
NHATS Round 5

Section SS [SENSORY IMPAIRMENTS AND SYMPTOMS]

Sequence: 14

SS3PRE

SS3PRE

NOT ON FILE

QUESTION TEXT:

Now let's talk about how well {you hear/SP hears}.

PRESS 1 AND ENTER TO CONTINUE

SS3

ss5heringaid

R5 SS3 HEARING AID USED

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "In the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, {have you/has {he/she}} used a hearing aid or other hearing device?

CODES

1	YES	
2	NO	
7	DEAF	SS7PRE
	REFUSED	
	DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

IF SS3 = 7 (DEAF), set DEAF flag = 1 (YES)

SS4A

ss5hearphone

R5 SS4A SP CAN USE TELEPHONE

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}... "

ELSE DISPLAY "{Do you/Does SP}... "

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}/{Do you/Does SP}} hear well enough to use the telephone?

CODES

1	YES	
2	NO	
	REFUSED	
	DON'T KNOW	

SS4B

ss5convwradi

R5 SS4B CONVERSATION WITH TV RADIO

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}... "

ELSE DISPLAY "{Do you/Does SP}... "

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}/{Do you/Does SP}} hear well enough to use the telephone?

CODES

1	YES	SS7PRE
2	NO	
	REFUSED	
	DON'T KNOW	

SS4C**ss5convquiet**

R5 SS4C CONVERS IN QUIET ROOM

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

IF SS3=1 (YES, HEARING AID) DISPLAY "When {you use/SP uses} a hearing aid, {do you/does {he/she}}..."

ELSE DISPLAY "{Do you/Does SP}..."

QUESTION TEXT:

{When {you use/SP uses} a hearing aid, {do you/does {he/she}}{Do you/Does SP}} hear well enough to carry on a conversation in a quiet room?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS7PRE**SS7PRE**

NOT ON FILE

Now I have a few questions about how well {you/SP} can see.

PRESS 1 AND ENTER TO CONTINUE

SS7**ss5glasseswr**

R5 SS7 WEARS GLASSES CONTACTS

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "at a distance" IN BOLD UNDERLINE TEXT

QUESTION TEXT:

{Do you/Does SP} wear glasses or contacts to help {you/him/her} see things at a distance?

CODES

1	YES	
2	NO	
7	BLIND	SS13PRE
	REFUSED	
	DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

If SS7 = 7 (BLIND), set BLIND flag = 1 (YES).

SS8A**ss5seewellst**

R5 SS8B SEES ACROSS THE STREET

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

IF SS7=1 (GLASSES/CONTACTS FOR DISTANCE) THEN DISPLAY "When {you use/SP uses} glasses or contacts, {do you/does {he/she}}..."

ELSE DISPLAY "{Do you/Does SP}..."

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts, {do you/does {he/she}}/{Do you/Does SP}} see well enough to recognize someone across the street?

CODES

- | | | |
|---|------------|------|
| 1 | YES | Ss10 |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

SS8B

ss5seetvcls

R5 SS8B TV ACROSS ROOM W GLASSES

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.

IF SS7=1 (GLASSES/CONTACTS FOR DISTANCE) THEN DISPLAY "When {you use/SP uses} glasses or contacts, {do you/does {he/she}}..."

ELSE DISPLAY "{Do you/Does SP}..."

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts, {do you/does {he/she}}/{Do you/Does SP}} see well enough to watch television across the room?

CODES

- | | | |
|---|------------|--|
| 1 | YES | |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

SS10

ss5glasscls

R5 SS10 WEAR GLS CONTCS SEE CLOS

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "close up" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

{Do you/Does SP} wear glasses or contacts to help {you/him/her} see things close up?

CODES

- | | | |
|---|------------|--|
| 1 | YES | |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

SS11

ss5othvisaid

R5 SS11 USED OTHER VISION AIDS

QUESTION TEXT:

In the last month, did {you/SP} use other vision aids such as a magnifying glass to help {you/him/her} see things close up?

IF NEEDED: Vision aids include things like a magnifying glass, large-print books, and other tools to help people with vision impairments.

CODES

- | | | |
|---|------------|--|
| 1 | YES | |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

SS12**ss5glrednewp**

R5 SS12 CAN READ NEWSPAPER PRINT

DISPLAY INSTRUCTIONS:

IF SS10 =1 (GLASSES OR CONTACTS FOR CLOSE UP)) AND SS11=1 (VISION AID) DISPLAY "When {you use/SP uses} glasses or contacts and vision aids", and "do you/does {he/she}"

ELSE IF SS10=1 (GLASSES OR CONTACTS FOR CLOSE UP) AND SS11 <> 1 DISPLAY "When {you use/SP uses} glasses or contacts", and "do you/does {he/she}"

ELSE IF SS11=1 (VISION AID) DISPLAY "When {you use/SP uses} vision aids", and "do you/does {he/she}"

ELSE DISPLAY "{Do you/Does SP}"

QUESTION TEXT:

{When {you use/SP uses} glasses or contacts/When {you use/SP uses} vision aids/When {you use/SP uses} glasses or contacts and vision aids}, {{do you/does {he/she}} /{{Do you/Does SP}} see well enough to read newspaper print?

CODES

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

SS13PRE**SS13PRE**

NOT ON FILE

QUESTIONS TEXT:

Now I have some questions about health related problems that {you/SP} may have had in the last month.

PRESS 1 AND ENTER TO CONTINUE

SS13**ss5probchswl**

R5 SS13 PROBLEMS CHEW OR SWALLOW

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, did {you/SP} have problems with chewing or swallowing that caused difficulty when {you/he/she} ate?

CODES

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

SS14**ss5probspeak**

R5 SS14 PROBLEMS SPEAKING

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month because of {your/SP's} health, did {you/he/she} have any problems in speaking or in making {yourself/herself/himself} understood when {you talk/he talks/she talks}?

CODES

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

SS15

ss5painbothr

R5 SS15 BOTHERED BY PAIN

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, {have you/has {he/she}} been bothered by pain?

CODES

- 1 YES
 - 2 NO
 - REFUSED
 - DON'T KNOW
- SS18A
SS19
SS19

SS17

ss5painlimts

R5 SS17 PAIN EVER LIMTS ACTIVIT

DISPLAY INSTRUCTIONS:

DISPLAY QUESTION TEXT "in the last month" AS BOLD UNDERLINED TEXT

QUESTION TEXT:

In the last month, has pain ever limited {your/SP's} activities?

CODES

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

SS18A

ss5painmedof

R5 SS18A LST MNTH OFTEN PAIN MED

QUESTION TEXT:

SHOWCARD SS1

In the last month, how often did {you/SP} take medication for pain? Would you say every day, most days, some days, rarely or never?

IF NEEDED: Include medications {you/{he/she}} took to treat or prevent pain.

CODES

- 1 EVERY DAY (7 DAYS A WEEK)
- 2 MOST DAY S(5-6 DAYS A WEEK)
- 3 SOME DAY S(2-4 DAYS A WEEK)
- 4 RARELY (ONCE A WEEK OR LESS)
- 5 NEVER
- REFUSED
- DON'T KNOW

BOX SS18B

BOX SS18B

NOT ON FILE

If SS15=1 (PAIN) or SS18A=1 (PAIN MEDS EVERY DAY), 2 (PAIN MEDS MOST DAYS), 3 (PAIN MEDS SOME DAYS), or 4 (PAIN MEDS RARELY), go to SS18B
Otherwise, go to SS19

SS18B

ss5painwhe1	R5 SS18B BACK PAIN IN LAST MNTH
ss5painwhe2	R5 SS18B HIP PAIN IN LAST MONTH
ss5painwhe3	R5 SS18B KNEE PAIN INLAST MNTH
ss5painwhe4	R5 SS18B FOOT PAIN IN LAST MNTH
ss5painwhe5	R5 SS18B HAND PAIN IN LAST MNTH
ss5painwhe6	R5 SS18B WRIST PAIN IN LAST MNTH
ss5painwhe7	R5 SS18B SHOULDR PAIN LAST MNTH
ss5painwhe8	R5 SS18B HEAD PAIN IN LAST MNTH
ss5painwhe9	R5 SS18B NECK PAIN IN LAST MNTH
ss5painwhe10	R5 SS18B ARM PAIN IN LAST MNTH
ss5painwhe11	R5 SS18B LEG PAIN IN LAST MNTH
ss5painwhe12	R5 SS18B STOMACH PAIN LAST MNTH
ss5painwhe13	R5 SS18B OTHR SPCFY PAIN LST MO

QUESTION TEXT:

SHOW CARD SS2

Please look at this card and tell me where {you have/SP has} had pain in the last month.

IF NEEDED: Include places for which {you/{he/she}} took medications to treat or prevent pain.

SELECT ALL THAT APPLY

CODES	Code All That Apply	
1	BACK	SS19
2	HIPS	SS19
3	KNEES	SS19
4	FEET	SS19
5	HANDS	SS19
6	WRISTS	SS19
7	SHOULDERS	SS19
8	HEAD	SS19
9	NECK	SS19
10	ARMS	SS19
11	LEGS	SS19
12	STOMACH	SS19
91	OTHER PLACES (SPECIFY)	

SS18C**SS18C**

NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length

50

SS19**ss5probbreat**

R5 SS19 BREATHING PROBLEMS

QUESTION TEXT:

In the last month, did {you/SP} have any breathing problems, including shortness of breath or difficulty breathing?

CODES

1	YES	
2	NO	SS21
	REFUSED	SS21
	DON'T KNOW	SS21

SS20**ss5probrlimt**

R5 SS20 BREATH PROBLEMS LIMIT ACTIV

QUESTION TEXT:

In the last month, did {your/SP's} breathing problems ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS21**ss5strnglmup**

R5 SS21 UPPER BODY STRENGTH LIMIT

QUESTION TEXT:

In the last month, did {you/SP} have limited strength or movement in {your/his/her} shoulders, arms, or hands?

CODES

1	YES	
2	NO	SS23
	REFUSED	SS23
	DON'T KNOW	SS23

SS22**ss5uplimtact**

R5 SS22 UP BODY STRENGTH LIMIT ACT

QUESTION TEXT:

In the last month, did this problem with {your/SP's} shoulders, arms, or hands ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS23**ss5lwrbodstr**

R5 SS23 LOWER BODY STRENGTH LIMIT

QUESTION TEXT:

In the last month, did {you/SP} have limited strength or movement in {your/his/her} hips, legs, knees, or feet?

CODES

1	YES	
2	NO	SS25
	REFUSED	SS25
	DON'T KNOW	SS25

SS24**ss5lwrbodimp**

R5 SS24 LWER BOD STRNGTH IMT ACT

QUESTION TEXT:

In the last month, did this problem with {your/SP's} hips, legs, knees, or feet ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS25**ss5lowenergy**

R5 SS26 LOW ENERGY IN LAST MONTH

QUESTION TEXT:

In the last month, did {you/SP} have low energy or {were you/was SP} easily exhausted?

CODES

1	YES	
2	NO	SS27
	REFUSED	SS27
	DON'T KNOW	SS27

SS26**ss5loenlmtat**

R5 SS26 LOW ENERGY EVER LIM ACT

QUESTION TEXT:

In the last month, did {your/SP's} low energy or exhaustion ever limit {your/his/her} activities?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

SS27**ss5prbbalcrd**

R5 SS27 BALANCE OR COORD PROBS

QUESTION TEXT:

In the last month, did {you/SP} have problems with balance or coordination?

CODES

1	YES	
2	NO	SECTION PC
	REFUSED	SECTION PC
	DON'T KNOW	SECTION PC

QUESTION TEXT:

In the last month, did {your/SP's} balance or coordination problems ever limit {your/SP's} activities?

CODES

- 1 YES
- 2 NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Go to Section PC – Physical Capacity

Flag Variables Set in SS Section	
f15deaf	R5 F SS DEAF PRIOR OR CURRENT ROUND
f15blind	R5 F SS BLIND PRIOR OR CURRENT ROUND