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

PRESS 1 AND ENTER TO CONTINUE

In the last month, {have you/has {he/she}} used a hearing aid or other hearing device?

CODES
1 YES
2 NO
7 DEAF
REFUSED
DON’T KNOW

PROGRAMMER INSTRUCTIONS:
IF SS3 = 7 (DEAF), set DEAF flag = 1 (YES)

{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?
NHATS Round 5 :: SS
April 8, 2019

CODES

1 YES
2 NO
  REFUSED
  DON'T KNOW

SS4C ss5convquiet R5 SS4C CONVERS IN QUIET ROOM

DISPLAY INSTRUCTIONS:

Use “Same Question Stem” display.

IF SS3 = 1 (YES, HEARING AID) DISPLAY "When {you/SP uses} a hearing aid, {do you/does {he/she}}... "

ELSE DISPLAY "{Do you/Does SP}... "

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

SS7PRE SS7PRE NOT ON FILE

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

PRESS 1 AND ENTER TO CONTINUE

SS7 ss5glasseswr R5 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
2 NO
7 BLIND
  REFUSED
  DON'T KNOW

PROGRAMMER INSTRUCTIONS:

IF SS7 = 7 (BLIND), set BLIND flag = 1 (YES).

SS8A ss5seewellst R5 SS8B SEES ACROSS THE STREET

DISPLAY INSTRUCTIONS:

Use “Same Question Stem” display.

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)...

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  ss5seetvgsls  R5 SS8B TV ACROSS ROOM W GLASSES

DISPLAY INSTRUCTIONS:
Use “Same Question Stem” display.
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)...

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?

CODEx
1 YES
2 NO
REFUSED DON'T KNOW

SS10  ss5glasscls  R5 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  ss5othvisaid  R5 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

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 <> 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

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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

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

<table>
<thead>
<tr>
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DISPLAY INSTRUCTIONS:

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

CODES

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</table>
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  ss5painbothr  R5 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  ss5painlimts  R5 SS17 PAIN EVER LIMITS ACTIV

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  ss5painmedof  R5 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 (5-6 DAYS A WEEK)
3  SOME DAY (2-4 DAYS A WEEK)
4  RARELY (ONCE A WEEK OR LESS)
5  NEVER
    REFUSED
    DON'T KNOW
BOX SS18B

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

ss5painwhe1  R5 SS18B BACK PAIN IN LAST MNTH
ss5painwhe2  R5 SS18B HIP PAIN IN LAST MONTH
ss5painwhe3  R5 SS18B KNEE PAIN IN LAST MNTH
ss5painwhe4  R5 SS18B FOOT PAIN IN LAST MNTH
ss5painwhe5  R5 SS18B HAND PAIN IN LAST MNTH
ss5painwhe6  R5 SS18B WRIST PAIN IN LAST MNTH
ss5painwhe7  R5 SS18B SHOULD PAIN LAST MNTH
ss5painwhe8  R5 SS18B HEAD PAIN IN LAST MNTH
ss5painwhe9  R5 SS18B NECK PAIN IN LAST MNTH
ss5painwhe10 R5 SS18B ARM PAIN IN LAST MNTH
ss5painwhe11 R5 SS18B LEG PAIN IN LAST MNTH
ss5painwhe12 R5 SS18B STOMACH PAIN LAST MNTH
ss5painwhe13 R5 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

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<td>OTHER PLACES (SPECIFY)</td>
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</table>

SS18C

QUESTION TEXT:

SPECIFY OTHER PLACES SP HAD PAIN

NOT ON FILE
**SS19**  
**ss5probbreat**  
R5 SS19 BREATHING PROBLEMS

**QUESTION TEXT:**
In the last month, did [you/SP] have any breathing problems, including shortness of breath or difficulty breathing?

**CODES**

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**SS20**  
**ss5probrlimt**  
R5 SS20 BREATH PROBLS LIMIT ACT

**QUESTION TEXT:**
In the last month, did [your/SP's] breathing problems ever limit [your/his/her] activities?

**CODES**

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<thead>
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**SS21**  
**ss5strnglimup**  
R5 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**

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<thead>
<tr>
<th></th>
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**SS22**  
**ss5uplimtact**  
R5 SS22 UP BOD STRENGTH 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**

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**SS23**  
**ss5lwrbodstr**  
R5 SS23 LOWER BODY STRENGTH 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
REFUSED
DON'T KNOW

SS24
ss5lwrbdimp
R5 SS24 LWER BOD STRENGTH 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
ss5lowenergy
R5 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
REFUSED
DON'T KNOW

SS26
ss5loenlimtat
R5 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
ss5prbbalcrd
R5 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
REFUSED
DON'T KNOW

SS28
ss5prbbalcnt
R5 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

<table>
<thead>
<tr>
<th>Flag Variables Set in SS Section</th>
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<tbody>
<tr>
<td>fl5deaf</td>
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<td>fl5blind</td>
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<tr>
<td>R5 F SS DEAF PRIOR OR CURRENT ROUND</td>
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<tr>
<td>R5 F SS BLIND PRIOR OR CURRENT ROUND</td>
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