



FOR PUBLIC COMMENT

**Topics under Consideration for Redesigned National Health Interview Survey
Sample Adult Questionnaire Structure**

Version: May 25, 2016

	2018	2019	2020	2021	2022	2023	2024	2025
	Eligibility Determination and Confirmation - Selection of Sample Adult - Informed Consent							
Annual core content	General Health Status - Functioning and Disability - Health Insurance Hypertension - High Cholesterol - Cardiovascular Conditions Asthma - Cancer - Diabetes - Other Chronic Conditions - Height and Weight Usual Place for Care - Most Recent Preventive Visit Health Care Utilization - Unmet Health Care Needs Dental Care - Vision Care - Mental Health Care - Therapies Prescription Medication - Immunizations Smoking - Physical Activity Demographics - Nativity - Housing - Employment - Income Financial Burden of Medical Care - Program Participation							
2-year core content	Anxiety and Depression			Anxiety and Depression			Anxiety and Depression	
		Injuries			Injuries			Injuries
	Alcohol - Sleep - Smoking		Alcohol - Walking - Sleep - Smoking History			Alcohol - Walking - Sleep - Smoking History		
1-year core content	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain
Sponsored content	Sustaining Sponsors Content from sponsors that commit to supplements every year							
	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-year supplements	
	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-yr supplements
	1-year supplements	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements



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Topics under Consideration for Redesigned National Health Interview Survey (NHIS) Sample Adult Questionnaire

Version: May 25, 2016

This document presents the topics currently under consideration by the National Center for Health Statistics (NCHS) for inclusion in the redesigned NHIS sample adult interview, including content to be included annually and content that will rotate on and off the questionnaire with a pre-established periodicity. Additional topics sponsored by federal partners will also be included in the sample adult interview but are not presented here. See http://www.cdc.gov/nchs/data/nhis/nhis_supplements_and_sponsors.pdf for a list of sponsored content from previous years (e.g., food security, flu immunization among pregnant women).

For NHIS interviews in 2018 and beyond, NCHS proposes that one “sample adult” aged 18 years or more and one “sample child” aged 17 years or less (if any children live in the household) will be randomly selected from each household following a brief screener that identifies the age, sex, race, and ethnicity of everyone who usually lives or stays in the household. Information about the sample adult will be collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult.

The order of the two interviews (sample adult and sample child) will vary by household depending on the availability of the respondents. The relationship between the sample adult and sample child will be obtained to determine whether they are in the same family. When they are, content areas that refer to the family will be captured only once, in whichever interview comes first.

ANNUAL CORE CONTENT UNDER CONSIDERATION FOR SAMPLE ADULTS

Current health status and impact

- General health status
- General mental/emotional health status
- Does a physical, mental, or emotional problem prevent working?
If no:
 - Does a physical, mental, or emotional problem limit kind or amount of work?
- Level of difficulty going out shopping, movies, sporting events
- Level of difficulty participating in social activities

Vision

- Use of eyeglasses
- Level of difficulty seeing (even with glasses)

Hearing

- Use of hearing aid
If yes:
 - Frequency of hearing aid use
- Level of difficulty hearing (even with hearing aid)
- Level of difficulty hearing a conversation in a quiet room (even with hearing aid)
- Level of difficulty hearing a conversation in a noisier room (even with hearing aid)

Mobility

- Level of difficulty walking or climbing steps
- Use of equipment or receipt of help for mobility
 - If yes:*
 - Use of cane or walking stick
 - Use of walker or Zimmer frame
 - Use of crutches
 - Use of wheelchair or scooter
 - Use of artificial limb (leg/foot)
 - Use of someone's assistance
 - Use of other type of equipment or help
 - Level of difficulty walking 100 yards when using aids
 - Level of difficulty walking one-third mile when using aids
- Level of difficulty walking 100 yards (without aids)
- Level of difficulty walking one-third mile (without aids)
- Level of difficulty walking up or down 12 steps (with aids)

Communication

- Level of difficulty communicating
- Any use of sign language

Cognition

- Level of difficulty remembering or concentrating
 - If any difficulty:*
 - Is difficulty with remembering, concentrating, or both?
 - If difficulty includes remembering:*
 - Frequency of difficulty remembering
 - Intensity of difficulty remembering

Self-care

- Level of difficulty with self-care such as washing or dressing

Upper body

- Level of difficulty lifting a 2-liter bottle
- Level of difficulty using hands and fingers

Current health insurance coverage

- Any health insurance coverage or health care plan?
 - If yes:*
 - Type of health insurance
 - If over 65 and does not report Medicare:*
 - Confirm no Medicare
 - If no insurance coverage reported:*
 - Confirm no Medicaid
 - If no single service plan reported:*
 - Confirm no single service plan

If still no insurance coverage reported:

- Confirm no insurance

Specifics about current insurance coverage

If enrolled in Medicare:

- Part A, Part B, or both
- Medicare Advantage enrollment
- Managed care

If enrolled in Advantage or managed care:

- Name of Advantage or HMO plan (*open-ended*)
- Part D enrollment

If enrolled in Medicaid:

- Can you go to any doctor, must you select from list, or is doctor assigned?

If list or assigned:

- Name of plan that provided the list or assigned doctor (*open-ended*)

If enrolled in a private plan:

(If sample child questionnaire is complete, adult and child are in same family, and sample child was enrolled in a private plan, ask if adult has same plan as child. If so, skip this section. If not, repeat these questions for each private plan in which sample adult is enrolled)

- Name of plan (*open-ended*)
- Relationship to policyholder
- Does the plan cover self-only or family?
- How plan was obtained (employer, union, association, direct purchase, etc)
- Was plan obtained through healthcare.gov or Marketplace?
- Who pays for plan? (self/family, employer, person outside household, government program, etc)
- Out-of-pocket premium amount
- Is it a high deductible health plan?
- Does it include a health savings account?
- Does it include prescription drug coverage?
- Does it include dental coverage?

If enrolled in CHIP, state-sponsored, and/or other government plan:

(Repeated for each type of CHIP, state-sponsored, and/or other government plan in which sample adult is enrolled)

- Name of plan (*open-ended*)
- Was the plan obtained through healthcare.gov or Marketplace?
- Are you required to pay a premium?

If military health care:

- Type of plan (TRICARE, VA, CHAMP-VA, other)

If single-service plan(s):

- What plans pay for (dental, vision, prescriptions, accidents, cancer treatment, etc)

Health insurance continuity

If currently uninsured:

- Reason(s) for not having health insurance
- Length of time since last insured

If less than 12 months:

- (Past 12 months) Number of months without health insurance

If currently insured:

- (Past 12 months) Any time without health insurance

If yes:

- (Past 12 months) Number of months without health insurance

Hypertension

- Ever told by doctor or other health professional that you had hypertension

If yes:

- Told you have hypertension on 2 or more different visits
- Had hypertension during the past 12 months
- (Currently) Taking prescription medication for hypertension

High cholesterol

- Ever told by doctor or other health professional that you had high cholesterol

If yes:

- Had high cholesterol during past 12 months
- (Currently) Taking prescription medication for high cholesterol

Cardiovascular chronic conditions

- Ever told by doctor or other health professional that you had coronary heart disease
- Ever told by doctor or other health professional that you had angina
- Ever told by doctor or other health professional that you had heart attack
- Ever told by doctor or other health professional that you had stroke

Asthma

- Ever told by doctor or other health professional that you had asthma

If yes:

- Still have asthma
- (Past 12 months) Had an asthma attack
- (Past 12 months) Had an ER or urgent care visit due to asthma

Cancer

- Ever told by doctor or other health professional that you had cancer

If yes:

- Kind(s) of cancer/location(s)
- Age(s) when each kind first diagnosed

Diabetes

- Ever told by doctor or other health professional that you had diabetes

If yes:

- Age when first diagnosed with diabetes
- (Currently) Taking diabetic pills
- (Currently) Taking insulin
- Type 1, type 2, other

If female:

- Ever told by doctor or other health professional that you had gestational diabetes

Other chronic conditions ever diagnosed by doctor or other health professional

- (Ever told) COPD, emphysema, or chronic bronchitis
- (Ever told) Weak or failing kidneys
- (Ever told) Hepatitis
- (Ever told) Cirrhosis or any other kind of long-term liver condition
- (Ever told) Arthritis, gout, lupus, or fibromyalgia
- (Ever told) Dementia, including Alzheimer's

Body measurements

- Self-reported height
- Self-reported weight

Usual place for care

- Has a usual place for care when sick

If yes:

- Type of place / location

Health care utilization

- Time since last seen/talked to health professional
- Time since most recent preventive visit (excluding dental care)

If not "never":

- Location of most recent preventive visit
- (Past 12 months) Number of urgent care center visits
- (Past 12 months) Number of ER visits
- (Past 12 months) Any overnight hospital stay

Unmet need / delayed care

- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Delayed getting medical care for any other reason
- (Past 12 months) Did not get medical care because of cost
- (Past 12 months) Did not get medical care because of any other reason

Dental care

- Time since most recent preventive dental visit
 - If more than 12 months:*
 - (Past 12 months) Received any dental care from a dentist, orthodontist, or oral surgeon
- (Past 12 months) Any dental care needed that you didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Vision care

- (Past 12 months) Received an eye exam from an eye doctor
- (Past 12 months) Any vision care or eyeglasses needed that you didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Mental health care

- (Past 12 months) Received counseling, therapy, or other non-medication treatment from a mental health professional
- (Past 12 months) Any counseling or therapy needed that you didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Physical, occupational, and rehabilitative therapy

- (Past 12 months) Received special therapy, such as physical, occupational, or rehabilitative therapy
- (Past 12 months) Any special therapy needed that you didn't get for any reason
 - If yes:*
 - Was unmet need due to cost, transportation problems, or some other reason?

Prescription medications

- (Past 12 months) Any medication needed that you didn't get due to cost
- (Past 12 months) Any medication prescribed
 - If yes:*
 - (Past 12 months) Skipped medication doses to save money
 - (Past 12 months) Took less medicine to save money
 - (Past 12 months) Delayed filling a prescription to save money
 - (Past 12 months) Any medication prescribed for emotions, concentration, or behavior

Immunizations

- (Past 12 months) Flu shot or flu nasal spray
 - If yes:*
 - Month and year of most recent flu shot or flu nasal spray
- (Ever) Pneumonia shot

Cigarette smoking and e-cigarettes

- (Lifetime) Smoked 100 or more cigarettes
If yes:
 - (Currently) Smoke every day, some days, or not at all
- (Lifetime) Used e-cigarette, even one time
If yes:
 - (Currently) Use e-cigarette every day, some days, or not at all

Physical activity

- Frequency of moderate-intensity leisure-time activities (# times per day/week/month/year)
If at least once per year:
 - Number of hours/minutes each time
- Frequency of vigorous-intensity leisure-time activities (# times per day/week/month/year)
If at least once per year:
 - Number of hours/minutes each time
- Frequency of leisure-time muscle-strengthening activities (# times per day/week/month/year)

Demographic characteristics

- Educational attainment
- Veteran status
- Marital status, including non-marital cohabitation
- Identification of spouse/partner (*age, sex, and race/ethnicity will be known from roster*)
- Sexual orientation

Nativity and acculturation

- Were you born in the United States?
If no:
 - Total number of years in the United States
 - US citizenship
- Level of proficiency with spoken English language
If not "very well" and sample adult does not live alone:
 - Do you live with anyone who speaks English very well?

Housing

Skip section if sample child questionnaire is complete and if adult and child are in same family

- Owned, rented, or occupied by some other arrangement
If rented:
 - Paying lower rent because a government program is paying part of the cost
- (Past 12 months) Level of difficulty affording housing costs (utilities/rent/mortgage/taxes)

Housing stability

- Length of time you have lived at current address
If less than 12 months:
 - (Past 12 months) Number of times you have moved

Employment and current schooling

- (Past 12 months) Student status: full-time, part-time, or not a student
If full or part-time student:
 - (Past 12 months) Number of school days missed due to your own illness/injury/disability
- (Past week) Employment status
If looking for work:
 - Length of time since last held a job or worked at a business

If not at work, or does not have a job and not looking for work:

- (Past week) Main reason not working
If reason is taking care of house/family, going to school, retired, on layoff, or disabled:
 - Length of time since last held a job or worked at a business
- If reason is being on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season:*
 - Usually work 35 hours or more per week in total in all jobs/businesses?

If working for pay at a job or business, or if working but not for pay at a family-owned job or business:

- (Past week) Number of hours worked
If worked less than 35 hours in past week:
 - Usually work 35 hours or more per week in total in all jobs/businesses?

If currently employed (working for pay at a job or business, or working but not for pay at a family-owned job or business, or reason for not working in past week is being on a planned vacation from work, or on family or maternity leave, or temporarily unable to work for health reasons, or have a job/contract and off-season):

- (Past 12 months) Number of work days missed due to your own illness/injury/disability
- For whom do you work at your main job or business? (name of company, employer, etc.)
- Is health insurance offered at workplace?
- Is paid sick leave available at workplace?
- Industry (kind of business) (*open-ended*)
- Occupation (kind of work) (*open-ended*)
- Most important activities on the job (*open-ended*)
- Work category (private sector, government employee, self-employed, etc.)

If not currently employed (looking for work or reason for not working in past week is taking care of house/family, going to school, retired, on layoff, or disabled) and if length of time since last held a job or business is less than 12 months:

- (Past 12 months) Number of work days missed due to your own illness/injury/disability
- Think about longest-held job during the past 12 months. For whom did you work?
- Was health insurance offered at this job?
- Was paid sick leave available at this job?
- Industry (kind of business) (*open-ended*)
- Occupation (kind of work) (*open-ended*)
- Most important activities on the job (*open-ended*)
- Work category (private sector, government employee, self-employed, etc.)

Family size

For NHIS, a family is defined as two or more persons residing together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family (such as foster children) and any unmarried cohabiting partners and their children. Skip section if sample child questionnaire is complete and if adult and child are in same family.

- Question(s) to determine which household members are in the same family as the sample adult

Employment of all adult family members

Skip section if sample child questionnaire is complete and if adult and child are in same family, or if family size is one (sample adult is living alone or with unrelated roommates), or if family size is greater than one but there are no other adults in family.

- Ask for each adult family member:
 - (Currently) Working full-time, part-time, or not employed

Family income and source(s) of income

Skip section if sample child questionnaire is complete and if adult and child are in same family. If family size is one (sample adult is living alone or with unrelated roommates), then questions are asked only about the sample adult's income and sources.

- (Past 12 months) Did you or any family members living here receive:
 - Income from self-employment, including business or farm income?
 - Social Security or Railroad Retirement?
 - Disability, survivor, or retirement pensions?
 - Supplemental Security Income (SSI)?
 - Any cash assistance from a state or county welfare program, such as (program name)?
 - Income from any other source, such as VA payments, Worker's Compensation, unemployment, child support, alimony, interest, or dividends
- (Past 12 months) Family income

Financial burden of medical care on family

Skip section if sample child questionnaire is complete and if adult and child are in same family

- (Past 12 months) Problems paying medical bills
 - If yes:
 - (Currently) Have medical bills unable to pay at all
 - (Currently) Level of worry about ability to pay medical costs if got sick or had an accident
 - (Currently) Level of worry about ability to pay for normal healthcare
 - If sample adult was continuously insured for the past 12 months:
 - (Past 12 months) Anyone in family uninsured, even for one month

Family participation in food-related programs

Skip section if sample child questionnaire is complete and if adult and child are in same family

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits
 - If family includes children:
 - (Past 12 months) Any children in the family receive free or reduced-cost lunches at school
 - If female, or if family includes women or children:
 - (Past 12 months) Any women or children in the family get food through the WIC program
- (Past 12 months) Family has enough of the kinds of food they want to eat

Telephone use

- What is your telephone number? *(if not already known from sample child interview because sample child respondent is the same as the sample adult)*
- Is there a working telephone in your home that is not a cell phone? *(if not already known from sample child interview)*
- Do you have a working cell phone (wireless/mobile telephone)?
If adult has cell phone and home has a landline telephone:
 - Frequency of your landline/wireless use (landline mostly, wireless mostly, equal use)*If no:*
 - Do you live with anyone who has a working cell phone? *(if not already known from sample child interview)*

Consent for linkage with other records

- Consent to linkage with vital statistics and health-related records of other government agencies
- Personal identifiers necessary for linkage

ROTATING CORE CONTENT: ANXIETY AND DEPRESSION

Affect

- Frequency of feeling worried, nervous, or anxious
- (Currently) Taking medication for anxiety
 - If worried at least a few times per year or if taking medication:*
 - (Last time felt anxious) How anxious did you feel?
- Frequency of feeling depressed
- (Currently) Taking medication for depression
 - If depressed at least a few times per year or if taking medication:*
 - (Last time felt depressed) How depressed did you feel?
 - If received counseling or therapy in past 12 months:*
 - (Currently) Receiving counseling, therapy, or other non-medication treatment from a mental health professional for anxiety or depression

PHQ-8 diagnostic tool for depression

- (Past 2 weeks) Frequency of...little interest in doing things
- (Past 2 weeks) Frequency of...feeling down, depressed, hopeless
- (Past 2 weeks) Frequency of...trouble sleeping or sleeping too much
- (Past 2 weeks) Frequency of...feeling tired or having little energy
- (Past 2 weeks) Frequency of...poor appetite or overeating
- (Past 2 weeks) Frequency of...feeling bad about self or a failure
- (Past 2 weeks) Frequency of...trouble concentrating
- (Past 2 weeks) Frequency of...moving/speaking slowly or fidgety/restless

GAD-7 diagnostic tool for anxiety

- (Past 2 weeks) Frequency of...feeling nervous, anxious, on edge
- (Past 2 weeks) Frequency of...not being able to stop or control worrying
- (Past 2 weeks) Frequency of...worrying too much about different things
- (Past 2 weeks) Frequency of...trouble relaxing
- (Past 2 weeks) Frequency of...being so restless that it is hard to sit still
- (Past 2 weeks) Frequency of...becoming easily annoyed or irritable
- (Past 2 weeks) Frequency of...feeling afraid that something awful might happen

Diagnosed conditions

- Ever told by doctor or other health professional that you had depression
- Ever told by doctor or other health professional that you had an anxiety disorder

ROTATING CORE CONTENT: ALCOHOL USE, WALKING, SLEEP/FATIGUE, AND SMOKING HISTORY

Alcohol use

Reference period for alcohol consumption measures (past 30 days or past 12 months) is to be determined.

- (TBD) Had one or more drinks of any alcoholic beverage
 - If no:*
 - (Lifetime) Had 12 or more drinks
 - If yes:*
 - (TBD) Number of days alcohol was consumed
 - (TBD) Average number of drinks on days consumed any alcohol
 - (TBD) Number of times had 5 (if male) / 4 (if female) or more drinks on any one occasion
 - (TBD) Number of days had 5 (if male) / 4 (if female) or more drinks
 - (TBD) Largest number of drinks on any one day

Walking for transportation and leisure

- (Past 7 days) Walked at least 10 minutes to get some place
 - If yes:*
 - (Past 7 days) Number of times walked at least 10 minutes
 - Average length of walk(s), in minutes
- (Past 7 days) Walked at least 10 minutes for fun, relaxation, exercise, or to walk the dog
 - If yes:*
 - (Past 7 days) Number of times walked at least 10 minutes
 - Average length of walk(s), in minutes

Sleep and fatigue

- (Past 30 days) Frequency of feeling tired or exhausted
 - If at least some days:*
 - (Last time feeling tired) Duration of feeling tired or exhausted (some/most/all of day)
 - (Last time feeling tired) Level of tiredness
- Average number of hours of sleep in 24-hour period
- (Past week) Number of times having trouble falling asleep
- (Past week) Number of times having trouble staying asleep
- (Past week) Number of times taking sleep medication
- (Past week) Number of days waking up well-rested

Smoking history and cessation

If current or former smoker:

- Age when first started smoking regularly

If current smoker and smoking everyday:

- (Typical day) Average number of cigarettes

If current smoker and smoking some days:

- (Past 30 days) Number of days smoked cigarettes
- (Past 30 days) Average number of cigarettes on days smoked any cigarettes

If former smoker:

- Length of time since quit smoking cigarettes

If current smoker:

- (Past 12 months) Stopped smoking for at least 1 day because trying to quit

If current smoker or recent former smoker, and if ever used e-cigarettes:

- (Past 12 months) Used e-cigarettes to help stop cigarette smoking

ROTATING CORE CONTENT: PREVENTIVE SERVICES

Concepts related to preventive screening and content of care are under development

Preventive screening for adults

For cholesterol and diabetes screening, if screening was not received in past 12 months, a follow-up will ask if it was received in past 5 or 3 years, respectively. For other screenings, if ever received, a follow-up will ask when the last test occurred.

- (Past 12 months) Blood pressure checked
- (Past 12 months/5 years) Cholesterol checked
- (Past 12 months/3 years) Fasting test for diabetes
- (Ever/when was last test) Test for colorectal cancer
- (Ever/when was last test) Blood test for Hepatitis C
- (Ever/when was last test) Preventive dental care

If female:

- (Ever/when was last test) Pap smear / Pap test
- (Ever/when was last test) Screening for HPV
- (Ever/when was last test) Mammogram
- (Ever/when was last test) Screening for osteoporosis

If ever diagnosed with diabetes:

- (Past 12 months) Foot exam

Content of care

- (Past 12 months) Doctor talked to you about your diet
- (Past 12 months) Doctor talked to you about exercise
- (Past 12 months) Doctor talked to you about your alcohol use
- (Past 12 months) Doctor talked to you about your sun exposure, UV exposure, tanning
- (Past 12 months) Doctor talked to you about your emotions and mental health

If current smoker:

- (Past 12 months) Doctor talked to you about your smoking

If female:

- (Past 12 months) Doctor asked you about intimate partner violence

Aspirin use for prevention

- (Ever) Doctor advised taking aspirin

If yes:

- (Currently) Taking aspirin

If no:

- Did doctor advise to stop taking aspirin?

If no:

- (Currently) Taking aspirin on your own

ROTATING CORE CONTENT: CHRONIC PAIN

Concepts related to chronic pain are under development

Frequency, severity, and impact of pain

- (Past 3 months) Frequency of pain
 - If at least some days:*
 - (Last time had pain) Severity of pain: a lot, a little, somewhere in between
 - (Past 3 months) Frequency of interference with life or work activities
 - If not “never” and if currently employed:*
 - (Currently) Pain limits kind or amount of work
 - If not “never” and if not currently employed:*
 - (Currently) Pain prevents working
 - (Past 3 months) Frequency that your pain caused difficulties for your family
 - (Past 3 months) Extent to which pain could be managed

Pain locations

- If at least some days:*
 - (Past 3 months) Low back pain
 - (Past 3 months) Pain in hands, arms, or shoulders
 - (Past 3 months) Pain in hips, knees, or feet
 - (Past 3 months) Severe headache or migraine
 - (Past 3 months) Pelvic or genital pain

ROTATING CORE CONTENT: INJURIES

Injuries

- *Specific content to be determined*

ROTATING CORE CONTENT: PROVIDERS AND CONDITIONS

These lists will not be standalone rotating modules, but will likely be included in one (or two) of the five previous rotating content modules under consideration.

Rotating providers list

If most recent preventive visit was within past 12 months:

- Type(s) of providers seen at most recent preventive visit

If female:

- (Past 12 months) Seen or talked to obstetrician/gynecologist

All adults:

- (Past 12 months) Seen or talked to some other specialist doctor
- (Past 12 months) Seen or talked to nurse practitioner
- (Past 12 months) Seen or talked to physician's assistant
- (Past 12 months) Receipt of care at home
- *Additional providers may be added by sponsors*

Rotating conditions list

- (Past 12 months) Hay fever or seasonal allergy
- (Past 12 months) Any other kind of respiratory allergy
- (Past 12 months) Any kind of food or digestive allergy
- (Past 12 months) Eczema or any kind of skin allergy
- *Additional conditions may be added by sponsors*