### NHATS Round 1

#### Section SS [SENSORY AND PHYSICAL IMPAIRMENTS AND SYMPTOMS] Sequence: 14

<table>
<thead>
<tr>
<th>SS3PRE</th>
<th>SS3PRE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Now let's talk about how well {you hear/SP hears}.</td>
<td></td>
<td></td>
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<tr>
<td>PRESS 1 AND ENTER TO CONTINUE</td>
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<table>
<thead>
<tr>
<th>SS3</th>
<th>ss1hearingaid</th>
<th>R1 SS3 HEARING AID USED</th>
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</thead>
<tbody>
<tr>
<td><strong>DISPLAY INSTRUCTIONS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISPLAY QUESTION TEXT “In the last month” AS BOLD UNDERLINED TEXT</td>
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</tbody>
</table>

**QUESTION TEXT:**

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

**CODES**

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<tr>
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<th>Description</th>
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<tbody>
<tr>
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<tr>
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<table>
<thead>
<tr>
<th>SS4a</th>
<th>ss1headphone</th>
<th>R1 SS4A SP CAN USE TELEPHONE</th>
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</thead>
<tbody>
<tr>
<td><strong>DISPLAY INSTRUCTIONS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF SS3=1 (YES, HEARING AID) DISPLAY &quot;When {you use/SP uses} a hearing aid, {do you/does {he/she}}...&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELSE DISPLAY &quot;[Do you/Does SP]...&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOR ITEMS SS4a, SS4b, SS4c USE &quot;SAME QUESTION STEM&quot; DISPLAY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
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<th>Description</th>
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<table>
<thead>
<tr>
<th>SS4b</th>
<th>ss1convwradi</th>
<th>R1 SS4B CONVERSATIN WTH TV RADIO</th>
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<tbody>
<tr>
<td><strong>DISPLAY INSTRUCTIONS:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 carry on a conversation in a room with a radio or TV playing?

CODES
1  YES
2  NO
  REFUSED
  DON'T KNOW

SS4c  ss1convquiet  R1 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}}/{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  ss1glasseswr  R1 SS7 WEARS GLASSES OR CONTACTS

DISPLAY INSTRUCTIONS:
DISPLAY QUESTION TEXT "at a distance" IN BOLD UNDERLINED 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  SS13PRE
     REFUSED
     DON’T KNOW

SS8a  ss1seewellst  R1 SS8A SEE 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  SS10
2  NO
     REFUSED
     DON’T KNOW

SS8b  ss1seestvglsls  R1 SS8B TV ACROSS ROOM W GLASSES

DISPLAY INSTRUCTIONS:
IF SS7=1 (GLASSES OR CONTACTS FOR DISTANCE), 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  ss1glasscls  R1 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  ss1othvisaid  R1 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
1 YES
2 NO
REFUSED
DON'T KNOW

SS12  ss1glrednewp  R1 SS12 CAN READ NEWSPAPER PRINT

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
REFUSED
DON'T KNOW
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**

**ss1probchswl**

R1 SS13 PROBLEMS CHEW OR SWALLOW

**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**

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<th>Code</th>
<th>Description</th>
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<tr>
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</table>

**SS14**

**ss1probspeak**

R1 SS14 PROBLEMS SPEAKING

**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**

<table>
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<td>DON'T KNOW</td>
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</table>

**SS15**

**ss1painbothr**

R1 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**

<table>
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<tr>
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**SS17**

**ss1painlimts**

**R1 SS17 PAIN EVER LIMITS ACTIVITY**

**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**

|   | YES | NO               | REFUSED | DON’T KNOW |

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**SS18A**

**ss1painmedof**

**R1 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?

**CODES**

|   | EVERY DAY (7 DAYS A WEEK) | MOST DAYS (5-6 DAYS A WEEK) | SOME DAYS (2-4 DAYS A WEEK) | RARELY (ONCE A WEEK OR LESS) | NEVER | REFUSED | DON’T KNOW |

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**BOX SS18B**

**BOXSS18B**

**NOT ON FILE**

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

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**SS18B**

| ss1painwe1 | R1 SS18B BACK PAIN IN LAST MNTH |
| ss1painwe2 | R1 SS18B HIP PAIN IN LAST MONTH |
| ss1painwe3 | R1 SS18B KNEE PAIN IN LAST MNTH |
| ss1painwe4 | R1 SS18B FOOT PAIN IN LAST MNTH |
ss1painwhe5  R1 SS18B HAND PAIN IN LAST MNTH
ss1painwhe6  R1 SS18B WRIST PAIN IN LAST MNTH
ss1painwhe7  R1 SS18B SHOULDR PAIN LST MNTH
ss1painwhe8  R1 SS18B HEAD PAIN IN LAST MNTH
ss1painwhe9  R1 SS18B NECK PAIN IN LAST MNTH
ss1painwhe10 R1 SS18B ARM PAIN IN LAST MNTH (from SS18c)
ss1painwhe11 R1 SS18B LEG PAIN IN LAST MNTH (from SS18c)
ss1painwhe12 R1 SS18B STOMACH PAIN LAST MNTH (from SS18c)
ss1painwhe13 R1 SS18B OTHR SPCFY PAIN LST MO

QUESTION TEXT:
SHOW CARD SS2
Please look at this card and tell me where {you/SP has} had pain in the last month.
SELECT ALL THAT APPLY

CODES
1  BACK        SS19
2  HIPS        SS19
3  KNEES       SS19
4  FEET        SS19
5  HANDS       SS19
6  WRISTS      SS19
7  SHOULDERS   SS19
8  HEAD        SS19
9  NECK        SS19
91 OTHER PLACES (SPECIFY)

SS18C  SS18C  NOT ON FILE

QUESTION TEXT:
SPECIFY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length  50

SS19  ss1probbreat  R1 SS19 BREATHING PROBLEMS

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

CODES
1  YES
<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
<th>SS20</th>
<th>SS21</th>
<th>SS22</th>
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<td>DON’T KNOW</td>
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</table>

**SS20**  
**ss1prbbrlimt**  
**R1 SS20 BREATH PROBS LIMIT ACTIV**

**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

**SS21**  
**ss1strnglmp**  
**R1 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**
1. YES
2. NO
   - REFUSED
   - DON’T KNOW

**SS22**  
**ss1uplimitact**  
**R1 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**
1. YES
2. NO
   - REFUSED
   - DON’T KNOW

**SS23**  
**ss1lwrbodstr**  
**R1 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**
### SS24
**ss1lwrbodimp**  
**R1 SS24 LWER BOD STRNGHT 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
**ss1lowenergy**  
**R1 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?

**CODES**
- **1** YES
- **2** NO
- REFUSED
- DON'T KNOW

### SS26
**ss1loenlmtat**  
**R1 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
**ss1prbbalcred**  
**R1 SS27 BALANCE OR COORD PROBS**

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

**CODES**
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>SECTION PC</th>
</tr>
</thead>
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<td>SECTION PC</td>
</tr>
</tbody>
</table>

**SS28**

**ss1prbbalcnt**

R1 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**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
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<tbody>
<tr>
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<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

**PROGRAMMER INSTRUCTIONS:**

Go to Section PC – Physical Capacity