#### **NHANES**

# Sample Person Questionnaire Hand Cards

2015-2016



# PFQ1

No difficulty

Some difficulty

Much difficulty

Unable to do

Do not do this activity

#### PFQ2

Arthritis/rheumatis	٩m

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** 

#### HEQ1

#### 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

## HEQ2

#### 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

## DIQ1

**Prediabetes** 

Impaired fasting glucose

Impaired glucose tolerance

Borderline diabetes

#### DIQ2

#### **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

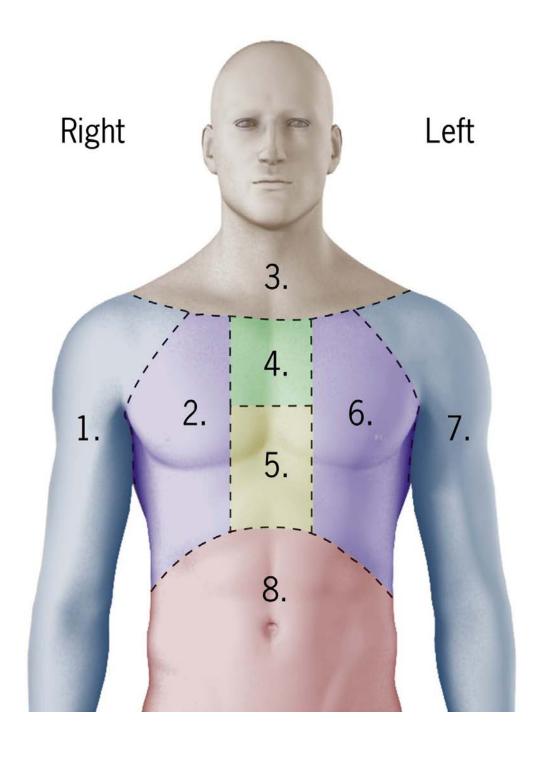
Less than 8

Less than 9

Less than 10

Provider did not specify a goal

# CDQ1



# 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

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



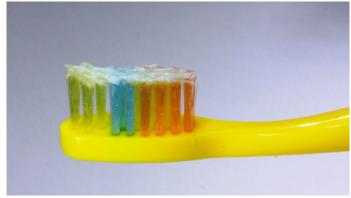
2. Half load



3. Pea size



4. Smear



#### PAQ1

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

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

### 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

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)

## WHQ2

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)

#### Include





**Hand Rolled Cigarette** 

#### Do **NOT** Include



### Cigars, cigarillos and little filtered cigars



## E-cigarettes and other vaping devices



# 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

#### OCQ2

**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

### ACQ2

**English** 

Chinese

Farsi/Persian

Hindi

Japanese

Khmer/Cambodian

Korean

Tagalog/Filipino

Urdu

Vietnamese

Other

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)

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

10. Mexican South American: 11. Puerto Rican 21. Argentinean 12. Cuban 22. Bolivian 13. Dominican (Republic) 23. Chilean **Central American:** 24. Colombian 14. Costa Rican 25. Ecuadorian 15. Guatemalan 26. Paraguayan 16. Honduran 27. Peruvian 17. Nicaraguan 28. Uruguayan 18. Panamanian 29. Venezuelan 30. Other South American 19. Salvadoran Other Hispanic or Latino: 20. Other Central American 31. Filipino 32. Spaniard 33. Spanish 34. Spanish American 35. Hispano/Hispana

36. Hispanic/Latino

41. Chicana/Chicano

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

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1	<i>(</i> )	$\Lambda$ CION	Indian
	\ <i>J</i> _	ASIALL	Indian
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- 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

### 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

#### **MEDICARE**



#### **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

JANE DOE

MEDICARE CLAIM NUMBER

FEMALE

000-00-0000-A

EFFECTIVE DATE

HOSPITAL

MEDICAL

(PART A) (PART B) 07-01-1986 07-01-1986

SIGN

DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (\$\sqrt{}\) ADDRESS

# DSQ1a

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

## DSQ1b

### **EXAMPLES OF ANTACIDS**

Tums

Rolaids

Maalox

Mylanta

## DSQ2

Decided to take it for reasons of my own

A doctor or other health provider told me to

## DSQ3

#### 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