
NHATS Round 2

Section SS [SENSORY IMPAIRMENTS AND SYMPTOMS]

Sequence: 14

BOX SS3PRE

BOX SS3PRE

NOT ON FILE

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

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

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

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.

SS4A

ss2hearphone

R2 SS4A SP CAN USE TELEPHONE

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 use the telephone?

CODES

1	YES	SS4A
2	NO	SS4A

REFUSED
DON'T KNOW

SS4A
SS4A

SS4B**ss2convwradi**

R2 SS4B CONVERSATION WITH TV RADIO

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 room with a radio or TV playing?

CODES

1	YES	BOX SS7PRE
2	NO	
	REFUSED	
	DON'T KNOW	

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

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

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	SS8A
	DON'T KNOW	SS8A

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.

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	

SS8B**ss2seetvqls**

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	

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

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 |

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 |

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 |

SS17

ss2painlimts

R2 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**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 INLAST 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

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)	

SS18C

SS18C

NOT ON FILE

QUESTION TEXT:

SPECIFY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length 50

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

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 LIMT 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

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

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

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

Flag Variables Set in SS Section

f12deaf	R2 F DEAF PRIOR OR CURRENT ROUND
f12blind	R2 F BLIND PRIOR OR CURRENT ROUND