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## NHATS Round 2

Section SS [SENSORY IMPAIRMENTS AND SYMPTOMS]

Sequence: 14

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**BOX SS3PRE**

**BOX SS3PRE**

NOT ON FILE

If LAST INT DEAF flag = 1 (YES), go to BOX SS4.  
Otherwise, go to SS3PRE.

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**SS3PRE**

**SS3PRE**

NOT ON FILE

**QUESTION TEXT:**

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

PRESS 1 AND ENTER TO CONTINUE

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**SS3**

**ss2heringaid**

R2 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	SS4A
2	NO	SS4A
7	DEAF	
	REFUSED	SS4A
	DON'T KNOW	SS4A

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**BOX SS4**

**BOX SS4**

NOT ON FILE

If LAST INT DEAF flag = 1 (YES) or CURRENT INT SS3 = 7 (DEAF), set CURRENT INT DEAF flag = 1 (YES) and go to BOX SS7PRE.

Otherwise, go to SS4a.

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**SS4A**

**ss2hearphone**

R2 SS4A SP CAN USE TELEPHONE

**DISPLAY INSTRUCTIONS:**

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

**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	SS4A
2	NO	SS4A
	REFUSED	SS4A
	DON'T KNOW	SS4A

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**SS4B****ss2convradi**

R2 SS4B CONVERSATION WITH TV RADIO

**DISPLAY INSTRUCTIONS:**

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

**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	BOX SS7PRE
2	NO	
	REFUSED	
	DON'T KNOW	

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**SS4C****ss2convquiet**

R2 SS4C CONVERSATION IN QUIET ROOM

**DISPLAY INSTRUCTIONS:**

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}..."

FOR ITEMS SS4a, SS4b, SS4c USE "SAME QUESTION STEM" DISPLAY

**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	

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**BOX SS7PRE****BOX SS7PRE**

NOT ON FILE

:

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

PRESS 1 AND ENTER TO CONTINUE

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**SS7****ss2glasseswr**

R2 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	SS8A
2	NO	SS8A
7	BLIND	

REFUSED  
DON'T KNOW

SS8A  
SS8A

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**BOX SS8**

**BOX SS8**

NOT ON FILE

If LAST INT BLIND flag = 1 (YES), or CURRENT INT SS7 = 7 (BLIND), set CURRENT INT BLIND flag = 1 (YES) and go to SS13PRE.

Otherwise, go to SS8a.

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**SS8A**

**ss2seewellst**

R2 SS8B SEES ACROSS THE STREET

**DISPLAY INSTRUCTIONS:**

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}..."

FOR ITEMS SS8a AND SS8b, USE "SAME QUESTION STEM" DISPLAY

**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	

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**SS8B**

**ss2seetvglis**

R2 SS8B TV ACROSS ROOM W GLASSES

**DISPLAY INSTRUCTIONS:**

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}..."

FOR ITEMS SS8a AND SS8b, USE "SAME QUESTION STEM" DISPLAY

**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	

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**SS10**

**ss2glasscls**

R2 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**

**ss2othvisaid**

R2 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**

**ss2glrednewp**

R2 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 NE 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

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**SS13****ss2probchswl**

R2 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 |

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**SS14****ss2probspeak**

R2 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 |

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**SS15****ss2painbothr**

R2 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         | SS18A |
|   | REFUSED    | SS19  |
|   | DON'T KNOW | SS19  |

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**SS17****ss2painlimts**

R2 SS17 PAIN EVER LIMITS 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**

**ss2painmedof**

R2 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**

**ss2painwhe1**

R2 SS18B BACK PAIN IN LAST MNTH

**ss2painwhe2**

R2 SS18B HIP PAIN IN LAST MONTH

**ss2painwhe3**

R2 SS18B KNEE PAIN IN LAST MNTH

**ss2painwhe4**

R2 SS18B FOOT PAIN IN LAST MNTH

**ss2painwhe5**

R2 SS18B HAND PAIN IN LAST MNTH

**ss2painwhe6**

42 SS18B WRIST PAIN IN LAST MNTH

**ss2painwhe7**

R2 SS18B SHOULDR PAIN LAST MNTH

**ss2painwhe8**

R2 SS18B HEAD PAIN IN LAST MNTH

**ss2painwhe9**

R2 SS18B NECK PAIN IN LAST MNTH

**ss2painwhe10**

R2 SS18B ARM PAIN IN LAST MNTH

**ss2painwhe11**

R2 SS18B LEG PAIN IN LAST MNTH

**ss2painwhe12**

R2 SS18B STOMACH PAIN LAST MNTH

**ss2painwhe13**

R2 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

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)	

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**SS18C**

**SS18C**

NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length

50

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**SS19**

**ss2probbreat**

R2 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

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**SS20**

**ss2probrlimt**

R2 SS20 BREATH PROBLS LIMT 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****ss2strnglmup**

R2 SS21 UPPER BOD 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****ss2uplimtact**

R2 SS22 UP BOD STRNGTH 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****ss2lwrbodstr**

R2 SS23 LOWER BODY STRNGTH 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****ss2lwrbodimp**

R2 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****ss2lowenergy**

R2 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

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**SS26**

**ss2loenlmtat**

R2 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	

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**SS27**

**ss2prbbalcrd**

R2 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

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**SS28**

**ss2prbbalcnt**

R2 SS28 BAL COORD PROB LIMIT ACT

**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

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**Flag Variables Set in SS Section**

**f12deaf**

R2 F DEAF PRIOR OR CURRENT ROUND

**f12blind**

R2 F BLIND PRIOR OR CURRENT ROUND