**NHATS Round 8**

**Section** | **SS** | **[SENSORY IMPAIRMENTS AND SYMPTOMS]** | **Sequence: 14**
---|---|---|---
**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** | **ss8heringaid** | **R8 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 |
| 2 | NO |
| 7 | DEAF REFUSED DON'T KNOW |

**PROGRAMMER INSTRUCTIONS:**

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

**SS4A** | **ss8hearphone** | **R8 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 |
| 2 | NO |
| REFUSED DON'T KNOW |

**SS4B** | **ss8convwradi** | **R8 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/Does SP hear well enough to carry on a conversation in a room with a radio or TV playing?

CODES
1 YES SS7PRE
2 NO REFUSED
3 DON'T KNOW

SS4C
SS8 convquiet R8 SS4C CONVERS 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/Does SP hear well enough to carry on a conversation in a quiet room?

CODES
1 YES SS7PRE
2 NO REFUSED
3 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
SS8 glasses wr R8 SS7 WEARS GLASSES CONTACTS

DISPLAY INSTRUCTIONS:
DISPLAY QUESTION TEXT "at a distance" IN BOLD UNDERLINE TEXT

QUESTION TEXT:
When you use/SP uses glasses or contacts to help {you/him/her} see things at a distance?

CODES
1 YES SS13 PRE
2 NO
3 BLIND SS13PRE
4 REFUSED
5 DON'T KNOW

PROGRAMMER INSTRUCTIONS:
IF SS7 = 7 (BLIND), set BLIND flag = 1 (YES)

SS8A
SS8 see well st R8 SS8A 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
2 NO
REFUSED
DON'T KNOW

SS8B ss8seetvglrs R8 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 ss8glasscls R8 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 ss8othvisaid R8 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.
**SS12**

**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
3. REFUSED
4. 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**

**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
3. REFUSED
4. DON'T KNOW

**SS14**

**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
ss8painboth
R8 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
REFUSED
DON'T KNOW

SS17
ss8painlimts
R8 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
ss8painmedof
R8 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 DAYS (5-6 DAYS A WEEK)
3 SOME DAYS (2-4 DAYS A WEEK)
4 RARELY (ONCE A WEEK OR LESS)
5 NEVER
REFUSED
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**

| SS8painwe1 | R8 SS18B BACK PAIN IN LAST MNTH |
| SS8painwe2 | R8 SS18B HIP PAIN IN LAST MONTH |
| SS8painwe3 | R8 SS18B KNEE PAIN IN LAST MNTH |
| SS8painwe4 | R8 SS18B FOOT PAIN IN LAST MNTH |
| SS8painwe5 | R8 SS18B HAND PAIN IN LAST MNTH |
| SS8painwe6 | R8 SS18B WRIST PAIN IN LAST MNTH |
| SS8painwe7 | R8 SS18B SHOULDR PAIN LST MNTH |
| SS8painwe8 | R8 SS18B HEAD PAIN IN LAST MNTH |
| SS8painwe9 | R8 SS18B NECK PAIN IN LAST MNTH |
| SS8painwe10 | R8 SS18B ARM PAIN IN LAST MNTH |
| SS8painwe11 | R8 SS18B LEG PAIN IN LAST MNTH |
| SS8painwe12 | R8 SS18B STOMACH PAIN LAST MNTH |
| SS8painwe13 | R8 SS18B OTHR SPCFY PAIN LST MO |

**QUESTION TEXT:**

SHOW CARD SS2

Please look at this card and tell me where you have had pain in the last month.

IF NEEDED: Include places for which you 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>
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
   REFUSED  SS21
   DON'T KNOW  SS21

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

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
   REFUSED  SS23
   DON'T KNOW  SS23

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

QUESTION TEXT:
In the last month, did {you/SP} have limited strength or movement in {your/his/her} hips, legs, knees, or
### SS24 ss8lwrbodimp R8 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?

<table>
<thead>
<tr>
<th>CODES</th>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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### SS25 ss8lowenergy R8 SS25 LOW ENERGY IN LAST MONTH

**QUESTION TEXT:**
In the last month, did {you/SP} have low energy or {were you/was SP} easily exhausted?

<table>
<thead>
<tr>
<th>CODES</th>
<th>YES</th>
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### SS26 ss8loenlmat R8 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?

<table>
<thead>
<tr>
<th>CODES</th>
<th>YES</th>
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### SS27 ss8prbbalcrd R8 SS27 BALANCE OR COORD PROBS

**QUESTION TEXT:**
In the last month, did {you/SP} have problems with balance or coordination?

<table>
<thead>
<tr>
<th>CODES</th>
<th>YES</th>
<th>NO</th>
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### SS28 ss8prbbalcnt R8 SS28 BAL COORD PROB LIMIT ACT

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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>fl8deaf</td>
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