLHP1_A]

<2,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 [goto PLANNAME2_A]

else [goto HIPNAM1_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Policyholder for Plan 1   **Variable Name:** POLHLDA1_A

Universe Description: Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their first private plan or refused or don't know.

Question Text: Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for [fill value from Child.INS.HIPNAM1_C]?

1. Yes

2. No

Skip Instructions: <1> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 [goto PLANNAME2_A]

else [goto MORPLAN_A]

<2,RF,DK> [goto PRPOLHP1_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Relation to policyholder-Plan 1   **Variable Name:** PRPOLHP1_A

Universe Description: Sample Adults 18+ with a shared private health plan with the Sample Child, where the Sample child is the policyholder or the Sample Adult is not the policyholder for the first plan or refused or don't know.

Question Text: How are you related to the policyholder for [fill value from Child.INS.HIPNAM1_C]? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

1. Child

2. Spouse

3. Former spouse

4. Some other relationship

Skip Instructions: <1-4,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 [go to PLANNAME2_A]

else [goto MORPLAN_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Covered by same plan-plan 2   **Variable Name:** PLANNAME2_A

Universe Description: Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Question Text: Earlier we recorded that [sample child] was covered by a second plan: [fill: plan name]. Are you covered by this same plan as [sample child]?

1. Yes

2. No

Skip Instructions: <1> if Child.INS.bPlan[2].POLHLD_C ne 1 [goto POLHLDA2_A],

if Child.INS.bPlan[2].POLHLD_C=1 [goto PRPOLHP2_A]

<2,RF,DK> if PLANNAME1_A IN(2,RF,DK,empty) [goto HIPNAM1_A]

else [goto MORPLAN_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Policyholder for Plan 2   **Variable Name:** POLHLDA2_A

Universe Description: Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their second private plan or refused or don't know.

Question Text: * Read if necessary: Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder.

Are you the policyholder for [fill value from Child.INS.HIPNAM2_C]?

1. Yes

2. No

Skip Instructions: <1> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]

elseif 05 in HIKIND_A [goto CHNAME_A]

elseif 08 in HIKIND_A [goto OPNAME_A]

elseif 09 in HIKIND_A [goto OGNAME_A]

elseif 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

<2,RF,DK>[goto PRPOLHP2_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Relation to policyholder-Plan 1   **Variable Name:** PRPOLHP2_A

Universe Description: Sample Adults 18+ with a shared private health plan with the Sample Child, where the Sample Child is the policy holder for the second plan or the Sample Adult is not the policyholder for the second plan or refused or don't know.

Question Text: How are you related to the policyholder for [fill value from Child.INS.HIPNAM2_C]? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

1. Child

2. Spouse

3. Former spouse

4. Some other relationship

Skip Instructions: <1-4,RF,DK> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]

elseif 05 in HIKIND_A [goto CHNAME_A]

elseif 08 in HIKIND_A [goto OPNAME_A]

elseif 09 in HIKIND_A [goto OGNAME_A]

elseif 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of private health plan   **Variable Name:** HIPNAM1_A

Universe Description: Sample Adults 18+ enrolled in a Medigap plan or private health insurance and the sample adult did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample child

Question Text: It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of your plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as nursing home care, accidents, or dental care.

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Skip Instructions: <allow 80,RF,DK> [goto MORPLAN_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: More private plans   **Variable Name:** MORPLAN_A

Universe Description: Sample Adults 18+ enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample adult only shared one private plan with the Sample Child.

Question Text: Are you covered by any other private health insurance plans?

1. Yes

2. No

Skip Instructions: <1> [goto HIPNAM2_A]

<2,RF,DK>

if (PLANNAME1_A=1 or PLANNAME2_A=1) then

  if 05 in HIKIND_A [goto CHNAME_A]

  elseif 08 in HIKIND_A [goto OPNAME_A]

  elseif 09 in HIKIND_A [goto OGNAME_A]

  elseif 06 in HIKIND_A [goto MILSPC_A]

  else [goto HINOTYR_A]

else [goto bPlan[1].POLHLD_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of private health plan   **Variable Name:** HIPNAM2_A

Universe Description: Sample Adults 18+ with a second private health insurance plan

Question Text: What is the name of that private health insurance plan?

* Read if necessary: Do you have a health plan card or something with the plan name on it?

Skip Instructions: <allow 80,RF,DK> [goto bPlan[1].POLHLD_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Policyholder for private plan   **Variable Name:** POLHLD_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: I am going to ask you some questions about [if PlanNum=1 then

   if HIPNAM1_A IN (RF,DK) fill: "this plan"

   else fill: "[fill:plan name]"

if PlanNum=2 then

   if HIPNAM2_A IN (RF,DK) fill: "this plan"

   Else fill: "[fill:plan name]"]. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for [if PlanNum=1 then

   if HIPNAM1_A IN (RF,DK) fill: "this plan"

   else fill: "[fill:plan name]"

if PlanNum=2 then

   if HIPNAM2_A IN (RF,DK) fill: "this plan"

   Else fill: "[fill:plan name]"]?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto PRPLCOV_A]

<2> [goto PRPOLH_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan coverage for others   **Variable Name:** PRPLCOV_A

Universe Description: Sample Adults 18+ with private health insurance coverage where the Sample Adult is the policyholder or refused or don't know.

Question Text: Does this plan cover someone other than yourself?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PLNWRK_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Relation to policyholder   **Variable Name:** PRPOLH_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know who are not the policyholder

Question Text: How are you related to the policyholder? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

1. Child

2. Spouse

3. Former spouse

4. Some other relationship

Skip Instructions: <1-4,RF,DK> [goto PLNWRK_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: How plan obtained   **Variable Name:** PLNWRK_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state/local government or community program or obtained in some other way?

1. Through an employer or union

2. Purchased directly

3. Through Healthcare.gov or the Affordable Care Act, also known as Obamacare

4. Through a state/local government or community program

5. Other

Skip Instructions: <1,3> [goto PLNPAY_A]

<2,4,RF,DK> [goto PLNEXCHG_A]

<5> [goto PLNWKSP_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan obtained-specify   **Variable Name:** PLNWKSP_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know obtained from an other source

Question Text: * Read if necessary: How was this plan obtained?

Skip Instructions: <allow 80,RF,DK> [goto PLNEXCHG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Obtained through Marketplace   **Variable Name:** PLNEXCHG_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

Question Text: Was the plan obtained through Healthcare.gov or the Health Insurance Marketplace [fill:state Marketplace name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PLNPAY_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Who pays for plan**Variable Name:** PLNPAY_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: Who pays for this health insurance plan?

* Enter all that apply, separate with commas.

1. Self or family (living in the household)

2. Employer or union

3. Someone outside the household

4. Medicare

5. Medicaid

6. Other government program

Skip Instructions: if <1> IN PLNPAY_A [goto HICOSTN_A]

else if <2-6> IN PLNPAY_A or PLNPAY_A IN (DK,RF)[goto PRDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Premium amount-number   **Variable Name:** HICOSTN_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know who paid for by self or family

Question Text: "How much [do you/does your family] currently spend for health insurance premiums for your [first/second] plan? Please include payroll deductions for premiums."

Skip Instructions: <20000-99995> [goto ERR1_HICOSTN_A]

<1-19999> [goto HICOSTT_A]

<RF,DK> [goto PRDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Premium amount-time period   **Variable Name:** HICOSTT_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know who gave a premium amount.

Question Text: * Enter time period for premium payments.

1. Once a week

2. Once every 2 weeks

3. Once a month

4. Twice a month

5. Every two months

6. Quarterly (every 3 months)

7. Once a year

8. Twice a year

Skip Instructions: <1-8,RF,DK> [goto PRDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan deductible   **Variable Name:** PRDEDUC_A

Universe Description: Sample Adults 18+ with private health insurance plans where a plan name was given or refused or don't know.

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1> [goto PRHDHP_A]

<2,RF,DK> [goto PRRXCOV_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: High deductible   **Variable Name:** PRHDHP_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know with a deductible

Question Text: Is the [if POLHLD_A=2 or PRPLCOV_A=1, fill 'family'.

Else no fill.] annual deductible for medical care for this plan less than [if POLHLD_A=2 or PRPLCOV_A=1, fill '$2,600'.

Else fill $1,300.], or [if POLHLD_A=2 or PRPLCOV_A=1, fill '$2,600'.

Else fill $1,300.] or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. less than [if POLHLD_A=2 or PRPLCOV_A=1, fill '$2,600'. Else fill $1,300.]

2. [if POLHLD_A=2 or PRPLCOV_A=1, fill '$2,600'. Else fill $1,300.] or more

Skip Instructions: <1> [goto PRRXCOV_A]

<2,RF,DK> [goto HSAHRA_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Health savings account   **Variable Name:** HSAHRA_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know with a high deductible

Question Text: There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts. Do you have one of these accounts or funds with this plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRRXCOV_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan pays for prescriptions   **Variable Name:** PRRXCOV_A

Universe Description: Sample Adults 18+ with private health insurance coverage where the name of the plan was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for medications prescribed by a doctor?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRDNCOV_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan pays for dental care   **Variable Name:** PRDNCOV_A

Universe Description: Sample Adults 18+ with private health insurance coverage where the plan name was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for dental care?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PRVSCOV_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Plan pays for vision care   **Variable Name:** PRVSCOV_A

Universe Description: Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Question Text: Does the plan pay for any of the costs for routine vision care, such as glasses and contact lenses?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> If there is another plan [goto bPlan for next plan]

  elseif 05 in HIKIND_A [goto CHNAME_A]

  elseif 08 in HIKIND_A [goto OPNAME_A]

  elseif 09 in HIKIND_A [goto OGNAME_A]

  elseif 06 in HIKIND_A [goto MILSPC_A]

  else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of CHIP plan   **Variable Name:** CHNAME_A

Universe Description: Sample Adults 18+ with a CHIP plan

Question Text: Earlier I recorded that you are covered by the Children's Health Insurance Program or CHIP. What is the name of the plan?

Skip Instructions: <allow 80,RF,DK> [goto CHXCHNG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: CHIP through Marketplace   **Variable Name:** CHXCHNG_A

Universe Description: Sample Adults 18+ with a CHIP plan

Question Text: Was your CHIP plan obtained through Healthcare.gov or the [fill:state Marketplace name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto CHPREM_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Pay CHIP premium   **Variable Name:** CHPREM_A

Universe Description: Sample Adults 18+ with a CHIP plan

Question Text: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto CHDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: CHIP deductible   **Variable Name:** CHDEDUC_A

Universe Description: Sample Adults 18+ with a CHIP plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1> [goto CHHDHP_A]

<2,RF,DK> if 08 in HIKIND_A [goto OPNAME_A]

  elseif 09 in HIKIND_A [goto OGNAME_A]

  elseif 06 in HIKIND_A [goto MILSPC_A]

  else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: CHIP HDHP   **Variable Name:** CHHDHP_A

Universe Description: Sample Adults 18+ with a CHIP plan who have a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: $1,300] or [fill: $1,300] or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. less than $1,300

2. $1,300 or more

Skip Instructions: <1,2,RF,DK> if 08 in HIKIND_A [goto OPNAME_A]

  elseif 09 in HIKIND_A [goto OGNAME_A]

  elseif 06 in HIKIND_A [goto MILSPC_A]

  else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of state plan   **Variable Name:** OPNAME_A

Universe Description: Sample Adults 18+ with a state-sponsored plan

Question Text: Earlier I recorded that you are covered by a state-sponsored plan. What is the name of the plan?

Skip Instructions: <allow 80,RF,DK> [goto OPXCHNG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: State plan through Marketplace   **Variable Name:** OPXCHNG_A

Universe Description: Sample Adults 18+ with a state-sponsored plan

Question Text: Was your state-sponsored plan obtained through Healthcare.gov or the [fill:state Marketplace name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto OPPREM_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Premium for state plan   **Variable Name:** OPPREM_A

Universe Description: Sample Adults 18+ with a state-sponsored plan

Question Text: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this state-sponsored plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto OPDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: State plan deductible   **Variable Name:** OPDEDUC_A

Universe Description: Sample Adults 18+ with a state-sponsored plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1>[goto OPHDHP_A]

<2,RF,DK> if 09 in HIKIND_A [goto OGNAME_A]

　elseif 06 in HIKIND_A [goto MILSPC_A]

　else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: State plan HDHP   **Variable Name:** OPHDHP_A

Universe Description: Sample Adults 18+ with a state-sponsored plan with a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: $1,300] or [fill: $1,300] or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. less than $1,300

2. $1,300 or more

Skip Instructions: <1,2,RF,DK> if 09 in HIKIND_A [goto OGNAME_A]

　elseif 06 in HIKIND_A [goto MILSPC_A] else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Name of government program plan   **Variable Name:** OGNAME_A

Universe Description: Sample Adults 18+ who have an other government plan

Question Text: Earlier I recorded that you are covered by an other government program. What is the name of the plan?

Skip Instructions: <allow 80,RF,DK> [goto OGXCHNG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Government plan through Marketplace   **Variable Name:** OGXCHNG_A

Universe Description: Sample Adults 18+ who have an other government plan

Question Text: Was your other government plan obtained through Healthcare.gov or the [fill:state Marketplace name]?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto OGPREM_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Premium for government plan   **Variable Name:** OGPREM_A

Universe Description: Sample Adults 18+ who have an other government plan

Question Text: A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this plan?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto OGDEDUC_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Other government deductible   **Variable Name:** OGDEDUC_A

Universe Description: Sample Adults 18+ with an other government plan

Question Text: A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your health plan have an annual deductible?

1. Yes

2. No

Skip Instructions: <1> [goto OGHDHP_A]

<2,RF,DK> if 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Other government HDHP **Variable Name:** OGHDHP_A

Universe Description: Sample Adults 18+ with an other government plan with a deductible

Question Text: Is the annual deductible for medical care for this plan less than [fill: $1,300] or [fill: $1,300] or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

1. less than $1,300

2. $1,300 or more

Skip Instructions: <1,2,RF,DK> if 06 in HIKIND_A [goto MILSPC_A]

else [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Types of military health care   **Variable Name:** MILSPC_A

Universe Description: Sample Adults 18+ with military related health care

Question Text: Earlier I recorded that you are covered by military related health care. What types of military related health care are you covered by?

* Enter all that apply, separate with commas.

1. VA health care

2. TRICARE (CHAMPUS)

3. CHAMP-VA (do not include CHAMPUS)

Skip Instructions: <1-3,RF,DK> [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Types of military health care   **Variable Name:** MILSPC_A

Universe Description: Sample Adults 18+ with military related health care

Question Text: Earlier I recorded that you are covered by military related health care. What types of military related health care are you covered by?

* Enter all that apply, separate with commas.

1. TRICARE (CHAMPUS)

2. CHAMP-VA (do not include CHAMPUS)

3. Other

Skip Instructions: <1-3,RF,DK> [goto HINOTYR_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Length since last health coverage **Variable Name:** HILAST_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

Question Text: How long has it been since you last had health care coverage that paid for doctor's visits or hospital stays?

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <1> [goto HILASTMY_A]

<2,3> [goto HISTOPJOB_A]

<4,5,6,0,RF,DK> [goto RSNHICOST_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Number of months without coverage   **Variable Name:** HILASTMY_A

Universe Description: Sample Adults 18+ without known health insurance who last had insurance at some time within the last 12 months

Question Text: In the past 12 months, how many months were you without coverage?

* If less than 1 month, enter '1'.

Skip Instructions: <1-12,RF,DK> [goto HISTOPJOB_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Retired/lost job   **Variable Name:** HISTOPJOB_A

Universe Description: Sample Adults 18+ who have been uninsured for less than 3 years

Question Text: Think about the last time that you did have health care coverage that paid for doctor's visits or hospital stays. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why you are no longer enrolled in your last health care plan.

You or the policyholder retired, lost a job, or changed employers?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPMISS_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Missed deadline   **Variable Name:** HISTOPMISS_A

Universe Description: Sample Adults 18+ who have been uninsured for less than 3 years

Question Text: * Read if necessary: Are you no longer enrolled in your last health care plan because...

You missed a deadline for signing up or paying for the coverage?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPAGE_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Age/left school   **Variable Name:** HISTOPAGE_A

Universe Description: Sample Adults 18+ who have been uninsured for less than 3 years

Question Text: * Read if necessary: Are you no longer enrolled in your last health care plan because...

You became ineligible because of your age or because you left school?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPCOST_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Cost increase   **Variable Name:** HISTOPCOST_A

Universe Description: Sample Adults 18+ who have been uninsured for less than 3 years

Question Text: * Read if necessary: Are you no longer enrolled in your last health care plan because...

The cost for your coverage increased?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HISTOPELIG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Not eligible Medicaid   **Variable Name:** HISTOPELIG_A

Universe Description: Sample Adults 18+ who have been uninsured for less than 3 years

Question Text: * Read if necessary: Are you no longer enrolled in your last health care plan because...

You had Medicaid or other public coverage, but were no longer eligible?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHICOST_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Not affordable   **Variable Name:** RSNHICOST_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

Question Text: There are many reasons why people do not have health insurance coverage. Are you currently uninsured because coverage is not affordable?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIWANT_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Do not need/want   **Variable Name:** RSNHIWANT_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

Question Text: There are other reasons that people do not have health insurance coverage. [if REASNHICOST_A = 1 then fill 'In addition to cost, are'. Else fill 'Are'] you currently uninsured because...

...you do not need or want coverage?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIELIG_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Not eligible   **Variable Name:** RSNHIELIG_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [if REASNHICOST_A = 1 then fill 'In addition to cost, are'. Else fill 'Are'] you currently uninsured because...

...you are not eligible for coverage?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHICONF_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Reasons no insurance - signing up difficult **Variable Name:** RSNHICONF_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [if REASNHICOST_A = 1 then fill 'In addition to cost, are'. Else fill 'Are'] you currently uninsured because...

...the process of signing up for coverage is too difficult or confusing?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIMEET_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Reasons no insurance - cannot find plan   **Variable Name:** RSNHIMEET_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [if REASNHICOST_A = 1 then fill 'In addition to cost, are'. Else fill 'Are'] you currently uninsured because...

...you cannot find a plan that meets your needs?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIWAIT_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Reasons no insurance - not started   **Variable Name:** RSNHIWAIT_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Question Text: * Read if necessary: There are other reasons that people do not have health insurance coverage. [if REASNHICOST_A = 1 then fill 'In addition to cost, are'. Else fill 'Are'] you currently uninsured because...

...you applied for coverage but it has not started yet?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RSNHIOTH_A]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Reasons no insurance - another reason   **Variable Name:** RSNHIOTH_A

Universe Description: Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Question Text: Is there another reason that you currently do not have health insurance coverage?

1. Yes

2. No

Skip Instructions: <1> [goto RSNHIOTHSP_A]

<2,RF,DK> [goto next section]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Other reason for no insurance   **Variable Name:** RSNHIOTHSP_A

Universe Description: Sample Adults 18+ who have another reason for not having coverage

Question Text: What is your other reason for not having coverage?

Skip Instructions: <allow 80,RF,DK> [goto next section]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Time without insurance   **Variable Name:** HINOTYR_A

Universe Description: Sample Adults 18+ with known health insurance coverage or responded yes to the medicare probe or medicaid probe

Question Text: In the past 12 months, was there any time when you did NOT have ANY health insurance or coverage?

1. Yes

2. No

Skip Instructions: <1> [goto HINOTMYR_A]

<2,RF,DK> [goto next section]

Section Name: INS   **Periodicity:** Annual Core

Variable Description: Months without coverage **Variable Name:** HINOTMYR_A

Universe Description: Sample Adults 18+ with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

Question Text: In the past 12 months, about how many months were you without coverage?

* If less than 1 month, enter '1'.

Skip Instructions: <1-12,RF,DK> [goto next section]

Section Name: PAY   **Periodicity:** Annual Core

Variable Description: Problems paying medical bills   **Variable Name:** PAYBLL12M_A

Universe Description: Sample Adults 18+ living in same family as the Sample Child when the Sample Child PAY section has not been completed

or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M_C and PAYNOBLLNW_C

or Sample adults living in different families than the Sample Child

Question Text: In the past 12 months did [If GEN.PCNT_A=1 fill "you"; else fill "anyone in the family"] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto PAYNOBLLNW_A]

<2> [goto PAYWORRY_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: PAY   **Periodicity:** Annual Core

Variable Description: unable to pay medical bills   **Variable Name:** PAYNOBLLNW_A

Universe Description: Sample Adults 18+ where anyone in the family has difficulty playing medical bills or don't know or refused and Sample Adult is living in same family as the Sample Child when the Sample Child PAY section has not been completed

or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M_C and PAYNOBLLNW_C

or Sample adults living in different families than the Sample Child AND who said they/anyone in their family has problems paying their medical bills or don't know or refuse to answer if they/anyone in their family has problems paying bills

Question Text: [If GEN.PCNT_A=1 fill "Do you"; else fill "Does anyone in your family"] currently have any medical bills that you are unable to pay at all?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PAYWORRY_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: PAY   **Periodicity:** Annual Core

Variable Description: Worried about medical bills   **Variable Name:** PAYWORRY_A

Universe Description: Sample Adults 18+

Question Text: 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

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: DNC   **Periodicity:** Rotating Core

Variable Description: Time since last dental cleaning   **Variable Name:** DENPREV_A

Universe Description: Sample Adults 18+

Question Text: About how long has it been since you last had a dental examination or cleaning?

* Read if necessary: Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <1> [goto DENDL12M_A]

<0,2-6,RF,DK> [goto DENLONG_A]

Section Name: DNC   **Periodicity:** Rotating Core

Variable Description: Time since last saw dentist   **Variable Name:** DENLONG_A

Universe Description: Sample Adults 18+ who have never seen a dentist for an exam or cleaning or have seen a dentist for an exam or cleaning more than 1 year ago or refused or didn't know when they last saw a dentist for an exam or cleaning

Question Text: About how long has it been since you last saw a dentist or other dental care provider for any reason?

* Read if necessary: Include all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto DENDL12M_A]

Section Name: DNC   **Periodicity:** Rotating Core

Variable Description: Delayed dental care   **Variable Name:** DENDL12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, have you delayed getting dental care because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto DENNG12M_A]

Section Name: DNC   **Periodicity:** Rotating Core

Variable Description: Needed dental care   **Variable Name:** DENNG12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, was there any time when you needed dental care, but did not get it because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Time since seen doctor   **Variable Name:** LASTDR_A

Universe Description: Sample Adults 18+

Question Text: About how long has it been since you last saw any doctor or other health professional about your health?

* Read if necessary: Include doctors seen while a patient in a hospital.

* Read if necessary: Do not include dental care.

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto USUALPL_A]

National Health Interview Survey Draft Sample Adult Questionnaire 2018-R

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Usual place of care   **Variable Name:** USUALPL_A

Universe Description: Sample Adults 18+

Question Text: Is there a place that you USUALLY go to if you are sick?

1. Yes

2. There is NO place

3. There is MORE THAN ONE place

Skip Instructions: <1,3,RF,DK> [goto USPLKIND_A]

<2> [goto WELLVIS_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Place of usual care   **Variable Name:** USPLKIND_A

Universe Description: Sample Adults 18+ with 1+ usual place of care or who don t know or refused to answer if they have a usual place of care

Question Text: What kind of place [If USUALPL_A=1 fill "is it"; else fill "do you go to most often"] - a doctor's office or health center; a walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store; an emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

* Read if necessary: A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

* Read if necessary: Walk-in clinics, urgent care centers, and retail clinics are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

1. A doctor's office or health center

2. Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store

3. Emergency Room

4. A VA Medical Center or VA outpatient clinic

5. Some other place

6. Does not go to one place most often

Skip Instructions: <1-6,RF,DK> [goto WELLVIS_A]

Section Name: UTZ   **Periodicity:** Rotating Core

Variable Description: Time since wellness visit   **Variable Name:** WELLVIS_A

Universe Description: Sample Adults 18+ and UTZ is in rotation

Question Text: About how long has it been since you last saw a doctor or other health professional for a "wellness visit," physical examination, preventive care, or general purpose check-up?

* Read if necessary: This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.

* If a wellness exam was combined with a sick care visit, include this visit.

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0> [goto URGENT12M_A]

<1-6,RF,DK> [goto WELLKIND_A]

Section Name: UTZ   **Periodicity:** Rotating Core

Variable Description: Place for last wellness visit   **Variable Name:** WELLKIND_A

Universe Description: Sample Adults 18+ who ever had a preventive visit or did not know or refused and UTZ is in rotation

Question Text: At what kind of place did you go to for your most recent "wellness visit," physical examination, preventive care, or general purpose check-up - a doctor's office or health center; a walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store; an emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

* Read if necessary: A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

* Read if necessary: Walk-in clinics, urgent care centers, and retail clinics are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

1. A doctor's office or health center

2. Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store

3. Emergency Room

4. A VA Medical Center or VA outpatient clinic

5. Some other place

Skip Instructions: <1-5,RF,DK> [goto URGENT12M_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Times visited walk-in clinic   **Variable Name:** URGENT12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, how many times have you gone to a walk-in clinic such as an urgent care center, or clinic in a pharmacy or grocery store about your health?

* Enter 96 if number is 96 or greater.

* Read if necessary: Walk-in clinics, urgent care centers, and retail clinics are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

Skip Instructions: <0-96,RF,DK> [goto EMERGE12M_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Times visited hospital ER   **Variable Name:** EMERGE12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, how many times have you gone to a HOSPITAL EMERGENCY ROOM about your health?

* Read if necessary: This includes emergency room visits that resulted in a hospital admission.

* Enter 96 if number of times is 96 or more.

Skip Instructions: <0-96,RF,DK> [goto HOSPONGT_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Hospitalized overnight   **Variable Name:** HOSPONGT_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, have you been hospitalized overnight? [If ((EMERGE12M_A GE '01' and EMERGE12M_A LE '96') or EMERGE12M_A='RF','DK'): Fill: "Do not include an overnight stay in the emergency room."]

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MEDDL12M_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Delayed medical care   **Variable Name:** MEDDL12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, have you delayed getting medical care because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MEDNG12M_A]

Section Name: UTZ   **Periodicity:** Annual Core

Variable Description: Needed medical care   **Variable Name:** MEDNG12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, was there any time when you needed medical care, but did not get it because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PMD   **Periodicity:** Annual Core

Variable Description: Prescribed medication   **Variable Name:** RX12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, were you prescribed medication by a doctor or other health professional?

1. Yes

2. No

Skip Instructions: <1> [goto RXSK12M_A]

<2,DK,RF> [goto RXDG12M_A]

Section Name: PMD   **Periodicity:** Annual Core

Variable Description: Skipped medication   **Variable Name:** RXSK12M_A

Universe Description: Sample Adults 18+ who had been prescribed medication in the past 12 months

Question Text: During the past 12 months, were any of the following true for you?

…You skipped medication doses to save money.

1. Yes

2. No

Skip Instructions: <1,2,DK,RF> [goto RXLS12M_A]

Section Name: PMD   **Periodicity:** Annual Core

Variable Description: Took less medication   **Variable Name:** RXLS12M_A

Universe Description: Sample Adults 18+ who had been prescribed medication in the past 12 months

Question Text: * Read if necessary: During the past 12 months, were any of the following true for you?

...You took less medication to save money.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto RXDL12M_A]

Section Name: PMD   **Periodicity:** Annual Core

Variable Description: Delayed filling prescription   **Variable Name:** RXDL12M_A

Universe Description: Sample Adults 18+ who had been prescribed medication in the past 12 months

Question Text: * 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

Skip Instructions: <1,2,RF,DK> [goto RXDG12M_A]

Section Name: PMD   **Periodicity:** Annual Core

Variable Description: Needed prescriptions   **Variable Name:** RXDG12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, was there any time when you needed prescription medication, but did not get it because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Blood pressure checked   **Variable Name:** BPLAST_A

Universe Description: Sample Adults 18+

Question Text: When was the last time you had your blood pressure checked by a doctor, nurse, or other health professional?

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto CHOLLAST_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Cholesterol checked   **Variable Name:** CHOLLAST_A

Universe Description: Sample Adults 18+

Question Text: When was the last time you had your blood cholesterol checked by a doctor, nurse, or other health professional?

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> [goto DIABLAST_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Blood sugar test   **Variable Name:** DIABLAST_A

Universe Description: Sample Adults 18+

Question Text: When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

0. Never

1. Within the past year (anytime less than 12 months ago)

2. Within the last 2 years (1 year but less than 2 years ago)

3. Within the last 3 years (2 years but less than 3 years ago)

4. Within the last 5 years (3 years but less than 5 years ago)

5. Within the last 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <0-6,RF,DK> if AGE ge 40 [goto COLORECTEV_A]

elseif (SEX=1 and (AGE lt 40 or AGE IN (DK,RF)) or SEX IN (DK,RF) [goto next section]

elseif (SEX=2 and (AGE lt 40 or AGE IN (DK,RF)) [goto CERVICEV_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Colonoscopy or sigmoidoscopy   **Variable Name:** COLORECTEV_A

Universe Description: Sample Adults 40+

Question Text: These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. Have you ever had either of these exams?

1. Yes

2. No

Skip Instructions: <1> [goto COLORECTYP_A]

<2,RF,DK> [goto COLOROTH_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Colon or sigmoid or both   **Variable Name:** COLORECTYP_A

Universe Description: Sample Adults 40+ who have had either a colonoscopy or sigmoidoscopy

Question Text: For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone take you home. For a sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Have you ever had a colonoscopy, a sigmoidoscopy, or both?

1. Colonoscopy

2. Sigmoidoscopy

3. Both

Skip Instructions: <1,3> [goto COLWHEN_A]

<2> [goto SIGWHEN_A]

<DK> [goto COLSIGWHEN_A]

<RF> [goto COLOROTH_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent colonoscopy **Variable Name:** COLWHEN_A

Universe Description: Sample Adults 40+ who have ever had a colonoscopy or both a colonoscopy and a sigmoidoscopy

Question Text: When did you have your MOST RECENT colonoscopy?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <1-6,RF,DK> [goto COLREASON_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Why colonoscopy **Variable Name:** COLREASON_A

Universe Description: Sample Adults 40+ who ever had a colonoscopy or both a colonoscopy and a sigmoidoscopy

Question Text: What was the MAIN reason you had this colonscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?

1. Part of a routine exam

2. Because of a problem

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

4. Other reason

Skip Instructions: <1-4,RF,DK> [goto COLPAY_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Pay colonoscopy   **Variable Name:** COLPAY_A

Universe Description: Sample Adults 40+ who ever had a colonoscopy or both a colonoscopy and a sigmoidoscopy

Question Text: How much did you pay out of pocket for your most recent colonoscopy -- was it NONE, PART, or ALL of the cost?

1. None of the cost

2. Part of the cost

3. All of the cost

Skip Instructions: <1-3,RF,DK> if COLORECTYP_A=3 [goto SIGWHEN_A]

else [goto COLOROTH_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent colon or sigmoid   **Variable Name:** COLSIGWHEN_A

Universe Description: Sample Adults 40+ who have ever had a colonoscopy or sigmoidoscopy but do not know which type

Question Text: When was your MOST RECENT colonoscopy or sigmoidoscopy?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto COLOROTH_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent sigmoidoscopy   **Variable Name:** SIGWHEN_A

Universe Description: Sample Adults 40+ who have ever had a sigmoidoscopy

Question Text: When was your MOST RECENT sigmoidoscopy?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto COLOROTH_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Other kind of test **Variable Name:** COLOROTH_A

Universe Description: Sample Adults 40+

Question Text: Have you ever had any OTHER kind of test for colorectal cancer, such as a virtual colonoscopy, CT colonography, or a blood stool test?

1. Yes

2. No

Skip Instructions: <1> [goto CTHEARD_A]

<2,RF,DK> if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) and SEX=1) [goto PSATEST_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) and SEX=2) [goto CERVICEV_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) and SEX IN (RF,DK)) [goto next section]

else [goto COLPROBLEM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Heard of CT colonography **Variable Name:** CTHEARD_A

Universe Description: Sample Adults 40+ who ever had any other tests for colorectal cancer

Question Text: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

Before today, HAD YOU EVER HEARD of CT colonography or virtual colonoscopy?

1. Yes

2. No

Skip Instructions: <1> [goto CTCOLEV_A]

<2,RF,DK> [goto FITTOLD_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Ever had CT colonography **Variable Name:** CTCOLEV_A

Universe Description: Sample Adults 40+ who have ever heard of CT colonography or virtual colonoscopy

Question Text: Have you ever had a CT colonography or virtual colonoscopy?

1. Yes

2. No

Skip Instructions: <1> [goto CTCOLWHEN_A]

<2,RF,DK> [goto FITTOLD_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent colonography   **Variable Name:** CTCOLWHEN_A

Universe Description: Sample Adults 40+ who have had a CT colonography or virtual colonscopy

Question Text: When was your most recent CT colonography or virtual colonoscopy?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more

Skip Instructions: <1-6,RF,DK> [goto FITTOLD_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Ever heard of FIT test   **Variable Name:** FITTOLD_A

Universe Description: Sample Adults 40+ who ever had any other tests for colorectal cancer

Question Text: The following questions are about the blood stool or occult blood test, fecal immunochemical or FIT test. These are tests to determine whether you have blood in your stool or bowel movement. These tests can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

Has a doctor or other health professional EVER told you about these tests for blood in the stool to check for colon cancer?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto FITHEV_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Ever had FIT test   **Variable Name:** FITHEV_A

Universe Description: Sample Adults 40+ who ever had any other tests for colorectal cancer

Question Text: Have you ever had a blood stool or FIT test, using a HOME test kit?

1. Yes

2. No

Skip Instructions: <1> [goto FITHWHEN_A]

<2,RF,DK> if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4)) or COLSIGWHEN_A IN (1-4) and SEX=1) [goto PSATEST_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4)) or COLSIGWHEN_A IN (1-4) and SEX=2) [goto CERVICEV_A]

if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A in (1-4)) or COLSIGWHEN_A IN (1-4) and SEX IN (RF,DK)) [goto next section]

 else [goto COLPROBLEM_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent FIT test   **Variable Name:** FITHWHEN_A

Universe Description: Sample Adults 40+ who have ever had a home blood stool or FIT test

Question Text: When was your most recent blood stool or FIT test, using a home test kit?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,DK,RF> [goto COLOGUARD_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Ever had Cologuard   **Variable Name:** COLOGUARD_A

Universe Description: Sample Adults 40+ who ever had a home FIT test

Question Text: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

Have you ever had a Cologuard test?

1. Yes

2. No

Skip Instructions: <1> [goto FITCOLG_A]

<2,RF,DK> if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=1) [goto PSATEST_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=2) [goto CERVICEV_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX in (RF,DK)) [goto next section]

else [goto COLPROBLEM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: FIT part of Cologuard   **Variable Name:** FITCOLG_A

Universe Description: Sample Adults 40+ who ever had a Cologuard

Question Text: Was the blood stool or FIT test you reported earlier conducted as part of a Cologuard test?

1. Yes

2. No

Skip Instructions: <1> [goto CGUARDWHEN_A]

<2,RF,DK> if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=1 [goto PSATEST_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=2) [goto CERVICEV_A]

elseif ((COLWHEN_A in (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX IN (RF,DK) [goto next section]

else [goto COLPROBLEM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Most recent Cologuard   **Variable Name:** CGUARDWHEN_A

Universe Description: Sample Adults 40+ who ever had a Cologuard as part of the FIT test

Question Text: When did you have your most recent Cologuard test?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=1) [goto PSATEST_A]

elseif ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX=2) [goto CERVICEV_A]

else if ((COLWHEN_A IN (1-5) or SIGWHEN_A IN (1-4) or CTCOLWHEN_A IN (1-4) or COLSIGWHEN_A IN (1-4) or FITHWHEN_A=1) and SEX IN (RF,DK)) [goto next section]

else [goto COLPROBLEM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: DR recommend colon test **Variable Name:** COLPROBLEM_A

Universe Description: Sample adults 40+ who never had a colonoscopy or had a colonoscopy over 10 years ago, or don't know or refused when they had a colonoscopy,

and never had a sigmoidoscopy or had a sigmoidoscopy over 5 years ago, or don't know or refused when they had a sigmoidoscopy,

or had a sigmoidoscopy or colonoscopy but don't know which over 5 years ago,

and never had a CT colonography or had a CT colonography over 5 years ago, or don't know or refused when they had a CT colonography,

and never had a FIT test or had a FIT test over one year ago, or don't know or refused when they had a FIT test

Question Text: In the past 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?

1. Yes

2. No

Skip Instructions: <1> [goto COLKIND_A]

<2,RF,DK> if SEX=1 [goto PSATEST_A]

elseif SEX=2 [goto CERVICEV_A]

elseif SEX IN (RF,DK) [goto next section]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Which colon test **Variable Name:** COLKIND_A

Universe Description: Sample Adults 40+ who had another type of colon test recommended

Question Text: Which tests to check for colon cancer did the doctor or other health professional recommend to you? Possible tests include stool blood or fecal occult blood or FIT test; sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or other.

* Enter all that apply, separate with commas.

1. Stool blood test/fecal occult blood/FIT test

2. Sigmoidoscopy

3. Colonoscopy

4. CT colonography/virtual colonoscopy

5. Other

Skip Instructions: <1,2,RF,DK> if SEX=1 [goto PSATEST_A]

elseif SEX=2 [goto CERVICEV_A]

elseif SEX IN (RF,DK) [goto next section]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Ever had PSA test **Variable Name:** PSATEST_A

Universe Description: Male Sample Adults 40+

Question Text: A PSA test is a blood test to detect prostate cancer. It is also called a prostate-secific antigen test. Have you EVER HAD a PSA test?

1. Yes

2. No

Skip Instructions: <1> [goto PSAWHEN_A]

<2,RF,DK> [goto PSAADVANT_A}

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Most recent PSA test   **Variable Name:** PSAWHEN_A

Universe Description: Male Sample Adults 40+ who ever had a PSA test

Question Text: When did you have your MOST RECENT PSA test?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto PSAREASON_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Reason had PSA test   **Variable Name:** PSAREASON_A

Universe Description: Male Sample Adults 40+ who ever had a PSA test

Question Text: What was the MAIN reason you had this PSA test - was it part of a rountine exam, because of a problem, or some other reason?

1. Part of a routine exame

2. Because of a problem

3. Other reason

Skip Instructions: <1-3,RF,DK> [goto PSASUGGEST_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Who suggested PSA test   **Variable Name:** PSASUGGEST_A

Universe Description: Male Sample Adults 40+ who ever had a PSA test

Question Text: Who first suggested this PSA test: you, your doctor, or someone else?

1. Self

2. Doctor

3. Someone else

Skip Instructions: <1-3,RF,DK> [goto PSA5YR_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: PSA tests 5 years   **Variable Name:** PSA5YR_A

Universe Description: Male Sample Adults 40+ who ever had a PSA test

Question Text: How many PSA tests have you had in the past 5 years?

* Enter 0 for none

* Enter '95' for 95 or more

Skip Instructions: <0-95,RF,DK> [goto PSAADVANT_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Advantages of PSA test   **Variable Name:** PSAADVANT_A

Universe Description: Male Sample Adults 40+

Question Text: Did a doctor EVER talk with you about the advantages of the PSA test?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto PSADISADV_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Disadvantages of PSA test **Variable Name:** PSADISADV_A

Universe Description: Male Sample Adults 40+

Question Text: Did a doctor EVER talk with you about the disadvantages of the PSA test?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Ever had cervical cancer test   **Variable Name:** CERVICEV_A

Universe Description: Female Sample Adults 18+

Question Text: There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV test.

Have you ever had a test to check for cervical cancer?

* Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

1. Yes

2. No

Skip Instructions: <1> [goto CERVICWHEN_A]

<2> [goto CERVICNOT_A]

<RF,DK> [goto HYSTEV_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Most recent cervical cancer test   **Variable Name:** CERVICWHEN_A

Universe Description: Female Sample Adults 18+ who have ever had a cervical cancer test

Question Text: When did you have your MOST RECENT test to check for cervical cancer?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto PAPTEST_A]

Section Name: PRV **Periodicity:** Supplement

Variable Description: Pap test at screening **Variable Name:** PAPTEST_A

Universe Description: Female Sample Adults 18+ who ever had a cervical cancer test

Question Text: At your most recent cervical cancer screening, did you have a Pap test?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HPVTEST_A]

Section Name: PRV **Periodicity:** Supplement

Variable Description: HPV test at screening **Variable Name:** HPVTEST_A

Universe Description: Female Sample Adults 18+ who ever had a cervical cancer test

Question Text: At your most recent cervical cancer screening, did you have an HPV test?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if CERVICWHEN_A IN (1,2,3,4) [goto CERVICRES_A]

if CERVICWHEN_A IN (5,6) [goto CERVICNOT_A]

if CERVICWHEN_A IN (RF,DK) [goto HYSTEV_A]

Section Name: PRV **Periodicity:** Supplement

Variable Description: Abnormal cervical cancer test **Variable Name:** CERVICRES_A

Universe Description: Female Sample Adults 18+ who had a cervical cancer test within the past 5 years.

Question Text: In the PAST 5 years, did you have a cervical cancer screening test that required follow-up to check for cancer or precancerous cells?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HYSTEV_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Reason no PAP/HPV test   **Variable Name:** CERVICNOT_A

Universe Description: Female Sample Adults who never had a cervical cancer test or had their last cervical cancer test more than 5 years ago.

Question Text: What is the MAIN REASON that you have [If CERVICEV_A=2 fill NEVER had a test to check for cervical cancer; If CERVICEV_A=1 and CERVICWHEN_A IN (5,6) fill: NOT had a test to check for cervical cancer in the last 5 years]?

* Do not read choices, select answer category based on respondent's answer.

1. No reason/never thought about it

2. Didn't need it/didn't know I needed this type of test

3. Doctor didn't order it/didn't say I needed it

4. Haven't had any problems

5. Put it off/didn't get around to it

6. Too expensive/no insurance/cost

7. Too painful, unpleasant, or embarrassing

8. Had hysterectomy

9. Don't have a doctor

10. Had HPV vaccine

11. Other

Skip Instructions: <1-11,RF,DK> [goto HYSTEV_A]

Section Name: PRV   **Periodicity:** Rotating Core

Variable Description: Had hysterectomy   **Variable Name:** HYSTEV_A

Universe Description: Female Sample Adults 18+

Question Text: Have you had a hysterectomy?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if GEN.AGE_FINAL ge 30 [goto MAMEV_A]

elseif GEN.AGE_FINAL lt 30 or GEN.AGE_FINAL IN (DK,RF) [goto next section]

Section Name: PRV **Periodicity:** Rotating Core

Variable Description: Ever had mammogram **Variable Name:** MAMEV_A

Universe Description: Female Sample Adults 30+

Question Text: Have you EVER HAD a mammogram?

* Read if necessary: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

1. Yes

2. No

Skip Instructions: <1> [goto MAMWHEN_A]

<2,RF,DK> [goto BREASTEXAM_A]

Section Name: PRV **Periodicity:** Rotating Core

Variable Description: Most recent mammogram**Variable Name:** MAMWHEN_A

Universe Description: Female Sample Adults 30+ who have had a mammogram

Question Text: When did you have your MOST RECENT mammogram?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto MAMREASON_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Reason for mammogram   **Variable Name:** MAMREASON_A

Universe Description: Female Sample Adults 30+ who have ever had a mammogram

Question Text: What was the MAIN reason you had this mammogram -- was it part of a routine exam, because of a problem, because of a family or personal history of cancer, or some other reason?

1. Part of a routine exam

2. Because of a problem

3. Because of family or personal history of cancer

4. Other reason

Skip Instructions: <1-4,RF,DK> [goto MAMAGE1ST_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Age of first mammogram **Variable Name:** MAMAGE1ST_A

Universe Description: Female Sample Adults age 30 or older who ever had a mammogram

Question Text: About how old were you when you had your first mammogram?

1. Under 30 years

2. 30-39

3. 40-49

4. 50-59

5. 60 years or older

Skip Instructions: if((AGE lt 60 and MAMAGE1ST_A=5) or (AGE lt 50 and MAMAGE1ST_A IN (4,5)) or (AGE lt 40 and MAMAGE1ST_A IN (3,4,5)))[goto ERR_MAMAGE1ST_A]

<1-3> [goto MAMWHY1ST_A]

<4,5> [goto BREASTEXAM_A]

<RF,DK> if AGE lt 50 [goto MAMWHY1ST_A]

else [goto BREASTEXAM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Reason mammogram age lt 50   **Variable Name:** MAMWHY1ST_A

Universe Description: Female Sample adults 30+ who had their first mammogram under age 50 or don't know or refused to say when they had their first mammogram and are under age 50.

Question Text: What was the MAIN REASON you had your first mammogram?

* Put response into correct category below.

1. Because of a breast problem

2. My healthcare provider told me I was high-risk

3. Family history of breast cancer

4. Part of a routine exam

5. I requested it

6. Other reason

Skip Instructions: <1-6,RF,DK> [goto BREASTEXAM_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Ever had breast exam   **Variable Name:** BREASTEXAM_A

Universe Description: Female sample adults 30+

Question Text: Have you EVER HAD a breast exam done by a doctor or other health professional to check for lumps or other signs of breast cancer?

1. Yes

2. No

Skip Instructions: <1> [goto BEXAMWHEN_A]

<2,RF,DK> [goto next section]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Most recent breast exam   **Variable Name:** BEXAMWHEN_A

Universe Description: Female Sample Adults 30+ who have ever had a breast exam

Question Text: When did you have your MOST RECENT breast exam?

1. Within the past year (anytime less than 12 months ago)

2. Within the past 2 years (1 year but less than 2 years ago)

3. Within the past 3 years (2 years but less than 3 years ago)

4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)

6. 10 years ago or more **Skip Instructions:** <1-6,RF,DK> [goto BEXAMREAS_A]

Section Name: PRV   **Periodicity:** Supplement

Variable Description: Reason breast exam   **Variable Name:** BEXAMREAS_A

Universe Description: Female Sample Adults 30+ who ever had a breast exam

Question Text: What was the MAIN REASON you had this breast exam -- was it part of a routine exam, because of a problem, or some other reason?

1. Part of a routine exame

2. Because of a problem

3. Other reason

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Pregnant last flu season   **Variable Name:** PREGFLUYR_A

Universe Description: Female sample adults 18-49 years or age is don't know or refused and who are not currently pregnant or don't know if they are currently pregnant or who are currently pregnant and the interview occurred between April-July.

Question Text: Were you pregnant any time [If INTERVIEW_MONTH=1-3 "since August 1st, [fill: last year]"

If INTERVIEW_MONTH=4-7 "from August [fill: last year] through March [fill: current year]"

If INTERVIEW_MONTH=8-12 "since August 1st, [fill: current year]"]?

1. Yes

2. No

Skip Instructions: <1,2,DK> [goto LIVEBIRTH_A]

<RF> [goto SHTFLU12M_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Any live births   **Variable Name:** LIVEBIRTH_A

Universe Description: Female sample adults aged 18-49 of age or age is don't know or refused who did not refuse to answer if they are currently pregnant or if they were pregnant in between August and March.

Question Text: During the past 12 months, did you have a pregnancy that ended in a live birth?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto SHTFLU12M_A]

Section Name: IMS   **Periodicity:** Annual Core

Variable Description: Flu vaccine   **Variable Name:** SHTFLU12M_A

Universe Description: Sample Adults 18+

Question Text: There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, have you had a flu vaccination?

* Read if necessary: A flu vaccination is usually given in the fall and protects against influenza for the flu season.

1. Yes

2. No

Skip Instructions: <1> [goto SHTFLUM_A]

<2,RF,DK> [goto SHTPNUEV_A]

Section Name: IMS   **Periodicity:** Annual Core

Variable Description: Month of last flu vaccine   **Variable Name:** SHTFLUM_A

Universe Description: Sample Adults 18+ who had a flu shot in the past 12 months

Question Text: * 1 of 2

During what month and year did you receive your most recent flu vaccine?

1. January

2. February

3. March

4. April

5. May

6. June

7. July

8. August

9. September

10. October

11. November

12. December

Skip Instructions: <1-12,DK> [goto SHTFLUY_A]

<RF> if Adult.BMI.PREGNOW_A=1 and GEN.INTERVIEW_MONTH IN (1,2,3,8,9,10,11,12) [goto FLUPREG_A]

elseif PREGFLUYR_A=1 [goto FLUPREG2_A]

else [goto SHTPNUEV_A]

Section Name: IMS   **Periodicity:** Annual Core

Variable Description: Year of last flu vaccine   **Variable Name:** SHTFLUY_A

Universe Description: Sample Adults 18+ who gave a month for their last flu shot or who didn't know the month

Question Text: * 2 of 2

* Enter year of most recent flu vaccine.

Skip Instructions: <valid year,RF,DK>

if SHTFLUM_A and SHTFLUY_A = a future date [goto ERR1_SHTFLUY_A]

elseif SHTFLUM_A and SHTFLUY_A = a date before 12 months ago [goto ERR2_SHTFLUY_A]

elseif PREGNOW_A=1 and GEN.INTERVIEW_MONTH IN (1,2,3,8,9,10,11,12) [goto FLUPREG_A]

elseif PREGFLUYR_A=1 [goto FLUPREG2_A]

else [goto SHTPNUEV_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Flu shot before/during pregnancy **Variable Name:** FLUPREG_A

Universe Description: Female Sample Adults 18-49 (or don't know or refuse their age) who are currently pregnant and received a flu vaccination in the past 12 months and the interview takes place in Jan-March or Aug-Dec.

Question Text: Did you get a flu vaccination before or during your current pregnancy?

1. Before pregnancy

2. During pregnancy

Skip Instructions: <1,2,RF,DK> [goto SHTPNUEV_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Earlier pregnancy and flu vaccine   **Variable Name:** FLUPREG2_A

Universe Description: Female sample adults 18-49 years of age who reported a pregnancy during August-March and received a flu vaccination in the past 12 months.

Question Text: Earlier you said you were pregnant sometime [If INTERVIEW_MONTH=1-3 "since August 1st, [fill: last year]"

If INTERVIEW_MONTH=4-7 "from August [fill: last year] through March [fill: current year]"

If INTERVIEW_MONTH=8-12 "since August 1st, [fill: current year]"]. Did you get a flu vaccination before, during, or after your pregnancy?

1. Before pregnancy

2. During pregnancy

3. After pregnancy

Skip Instructions: <1-3,RF,DK> [goto SHTPNUEV_A]

Section Name: IMS   **Periodicity:** Annual Core

Variable Description: Ever had pneumonia shot **Variable Name:** SHTPNUEV_A

Universe Description: Sample Adults 18+

Question Text: A pneumonia shot is also known as pneumococcal vaccine. Have you ever had a pneumonia shot?

* Read if neccessary: There are two types of pneumonia shots: polysaccharide, also know as Pneumovax®, and conjugate, also known as Prevnar®.

1. Yes

2. No

Skip Instructions: <1> [goto SHTPNEUNB_A]

<2,RF,DK> if AGE ge 50 [goto SHTSHINGLE_A]

else if (AGE le 49 or AGE IN (DK,RF)) and LIVEBIRTH_A=1 [goto TDAPPREG_A]

else [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Number of pneumonia shots   **Variable Name:** SHTPNEUNB_A

Universe Description: Sample Adults who ever had a pneumonia shot

Question Text: How many pneumonia shots have you ever had?

1. One pneumonia shot

2. Two pneumonia shots

3. More than two pneumonia shots

Skip Instructions: <1,2,3,RF,DK> if AGE ge 50 [goto SHTSHINGLE_A]

elseif LIVEBIRTH_A=1 [goto TDAPPREG_A]

else [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Shingles vaccination   **Variable Name:** SHTSHINGLE_A

Universe Description: Sample Adult's age is 50 or over

Question Text: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax®, which requires 1 shot, and Shingrix®, a new vaccine which requires 2 shots. Have you had a vaccine for shingles?

1. Yes

2. No

Skip Instructions: <1> [goto ZOSTAVAX_A]

<2,RF,DK> [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Zostavax   **Variable Name:** ZOSTAVAX_A

Universe Description: Sample adults age 50 or older who ever had a vaccine for shingles

Question Text: Have you ever had Zostavax®, the shingles vaccine that requires one shot?

1. Yes

2. No

Skip Instructions: <1> [goto ZOSTAVAXYR_A]

<2,RF,DK> [goto SHINGRIX_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Most recent Zostavax shot   **Variable Name:** ZOSTAVAXYR_A

Universe Description: Sample Adults age 50 or older who had Zostavax vaccine

Question Text: What year did you get your most recent Zostavax® shot?

Skip Instructions: <1900-2030> if future date [goto ERR1_ZOSTAVAXYR_A]

elseif date before birth [goto ERR2_ZOSTAVAXYR_A]

else [goto SHINGRIX_A]

<RF,DK> [goto ZOSTAWHEN_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Zostavax in 2018 or before   **Variable Name:** ZOSTAWHEN_A

Universe Description: Sample Adults aged 50 and older who don't know or refused the year they had a Zostavax vaccination

Question Text: Was it in 2018 or before 2018?

1. In 2018

2. Before 2018

Skip Instructions: <1,2,RF,DK> [goto SHINGRIX_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Ever had Shingrix vaccination   **Variable Name:** SHINGRIX_A

Universe Description: Sample Adults who had a shingles vaccine

Question Text: Have you ever had Shingrix®, the new shingles vaccine which requires 2 shots?

1. Yes

2. No

Skip Instructions: <1> [goto SHINGRIXNB_A]

<2,RF,DK> else [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: How many Shingrix shots **Variable Name:** SHINGRIXNB_A

Universe Description: Sample Adults aged 50 or older who had a Shingrix vaccine

Question Text: How many Shringrix® shots have you ever had?

1. One Shingrix shot

2. Two Shingrix shots

Skip Instructions: <1,2,RF,DK> [goto SHINGRIXYR_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Year Shingrix shot **Variable Name:** SHINGRIXYR_A

Universe Description: Sample Adults aged 50 or older who had a Shingrix vaccine

Question Text: What year did you get your most recent Shingrix® shot?

Skip Instructions: <1900-2030> if future date [goto ERR1_SHINGRIXYR_A]

elseif date prior to birth [goto ERR2_SHINGRIXYR_A]

else [goto SHTTETANUS_A]

<RF,DK> [goto SHINGWHEN_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Shingrix in 2018 or before **Variable Name:** SHINGWHEN_A

Universe Description: Sample Adults aged 50 and older who had a Shingrix vaccination and don't know or refused the year they had it.

Question Text: Was it in 2018 or before 2018?

1. In 2018

2. Before 2018

Skip Instructions: <1,2,RF,DK> [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Tdap booster shot   **Variable Name:** TDAPPREG_A

Universe Description: Female sample adults aged 18-49 or age is don't know or refused who had a live birth in the past 12 months.

Question Text: A Tdap vaccination is a tetanus booster shot that also includes pertussis (per-TUH-sis) or whooping cough vaccine. Earlier you said that you had a pregnancy that ended in a live birth during the past 12 months. Did you receive a Tdap vaccine during this pregnancy?

1. Yes

2. No

Skip Instructions: <1> if AGE NOT IN (DK,RF) [goto SHTHPV_A] else [goto WORKHEALTH_A]

<2,DK,RF> [goto SHTTETANUS_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Tentanus in past 10 years **Variable Name:** SHTTETANUS_A

Universe Description: Sample Adults 18+ who did not have a TDAP vaccine during a recent pregnancy

Question Text: Have you receieved a tetanus shot in the past 10 years?

1. Yes

2. No

Skip Instructions: <1> [goto SHTTDAP_A]

<2,DK,RF> if AGE le 64 [goto SHTHPV_A]

else [goto WORKHEALTH_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: What kind of tetanus shot **Variable Name:** SHTTDAP_A

Universe Description: Sample Adults 18+ who had a tetanus shot in the past 10 years

Question Text: There are currently two types of tetanus shots available. One is the TD or tetanus-diphtheria vaccine and the others are called Tdap or Adacel® or Boostrix®. 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 of did the vaccine information sheet say the vaccine included the pertussis or whooping cough vaccine?

Skip Instructions: <1,2,DK,RF> if AGE le 64 [goto SHTHPV_A] else [goto WORKHEALTH_A]

National Health Interview Survey Draft Sample Adult Questionnaire 2018-R

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Ever had an hpv shot   **Variable Name:** SHTHPV_A

Universe Description: Sample Adults 18-64

Question Text: Have you ever received an HPV shot or vaccine?

1. Yes

2. No

Skip Instructions: <1> [goto SHTHPVAGE_A]

<2,RF,DK> [goto WORKHEALTH_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Age at first HPV vaccine   **Variable Name:** SHTHPVAGE_A

Universe Description: Sample Adults 18-64 who had an HPV shot

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

Skip Instructions: <0-64,RF,DK> if HPVAGE_A gt AGE [goto ERR1_SHTHPVAGE_A]

else [goto WORKHEALTH_A]

Section Name: IMS   **Periodicity:** Supplement

Variable Description: Work in health care   **Variable Name:** WORKHEALTH_A

Universe Description: Sample Adults 18+

Question Text: Do you currently volunteer or work in a hospital, medical clinic, doctor's office, dentist 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 or medical care provided in the home.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: PTC   **Periodicity:** Rotating Core

Variable Description: Had eye exam, past 12m   **Variable Name:** EYEEX12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, have you had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto THERA12M_A]

Section Name: PTC   **Periodicity:** Rotating Core

Variable Description: Received therapy **Variable Name:** THERA12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, did you receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

*Do not include mental health therapy

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto HOMEHC12M_A]

Section Name: PTC   **Periodicity:** Rotating Core

Variable Description: Received care at home   **Variable Name:** HOMEHC12M_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months did you receive care at home from a nurse or other health professional?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: MHC   **Periodicity:** Rotating Core

Variable Description: Medications for emotions **Variable Name:** MHRX_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, did you take any prescription medication to help you with your emotions, concentration, behavior or mental health?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MHTHRPY_A]

Section Name: MHC   **Periodicity:** Rotating Core

Variable Description: Receive counseling/therapy   **Variable Name:** MHTHRPY_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, did you receive counseling, therapy, or other non-medication treatment from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto MHTPYNOW_A]

<2> [goto MHTHDLY_A]

Section Name: MHC   **Periodicity:** Rotating Core

Variable Description: Currently receiving counseling   **Variable Name:** MHTPYNOW_A

Universe Description: Sample Adults 18+ who have received, or refused to answer or don't know if they have received counseling, therapy or other non-medication treatment from a mental health professional in the past 12 months

Question Text: Are you currently receiving counseling or therapy or other non-medication from a mental health professional?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MHTHDLY_A]

Section Name: MHC   **Periodicity:** Rotating Core

Variable Description: Delayed counseling   **Variable Name:** MHTHDLY_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, have you delayed getting counseling, therapy, or other non-medication treatment from a mental health professional because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto MHTHND_A]

Section Name: MHC   **Periodicity:** Rotating Core

Variable Description: Needed counseling   **Variable Name:** MHTHND_A

Universe Description: Sample Adults 18+

Question Text: During the past 12 months, was there any time when you needed counseling, therapy, or other non-medication treatment from a mental health professional, but did not get it because of the cost?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: ANX   **Periodicity:** Annual Core

Variable Description: Worried/nervous/anxious **Variable Name:** ANXFREQ_A

Universe Description: Sample Adults 18+

Question Text: How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

1. Daily

2. Weekly

3. Monthly

4. A few times a year

5. Never

Skip Instructions: <1-5,RF,DK> [goto ANXMED_A]

Section Name: ANX   **Periodicity:** Annual Core

Variable Description: Take medication for worry   **Variable Name:** ANXMED_A

Universe Description: Sample Adults 18+

Question Text: Do you take medication for these feelings?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto ANXLEVEL_A]

<2> if ANXFREQ_A=5 [goto next section]

    else [goto ANXLEVEL_A]

Section Name: ANX   **Periodicity:** Annual Core

Variable Description: How worried/nervous/anxious   **Variable Name:** ANXLEVEL_A

Universe Description: Sample Adults 18+ who feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

Question Text: Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

1. A little

2. A lot

3. Somewhere in between a little and a lot

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: DEP   **Periodicity:** Annual Core

Variable Description: How often depressed   **Variable Name:** DEPFREQ_A

Universe Description: Sample Adults 18+

Question Text: How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

1. Daily

2. Weekly

3. Monthly

4. A few times a year

5. Never

Skip Instructions: <1-5,RF,DK> [goto DEPMED_A]

Section Name: DEP   **Periodicity:** Annual Core

Variable Description: Take medication for depression   **Variable Name:** DEPMED_A

Universe Description: Sample Adults 18+

Question Text: Do you take medication for depression?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto DEPLEVEL_A]

<2> if DEPFREQ_A=5 [goto next section]

else [goto DEPLEVEL_A]

Section Name: DEP   **Periodicity:** Annual Core

Variable Description: How depressed   **Variable Name:** DEPLEVEL_A

Universe Description: Sample Adults 18+ who feel depressed daily, weekly, monthly, a few times a year or refused or don t know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

Question Text: Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

1. A little

2. A lot

3. Somewhere in between a little and a lot

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Little interest in things   **Variable Name:** PHQ81_A

Universe Description: Sample Adults 18+

Question Text: Over the last two weeks, how often have you been bothered by any of the following problems

...Little interest or pleasure in doing things?

Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ82_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Feeling down   **Variable Name:** PHQ82_A

Universe Description: Sample Adults 18+

Question Text: Over the last two weeks, how often have you been bothered by

...Feeling down, depressed, or hopeless?

Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ83_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Trouble with sleeping   **Variable Name:** PHQ83_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Trouble falling or staying asleep, or sleeping too much?

* Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ84_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Feeling tired   **Variable Name:** PHQ84_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Feeling tired or having little energy?

* Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ85_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Poor appetite   **Variable Name:** PHQ85_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Poor appetite or overeating?

* Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ86_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Feeling bad about self   **Variable Name:** PHQ86_A

Universe Description: Sample Adults 18+

Question Text: Read if necessary: Over the last two weeks, how often have you been bothered by

...Feeling bad about yourself, or that you are a failure, or have let yourself or your family down?

 * Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ87_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Trouble concentrating   **Variable Name:** PHQ87_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Trouble concentrating on things, such as reading the newspaper or watching television?

* Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto PHQ88_A]

Section Name: PHQ   **Periodicity:** Rotating Core

Variable Description: Drawing notice   **Variable Name:** PHQ88_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?

* Read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto next section]

Section Name: GAD   **Periodicity:** Rotating Core

Variable Description: Felt nervous   **Variable Name:** GAD71_A

Universe Description: Sample Adults 18+

Question Text: Over the last two weeks, how often have you been bothered by the following problems

Feeling nervous, anxious, or on edge?

Would you say not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD72_A]

Section Name: GAD   **Periodicity:** Rotating Core

Variable Description: Can't stop worrying   **Variable Name:** GAD72_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Not being able to stop or control worrying?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD73_A]

Section Name: GAD   **Periodicity:** Rotating Core

Variable Description: Worrying about things   **Variable Name:** GAD73_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Worrying too much about different things?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD74_A]

Section Name: GAD   **Periodicity:** Rotating Core

Variable Description: Trouble relaxing   **Variable Name:** GAD74_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Trouble relaxing?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD75_A]

Section Name: GAD   **Periodicity:** Rotating Core

Variable Description: Can't sit still   **Variable Name:** GAD75_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Being so restless that it's hard to sit still?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD76_A]

Section Name: GAD　　**Periodicity:** Rotating Core

Variable Description: Easily annoyed　　**Variable Name:** GAD76_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Becoming easily annoyed or irritable?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto GAD77_A]

Section Name: GAD　　**Periodicity:** Rotating Core

Variable Description: Feeling afraid　　**Variable Name:** GAD77_A

Universe Description: Sample Adults 18+

Question Text: * Read if necessary: Over the last two weeks, how often have you been bothered by

...Feeling afraid as if something awful might happen?

* Read if necessary: Would you say, not at all, several days, more than half the days, or nearly every day?

0. Not at all

1. Several days

2. More than half the days

3. Nearly every day

Skip Instructions: <0-3,RF,DK> [goto next section]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: How often had pain   **Variable Name:** PAIFRQ3M_A

Universe Description: Sample Adults 18+

Question Text: In the past three months, how often did you have pain? Would you say never, some days, most days, or every day?

* If respondent asks whether they are to answer about their pain when taking their medications, say: "Please answer based on your usual use of medication."

1. Never

2. Some days

3. Most days

4. Every day

Skip Instructions: <1,RF,DK> [goto next section]

<2,3,4> [goto PAIAMNT_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: How much pain last time   **Variable Name:** PAIAMNT_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

1. A little

2. A lot

3. Somewhere in between a little and a lot

Skip Instructions: <1-3,RF,DK> if SOC.SOCWRKLIM_A=1 or SOC.SOCWRKNOW=1, [goto PAIWKLM_A]

else [goto PAIWKLM3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Pain limits work   **Variable Name:** PAIWKLM_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months, and who are limited in the kind or amount of work they can do because of a physical, mental, or emotional problem or who are unable to work because of a physical, mental, or emotional problem

Question Text: Earlier you indicated that you are [If SOCWRKLIM_A='1', fill: "limited in the kind or amount of work you can do"

elseif SOCWRKNOW_A='1', fill: "unable to work"] because of a physical, mental, or emotional problem. Are you [If SOCWRKLIM_A='1', fill: "limited in the kind or amount of work you can do"

elseif SOCWRKNOW_A='1', fill: "unable to work"] because of your pain?

1. Yes

2. No

Skip Instructions: <1-2,RF,DK> [goto PAIWKLM3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: How often pain limits life/work   **Variable Name:** PAIWKLM3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: Over the past three months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?

1. Never

2. Some days

3. Most days

4. Every day

Skip Instructions: <1-4,RF,DK> [goto PAIAFFM3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: How often pain impacts family   **Variable Name:** PAIAFFM3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: Over the past three months, how often did YOUR pain affect your family and significant others? Would you say never, some days, most days, or every day?

1. Never

2. Some days

3. Most days

4. Every day

Skip Instructions: <1-4,RF,DK> [goto PAIMNG3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Manage pain   **Variable Name:** PAIMNG3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: Over the past three months, to what extent were you able to manage your pain so that you can do the things you enjoy doing? Would you say a little, a lot, or somewhere in between?

1. A little

2. A lot

3. Somewhere in between a little and a lot

Skip Instructions: <1-3,RF,DK> [goto PAIBACK3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Back pain **Variable Name:** PAIBACK3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: Over the past three months, how much have you been bothered by

...Back pain? Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto PAIULMB3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Pain in hands   **Variable Name:** PAIULMB3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: * Read if necessary: Over the past three months, how much have you been bothered by

...Pain in your hands, arms, or shoulders?

* Read if necessary: Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto PAILLMB3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Pain in hips   **Variable Name:** PAILLMB3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: * Read if necessary: Over the past three months, how much have you been bothered by

...Pain in your hips, knees, or feet?

* Read if necessary: Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto PAIHDFC3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Migraine **Variable Name:** PAIHDFC3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: * Read if necessary: Over the past three months, how much have you been bothered by

...Headache, migraine, or facial pain?

* Read if necessary: Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto PAIAPG3M_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Abdominal pain   **Variable Name:** PAIAPG3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: * Read if necessary: Over the past three months, how much have you been bothered by

...Abdominal, pelvic, or genital pain?

* Read if necessary: Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto PAITOOTH_A]

Section Name: PAI   **Periodicity:** Rotating Core

Variable Description: Toothache/jaw pain   **Variable Name:** PAITOOTH3M_A

Universe Description: Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Question Text: * Read if necessary: Over the past three months, how much have you been bothered by

...Toothache or jaw pain?

* Read if necessary: Would you say not at all, a little, a lot, or somewhere in between?

1. Not at all

2. A little

3. A lot

4. Somewhere in between a little and a lot

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Ever smoked 100 cigarettes   **Variable Name:** SMKEV_A

Universe Description: Sample Adults 18+

Question Text: Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

1. Yes

2. No

Skip Instructions: <1> [goto SMKNOW_A]

<2,RF,DK> [goto ECIGEV_A]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Now smoke cigarettes   **Variable Name:** SMKNOW_A

Universe Description: Sample Adults 18+ who ever smoked 100 cigarettes

Question Text: Do you NOW smoke cigarettes every day, some days or not at all?

1. Every day

2. Some days

3. Not at all

Skip Instructions: <1> [goto CIGNOW_A]

<2> [goto SMK30D_A]

<3,RF,DK> [goto ECIGEV_A]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Number of cigarettes a day   **Variable Name:** CIGNOW_A

Universe Description: Sample Adults 18+ who are current every day smokers

Question Text: On average, about how many cigarettes do you NOW smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

Skip Instructions: <1-95,RF,DK> [goto ECIGEV_A]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Number of days smoked   **Variable Name:** SMK30D_A

Universe Description: Sample Adults 18+ who are current some day smokers

Question Text: On how many of the PAST 30 DAYS did you smoke a cigarette?

* Enter '0' for None.

Skip Instructions: <0> [goto ECIGEV_A]

<1-30,RF,DK> [goto CIG30D_A]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Number of cigarettes   **Variable Name:** CIG30D_A

Universe Description: Sample Adults 18+ who have smoked any time in the past 30 days, or refused or did not know

Question Text: On 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.

Skip Instructions: <1-95,DK,RF> [goto ECIGEV_A]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Ever used e-cigarettes   **Variable Name:** ECIGEV_A

Universe Description: Sample Adults 18+

Question Text: The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used an e-cigarette EVEN ONE TIME?

* Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice."   Popular brands include NJOY, BLU, LOGIC, and VUSE.

1. Yes

2. No

Skip Instructions: <1> [goto ECIGNOW_A]

<2,RF,DK> [goto next section]

Section Name: CIG   **Periodicity:** Annual Core

Variable Description: Now use e-cigarettes   **Variable Name:** ECIGNOW_A

Universe Description: Sample Adults 18+ who have ever used e-cigarettes

Question Text: Do you now use e-cigarettes every day, some days, or not at all?

1. Every day

2. Some days

3. Not at all

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Ever smoked cigar   **Variable Name:** CIGAREV_A

Universe Description: Sample adults 18+

Question Text: Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

* Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

* Read if necessary: Do not include electronic cigars or e-cigars.

1. Yes

2. No

Skip Instructions: <1> [goto CIGARCUR_A]

<2,RF,DK> [goto PIPEEV_A]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Now smoke cigars   **Variable Name:** CIGARCUR_A

Universe Description: Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

Question Text: Do you now smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

1. Every day

2. Some days

3. Not at all

Skip Instructions: <1,RF,DK> [go to PIPEEV_A]

<2,3> [go to CIGAR30D_A]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Days smoked cigar   **Variable Name:** CIGAR30D_A

Universe Description: Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

Question Text: On how many of the PAST 30 DAYS have you smoked a regular cigar, cigarillo, or little filtered cigar?

Skip Instructions: <0-30,RF,DK> [goto PIPEEV_A]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Ever smoked pipe   **Variable Name:** PIPEEV_A

Universe Description: Sample adults 18+

Question Text: Have you EVER smoked a pipe filled with tobacco - either a regular pipe, water pipe, or hookah EVEN ONE TIME?

* Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

* Read if necessary: Do not include electronic pipes or e-pipes.

 Read if necessary: Do not include pipes filled with substances other than tobacco.

1. Yes

2. No

Skip Instructions: <1> [goto PIPECUR_A]

<2,RF,DK> [goto SMOKELSEV_A]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Now smoked pipe   **Variable Name:** PIPECUR_A

Universe Description: Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

Question Text: Do you now smoke pipes filled with tobacco - either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

* Read if necessary: Do not include pipes filled with substances other than tobacco.

1. Every day

2. Some days

3. Not at all

Skip Instructions: <1-3,RF,DK> [goto SMOKELSEV_A]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Ever used smokeless tobacco   **Variable Name:** SMOKELSEV_A

Universe Description: Sample adults 18+

Question Text: 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?

* Read if necessary: Do not include nicotine replacement therapy products such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.

1. Yes

2. No

Skip Instructions: <1> [goto SMOKELSCUR_A]

<2,RF,DK> [goto next section]

Section Name: OTB   **Periodicity:** Supplement

Variable Description: Now use smokeless tobacco   **Variable Name:** SMOKELSCUR_A

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

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

1. Every day

2. Some days

3. Not at all

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: ORN   **Periodicity:** Annual Core

Variable Description: Sexual orientation   **Variable Name:** ORIENT_A

Universe Description: Sample Adults 18+

Question Text: Do you think of yourself as [If SEX=1 fill "gay"; else if SEX='2',RF,DK fill "lesbian or gay"]; straight, that is, not [If SEX=1 fill "gay"; else if SEX='2',RF,DK fill "lesbian or gay"]; bisexual; something else; or you don't know the answer?

1. Gay or lesbian

2. Straight, that is, not gay or lesbian

3. Bisexual

4. Something else

5. I don't know the answer

Skip Instructions: <1-5,RF> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Marital status   **Variable Name:** MARITAL_A

Universe Description: Sample Adults 18+

Question Text: The next questions are about marriage and cohabitation. Are you now married, living with a partner together as an unmarried couple, or neither?

* If respondent says both married and living with partner, enter living with partner.

1. Married

2. Living with a partner together as an umarried couple

3. Neither

Skip Instructions: <1> [goto SPOUSLIV_A] <2> [goto PARTNERWHO_A]

<3,RF,DK> [goto EVRMARRIED_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Spouse live here   **Variable Name:** SPOUSLIV_A

Universe Description: Sample Adults 18+ who are married

Question Text: Does your spouse live here?

1. Yes

2. No

Skip Instructions: <1> [goto SPOUSWHO_A] <2,RF,DK> [goto SPOUSEP_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Which person in HH is spouse/partner   **Variable Name:** SPOUSWHO_A

Universe Description: Sample Adults 18+ with spouse in household

Question Text: Which person is your spouse?

[ ]* Enter line number of spouse.

Skip Instructions: <1-25> [goto SPOUSSEX_A]

<RF,DK> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Confirm gender of spouse **Variable Name:** SPOUSSEX_A

Universe Description: Sample Adults 18+ with spouse in household who entered a line number for their spouse

Question Text: I previously recorded SPOUSENAME's spousesex? Is this correct?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto next section]

<2> [goto SPOUNEWSEX_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: New gender of spouse   **Variable Name:** SPOUNEWSEX_A

Universe Description: Sample Adults 18+ with spouse with incorrect sex

Question Text: Is [Fill name of spouse selected at SPOUSWHO_A] male or female?

1. Male

2. Female

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Separated from spouse   **Variable Name:** SPOUSEP_A

Universe Description: Sample Adults 18+ whose spouse does not live in the household or said refused/don't know to whether their spouse lived in the household

Question Text: Does your spouse not live here because you and your spouse are legally separated?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Which person in HH is partner   **Variable Name:** PARTNERWHO_A

Universe Description: Sample Adults 18+ who are living with unmarried partner in household

Question Text: Which person is your partner?

[ ]* Enter line number of partner.

Skip Instructions: <1-25> [goto PARTNERSEX_A]

<RF,DK> [goto EVRMARRIED_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Confirm gender of partner   **Variable Name:** PARTNERSEX_A

Universe Description: Sample Adults 18+ with partner in household who entered a line number for their partner

Question Text: I previously recorded PARTNERNAME's [if GEN.SEX_FINAL[person selected at PARTNERWHO_A]=1, fill "sex is male"

if GEN.SEX_FINAL[person selected at PARTNERWHO_A]=2, fill "sex is female"

if GEN.SEX_FINAL[person selected at PARTNERWHO_A] IN (DK,RF), fill "sex was not provided"]. Is this correct?

1. Yes

2. No

Skip Instructions: <1,RF,DK> [goto EVRMARRIED_A]

<2> [goto PARTNEWSEX_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: New gender of partner   **Variable Name:** PARTNEWSEX_A

Universe Description: Sample Adults 18+ with partner with incorrect sex

Question Text: Is [Fill name of partner selected at PARTNERWHO_A] male or female?

1. Male

2. Female

Skip Instructions: <1,2,RF,DK> [goto EVRMARRIED_A]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Ever been married   **Variable Name:** EVRMARRIED_A

Universe Description: Sample Adults 18+ who are living with unmarried partner or who are not married or living with an unmarried partner or refused or don't know

Question Text: Have you ever been married?

1. Yes

2. No

Skip Instructions: <1> if MARITAL_A=2 [goto LEGALSTAT_A]

elseif MARITAL_A=3 [goto WIDIVSEP_A]

else [goto next section]

<2,RF,DK> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Current legal marital status   **Variable Name:** LEGALSTAT_A

Universe Description: Sample Adults 18+ who are living with a partner but have been married

Question Text: What is your current legal marital status? Are you married, widowed, divorced, or separated?

1. Married

2. Widowed

3. Divorced

4. Separated

Skip Instructions: <1-4,RF,DK> [goto next section]

Section Name: MAR   **Periodicity:** Annual Core

Variable Description: Widowed, divorced, or separated **Variable Name:** WIDIVSEP_A

Universe Description: Sample Adults 18+ who are neither living with a partner nor married, but have been married

Question Text: Are you widowed, divorced, or separated?

1. Widowed

2. Divorced

3. Separated

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: VET   **Periodicity:** Annual Core

Variable Description: Ever serve active duty   **Variable Name:** AFVET_A

Universe Description: Sample Adults 18+

Question Text: Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.

1. Yes

2. No

Skip Instructions: <1> [goto COMBAT_A]

<2,RF,DK> [goto next section]

Section Name: VET   **Periodicity:** Annual Core

Variable Description: Ever served abroad   **Variable Name:** COMBAT_A

Universe Description: Sample Adults 18+ who have ever served in the armed forces

Question Text: Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto VADISB_A]

Section Name: VET   **Periodicity:** Annual Core

Variable Description: Have VA disability **Variable Name:** VADISB_A

Universe Description: Sample Adults 18+ who have ever served in the armed forces

Question Text: Do you have a VA service-connected disability rating?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto VAHOSP_A]

Section Name: VET   **Periodicity:** Annual Core

Variable Description: Care at VA facility **Variable Name:** VAHOSP_A

Universe Description: Sample Adults 18+ who have ever served in the armed forces

Question Text: During the past 12 months, did you receive any care at a Veteran's Health Administration facility or receive any other health care paid for by the VA?

* Read if necessary: VHA facilities include VA hospitals, VA medical centers, VA outpatient clinics, and VA nursing homes.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

Section Name: NAT   **Periodicity:** Annual Core

Variable Description: Born in U.S. or U.S. territory   **Variable Name:** NATUSBORN_A

Universe Description: Sample Adults 18+

Question Text: Were you born in the United States or a United States territory?

1. Yes

2. No

Skip Instructions: <1> [goto NATSTBORN_A]

<2> [goto NATUSYR_A]

<RF,DK> [goto next section]

Section Name: NAT   **Periodicity:** Annual Core

Variable Description: State or U.S. territory of birth   **Variable Name:** NATSTBORN_A

Universe Description: Sample Adults 18+ born in the United States or U.S. territory

Question Text: In what state or U.S. territory were you born?

Skip Instructions: <1-56,RF,DK> [goto next section]

Section Name: NAT   **Periodicity:** Annual Core

Variable Description: Year came to U.S. **Variable Name:** NATUSYR_A

Universe Description: Sample Adults 18+ not born in the United States or U.S. territory

Question Text: In what year did you come to the United States to stay?

Skip Instructions: <1900-Current Year,RF,DK> if NATUSYR_A is a future year [goto ERR1_NATUSYR_A]

if NATUSYR_A lt VFY.BYEAR_A [goto ERR2_NATUSYR_A]

else [goto CITIZEN_A]

Section Name: NAT   **Periodicity:** Annual Core

Variable Description: Citizen of the United States   **Variable Name:** CITIZEN_A

Universe Description: Sample Adults 18+ not born in the United States or U.S. territory

Question Text: Are you a citizen of the United States?

1. Yes

2. No

Skip Instructions: <1> [goto NATCTZN_A]

<2,RF,DK> [goto next section]

Section Name: NAT   **Periodicity:** Annual Core

Variable Description: How U.S. citizen   **Variable Name:** NATCTZN_A

Universe Description: Sample Adults 18+ not born in the United States or a United States territory but are U.S. citizens

Question Text: Were you born abroad to an American parent, born abroad and adopted by an American parent, or did you become a U.S. citizen by naturalization?

1. Born abroad to American parent

2. Born abroad and adopted by an American parent

3. Became U.S. citizen by naturalization

Skip Instructions: <1-3,RF,DK> [goto next section]

Section Name: SCH   **Periodicity:** Annual Core

Variable Description: Currently in school   **Variable Name:** SCHCURENR_A

Universe Description: Sample Adults 18+

Question Text: Are you currently attending or enrolled in school?

* Read if necessary: School includes high school and schooling that leads to a college, trade school or professional school degree. Students may be enrolled part-time or full-time.

1. Yes

2. No

Skip Instructions: <1> [goto SCHDYSMSS_A]

<2,RF,DK> [goto next section]

Section Name: SCH   **Periodicity:** Annual Core

Variable Description: Days of school missed   **Variable Name:** SCHDYSMSS_A

Universe Description: Sample Adults 18+ who are currently enrolled in school

Question Text: During the past 12 months, about how many days of schools did you miss because of illness, injury, or disability?

Skip Instructions: <0-99,RF,DK> [goto next section]

<100-365> [goto ERR1_SCHDYSMSS_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Work last week   **Variable Name:** EMPLASTWK_A

Universe Description: Sample Adults 18+

Question Text: LAST WEEK, did you work for pay at a job or business?

* If the respondent says they work, but not for pay, at a family-owned job or business, enter '1' for yes.

1. Yes

2. No

Skip Instructions: <1> [goto EMPWRKHRS_A]

<2> [goto EMPNOWRK_A]

<RF,DK> [goto next section]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Temporily absent from work   **Variable Name:** EMPNOWRK_A

Universe Description: Sample Adults 18+ who were not working for pay at a job or business last week

Question Text: Did you have a job or business LAST WEEK, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

1. Yes

2. No

Skip Instructions: <1> [goto EMPWRKHRS_A]

<2> [goto EMPRSNOWK_A]

<RF,DK> [goto next section]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Hours worked per week   **Variable Name:** EMPWRKHRS_A

Universe Description: Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week

Question Text: How many hours [If EMPLASTWK_A=1 fill "did you work LAST WEEK" else if EMPNOWRK_A=1 fill "do you USUALLY work per week"] in total at ALL jobs or businesses?

Skip Instructions: <001-034> if EMPNOWRK_A =1 [goto EMPPDSKLV_A]

elseif EMPLASTWK_A =1 [goto EMPWKFT_A]

<035-094> [goto EMPPDSKLV_A]

<095-168> [goto ERR_EMPWRKHRS_A], then [goto EMPPDSKLV_A]

<RF,DK> [goto EMPWKFT_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Work 35+ hours per week **Variable Name:** EMPWKFT_A

Universe Description: Sample Adults 18+ who were working for pay at a job or business last week and who worked less than 35 hours last week; or who refused or didn't know how many hours they worked last week.

Question Text: Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto EMPPDSKLV_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Main reason not working **Variable Name:** EMPRSNOWK_A

Universe Description: Sample Adults 18+ who were not working for pay, and were not on temporary leave from a job or business last week

Question Text: What is the MAIN reason you were not working for pay at a job or business last week?

* Probe if necessary.

1. Can't find work, laid off, looking for work

2. Seasonal/contract work

3. Retired

4. Unable to work for health reasons/disabled

5. Taking care of house or family

6. Going to school

7. Working at job or business but not for pay

8. Other

Skip Instructions: <1,3,4,5,6,8,RF,DK> [goto EMPLSTWRK_A]

 <2,7> [goto EMPPDSKLV_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Main reason not working **Variable Name:** EMPRSNOWK_A

Universe Description: Sample Adults 18+ who were not working for pay, and were not on temporary leave from a job or business last week

Question Text: What is the MAIN reason you were not working for pay at a job or business last week?

* Probe if necessary.

1. Unemployed, laid off, seasonal/contract work, looking for work

2. Seasonal/contract work

3. Retired

4. Unable to work for health reasons/disabled

5. Taking care of house or family

6. Going to school

7. Working at job business but not for pay

8. Other

Skip Instructions: <1,3,4,5,6,8,RF,DK> [goto EMPLSTWRK_A]

 <2,7> [goto EMPPDSKLV_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Last time worked **Variable Name:** EMPLSTWRK_A

Universe Description: Sample Adults 18+ whose main reason for not working last week was because they couldn't find work, were retired, unable to work for health reasons, taking care of the house/family, going to school, or some other reason, or refused or didn't know the main reason they were not working last week.

Question Text: When was the last time you worked for pay at a job or business, even if only for a few days?

1. Within the past 12 months

2. 1-5 years ago

3. Over 5 years ago

4. Never worked

Skip Instructions: <1> [goto EMPDYSMSS_A]

<2-4,RF,DK> [goto next section]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Paid sick leave   **Variable Name:** EMPPDSKLV_A

Universe Description: Sample Adults 18+ who reported work hours or refused or did not know work hours or had seasonal/contract work; or who work, but not for pay, at a family-owned job or business

Question Text: Regarding your job or work [if EMPWRKHRS_A=1-168,RF,DK, fill: "last week"

else fill: blank], is paid sick leave available if you need it?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto EMPOFFHI_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Health insurance offered   **Variable Name:** EMPOFFHI_A

Universe Description: Sample Adults 18+ who did have paid sick leave, did not have paid sick leave, or refused or do not know if they have paid sick leave

Question Text: Regarding your job or work [if EMPWRKHRS_A=1-168,RF,DK, fill: "last week"

else fill: blank], was health insurance offered to you through your workplace?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto EMPDYSMSS_A]

Section Name: EMP   **Periodicity:** Annual Core

Variable Description: Days missed work **Variable Name:** EMPDYSMSS_A

Universe Description: Sample Adults 18+ who were offered health insurance through the workplace, were not offered health insurance through the workplace, or who refused or did not know if they were offered health insurance through the workplace, or Sample Adults 18+ who are not currently working but who had some period of employment in the past 12 months.

Question Text: During the past 12 months, about how many days of work did you miss because of illness, injury or disability?

* Read if necessary: Do not include family or [If GEN.SEX_FINAL=1 fill "paternity" else if GEN.SEX_FINAL=2 fill "maternity" else if GEN.SEX_FINAL=DK,RF fill "maternity or paternity"] leave.

Skip Instructions: <0-119,RF,DK> [goto next section]

<120-366> [goto ERR_EMPDYSMSS_A], then [goto next section]

Section Name: FEM   **Periodicity:** Annual Core

Variable Description: Other family members work   **Variable Name:** FEMWORK_A

Universe Description: If Sample Adult lives in a family with at least one other adult AND

(Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FEM section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FEM section was answered with RF/DK and the person answering the SC interview and the SA are different people.

Question Text: Does [alias name] work for pay at a job or business?

* If the respondent says he/she works, but not for pay, at a family-owned job or business, enter '1' for yes.

1. Yes

2. No

Skip Instructions: <1> [goto FEMWKFT_A]

<2,DK,RF> if there is another adult in the family [goto FEMLSTWK_A] for the next adult 18+

else [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FEM   **Periodicity:** Annual Core

Variable Description: Other family work 35+ hours per week   **Variable Name:** FEMWKFT_A

Universe Description: If Sample Adult lives in a family with at least one other adult AND

Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FEM section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FEM section was answered with RF/DK and the person answering the SC interview and the SA are different people.

Question Text: Does [alias name] usually work 35 hours or more in total at his/her job(s)?

1. Yes

2. No

Skip Instructions: <1,2,DK,RF> if another adult in the family [goto FEMWORK_A] for the next adult 18+

else [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from wages   **Variable Name:** INCWRKO_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed

OR the Sample Adult and Sample Child are not in the same family

OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: In [fill: last year], did [If PCNT18UP_A=1 fill "you" else if PCNT18UP_A GT 1 fill "you or any family members 18 or older"] receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCINTER_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from accounts   **Variable Name:** INCINTER_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCSSRR_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from SS/Railroad Retirement   **Variable Name:** INCSSRR_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: * Read if necessary: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive...

income from Social Security or Railroad Retirement?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCSSISSDI_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Family income from SSDI   **Variable Name:** INCSSISSDI_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: *Read if necessary: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI?

1. Yes

2. No

Skip Instructions: <1> if GEN.PCNT_A gt 1 [goto SSISSDISA_A]

elseif GEN.PCNT_A='1' and AGE le 64 [goto SSDISELF_A]

elseif GEN.PCNT_A='1' and AGE gt 64 [goto INCWELF_A]

<2,RF,DK> [goto INCWELF_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Own income from SSDI   **Variable Name:** SSISSDISA_A

Universe Description: Sample Adults 18+ with more than one person in the family where someone in the family gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: In [fill: last year], did YOU receive Supplemental Security Income, SSI, or Social Security Disability Income, SSDI?

1. Yes

2. No

Skip Instructions: <1> if AGE le 64 [goto SSDISELF_A] else [goto INCWELF_A]

<2,RF,DK> [goto INCWELF_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Whether SA receives SSDI for disability   **Variable Name:** SSDISELF_A

Universe Description: Sample adults less than 65 who reported own income from SSDI and Sample Child and Sample Adult are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Do you get SSDI because of YOUR OWN disability?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCWELF_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from public assistance   **Variable Name:** INCWELF_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive...

Any public assistance or welfare payments from the state or local welfare office?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCRETIRE_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from retirement   **Variable Name:** INCRETIRE_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: * Read if necessary: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive...

Income from retirement, survivor, or disability pensions?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCOTHR_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income from other sources   **Variable Name:** INCOTHR_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: * Read if necessary: In [fill: last year], did [If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"] receive...

Any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto INCTOTAL_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Total family income   **Variable Name:** INCTOTAL_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: [If PCNT_A=1 fill "your total income" else if PCNT_A GT 1 fill "the total income of all family members"] is your best estimate of [If PCNT_A=1 fill "your total income" else if PCNT_A GT 1 fill "the total income of all family members"] from all sources, before taxes, in [fill: last year]?

* Enter '999995' if the reported income is greater than $999,995.

Skip Instructions: <0-999> [goto ERR1_INCTOTAL_A]

<250001-999995> [goto ERR2_INCTOTAL_A]

<1000-250000> [goto next section]

<RF,DK> [for the time being, goto next section] NOTE TO PROGRAMMERS: Once the poverty threshold data are available in October 2017 the remaining section will be reviewed and updated

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income 250% poverty   **Variable Name:** INC250PCT_A

Universe Description: Sample Adult 18+ who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than [fill: 250% of poverty level] or [fill: 250% of poverty level] or more?

1. Less than [fill: 250% of poverty level]

2. [fill: 250% of poverty level] or more

Skip Instructions: <1> [goto INC138PCT_A]

<2> if there are 1 or 2 people in the family [goto INC75K_A]

else if there are 4, 7,8, or 9 people in the family [goto INC400PCT_A]

else if there are 3, 5 or, 6 people in the family then [goto INC100K_A]

<RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income 138% poverty   **Variable Name:** INC138PCT_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than [fill: 138% of poverty level] or [fill: 138% of poverty level] or more?

1. Less than [fill: 138% of poverty level]

2. [fill: 138% of poverty level] or more

Skip Instructions: <1> [goto INC100PCT_A]

<2> [goto INC200PCT_A]

<RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income 100% poverty   **Variable Name:** INC100PCT_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than [fill: 100% of poverty level] or [fill: 100% of poverty level] or more?

1. Less than [fill: 100% of poverty level]

2. [fill: 100% of poverty level] or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income 200% poverty   **Variable Name:** INC200PCT_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than [fill: 200% of poverty level] or [fill: 200% of poverty level] or more?

1. Less than [fill: 200% of poverty level]

2. [fill: 200% of poverty level] or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income over/under 75K   **Variable Name:** INC75K_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than $75,000 or $75,000 or more?

1. Less than $75,000

2. $75,000 or more

Skip Instructions: <1> [goto INC400PCT_A]

<2> [goto INC100K_A]

<RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income over/under 100K **Variable Name:** INC100K_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than $100,000 or $100,000 or more?

1. Less than $100,000

2. $100,000 or more

Skip Instructions: <1> if there are 1, 2, 5, or 6 people in the family [goto next section]

    else if there are 3 people in the family [goto INC400PCT_A]

<2> if there are 1, 2, or 3 people in the family [goto INC150K_A]

    elseif there are 5 or 6 people in the family [goto INC400PCT_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income 400% poverty   **Variable Name:** INC400PCT_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [If PCNT_A gt 1 fill "family"] income from all sources less than [TBD] or [TBD] or more?

1. Less than [fill: 400% of poverty level]

2. [fill: 400% of poverty level] or more

Skip Instructions: <1> if there are 9 or more people in the family then [goto INC150K_A]

else [goto next section]

<2> if there are 1, 2, 3, 7, or 8 people in the family [goto next section]

else if there are 4, 5, or 6 people in the family [goto INC150K_A]

<RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: INC   **Periodicity:** Annual Core

Variable Description: Income over/under 150K **Variable Name:** INC150K_A

Universe Description: Sample Adult 18+ answered refused or don't know for total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Question Text: Was your total [family] income from all sources less than $150,000 or $150,000 or more?

1. Less than $150,000

2. $150,000 or more

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO   **Periodicity:** Annual Core

Variable Description: Receive food stamps, past 12m   **Variable Name:** FSNAP12M_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Child FOO section was asked to someone other than the Sample Adult respondent and this person answered all questions asked in the FOO section with RF or DK.

Question Text: At any time IN THE LAST 12 MONTHS did [(**When updating** If the state program name is "Food Stamp Program", then just fill "food stamp benefits";
else, fill state name for the family's state of residence (COV.ST) along with "or food stamp benefits" as listed below.)
If AL then fill "Food] receive [(**When updating** If the state program name is "Food Stamp Program", then just fill "food stamp benefits";
else, fill state name for the family's state of residence (COV.ST) along with "or food stamp benefits" as listed below.)
If AL then fill "Food]?
1. Yes

2. No

Skip Instructions: <1> [goto FSNAP30D_A]

<2,RF,DK> if PCNTF1255_A GE 1 or PCNTC05_A GE 1 [goto FWIC12M_A]

else if PCNTC517_A GE 1 [goto FLUNCH12M_A]

else [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO   **Periodicity:** Supplement

Variable Description: Receive food stamps, past 30d   **Variable Name:** FSNAP30D_A

Universe Description: Sample Adults 18+ living in families where someone received food stamps in the last 12 months AND Sample Adult and Sample Child are in the same family and the FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

Question Text: Did [(**When updating** If the state program name is "Food Stamp Program", then just fill "food stamp benefits";
else, fill state name for the family's state of residence (COV.ST) along with "or food stamp benefits" as listed below.)
If AL then fill "Food] receive [(**When updating** If the state program name is "Food Stamp Program", then just fill "food stamp benefits";
else, fill state name for the family's state of residence (COV.ST) along with "or food stamp benefits" as listed below.)
If AL then fill "Food] in the LAST 30 days?
1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if PCNTF1255_A GE 1 or PCNTC05_A GE 1 [goto FWIC12M_A]

else if PCNTC517_A GE 1 [goto FLUNCH12M_A];

else [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO   **Periodicity:** Annual Core

Variable Description: Receive WIC benefits, past 12m   **Variable Name:** FWIC12M_A

Universe Description: Sample Adults 18+ living in families with females 12-55 years of age or children 0-5 years of age and Sample Adult and Sample Child are in the same family and the FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

Question Text: At any time during the last 12 months did [If PCNT_A=1, fill: "you"; else PCNT_A GT 1, fill: "any family members living here"] receive benefits from the WIC program, that is, the Women, Infants, and Children program?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> if PCNTC517_A GE 1 [goto FLUNCH12M_A]

 else [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FOO   **Periodicity:** Annual Core

Variable Description: Free/reduced meals at school   **Variable Name:** FLUNCH12M_A

Universe Description: Sample Adults living in families with children between the ages of 5-17 and Sample Adult and Sample Child are in the same family and the FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

Question Text: At any time in the last 12 months, did [if PCNT517_A=1, fill: [alias name] of child in Sample Adult family, elseif PCNT517_A gt 1, fill "any child in your family",] receive free or reduced-cost breakfasts or lunches at school?* Read if necessary: The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Worry food would run out   **Variable Name:** FDSRUNOUT_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

Question Text: The first statement is "[If PCNT_A=1 fill: "I"

else fill: "We"] worried whether [If PCNT_A=1 fill: "my"

else fill: "our"] food would run out before [If PCNT_A=1 "you"

else "your family"] got money to buy more." Was that often true, sometimes true, or never true for [If PCNT_A=1 "you"

else "your family"] in the last 30 days?

1. Often true

2. Sometimes true

3. Never true

Skip Instructions: <1-3,RF,DK> [goto FDSLAST_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Food didn't last   **Variable Name:** FDSLAST_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

Question Text: "The food that [If PCNT_A=1 "you"

else "your family"] bought just didn't last, and [If PCNT_A=1 "you"

else "your family"] didn't have money to get more." Was that often true, sometimes true, or never true for [If PCNT_A=1 "you"

else "your family"] in the last 30 days?

1. Often true

2. Sometimes true

3. Never true

Skip Instructions: <1-3,RF,DK> [goto FDSBALANCE_A]
[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Afford balance meals   **Variable Name:** FDSBALANCE_A

Universe Description: The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

Question Text: [If PCNT_A=1 "you" else "your family"] couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for [If PCNT_A=1 "you" else "your family"] in the last 30 days?

1. Often true

2. Sometimes true

3. Never true

Skip Instructions: <1-2> [goto FDSSKIP_A]
<3,RF,DK> if FDSRUNOUT_A IN (1,2) OR FDSLAST_A IN (1,2) [goto FDSSKIP_A];
else [goto next section]
[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Cut the size or skip meals **Variable Name:** FDSSKIP_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true to FDSRUNOUT_A or FDSLAST_A or FDSBALANCE_A.

Question Text: In the last 30 days, did you or other adults in your family ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes

2. No

Skip Instructions: <1> [goto FDSSKIPDAYS_A]

<2,RF,DK> [goto FDSLESS_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: How many days   **Variable Name:** FDSSKIPDAYS_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent said that they or other adults in their family cut the size of their meals or skipped meals due to cost.

Question Text: In the last 30 days, how many days did this happen?

Skip Instructions: <1-30,RF,DK> [goto FDSLESS_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Eat less than should   **Variable Name:** FDSLESS_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, did you or other adults in your family ever eat less than you felt you should because there wasn't enough money for food?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto FDSHUNGRY_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Ever hungry   **Variable Name:** FDSHUNGRY_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, were you or other adults in your family ever hungry but didn't eat because there wasn't enough money for food?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto FDSWEIGHT_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Lose weight   **Variable Name:** FDSWEIGHT_A

Universe Description: The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

Question Text: In the last 30 days, did you or other adults in your family lose weight because there wasn't enough money for food?

1. Yes

2. No

Skip Instructions: <1> [goto FDSNOTEAT_A]
<2,RF,DK> if FDSSKIP_A=1 or FDSLESS_A=1 or FDSHUNGRY_A=1 [goto FDSNOTEAT_A]; else [goto next section]
[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: Not eat for day   **Variable Name:** FDSNOTEAT_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.

Question Text: In the last 30 days, did you or other adults in your family ever not eat for a whole day because there wasn't enough money for food?

1. Yes

2. No

Skip Instructions: <1> [goto FDSNEDAYS_A]

<2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: FDS   **Periodicity:** Supplement

Variable Description: How many days   **Variable Name:** FDSNEDAYS_A

Universe Description: The Sample Child and Sample Adult are not in the same family

OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed

OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent didn't eat for a whole day in last 30 days because there wasn't enough money for food

Question Text: In the last 30 days, how many days did this happen?

Skip Instructions: <1-30,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: HOU   **Periodicity:** Annual Core

Variable Description: Length of time in house/apartment   **Variable Name:** HOUYRSLIV_A

Universe Description: Sample Adults 18+

Question Text: About how long have you lived in this house/apartment?

1. Less than 1 year

2. 1 to 3 years

3. 4 to 10 years

4. 11 to 20 years

5. More than 20 years

Skip Instructions: <1-5,RF,DK> if ((SAMEFAM_FLG=1 and HOU_FLG_C=blank) or (SAMEFAM_FLG ne 1) or (SAMEFAM_FLG=1 and HOU_FLG_C=2 and SARESPSC_FLG ne 1))[goto HOUTENURE_A]

else [goto next section]

Section Name: HOU   **Periodicity:** Annual Core

Variable Description: Residence owned/rented **Variable Name:** HOUTENURE_A

Universe Description: Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don t know to all questions in the sample child HOU section and the sample child respondent is not the sample adult respondent.

Question Text: Is this house/apartment owned or rented by you [fill: or someone in your family]?

* If house has a mortgage, record as owned.

1. Owned or being bought

2. Rented

3. Other arrangement

Skip Instructions: <1,3,RF,DK> [goto next section]

<2> [goto HOUGVASST_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: HOU   **Periodicity:** Annual Core

Variable Description: Paying lower rent **Variable Name:** HOUGVASST_A

Universe Description: Sample Adults 18+ with a house/apartment that is being rented AND Sample Adult and Sample Child are in the same family and the house/apartment is being owned/rented and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family section

Question Text: Are you [if PCNT18UP_A=1, fill blank, else if PCNT18UP_A GT 1 fill "or anyone in your family"] paying lower rent because the Federal, State, or local government is paying part of the cost?

* Read if necessary: Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: REC   **Periodicity:** Annual Core

Variable Description: First name   **Variable Name:** LNKFNAME_A

Universe Description: Sample Adults 18+

Question Text: What is your full name?

* Enter first name.

Skip Instructions: <allow 20,RF,DK> [goto LINKMNAME_A]

Section Name: REC   **Periodicity:** Annual Core

Variable Description: Middle name   **Variable Name:** LNKMNAME_A

Universe Description: Sample Adults 18+

Question Text: * Enter middle name.

Skip Instructions: <allow 20,RF,DK> [goto LINKLNAME_A]

Section Name: REC   **Periodicity:** Annual Core

Variable Description: Last name   **Variable Name:** LNKLNAME_A

Universe Description: Sample Adults 18+

Question Text: * Enter last name.

Skip Instructions: <allow 20,RF,DK> [goto next section]

Section Name: TEL   **Periodicity:** Annual Core

Variable Description: **Variable Name:** TELCURWRK_A

Universe Description: Sample Adults 18+ where the Sample Adult and Sample Child are in the same family but TELCURWRK_C has not been asked OR Sample Adult and Sample Child are in the same family, TELCURWRK_C was answered don't know or refused and the Sample Adult is not the Sample Child Respondent or where the Sample Adult does not live in same family as Sample Child

Question Text: Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto TELCEL_A]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: TEL   **Periodicity:** Annual Core

Variable Description: Cell phone   **Variable Name:** TELCEL_A

Universe Description: Sample Adults 18+

Question Text: Do you have a working cell phone?

1. Yes

2. No

Skip Instructions: <1> if TELCURWRK_A=1 or (TELCURWRK_C=1 and SAMEFAM_FLG=1)[goto PHONEUSE_A]

else[goto bCollectContact.PHONE_CONTACT] then [goto next section]

<2,RF,DK> if (SAMEFAM_FLG=1 and PHONELIVE_C=blank) or (SAMEFAM_FLG=1 and PHONELIVE_C IN (DK,RF) and SARESPSC_A ne 1) or (SAMEFAM_FLG ne 1)) and PCNT18UP_A gt 1 [goto PHONELIVE_A]

else [goto bCollectContact.PHONE_CONTACT] then [goto next section]

Section Name: TEL   **Periodicity:** Annual Core

Variable Description: Cell phone in HH   **Variable Name:** PHONELIVE_A

Universe Description: Sample Adults 18+ in a family with at least one other person without working cell phones where Sample Adult does not live in same family as Sample Child or Sample Adult and Sample Child are in the same family but PHONELIVE_C has not been asked OR Sample Adult and Sample Child are in the same family, PHONELIVE_C was answered dk/rf and the Sample Adult is not the Sample Child Respondent.

Question Text: Do you live with anyone who has a working cell phone?

1. Yes

2. No

Skip Instructions: <1,2,RF,DK> [goto bCollectContact.PHONE_CONTACT] then [goto next section]

[IF SAMPLE CHILD QUESTIONNAIRE IS COMPLETE, AND SAMPLE ADULT AND SAMPLE CHILD ARE IN SAME FAMILY, THIS QUESTION CAN BE SKIPPED]

Section Name: TEL   **Periodicity:** Annual Core

Variable Description: Calls received   **Variable Name:** PHONEUSE_A

Universe Description: Sample Adults 18+ with working personal cell phone and who said they have a working land-line in household or in the same family as sample child respondent who said they have a working landline in the household.

Question Text: Of all the telephone calls that you receive, are all or almost all calls received on cell phones, some received on cell phones and some on regular phones, or very few or none received on cell phones?

1. All or almost all calls received on cell phones

2. Some received on cell phones and some on regular phones

3. Very few or none on cell phones

Skip Instructions: <1-3,RF,DK> [goto bCollectContact.PHONE_CONTACT] then [goto next section]

Section Name: LNK   **Periodicity:** Annual Core

Variable Description: Last four SSN   **Variable Name:** SSN4_A

Universe Description:

Question Text: What are the last four digits of your Social Security Number?

* Read if necessary: Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other information you have provided, your answer to this question will not be disclosed by NCHS or its agents, which includes the U.S. Census Bureau.

* Read if asked about specific laws: The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act, which is Title 5 of Public Law 107-347; and the Privacy Act of 1974, which is 5 U.S.C. § 552a. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note), which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses.

* Enter 'N' for no Social Security Number

Skip Instructions: if SSN4_A=Child.LNK.SSN4_C [goto ERR1_SSN4_A]

elseif SSN4_A=000-999 [goto ERR2_SSN4_A]

elseif SSN4_A NOT IN (N,RF,DK,000-999,0001-9999) [goto ERR3_SSN4_A]

elseif <0001-9999> if Adult.INS.HIKIND_A=2 or Adult.INS.MCAREPRB_A=1 [goto MCN04_A] else [goto next section]

<N,RF,DK> if Adult.INS.HIKIND_A=2 or Adult.INS.MCAREPRB_A=1 [goto MCN04_A] else [goto RLINK_A]

Section Name: LNK   **Periodicity:** Annual Core

Variable Description: Medicare number **Variable Name:** MCNO4_A

Universe Description: Sample adults 18+ who have Medicare

Question Text:

* 1 of 2

What are the last four numbers and any letters of your Medicare or Health Insurance Claim Number?

* Read if necessary: Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other information you have provided, your answer to this question will not be disclosed by NCHS or its agents, which includes the U.S. Census Bureau.

* Read if asked about specific laws: The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act, which is Title 5 of Public Law 107-347; and the Privacy Act of 1974, which is 5 U.S.C. § 552a. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note), which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses.

* Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available.

* Enter the last four numbers.

Skip Instructions: <0001-9999> [goto MCLET_A]

<RF,DK> [goto RLINK_A]

Section Name: LNK   **Periodicity:** Annual Core

Variable Description: Medicare letters   **Variable Name:** MCLET_A

Universe Description: Sample adults 18+ who have Medicare and reported the last four numbers of the Medicare number

Question Text: * 2 of 2

* Enter the letters that appear after the claim number.

Skip Instructions: <allow 2,RF,DK> if SSN4_A IN (0001-9999) [goto next section]

else if SSN4_A IN (N,RF,DK) [goto RLINK_A]

National Health Interview Survey Draft Sample Adult Questionnaire 2018-R

Section Name: LNK   **Periodicity:** Annual Core

Variable Description: Link without SSN/Medicare Numbers   **Variable Name:** RLINK_A

Universe Description: Sample adults 18+ who answered refused or don't know at last 4 of Medicare number or answered no SSN or refused or don't know last 4 digits of SSN

Question Text:

May we try to link your survey data without a SSNMEDNUM?

* Read if necessary: Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act, which is Title 5 of Public Law 107-347; and the Privacy Act of 1974, which is 5 U.S.C. § 552a. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note), which requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses.

1. Yes

2. No

Skip Instructions: <1,2,RF,DK>[goto next section]