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## NHATS Round 5

Section SS [SENSORY IMPAIRMENTS AND SYMPTOMS]

Sequence: 14

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**SS3PRE**

**SS3PRE**

NOT ON FILE

**QUESTION TEXT:**

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

PRESS 1 AND ENTER TO CONTINUE

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**SS3**

**ss5heringaid**

R5 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	SS7PRE
	REFUSED	
	DON'T KNOW	

**PROGRAMMER INSTRUCTIONS:**

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

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**SS4A**

**ss5hearphone**

R5 SS4A SP CAN USE TELEPHONE

**DISPLAY INSTRUCTIONS:**

Use "Same Question Stem" display.

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}..."

**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**

**ss5convwradi**

R5 SS4B CONVERSATION WITH TV RADIO

**DISPLAY INSTRUCTIONS:**

Use "Same Question Stem" display.

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}..."

**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 SS7PRE
- 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 use/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 SS13PRE
- 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	

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**SS8B**

**ss5seetvgl**

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?

**CODES**

1	YES	
2	NO REFUSED DON'T KNOW	

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**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	

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**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**

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

**SS12**

**ss5glrednewp**

R5 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 <> 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

**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**

**ss5probchswl**

R5 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**

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

**SS14**

**ss5probspeak**

R5 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**

- 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
  - REFUSED
  - DON'T KNOW
- SS18A  
SS19  
SS19

**SS17**

ss5painlimts

R5 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**

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

**BOX SS18B****BOX SS18B**

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

**SS18B**

ss5painwhe1	R5 SS18B BACK PAIN IN LAST MNTH
ss5painwhe2	R5 SS18B HIP PAIN IN LAST MONTH
ss5painwhe3	R5 SS18B KNEE PAIN INLAST 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 SHOULDR 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

<b>CODES</b>	<b>Code All That Apply</b>	
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
10	ARMS	SS19
11	LEGS	SS19
12	STOMACH	SS19
91	OTHER PLACES (SPECIFY)	

**SS18C****SS18C**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER PLACES SP HAD PAIN

ENTER TEXT

Length

50

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**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**

1	YES	
2	NO	SS21
	REFUSED	SS21
	DON'T KNOW	SS21

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**SS20**

**ss5probrlimt**

R5 SS20 BREATH PROBLEMS 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	

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**SS21**

**ss5strnglmup**

R5 SS21 UPPER BODY 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	SS23
	REFUSED	SS23
	DON'T KNOW	SS23

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**SS22**

**ss5uplimtact**

R5 SS22 UP BODY 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	

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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	SS25
	REFUSED	SS25
	DON'T KNOW	SS25

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**SS24**

**ss5lwrbodimp**

R5 SS24 LWER BOD STRNGTH 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	

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**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	SS27
	REFUSED	SS27
	DON'T KNOW	SS27

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**SS26**

**ss5loenlmtat**

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	

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**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	SECTION PC
	REFUSED	SECTION PC
	DON'T KNOW	SECTION PC

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**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

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<b>Flag Variables Set in SS Section</b>	
<b>f15deaf</b>	R5 F SS DEAF PRIOR OR CURRENT ROUND
<b>f15blind</b>	R5 F SS BLIND PRIOR OR CURRENT ROUND