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## NHATS Round 7

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** ss7heringaid R7 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** ss7hearphone R7 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	

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**SS4B** ss7convvradi R7 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}}/{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**

**ss7convquiet**

R7 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**

**ss7glasseswr**

R7 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**

**ss7seewellst**

R7 SS8B 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	Ss10
2	NO	
	REFUSED	
	DON'T KNOW	

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**SS8B**

**ss7seetvcls**

R7 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	

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**SS10**

**ss7glasscls**

R7 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**

**ss7othvisaid**

R7 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

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**SS12**

**ss7glrednewp**

R7 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

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**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

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**SS13**

**ss7probchswl**

R7 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

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**SS14****ss7probspeak**

R7 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 |

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**SS15****ss7painbothr**

R7 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  |

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**SS17****ss7painlimts**

R7 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 |

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**SS18A****ss7painmedof**

R7 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  
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**

- ss7painwhe1 R7 SS18B BACK PAIN IN LAST MNTH
- ss7painwhe2 R7 SS18B HIP PAIN IN LAST MONTH
- ss7painwhe3 R7 SS18B KNEE PAIN IN LAST MNTH
- ss7painwhe4 R7 SS18B FOOT PAIN IN LAST MNTH
- ss7painwhe5 R7 SS18B HAND PAIN IN LAST MNTH
- ss7painwhe6 R7 SS18B WRIST PAIN IN LAST MNTH
- ss7painwhe7 R7 SS18B SHOULDR PAIN LAST MNTH
- ss7painwhe8 R7 SS18B HEAD PAIN IN LAST MNTH
- ss7painwhe9 R7 SS18B NECK PAIN IN LAST MNTH
- ss7painwhe10 R7 SS18B ARM PAIN IN LAST MNTH
- ss7painwhe11 R7 SS18B LEG PAIN IN LAST MNTH
- ss7painwhe12 R7 SS18B STOMACH PAIN LAST MNTH
- ss7painwhe13 R7 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**

- 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  
91 OTHER PLACES (SPECIFY)

SS19

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**SS18C**

**SS18C**

NOT ON FILE

**QUESTION TEXT:**

SPECIFY OTHER PLACES SP HAD PAIN

**ENTER TEXT**

Length

50

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**SS19**

**ss7probbreat**

R7 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

REFUSED

DON'T KNOW

SS21

SS21

SS21

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**SS20**

**ss7probrlimt**

R7 SS20 BREATH PROBLS LIMT 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**

**ss7strnglmup**

R7 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

SS23

SS23

SS23

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**SS22**

**ss7uplimtact**

R7 SS22 UP BOD STRNGTH LIMT 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**                      **ss7lwrbodstr**                      R7 SS23 LOWER BODY STRNGTH 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**                      **ss7lwrbodimp**                      R7 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**                      **ss7lowenergy**                      R7 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**                      **ss7loenlmtat**                      R7 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**                      **ss7prbbalcrd**                      R7 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**

**ss7prbbalcnt**

R7 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>f17deaf</b>	R7 F SS DEAF CURRENT ROUND
<b>f17blind</b>	R7 F SS BLIND CURRENT ROUND