

**NHANES**

**Sample Person Questionnaire  
Hand Cards**

**2011-2012**



# TBQ1

**Skin Test:**



**Tine Test:**



# PFQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity

## PFQ2

Arthritis/rheumatism

Back or neck problem

Birth defect

Cancer

Depression/anxiety/emotional problem

Other developmental problem (such as cerebral palsy)

Diabetes

Fractures, bone/joint injury

Hearing problem

Heart problem

Hypertension/high blood pressure

Lung/breathing problem

Mental retardation

Other injury

Senility

Stroke problem

Vision/problem seeing

Weight problem

Other impairment/problem

## MCQ1

Little or no psoriasis

Only a few patches (that could be covered by one or two palms of a hand)

Scattered patches (that could be covered between three and ten palms of a hand)

Extensive psoriasis (covering large areas of the body, that would be more than ten palms of a hand)

## MCQ2

Never (in the past 7 days or week)

Rarely (once in the past week)

Sometimes (two or three times in the past week)

Often (about once a day)

Very often (several times a day)

# DIQ1

Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

# DIQ2

## **Risk Factors:**

1. Family history
2. Overweight
3. Age
4. Poor dietary habit
5. Race
6. Had a baby that weighed over 9 lbs. at birth
7. Lack of physical activity or sedentary lifestyle

## **Medical Conditions:**

8. High blood pressure
9. High sugar
10. High cholesterol
11. Hypoglycemic

## **Experienced Symptoms:**

12. Extreme hunger
13. Tingling/numbness in hands or feet
14. Blurred vision
15. Increased fatigue

## **Other Factors:**

16. Anyone could be at risk
17. Doctor warning



## DIQ3

Less than 6

Less than 7

Less than 8

Less than 9

Less than 10

Provider did not specify a goal

# BPQ1

High normal blood pressure

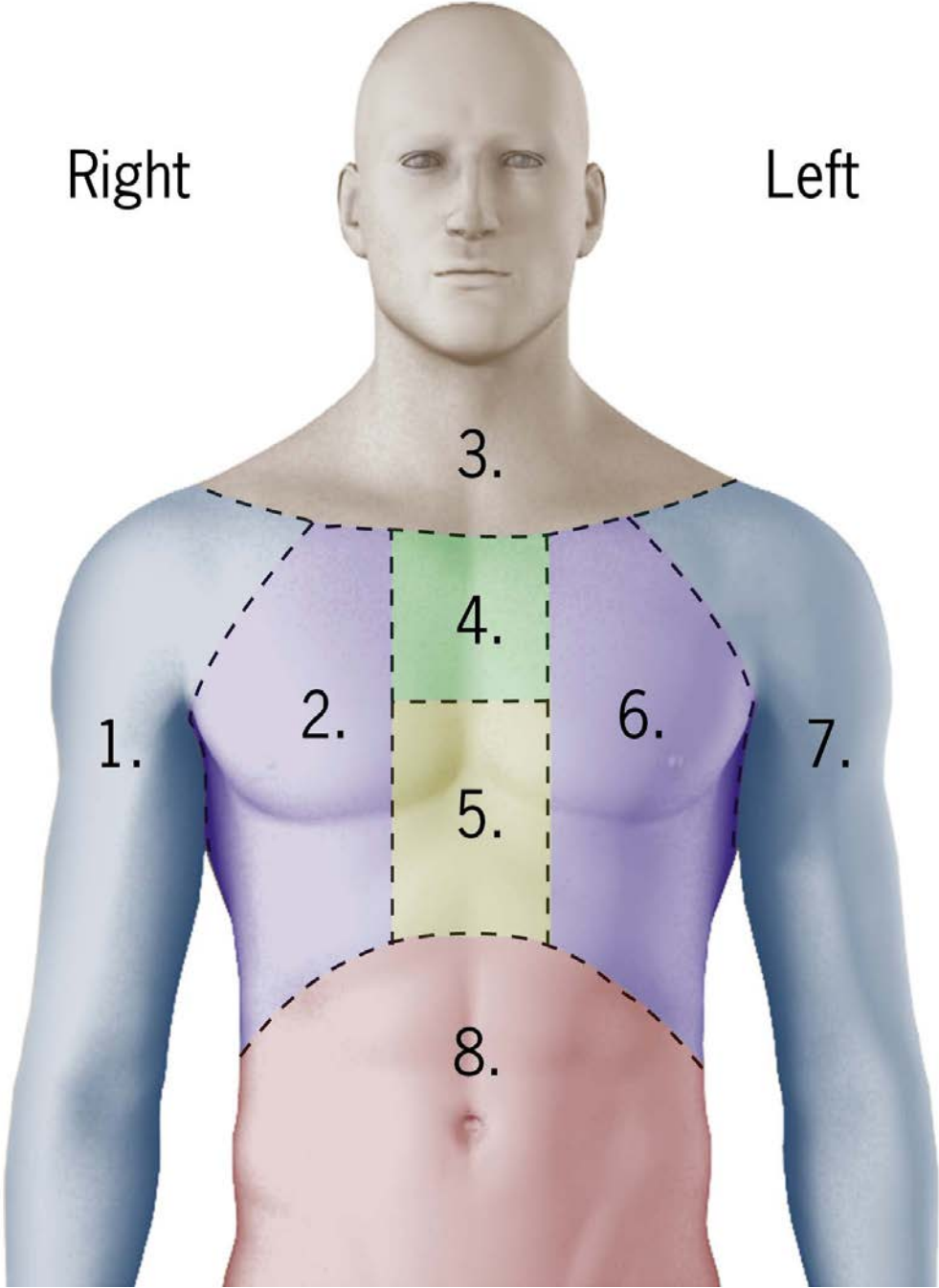
Prehypertension

Borderline hypertension

# CDQ1

Right

Left



AUQ1

Always

Usually

About half the time

Seldom

Never

## AUQ2

Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months

## DEQ1

Get a severe sunburn with blisters

A severe sunburn for a few days  
with peeling

Mildly burned with some tanning

Turning darker without a sunburn

Nothing would happen in half an  
hour

Other

## DEQ2

Always

Most of the time

Sometimes

Rarely

Never

CSQ1

Better

Worse

No change



## CSQ2

Sweet

Sour

Salty

Bitter

Metallic

Burning or tingling

Bad or foul

Something else

## CSQ3

Head cold or flu for longer than a month

Persistent dry mouth (not enough saliva)

Frequent nasal congestion from allergies

# CSQ4

Wisdom teeth removed

Tonsils removed

Loss of consciousness because of a head injury

Broken nose or other serious injury to face or skull

Two or more sinus infections

# OHQ1

Could not afford the cost

Did not want to spend the money

Insurance did not cover recommended procedures

Dental office is too far away

Dental office is not open at convenient times

Another dentist recommended not doing it

Afraid or do not like dentists

Unable to take time off from work

Too busy

I did not think anything serious was wrong/expected dental problems to go away

## OHQ2

Very often

Fairly often

Occasionally

Hardly ever

Never

# DBQ1

Never

Rarely – less than once a week

Sometimes – once a week or more, but  
less than once a day

Often – once a day or more

## DBQ2

A **regular** milk drinker for **most** or **all** of lifetime, including childhood

**Never** has been a **regular** milk drinker

Milk drinking has **varied** over lifetime – sometimes has been a **regular** milk drinker and sometimes has **not** been a regular milk drinker

## DBQ3

Never

Rarely – less than once a week

Sometimes – once a week or more,  
but less than once a day

Often – once a day or more



# DBQ4

## EXAMPLES OF FROZEN MEALS & FROZEN PIZZAS



# WHQ1

Ate less food (amount)

Switched to foods with lower calories

Ate less fat

Ate fewer carbohydrates

Exercised

Skipped meals

Ate “diet” foods or products

Used a liquid diet formula such as Slimfast or Optifast

Joined a weight loss program such as Weight Watchers, Jenny Craig, Tops, or Overeaters Anonymous

Followed a special diet such as Dr. Atkins, South Beach, other high protein or low carbohydrate diet, cabbage soup diet, Ornish, Nutrisystem, Body-for-Life

Took diet pills prescribed by a doctor

Took other pills, medicines, herbs or supplements not needing a prescription

Started to smoke or began to smoke again

Took laxatives or vomited

Drank a lot of water

Ate more fruits, vegetables, salads

Ate less sugar, candy, sweets

Changed eating habits (didn't eat late at night, ate several small meals a day)

Ate less junk food or fast food

Other (Specify)

# OCQ1

An employee of a **private** company, business, or individual for wages, salary, or commission

A **federal** government employee

A **state** government employee

A **local** government employee

Self-employed in **own** business, professional practice or farm

Working **without pay** in family business or farm

# ACQ1

Only Spanish

More Spanish than English

Both equally

More English than Spanish

Only English

# ACQ2

English

Chinese

Farsi/Persian

Hindi

Japanese

Khmer/Cambodian

Korean

Tagalog/Filipino

Urdu

Vietnamese

Other

# DMQ1

Never attended/kindergarten only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: Occupational, technical, or vocational program

Associate degree: Academic program

Bachelor's degree (example: BA, AB, BS, BBA)

Master's degree (example: MA, MS, MEng, MEd, MBA)

Professional school degree (example: MD, DDS, DVM, JD)

Doctoral degree (example: PhD, EdD)

## DMQ2

September 2001 or later

August 1990 to August 2001 (including Persian Gulf War)

September 1980 to July 1990

May 1975 to August 1980

August 1964 to April 1975 (Vietnam Era)

March 1961 to July 1964

February 1955 to February 1961

July 1950 to January 1955 (Korean War)

January 1947 to June 1950

December 1941 to December 1946 (World War II)

November 1941 or earlier

# DMQ3

10. Mexican

11. Puerto Rican

12. Cuban

13. Dominican (Republic)

## **Central American:**

14. Costa Rican

15. Guatemalan

16. Honduran

17. Nicaraguan

18. Panamanian

19. Salvadoran

20. Other Central American

## **South American:**

21. Argentinean

22. Bolivian

23. Chilean

24. Colombian

25. Ecuadorian

26. Paraguayan

27. Peruvian

28. Uruguayan

29. Venezuelan

30. Other South American

## **Other Hispanic or Latino:**

31. Filipino

32. Spaniard

33. Spanish

34. Spanish American

35. Hispano/Hispana

36. Hispanic/Latino



# DMQ4

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Other

# DMQ5

Asian Indian

Bangladeshi

Bengalese

Bharat

Bhutanese

Burmese

Cambodian

Cantonese

Chinese

Dravidian

East Indian

Filipino

Goanese

Hmong

Indochinese

Indonesian

Iwo Jiman

Japanese

Korean

Laohmong

Laotian

Madagascar/Malagasy

Malaysian

Maldivian

Mong

Nepalese

Nipponese

Okinawan

Pakistani

Siamese

Singaporean

Sri Lankan

Taiwanese

Thai

Vietnamese

## DMQ6

Yes, born in United States

Yes, born in Puerto Rico, Guam,  
American Virgin Islands, or other  
U.S. territory

Yes, born abroad to American parents

Yes, U.S. citizen by naturalization

No, not a citizen of the United States

# HIQ1

Private health insurance

Medicare

Medi-gap

Medicaid

SCHIP (CHIP/Children's Health  
Insurance Program)

Military Health Care (Tricare/VA/  
Champ-VA)


Indian Health Service

State-sponsored health plan

Other government program

Single service plan (e.g., dental, vision,  
prescriptions)

HIQ2

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
<b>1-800-MEDICARE (1-800-633-4227)</b>				
NAME OF BENEFICIARY				
<b>JANE DOE</b>				
MEDICARE CLAIM NUMBER			SEX	
<b>000-00-0000-A</b>			<b>FEMALE</b>	
IS ENTITLED TO		EFFECTIVE DATE		
<b>HOSPITAL (PART A)</b>		<b>07-01-1986</b>		
<b>MEDICAL (PART B)</b>		<b>07-01-1986</b>		
SIGN HERE _____				
<b>DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS</b>				

# DSQ1a

<b>VITAMINS</b>	Calcium	Vitamin C	Calcium and Magnesium
<b>MINERALS</b>	Iron	Vitamin E	Calcium plus Vitamin D
	Zinc		
<b>MULTI-VITAMIN-- MULTI-MINERALS</b>	Flintstones	One a Day	Prenatals
	Tri-Vi-Flor	B-Complex	Centrum
<b>HERBALS AND BOTANICALS</b>	Echinacea	Garlic	Saw Palmetto
	Ginkgo	Ginseng	
<b>FIBER</b>	Metamucil	Fibercon	Benefiber
<b>AMINO ACIDS</b>	Lysine	Methionine	Tryptophan
<b>OTHERS</b>	Fish Oil	Chondroitin	Glucosamine

DSQ1b

## EXAMPLES OF ANTACIDS

Tums

Roloids

Maalox

Mylanta

DSQ2

Decided to take it for reasons of my own

A doctor or other health provider told me to



## DSQ3

### **To:**

Get more energy  
Improve digestion  
Improve my overall health  
Maintain health (to stay healthy)  
Maintain healthy blood sugar level, diabetes  
Prevent colds, boost immune system  
Prevent health problems  
Supplement my diet (because I don't get enough from food)

### **For:**

Anemia, such as low iron  
Bone health, build strong bones, osteoporosis  
Eye health  
Good bowel/colon health  
Healthy Joints, arthritis  
Healthy skin, hair, and nails  
Heart health, cholesterol  
Kidney and bladder health, urinary tract health  
Liver health, detoxification, cleanse system  
Menopause, hot flashes  
Mental health  
Muscle related issues, muscle cramps, muscle building  
Pregnancy/breastfeeding  
Prostate health  
Relaxation, decrease stress, improve sleep  
Teeth, prevent cavities  
Weight loss