NHANES

Sample Person Questionnaire
Hand Cards

2015-2016
PFQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity
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
OSQ3

Hip replacement
Knee replacement
Plates or pins to fix a broken bone
Dental implants (posts)
Metal sutures or clips
Stents
Pacemakers
Prescribed Medicines for Hepatitis B

Adefovir
Alinia
Baraclude
Entecavir
Epivir
Epivir HBV
Hepsera
Interferon / Peginterferon
Intron A
Lamivudine
Nitazoxanide
Olysio (simeprevir)
Pegasys
Roferon-A
Sovaldi (sofosbuvir)
Telbivudine
Tenofovir
Tyzeka
Viread
Prescribed Medicines for Hepatitis C

- Alinia
- Boceprevir
- Copegus
- Daclatasvir (Daklinza)
- Harvoni
- Incivek
- Infergen
- Interferon / Peginterferon
- Intron A
- Ledipasvir
- Nitazoxanide
- Olysio (simeprevir)
- Pegasys
- Pegintron
- Rebetol
- Rebetron
- Ribapak
- Ribasphere
- Ribatab
- Ribavirin
- Roferon-A
- Sovaldi (sofosbuvir)
- Sylatron
- Technivie
- Telaprevir
- Victrelis
- Viekira Pak
- Virazole
- Zepatier
Prediabetes

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes
Risk Factors:
10. Family history
11. Overweight
12. Age
13. Poor diet
14. Race
15. Had a baby that weighed over 9 lbs. at birth
16. Lack of physical activity or sedentary lifestyle

Medical Conditions:
17. High blood pressure
18. High blood sugar
19. High cholesterol
20. Hypoglycemic

Experienced Symptoms:
21. Extreme hunger
22. Tingling/numbness in hands or feet
23. Blurred vision
24. Increased fatigue

Other Factors:
25. Anyone could be at risk
26. Doctor warning
27. Other, specify
28. Gestational diabetes
29. Frequent urination
30. Thirst
DIQ3

Less than 6
Less than 7
Less than 8
Less than 9
Less than 10

Provider did not specify a goal
AUQ1

Always
Usually
About half the time
Seldom
Never
Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months
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
Always

Most of the time

Sometimes

Rarely

Never
Went in on own for check-up, examination or cleaning

Was called in by the dentist for check-up, examination or cleaning

Something was wrong, bothering or hurting

Went for treatment of a condition that dentist discovered at earlier check-up or examination
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
Very often
Fairly often
Occasionally
Hardly ever
Never
1. Full load

2. Half load

3. Pea size

4. Smear
Baseball/softball
Basketball
Bocce ball
Cheerleading
Dance
Football
Frisbee/ultimate frisbee
Golf
Gymnastics
Hockey
Lacrosse
Running
Soccer
Swimming/diving
Tennis
Track and field
Trampoline
Volleyball
Wrestling
Other
PAQ2

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
SLQ1

Never

Rarely – 1 time a month

Sometimes – 2 to 4 times a month

Often – 5 to 15 times a month

Almost always – 16 to 30 times a month
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
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
EXAMPLES OF FROZEN MEALS & FROZEN PIZZAS
Often
Sometimes
Rarely
Never
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
Had weight loss surgery
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)
Gastric bypass (Roux-en-Y gastric bypass)

Gastric banding (adjustable gastric banding or gastric stapling)

Bariatric sleeve (sleeve gastrectomy)

Duodenal switch (biliopancreatic diversion OR biliopancreatic diversion with a duodenal switch)
SMQ2

Cigars, cigarillos and little filtered cigars
E-cigarettes and other vaping devices
SMQ4

Smokeless tobacco products
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
Always

Usually

About half the time

Seldom

Never

No noise exposure past 12 months
ACQ1

Only Spanish
More Spanish than English
Both equally
More English than Spanish
Only English
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
<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td>10.</td>
<td>Mexican</td>
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<td>11.</td>
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<td>12.</td>
<td>Cuban</td>
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<td>13.</td>
<td>Dominican (Republic)</td>
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<tr>
<td>Central American:</td>
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<td>15.</td>
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<td>16.</td>
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<td>17.</td>
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<td>South American:</td>
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<td>21.</td>
<td>Argentinean</td>
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<td>22.</td>
<td>Bolivian</td>
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<td>24.</td>
<td>Colombian</td>
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<td>25.</td>
<td>Ecuadorian</td>
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<td>26.</td>
<td>Paraguayan</td>
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<td>Peruvian</td>
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<td>28.</td>
<td>Uruguayan</td>
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<td>Venezuelan</td>
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<td>Other South American</td>
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<tr>
<td>Other Hispanic or Latino:</td>
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<td>31.</td>
<td>Filipino</td>
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<td>32.</td>
<td>Spaniard</td>
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<tr>
<td>35.</td>
<td>Hispano/Hispana</td>
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<td>36.</td>
<td>Hispanic/Latino</td>
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<tr>
<td>41.</td>
<td>Chicana/Chicano</td>
</tr>
</tbody>
</table>
American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White
1. Native Hawaiian

2. Guamanian or Chamorro

3. Samoan

4. Other Pacific Islander
10. Asian Indian  
11. Bangladeshi  
12. Bengalese  
13. Bharat  
14. Bhutanese  
15. Burmese  
16. Cambodian  
17. Cantonese  
18. Chinese  
19. Dravidian  
20. East Indian  
21. Filipino  
22. Goanese  
23. Hmong  
24. Indochinese  
25. Indonesian  
26. Iwo Jiman  
27. Japanese  
28. Korean  
29. Laohmong  
30. Laotian  
31. Madagascar/Malagasy  
32. Malaysian  
33. Maldivian  
34. Mong  
35. Nepalese  
36. Nipponese  
37. Okinawan  
38. Pakistani  
39. Siamese  
40. Singaporean  
41. Sri Lankan  
42. Taiwanese  
43. Thai  
44. Vietnamese
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
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)
NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER     SEX
000-00-0000-A      FEMALE

IS ENTITLED TO      EFFECTIVE DATE
HOSPITAL (PART A)  07-01-1986
MEDICAL (PART B)   07-01-1986

SIGN HERE

DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (¶) ADDRESS
<table>
<thead>
<tr>
<th><strong>VITAMINS</strong></th>
<th>Calcium</th>
<th>Vitamin C</th>
<th>Calcium and Magnesium</th>
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<tbody>
<tr>
<td><strong>MINERALS</strong></td>
<td>Iron</td>
<td>Vitamin E</td>
<td>Calcium plus Vitamin D</td>
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<tr>
<td></td>
<td>Zinc</td>
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<tr>
<td><strong>MULTI-VITAMIN--</strong></td>
<td>Flintstones</td>
<td>One a Day</td>
<td>Prenatals</td>
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<td><strong>MULTI-MINERALS</strong></td>
<td>Tri-Vi-Flor</td>
<td>B-Complex</td>
<td>Centrum</td>
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<tr>
<td><strong>HERBALS AND</strong></td>
<td>Echinacea</td>
<td>Garlic</td>
<td>Saw Palmetto</td>
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<tr>
<td><strong>BOTANICALS</strong></td>
<td>Ginkgo</td>
<td>Ginseng</td>
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<tr>
<td><strong>FIBER</strong></td>
<td>Metamucil</td>
<td>Fibercon</td>
<td>Benefiber</td>
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<td><strong>AMINO ACIDS</strong></td>
<td>Lysine</td>
<td>Methionine</td>
<td>Tryptophan</td>
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<tr>
<td><strong>OTHERS</strong></td>
<td>Fish Oil</td>
<td>Chondroitin</td>
<td>Glucosamine</td>
</tr>
</tbody>
</table>
EXAMPLES OF ANTACIDS

Tums
Rolaids
Maalox
Mylanta
Decided to take it for reasons of my own.

A doctor or other health provider told me to
To:
Build muscle
Gain weight
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
Pregnancy/breastfeeding
Prostate health
Relaxation, decrease stress, improve sleep
Teeth, prevent cavities
Weight loss