

2018 NHIS Draft for Public Comment

Adult Annual

Section -- FAM Family Composition

Document Version Date: August 25, 2016

Sample Adults 18+

FAM.005.00.000 Is everyone in this household a member of your family? [HELPTXT IF ANY HESITATION OR ANY RESPONSE OTHER THAN A QUICK 'YES': People you live with are 'members of your family' if they are related to you by birth, marriage, adoption, fostering or living together as a couple.

>ALLFAMSA<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [goto MARITALSA] <2,R,D> [goto WHOFAMSA]

Sample Adults 18+ with >1 family in household

FAM.007.00.000 [SHOW ROSTER] Who in this household is a member of your family? People you live with are 'members of your family' if they are related to you by birth, marriage, adoption, fostering or living together as a couple.

>WHOFAMSA<

Continuing

- | | |
|-------|-------------|
| 01-25 | Line Number |
| 97 | Refused |
| 99 | Don't know |

<1,2,R,D> [goto MARITALSA]

Sample Adults 18+

FAM.010.00.000 Are you now married, widowed, divorced, separated, never married, or living with a partner as a couple?

>MARITALSA<

Continuing

- | | |
|---|-----------------------------------|
| 1 | Married |
| 2 | Widowed |
| 3 | Divorced |
| 4 | Separated |
| 5 | Never Married |
| 6 | Living with a partner as a couple |
| 7 | Refused |
| 9 | Don't know |

<1,6> [goto SPOUSSA]<2,3,4,5,R,D> [goto next section]

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Sample Adults 18+ who are married or cohabiting

FAM.012.00.000 Does your [spouse/partner] live here?

>SPOUSSA<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto SPOUS2SA]

<2,R,D> & MARITALSA = 6 [goto COHABSA]

<2,R,D> & MARITALSA = 1 [goto next section]

Sample Adults 18+ with spouse/partner in household

FAM.014.00.000 [SHOW ROSTER] Which person is your [spouse/partner]?

>SPOUS2SA<

Continuing

- 01-25 Line number
- 97 Refused
- 99 Don't know

<1-25> goto SACPLSTAT

<R,D> goto next section

Sample Adults 18+ with spouse/partner in household

FAM.020.00.000 Confirm gender of sample adult and spouse (under development)

>SACPLSTAT<

Continuing

<all answers> if MARITALSA=6 & SPOUSSA=1 goto COHABSA

else goto next section

Sample Adults 18+ who are cohabiting

FAM.024.00.000 What is your current legal marital status?

>COHABSA<

Continuing

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never Married
- 7 Refused
- 9 Don't know

<1-5,R,D> [goto next section]

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Section -- HIS Health Status and Impact

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Sample Adults 18+

HIS.010.00.000 Would you say your health in general is excellent, very good, good, fair, or poor?

>AHSTAT<

Continuing

- | | |
|---|------------|
| 1 | Excellent |
| 2 | Very Good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
| 7 | Refused |
| 9 | Don't know |

<1-5,R,D> goto AMHSTAT

Sample Adults 18+

HIS.020.00.000 Would you say your mental health in general is excellent, very good, good, fair, or poor?

>AMHSTAT<

New

- | | |
|---|------------|
| 1 | Excellent |
| 2 | Very Good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
| 7 | Refused |
| 9 | Don't know |

<1-5,R,D> goto VIS_0

Sample Adults 18+

VIS.090.00.000 Do you wear glasses or contact lenses?

>VIS_0<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> goto VIS_SS

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Section -- VIS Vision

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Sample Adults 18+

VIS.100.00.000 Do you have difficulty seeing, [even when wearing glasses or contact lenses]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>VIS_SS<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto HEAR_1

Sample Adults 18+

HEA.140.00.000 Do you use a hearing aid?

>HEAR_1<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto HEAR_2<2,R,D> goto HEAR_SS

Sample Adults 18+ who use a hearing aid

HEA.145.00.000 How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

>HEAR_2<

Continuing

- 1 All of the time
- 2 Some of the time
- 3 Rarely
- 4 Never
- 7 Refused
- 9 Don't know

<1,2,R,D> goto HEAR_SS

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Section -- HEA Hearing

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Sample Adults 18+

HEA.150.00.000 Do you have difficulty hearing [even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>HEAR_SS<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-3,R,D> goto HEAR_3 <4> goto MOB_SS

Sample Adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refused or don't know if they have difficulty hearing, even when using a hearing aid

HEA.170.00.000 Do you have difficulty hearing what is said in a conversation with one other person in a quiet room [even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>HEAR_3<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-3,R,D>[goto HEAR_4]<4>[goto MOB_SS]

Sample Adults 18+ who have no difficulty, some difficulty, a lot of difficulty, or refuse or don't know if they have difficulty hearing what is said in a conversation with one other person in a quiet room (even when wearing their hearing aid(s))

HEA.180.00.000 Do you have difficulty hearing what is said in a conversation with one other person in a noisier room [even when using your hearing aid(s)]? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>HEAR_4<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D>[goto MOB_SS]

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Section -- MOB Mobility

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Sample Adults 18+

MOB.100.00.000 Do you have difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_SS<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto MOB_2

Sample Adults 18+

MOB.110.00.000 Do you use any equipment or receive help for getting around?

>MOB_2<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto MOB_3A<2,R,D> goto MOB_4

Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.01.000 Do you use any of the following...Cane or walking stick?

>MOB_3A<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3B

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Section -- MOB Mobility

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Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.02.000 *Read if necessary.Do you use any of the following...Walker or Zimmer frame?

>MOB_3B<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3C

Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.03.000 *Read if necessary.Do you use any of the following...Crutches?

>MOB_3C<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3D

Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.04.000 *Read if necessary.Do you use any of the following...Wheelchair or scooter?

>MOB_3D<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3E

Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.05.000 *Read if necessary.Do you use any of the following...An artificial leg or foot?

>MOB_3E<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3F

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Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.06.000 *Read if necessary.Do you use any of the following...Someone's assistance?

>MOB_3F<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto MOB_3G

Sample Adults 18+ who use equipment or receive help for getting around

MOB.110.07.000 *Read if necessary.Do you use any of the following...Other type of equipment or help?

>MOB_3G<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> if MOB_3D=1 goto COM_SS; else if MOB_3D=2,R,D goto MOB_3H

Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter

MOB.110.08.000 Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_3H<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-3,R,D> goto MOB_3I<4> goto COM_SS

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Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter, and are not unable to walk 100 yards, when using their aid

MOB.110.09.000 Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks, when using your aid(s)? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_3I<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto COM_SS

Sample Adults 18+ who do not use equipment or receive help for getting around

MOB.130.00.000 Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_4<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-3,R,D> goto MOB_5<4> goto MOB_6

Sample Adults 18+ who do not use equipment or receive help for getting around and are not unable to walk 100 yards

MOB.210.00.000 Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_5<

Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto MOB_6

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Section -- MOB Mobility

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Sample Adults 18+ who did not use any equipment or receive help with getting around

MOB.220.00.000 Do you have difficulty walking up or down 12 steps? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>MOB_6< Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto COM_SS

Sample Adults 18+

COM.100.00.000 Using your usual language, do you have difficulty communicating, for example, understanding or being understood? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>COM_SS< Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto COM_2

Sample Adults 18+

COM.110.00.000 Do you use sign language?

>COM_2< Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto COG_SS

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Section -- COG Cognition

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Sample Adults 18+

COG.100.00.000 Do you have difficulty remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>COG_SS< Continuing

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1,R,D> goto UB_SS<2-4> goto COG_1

Sample Adults 18+ who have some difficulty, a lot of difficulty, or are unable to remember or concentrate

COG.110.00.000 Do you have difficulty remembering or concentrating or both?

>COG_1< Revised

- 1 Difficulty remembering only
- 2 Difficulty concentrating only
- 3 Difficulty with both remembering and concentrating
- 7 Refused
- 9 Don't know

<1,3,R,D> goto COG_2<2> goto UB_SS

Sample Adults 18+ who have some difficulty, a lot of difficulty, or were unable to remember or concentrate and have difficulty remembering or remembering and concentrating

COG.120.00.000 How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

>COG_2< Continuing

- 1 Sometimes
- 2 Often
- 3 All of the time
- 7 Refused
- 9 Don't know

<1-3,R,D> goto COG_3

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Sample Adults 18+ who have some difficulty, a lot of difficulty, or were unable to remember or concentrate and have difficulty remembering or remembering and concentrating

COG.130.00.000 Do you have difficulty remembering a few things, a lot of things, or almost everything?

>COG_3<

Revised

- 1 A few things
- 2 A lot of things
- 3 Almost everything
- 7 Refused
- 9 Don't know

<1-3,R,D> goto SLFCR_SS

Sample Adults 18+

UPP.100.00.000 Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>SLFCR_SS<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto UB_1

Sample Adults 18+

UPP.110.00.000 Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>UB_1<

Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto UB_2

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Section -- UPP Upper Body

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Sample Adults 18+

UPP.120.00.000 Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>UB_2< Revised

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto ASHOP

Sample Adults 18+

SOC.010.00.000 Do you have difficulty doing errands alone such as visiting a doctor's office or shopping? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>ASHOP< New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto ASOCL

Sample Adults 18+

SOC.020.00.000 Do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, going to parties? Would you say no difficulty, some difficulty, a lot of difficulty, or are you unable to do this?

>ASOCL< New

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do at all / Unable to do
- 7 Refused
- 9 Don't know

<1-4,R,D> goto FLAWKNOW

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Section -- SOC Social Functioning

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Sample Adults 18+

SOC.030.00.000 Does a physical, mental, or emotional problem NOW keep you from working at a job or business?

>FLAWKNOW<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [goto next section]<2, R,D> goto FLAWKLIM

Sample Adults 18+ who responded NO, refused or don't know to FLAWKNOW

SOC.040.00.000 Are you limited in the kind OR amount of work you can do because of a physical, mental or emotional problem?

>FLAWKLIM<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]

Sample Adult 18+

BMI.100.01.000 How tall are you without shoes?* Enter 96 to record metric measurements.

>AHGT_FT<

Continuing

- | | |
|-------|------------|
| 02-07 | 2-7 feet |
| 97 | Refused |
| 99 | Don't know |

<2-7> [goto AHGT_IN]<R,D> [goto AWGT_LB]<96> [goto AHGT_M][if AHGT_FT NE<2-7,R,D,M> goto ERR1_AHGT_FT][if AHGT_FT = <2,3> goto ERR2_AHGT_FT]

Sample Adult 18+

BMI.100.02.000 How tall are you without shoes?* Enter '0' if exactly [fill1: AHGT_FT] feet tall.

>AHGT_IN<

Continuing

- | | |
|-------|-------------|
| 00-11 | 0-11 inches |
| 97 | Refused |
| 99 | Don't know |

<empty> goto ERR_AHGT_IN<0-11,R,D> if (SEX = '1' and (AHTINCH lt '61' or AHTINCH gt '75')) or (SEX = '2' and (AHTINCH lt '56' or AHTINCH gt '69')) goto ERR2_AHGT_INelsegoto AWGT_LB

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Section -- BMI Body Measurements

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Sample Adults 18+ who choose to give their height in metric measurements

BMI.100.03.000 How tall are you without shoes?* Enter height in metric.* If the height is given in centimeters, press '0' at meters and enter the measure in centimeters (241 centimeters maximum).

>AHGT_M< Continuing

0-2	0-2 meters
7	Refused
9	Don't know

<empty> goto ERR_AHGT_M<0-2> goto AHGT_CM<R,D> goto AWGT_LB

Sample Adults 18+ who choose to give their height in metric measurements

BMI.100.04.000 How tall are you without shoes?* Enter height in metric.

>AHGT_CM< Continuing

000-241	0-241 centimeters
997	Refused
999	Don't know

<empty> goto ERR2_AHGT_CM <0-241,R,D> if (AHGT_M eq '2' and AHGT_CM gt '41') or (AHGT_M eq '1' and AHGT_CM gt '141') goto ERR1_AHGT_CM elseif (SEX = '1' and (AHTCM lt '156' or AHTCM gt '192')) or (SEX = '2' and (AHTCM lt '143' or AHTCM gt '176')) goto ERR3_AHGT_CM else goto AWGT_LB

Sample Adults 18+

BMI.110.01.000 How much do you weigh without clothes or shoes? [If female age 18-59] If you are currently pregnant, how much did you weigh before your pregnancy?

>AWGT_LB< Revised

050-500	50-500 pounds
500	Enter '500' for 500 pounds or more
997	Refused
999	Don't know
M	Metric

<50-500> if AWGT_LB lt '50' or AWGT_LB gt '500' goto ERR1_AWGT_LBelseif ((SEX = '1' and (AWGT_LB lt '113' or AWGT_LB gt '316')) or ((SEX = '2' and (AWGT_LB lt '96' or AWGT_LB gt '293'))))goto ERR2_AWGT_LBelse goto [next section]<R,D> goto [next section]<M> goto AWGT_KG

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Sample Adults 18+ who choose to give their weight in metric measurements

BMI.110.02.000 How much do you weigh without clothes or shoes? [If female age 18-59] If you are currently pregnant, how much did you weigh before your pregnancy?*Enter weight in kilogram

>AWGT_KG< Revised

023-226	23-226 kilograms
226	Enter 226 for 226 kilograms or more
997	Refused
999	Don't know

<23-226> if AWGT_KG lt '23' or AWGT_KG gt '226' goto ERR1_AWGT_KGelseif ((SEX = '1' and (AWGT_KG lt '51' or AWGT_KG gt '143')) or ((SEX = '2' and (AWGT_KG lt '43' or AWGT_KG gt '133'))))goto ERR2_AWGT_KGelse goto [next section]<R,D> goto next section

Sample Adults 18+

HYP.010.00.000 Now I am going to ask you about certain medical conditions.Have you EVER been told by a doctor or other health professional that you had... Hypertension, also called high blood pressure?*Enter '1' if respondent is taking medication to control his/her high blood pressure.

>HYPEV< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto HYPDIFV] <2,R,D> [goto CHLEV]

Sample Adults 18+ who were told they had hypertension

HYP.015.00.000 Were you told on two or more DIFFERENT visits that you had hypertension, also called high blood pressure?*Enter '1' if respondent is taking medication to control his/her high blood pressure.

>HYPDIFV< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto HYPYR]<2,R,D> [goto HYPMED]

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Section -- HYP Hypertension

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Sample Adults 18+ who were ever told they had hypertension (2+ visits)

HYP.020.00.000 DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?*Enter '1' if respondent is taking medication to control his/her high blood pressure.

>HYPYR<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto HYPMED]

Sample Adults 18+ who have been told they have hypertension

HYP.022.03.000 Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?

>HYPMED<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto CHLEV]

Sample Adults 18+

CHL.020.00.010 Have you EVER been told by a doctor or other health professional that you had high cholesterol?*Enter '1' if respondent is taking medication to control his/her high cholesterol.

>CHLEV<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [goto CHLYR] <2,R,D> [goto CHDEV]

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Section -- CHL Cholesterol

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Sample Adults 18+ who were ever told they had high cholesterol

CHL.030.00.020 DURING THE PAST 12 MONTHS, have you had high cholesterol? *Enter '1' if respondent is taking medication to control his/her high cholesterol.

>CHLYR<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto CHLMDNW2]

Sample Adults 18+ who were ever told they had high cholesterol

CHL.040.04.040 Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?

>CHLMDNW2<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto CHDEV]

Sample Adults 18+

CVC.030.01.000 Have you EVER been told by a doctor or other health professional that you had...Coronary heart disease?

>CHDEV<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto ANGEV]

Sample Adults 18+

CVC.040.02.000 * Read if necessary:Have you EVER been told by a doctor or other health professional that you had... Angina, also called angina pectoris?

>ANGEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto MIEV]

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Section -- CVC Cardiovascular Conditions

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Sample Adults 18+

CVC.050.03.000 * Read if necessary:Have you EVER been told by a doctor or other health professional that you had...A heart attack (also called myocardial infarction)?

>MIEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto STREV]

Sample Adults 18+

CVC.060.05.000 * Read if necessary:Have you EVER been told by a doctor or other health professional that you had ...A stroke?

>STREV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto AASMEV]

Sample Adults 18+

AST.080.00.000 Have you EVER been told by a doctor or other health professional that you had asthma?

>AASMEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [goto AASSTILL] <2,R,D> [goto CANEV]

Sample Adults 18+ who were ever told they have asthma

AST.085.00.000 Do you still have asthma?

>AASSTILL<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto AASMYR]

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Section -- AST Asthma

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Sample Adults 18+ who were ever told they had asthma

AST.090.00.000 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

>AASMYR<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto AASMERYR]

Sample Adults 18+ who were ever told they had asthma

AST.100.00.000 DURING THE PAST 12 MONTHS, have you had to visit an emergency room or urgent care center because of asthma?

>AASMERYR<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto CANEV]

Sample Adults 18+

CAN.130.00.000 Have you EVER been told by a doctor or other health professional that you had...Cancer or a malignancy of any kind?

>CANEV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto CANKIND_1] <2, D,R> [goto DIBEV]

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Section -- CAN Cancer

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Sample Adults 18+ who were ever told they had cancer

CAN.140.01.001 What kind of cancer was it? Enter code for the first kind of cancer.

>CANKIND_1<

Continuing

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix
- 07 Colon
- 08 Esophagus
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-windpipe
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary
- 19 Pancreas
- 20 Prostate
- 21 Rectum
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 96 No more
- 97 Refused
- 99 Don't know

<1-30,R,D> [goto CANKIND_2]<96> [goto DIBEV] IF SEX=1 (MALE) and No. <6,18,29> selected [goto ERR1_CANKIND_1]IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_1]

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Section -- CAN Cancer

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Sample Adults 18+ who report that they had at least two types of cancer

CAN.140.02.002 What other kind of cancer did you have?* Enter code for the second kind of cancer. * Enter '96' for no more.

>CANKIND_2<

Continuing

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix
- 07 Colon
- 08 Esophagus
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-windpipe
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary
- 19 Pancreas
- 20 Prostate
- 21 Rectum
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 96 No more
- 97 Refused
- 99 Don't know

<1-30,R,D>[goto CANKIND_3]<96> [goto DIBEV] IF SEX=1 (MALE) and No. <6,18,29> selected
[goto ERR1_CANKIND_2]IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_2]

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Section -- CAN Cancer

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Sample Adults 18+ who report they had at least 3 kinds of cancer

CAN.140.03.003 What other kind of cancer did you have?* Enter code for the third kind of cancer. * Enter '96' for no more.

>CANKIND_3<

Continuing

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix
- 07 Colon
- 08 Esophagus
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-windpipe
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth/tongue/lip
- 18 Ovary
- 19 Pancreas
- 20 Prostate
- 21 Rectum
- 22 Skin (non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis
- 27 Throat - pharynx
- 28 Thyroid
- 29 Uterus
- 30 Other
- 96 No more
- 97 Refused
- 99 Don't know

<1-30,R,D>[goto CANKIND_4]<96> [goto DIBEV] IF SEX=1 (MALE) and No. <6,18,29> selected
[goto ERR1_CANKIND_3]IF SEX=2 (FEMALE) and No. <20,26> selected [goto ERR2_CANKIND_3]

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Section -- CAN Cancer

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Sample Adults 18+ who report they had at least 4 kinds of cancer

CAN.140.04.000 Did you have any other kinds of cancer?* Enter '95' if respondent offers more than 3 kinds of cancer. * Enter '96' for no more.

>CANKIND_4< Revised

95 Respondent reports more than 3 kinds of cancer
96 Respondent does not report more kinds of cancer

<95,96> [goto DIBEV]

Sample Adults 18+ who were ever told they had cancer

CAN.150.01.001 How old were you when [CANKIND_1/this cancer] was first diagnosed?

>CANAGE_1< Revised

0-96 0-96 years
97 Refused
99 Don't know

<0-96, D> goto CANAGE_2<R> and <R> at CANKIND_1 [goto DIBEV] <R> and CANKIND_1 NE <R> [goto CANAGE_2]If number in CANAGE_1 greater than person years old (AGE) [goto ERR_CANAGE_1]

Sample Adults 18+ who were ever told they had at least 2 kinds of cancer

CAN.150.02.002 How old were you when [CANKIND_2/this cancer] was first diagnosed?

>CANAGE_2< Revised

00-96 0-96 years
97 Refused
99 Don't know

<0-96, D> [goto CANAGE_3]<R> and <R> at CANKIND_2 [goto DIBEV]<R> and CANKIND_2 NE <R> [goto CANKIND_3]If number in CANAGE_2 greater than person years old (AGE) [goto ERR_CANAGE_2]

Sample Adults 18+ who were ever told they had at least 3 kinds of cancer

CAN.150.03.003 How old were you when [CANKIND_3/this cancer] was first diagnosed?

>CANAGE_3< Revised

00-96 0-96 years
97 Refused
99 Don't know

<0-96, D,R> [goto DIBEV]

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Section -- DIB Diabetes

Document Version Date: August 25, 2016

Sample Adults 18+

DIB.010.00.000 [Other than during pregnancy,] have you EVER been told by a doctor or other health professional that you had diabetes?

>DIBEV1<

Revised

- | | |
|---|---------------------------|
| 1 | Yes |
| 2 | No |
| 3 | Borderline or prediabetes |
| 7 | Refused |
| 9 | Don't know |

<1> [goto DIBAGE]<2,3,R,D> if SEX=1 [goto COPDEV] else if SEX=2 [goto DIBGDM]

Sample Adults 18+ who were told they had diabetes (other than during pregnancy)

DIB.020.00.000 How old were you when a doctor or other health professional FIRST told you that you had diabetes?

>DIBAGE<

Revised

- | | |
|-------|------------|
| 00-96 | 0-96 years |
| 97 | Refused |
| 99 | Don't know |

<0-96,R,D> [goto DIBPILL]

If number in DIBAGE greater than person years old (AGE) goto ERR_ DIBAGE

Sample Adults 18+ who were told they had diabetes (other than during pregnancy)

DIB.030.00.000 Are you NOW taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.

>DIBPILL<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1-2,R,D> [goto INSLN1]

Sample Adults 18+ who were told they had diabetes (other than during pregnancy)

DIB.040.00.000 Insulin can be taken by shot or pump. Are you NOW taking insulin?

>INSLN1<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1-2,R,D> [goto DIBTYPE]

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Sample Adults 18+ who were told they had diabetes (other than during pregnancy)

DIB.050.00.000 What type of diabetes do you have? Is it Type 1, Type 2, or some other type?

>DIBTYPE<

Revised

- 1 Type 1
- 2 Type 2
- 3 Other
- 7 Refused
- 9 Don't know

<1-3, R, D> if SEX=2 [goto DIBGDM] else if SEX=1 [goto COPDEV]

Female Sample Adults 18+

DIB.060.00.000 [Were you FIRST told by a doctor or other health professional that you had diabetes or gestational diabetes during pregnancy?/ During pregnancy, were you EVER told by a doctor or other health professional that you had diabetes or gestational diabetes?]

>DIBGDM<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto COPDEV]

Sample Adults 18+

CON.100.00.000 Have you EVER been told by a doctor or other health professional that you had ...Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

>COPDEV<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto KIDWKEV]

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Section -- CON Conditions

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Sample Adults 18+

CON.110.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had.....Weak or failing kidneys? * Read if necessary: Do not include kidney stones, bladder infections or incontinence.

>KIDWKEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto HEPEV]

Sample Adults 18+

CON.120.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...hepatitis?

>HEPEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto LIVEV]

Sample Adults 18+

CON.130.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...cirrhosis or any other chronic or long-term liver condition?

>LIVEV<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> goto ARTHEV

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Sample Adults 18+

CON.140.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

>ARTHEV<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto DEMENEV]

Sample Adults 18+

CON.150.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...dementia, including Alzheimer's disease?

>DEMENEV<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto ANXEV]

Sample Adults 18+

CON.160.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...any type of anxiety disorder?

>ANXEV<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto DEPEV]

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Sample Adults 18+

CON.170.00.000 *Read of necessary: Have you EVER been told by a doctor or other health professional that you had...any type of depression?

>DEPEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto next section]

Sample Adults 18+

INS.050.00.000 The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills. Are you covered by any kind of health insurance or some other kind of health care plan?

>FHICOV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,R,D> [goto HIKIND]

<2> [if AGE ge 65, goto MCAREPRB; else, goto MCAIDPRB]

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Section -- INS Health Insurance

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Sample Adults 18+ who report having health insurance or health care coverage or refused/don't know if they have insurance of health care coverage.

INS.070.00.000 What kinds of health insurance or health care coverage do you have? Is it Private health insurance, Medicare, Medigap, Medicaid, Children's Health Insurance Program or CHIP, Military Health Care including TRICARE, VA health and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or an other government program? *Read if necessary: You may include more than one coverage type.

>HIKIND<

Revised

- 01 Private health insurance
- 02 Medicare
- 03 Medigap
- 04 Medicaid
- 05 Children's Health Insurance Program (CHIP)
- 06 Military Health Care (TRICARE / VA health / CHAMP-VA (not CHAMPUS))
- 07 Indian Health Service
- 08 State-sponsored health plan
- 09 Other government plan
- 10 No coverage of any type
- 97 Refused
- 99 Don't know

<1-9> [if AGE ge 65 and HIKIND ne 2, goto MCAREPRB; else [goto SINCOV1]] <10> [if AGE ge 65 goto MCAREPRB; else, goto MCAIDPRB] <R,D> [goto MCAIDPRB]

Sample Adults 65+ who have not indicated Medicare in HIKIND

INS.072.00.000 Are you covered by Medicare?

>MCAREPRB<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1-2,R,D> goto SINCOV1

Sample Adults 18-65 who have indicated they are uninsured, refused, or DK in HIKIND

INS.073.00.000 There is a program called Medicaid that pays for health care for persons in need. [In this state it is also called {state marketplace name}]. Are you covered by Medicaid?

>MCAIDPRB<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1-2,R,D> goto SINCOV1

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Sample Adults 18+

INS.074.01.000 Are you covered by a separate plan that only pays for dental services?

>SINCOV1<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1-2, R,D> goto SINCOV2

Sample Adults 18+

INS.074.02.000 Are you covered by a separate plan that only pays for vision services?

>SINCOV2<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1-2, R,D> goto SINCOV3

Sample Adults 18+

INS.074.03.000 Are you covered by a separate plan that only pays for prescriptions?

>SINCOV3<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1-2, R,D> goto HICHANGE

Sample Adults 18+

INS.075.00.000 I have recorded you are [not covered/covered by [health insurance/{types of coverage listed in the HIKIND question}]]. Is this correct?

>HICHANGE<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,R,D> [goto next selected coverage type]<2> [goto ERR_HICHANGE]

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Sample Adults 18+ with Medicare

INS.090.00.000 What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

>MCPART<

Continuing

- 1 Part A
- 2 Part B
- 3 Part A and Part B
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto MCCHOICE]

Sample Adults 18+ with Medicare

INS.095.00.000 Are you enrolled in a Medicare Advantage plan?

>MCCHOICE<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1-2, R,D> goto MCHMO

Sample Adults 18+ with Medicare

INS.100.00.000 Are you under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

>MCHMO<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto MCANAME]<2,R,D> [if MCCHOICE=1, goto MCANAME; else if MCCHOICE=2,R,D, goto MCPARTD]

Sample Adults 18+ who either MCCHOICE=1 or MCHMO=1

INS.110.00.000 What is the name of your Medicare Advantage or Medicare HMO plan?

>MCANAME<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MCPARTD

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Sample Adults 18+ with Medicare

INS.118.00.000 Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

>MCPARTD<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2 R,D> [goto next selected health coverage type]

Sample Adults 18+ with Medicaid coverage

INS.131.03.000 The next questions are about Medicaid coverage. What is the name of your Medicaid health plan?

>MACHMN<

New

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MXCHNG

Sample Adults 18+ with Medicaid coverage

INS.135.00.010 Was your Medicaid obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state marketplace name)]?

>MXCHNG<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2 R,D> [goto MEDPREM]

Sample Adults 18+ with Medicaid coverage

INS.135.00.020 A health insurance premium is the amount you or a family member pay each month for health care coverage. Do you or a family member pay a premium for this Medicaid plan?

>MEDPREM<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2 R,D> [goto next selected health plan]

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Sample Adults 18+ enrolled in a private health 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)

INS.160.00.000

It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of the first plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

>HIPNAM1<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> [goto MORPLAN]<R,D> [goto next selected health plan]

Sample Adults 18+ enrolled in a private health plan

INS.171.00.000

Are there any more private health insurance plans?

>MORPLAN<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto HIPNAM2]<2,R,D> [loop through questions for first health insurance plan, then goto next selected health insurance type]

Sample Adults 18+ with a second private health insurance plan

INS.172.00.000

What is the name of the next plan? *Read if necessary: Do you have a health plan card or something with the plan name on it?

>HIPNAM2<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> [goto FHI200] (loop through questions for up to two health insurance plans)

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Sample Adults 18+ with private health insurance coverage

INS.200.01.000 I am going to ask you some questions about [fill: your plan / each plan]. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for [plan name]?

>FHI200<

Revised

- 01 Yes
- 02 No
- 97 Refused
- 99 Don't know

<1,R,D> [goto PRPLCOV]<2> goto PRPLIV

Sample Adults 18+ with private health insurance coverage where the individual is the policyholder

INS.201.01.000 Does this plan cover someone other than yourself?

>PRPLCOV<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto [PLNWRK]

Sample Adults 18+ with private health insurance coverage where the individual is not the policyholder

INS.201.02.000 Does the policyholder live in your household?

>PRPLLIV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto [PRPOLH]

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Sample Adults 18+ with private health insurance plan(s) who is not the policyholder

INS.202.01.010 How are you related to the policyholder?

>PRPOLH<

Revised

- 1 Child
- 2 Spouse
- 3 Former spouse
- 4 Some other relationship
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto PLNWRK]

Sample Adults 18+ with private health insurance coverage

INS.210.01.010 Which one of these categories best describes how this plan was obtained? Was it...

>PLNWRK<

New

- 01 Through an employer
- 02 Through a union
- 03 Through a professional association
- 04 Purchased directly
- 05 Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
- 06 Through a state/local government or community program
- 07 Other, specify
- 97 Refused
- 99 Don't know

<1-3,5> [goto PLNPAY] <4,6,R,D> [goto PLNEXCHG] <7> [goto PLNWKSP]

Sample Adults 18+ with private health insurance coverage obtained from other source

INS.211.01.010 *Read if necessary. How was this plan obtained?

>PLNWKSP<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto PLNEXCHG

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Sample Adults 18+ who have private coverage that are not employer based, have not indicated through the exchange (or of unknown origins)

INS.215.01.010 Was the plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state marketplace name)]?

>PLNEXCHG<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto PLNPAY]

Sample Adults 18+ enrolled in a private health plan

INS.220.10.000 Who pays for this health insurance plan? Is it.. *Enter all that apply, separate with commas.

>PLNPAY<

Continuing

- 01 Self or family (living in the household)
- 02 Employer or union
- 03 Someone outside the household
- 04 Medicare
- 05 Medicaid
- 06 Children's Health Insurance Program
- 07 State or local government or community program
- 97 Refused
- 99 Don't know

<1> [goto HICOSTN] <2-7,R,D> [goto HDHP]

Sample Adults 18+ with private health insurance plans paid for by self or family

INS.230.11.000 1 of 2 How much [fill:do you/does your family] currently spend for health insurance premiums for ^HIPNAM1 plan? Please include payroll deductions for premiums.

>HICOSTN<

Continuing

- 00001-99995 1-99995
- 99997 Refused
- 99999 Don't know

<1-99995> [goto HICOSTT]<R> [store "R" in HICOSTT and goto HDHP]<D> [store "D" in HICOSTT and goto HDHP]

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Sample Adults 18+ with private health insurance plans with a valid response to HICOSTN

INS.230.12.000 2 of 2 * Enter time period for premium payments.

>HICOSTT<

Continuing

- 01 Once a week
- 02 Once every 2 weeks
- 03 Once a month
- 04 Twice a month
- 05 Every two months
- 06 Quarterly (every 3 months)
- 07 Once a year
- 08 Twice a year
- 97 Refused
- 99 Don't know

<1-8,R,D> [goto HDHP]

Sample Adults 18+ with private health insurance plans

INS.241.01.000 [If only 1 person is covered by the plan]: Is the annual deductible for medical care for this plan less than \$1,300 or \$1,300 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here. [If more than 1 person is covered by the plan]: Is the family annual deductible for medical care for this plan less than \$2,600 or \$2,600 or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

>HDHP<

Continuing

- 1 less than [\$1,300/2,600]
- 2 [\$1,300/2,600] or more
- 7 Refused
- 9 Don't know

<1> [goto PRRXCOV]<2,R,D> [goto HSAHRA]

Sample Adults 18+ with high deductible private health plans

INS.242.01.000 With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts

>HSAHRA<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto PRRXCOV]

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Sample Adults 18+ with private health insurance coverage

INS.249.01.010 Does the plan pay for any of the costs for medicines prescribed by a doctor?

>PRRXCOV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto PRDNCOV]

Sample Adults 18+ with private health insurance coverage

INS.249.02.010 Does the plan pay for any of the costs for dental care?

>PRDNCOV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto PRVSCOV]

Sample Adults 18+ with private health insurance coverage

INS.249.03.010 Does the plan pay for any of the costs for routine vision care, such as glasses and contacts lenses?

>PRVSCOV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,D,R> If second private health insurance plan loop through private coverage questions; else, goto next health insurance type chosen

Sample Adults 18+ who have CHIP

INS.250.00.000 Earlier I recorded that you are covered by the Children's Health Insurance Program. What is the name of the plan?

>STNAME1<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto CHXCHNG

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Sample Adults 18+ who have CHIP

INS.250.01.010 Was your CHIP plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state marketplace name)]?

>CHXCHNG<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto STRFPRM1

Sample Adults 18+ who have CHIP

INS.250.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

>STRFPRM1<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1.2.R.D> goto next selected insurance type chosen

Sample Adults 18+ who have state-sponsored plan

INS.251.00.000 Earlier I recorded that you are covered by a state-sponsored plan. What is the name of the plan?

>STNAME2<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto OPXCHNG

Sample Adults 18+ who have state-sponsored plan

INS.251.01.010 Was your state-sponsored plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state marketplace name)]?

>OPXCHNG<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto STRFPRM2

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Sample Adults 18+ who have state-sponsored plan

INS.251.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this state-sponsored plan?

>STRFPRM2<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1.2.R.D> goto next selected insurance type chosen

Sample Adults 18+ who have an other government plan

INS.252.00.000 Earlier I recorded that you are covered by an other government program]. What is the name of the plan?

>STNAME3<

Continuing

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto OGXCHNG

Sample Adults 18+ who have an other government plan

INS.252.01.010 Was your other government plan obtained through Healthcare.gov or the [fill: Health Insurance Marketplace/Health Insurance Marketplace, such as (fill: state marketplace name)]?

>OGXCHNG<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto STRFPRM3

Sample Adults 18+ who have an other government plan

INS.252.02.020 A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this other government program plan?

>STRFPRM3<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1.2.R.D> goto next selected insurance type chosen

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Sample Adults 18+ with military health care

INS.270.00.000 Earlier I recorded that you are covered by military health care. What types of military health care are you covered by? Enter all that apply, separate with commas.

>MILSPC<

Continuing

- 1 TRICARE (CHAMPUS)
- 2 VA Health Care
- 3 CHAMP-VA (do not include CHAMPUS)
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto HILAST]

Sample Adults 18+ without known health insurance or with only single service plans

HIC.280.00.000 How long has it been since you last had health care coverage?

>HILAST<

Continuing

- 1 Six month or less
- 2 More than 6 months, but less than 1 year
- 3 1 year
- 4 More than 1 year, but less than 3 years
- 5 3 years or more
- 6 Never
- 7 Refused
- 9 Don't know

<1,2> goto HILASTMY <3-6,R,D> goto HISTOP

Sample Adults 18+ who are currently insured, but did not have health insurance for some period of time in the past 12 months

HIC.285.00.000 IN THE PAST 12 MONTHS, How many months were you without coverage? * If less than 1 month, enter '1'.

>HILASTMY<

New

- 01-12 1-12 months
- 97 Refused
- 99 Don't know

<1-12,R,D> [goto HISTOP]

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Section -- HIC Health Insurance Continuity

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Sample Adults 18+ without known health insurance or with only single service plans

HIC.290.00.000 Which of these are reasons you do not have health insurance? Was it... *Mark all that apply

>HISTOP<

Revised

- 01 Person in family with health insurance lost job, changed employer, or retired
- 02 Age
- 03 Left school
- 04 Employer does not offer coverage
- 05 Not eligible for coverage
- 06 Cost is too high
- 07 Lost Medicaid or public coverage
- 08 Do not need coverage / healthy
- 09 Other (specify)
- 97 Refused
- 99 Don't know

<1-8,R,D> [goto MEDBILL] <9> goto HISTOPOT

Sample Adults 18+ who have another reason for not having coverage

HIC.295.00.000 *Read if necessary. What is your other reason for not having coverage?

>HISTOPOT<

Revised

- 1 Verbatim Allow 80 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto MEDBILL

Sample Adults 18+ with known health insurance coverage except single service plans

HIC.300.00.000 In the PAST 12 MONTHS, was there any time when you did NOT have ANY health insurance or coverage?

>HINOTYR<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto HINOTMYR] <2,R,D> [goto MEDBILL]

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Section -- HIC Health Insurance Continuity

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Sample Adults 18+ with known health insurance coverage, but did not have health insurance for some period of time in the past 12 months

HIC.310.00.000 In the PAST 12 MONTHS, about how many months were you without coverage?
* If less than 1 month, enter '1'.

>HINOTMYR< Continuing
01-12 1-12 months
97 Refused
99 Don't know

<1-12,R,D> [goto MEDBILL]

Sample Adults 18+

PAY.325.00.010 In the past 12 months did [you/anyone in the family] have problems paying or were unable to pay any medical bills? Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

>MEDBILL< Continuing
1 Yes
2 No
7 Refused
9 Don't know

<1,R,D> [goto MEDBNOP]<2> [goto AWORPAY]

Sample Adults 18+ who said they/anyone in their family has problems paying their medical bills of don't know or refuse to answer if they/anyone in their family has problems paying bills

PAY.327.00.010 [Do you/Does anyone in your family] currently have any medical bills that you are unable to pay at all?

>MEDBNOP< Continuing
1 Yes
2 No
7 Refused
9 Don't know

<1,2,R,D> [goto AWORPAY]

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Section -- PAY Difficulty Paying for Insurance

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Sample Adults 18+

PAY.328.00.010 If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

>AWORPAY<

Continuing

- 1 Very worried
- 2 Somewhat worried
- 3 Not at all worried
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto next section]

Sample Adults 18+

DNC.010.00.000 About how long has it been since you last had a dental examination or cleaning? Read if necessary: Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

>ADENPREV<

New

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

<1,2>[goto ADENDLY]<0,3-5,R,D>[goto ADENLONG]

Sample Adults 18+ who have never seen a dentist for an exam or cleaning or have seen a dentist for an exam or cleaning more than 1 year ago or refused or didn't know when they last saw a dentist for an exam or cleaning.

DNC.020.00.000 About how long has it been since you last saw a dentist or other dental care provider for any reason? Read if necessary: Include all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

>ADENLONG<

New

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

<0-5,R,D>[goto ADENDLY]

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Section -- DNC Dental Care

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Sample Adults 18+

DNC.030.00.000 During the past 12 months, have you delayed getting dental care because of the cost?

>ADENDLY<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto ADENND]

Sample Adults 18+

DNC.040.00.000 During the past 12 months, was there any time when you needed dental care, but did not get it because of the cost?

>ADENND<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto next section]

Sample Adults 18+

UTZ.100.00.000 Now that we finished talking about dental care, I would like to ask you about other health care. About how long has it been since you last saw any doctor or other health professional about your health?*Read if necessary: Include doctors seen while a patient in a hospital.*Read if necessary: Do not include dental care

>ALASTDR<

New

- 0 Never
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 2 years ago
- 4 More than 2 years, but not more than 5 years ago
- 5 More than 5 years ago
- 7 Refused
- 9 Don't know

<1-5,R,D> goto AUSUALPL

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Section -- UTZ Utilization

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Sample Adults 18+

UTZ.200.00.000 Is there a place that you USUALLY go to if you are sick?

>AUSUALPL<

Continuing

- 1 Yes
- 2 There is NO place
- 3 There is MORE THAN ONE place
- 7 Refused
- 9 Don't know

<1,3,R,D> goto APLKIND1<2> goto AWELL

Sample Adults 18+ with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

UTZ.300.00.000 What kind of place [is it/do you go to most often] – a doctor's office or health center; a walk-in clinic, retail clinic in a pharmacy or grocery store, or urgent care center; an emergency room; a VA Medical Center or VA Hospital; or some other place?*Read if necessary: A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.*Read if necessary: Walk-in clinics, retail clinics and urgent care centers are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

>APLKIND1<

Revised

- 1 A doctor's office or health center
- 2 Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store
- 3 Emergency Room
- 4 VA Medical Center or VA Hospital
- 5 Some other place
- 7 Refused
- 9 Don't know

<1-5,R,D> goto AWELL

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Section -- UTZ Utilization

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Sample Adults 18+

UTZ.400.00.000 About how long has it been since you last saw a doctor or other health professional for a “wellness visit,” physical examination, preventive care, or general purpose check-up? *Read if necessary: This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured. *If a wellness exam was combined with a sick care visit, include this visit.

>AWELL<

New

- | | |
|---|--|
| 0 | Never |
| 1 | 6 months or less |
| 2 | More than 6 months, but not more than 1 year ago |
| 3 | More than 1 year, but not more than 2 years ago |
| 4 | More than 2 years, but not more than 5 years ago |
| 5 | More than 5 years ago |
| 7 | Refused |
| 9 | Don't know |

<1-5, R,D> goto AWLPLACE<0> goto AURGENT

Sample Adults 18+ who ever had a preventative visit

UTZ.500.00.000 What kind of place did you go to for your most recent “wellness visit,” physical examination, preventive care, or general purpose check-up – a doctor’s office or health center; a walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store; an emergency room; a VA Medical Center or VA Hospital; or some other place? *Read if necessary: A doctor’s office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file. *Read if necessary: Walk-in clinics, retail clinics and urgent care centers are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.

>AWLPLACE<

New

- | | |
|---|---|
| 1 | A doctor’s office or health center |
| 2 | Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store |
| 3 | Emergency Room |
| 4 | VA Medical Center or VA Hospital |
| 5 | Some other place |
| 7 | Refused |
| 9 | Don't know |

<1-5, R,D> goto AURGENT

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Sample Adults 18+

UTZ.600.00.000 DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a walk-in clinic, retail clinic in a pharmacy or grocery store, or urgent care center about your health? *Enter 96 if number >96* Read if necessary: Walk-in clinics, retail clinics, and urgent care centers are places where you do not need to make an appointment ahead of time and do not usually see the same health care provider.

>AURGENT<

New

00	None
01-96	1-96 times
97	Refused
99	Don't know

<0-96, R,D> goto AEMERG

Sample Adults 18+

UTZ.700.00.000 DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your health? This includes emergency room visits that resulted in a hospital admission.

>AEMERG<

Continuing

00	None
01-96	1-96
97	Refused
99	Don't know

<0-96, R,D> goto AHOSP

Sample Adults 18-59

UTZ.800.00.000 DURING THE PAST 12 MONTHS, have you been hospitalized overnight? Do not include an overnight stay in the emergency room.

>AHOSP<

Revised

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto [AMEDDLY]

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Section -- UTZ Utilization

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Sample Adults 18+

UTZ.900.01.000 During the past 12 months, have you delayed getting medical care because of the cost?

>AMEDDLY<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto AMEEND]

Sample Adults 18+

UTZ.900.02.000 During the past 12 months, was there any time when you needed medical care, but did not get it because of the cost?

>AMEEND<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto next section]

Sample Adults 18+

MHC.010.00.000 During the past 12 months, did you take any prescription medication to help you with your emotions, concentration, behavior or mental health?

>AMHRX <

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto AMHTHPRY]

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Section -- MHC Mental Health Care

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Sample Adults 18+

MHC.020.00.000 DURING THE PAST 12 MONTHS, did you receive counseling, therapy, or other non-medication treatment from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

>AMHTHPRY<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,R,D>[goto AMHTPYNOW]<2> goto AMHTHDLY

Sample Adults 18+ who have received, or refused to answer or don't know if they have received, or counseling, therapy or other non-medication treatment from a mental health professional in the past 12 months

MHC.025.00.000 Are you currently receiving counseling or therapy?

>AMHTPYNOW<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto AMHTHDLY]

Sample Adults 18+

MHC.030.00.000 During the past 12 months, have you delayed getting counseling, therapy, or other non-medication treatment from a mental health professional because of the cost?

>AMHTHDLY<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto AMHTHND]

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Section -- MHC Mental Health Care

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Sample Adults 18+

MHC.040.00.000 During the past 12 months, was there any time when you needed counseling, therapy, or other non-medication treatment from a mental health professional, but did not get it because of the cost?

>AMHTHND<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto next section]

Sample Adults 18+

PTC.010.00.000 DURING THE PAST 12 MONTHS, have you had an eye exam from an optometrist, ophthalmologist, or eye doctor ?

>AVISCARE<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[goto APTOTRT]

Sample Adults 18+

PTC.020.00.000 DURING THE PAST 12 MONTHS, did you receive physical therapy, speech therapy, rehabilitative therapy, occupational therapy, respiratory therapy or other special therapy?

>APTOTRT<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D>[AHOME]

Sample Adults 18+

PTC.030.00.000 During the past 12 months did you receive care at home from a nurse or other health professional?

>AHOME<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]

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Section -- PMD Prescription medications

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Sample Adults 18+

PMD.120.00.000 DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?

>ARX12MO<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto ARX12_1]<2,R,D> [goto next section]

Sample Adults 18+ who had been prescribed medication in the past 12 months

PMD.130.00.000 DURING THE PAST 12 MONTHS, were any of the following true for you? ...You skipped medication doses to save money.

>ARX12_1<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto ARX12_2]

Sample Adults 18+ who had been prescribed medication in the past 12 months

PMD.140.00.000 *Read if necessary.DURING THE PAST 12 MONTHS, were any of the following true for you?...You took less medicine to save money.

>ARX12_2<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto ARX12_3]

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Section -- PMD Prescription medications

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Sample Adults 18+ who had been prescribed medication in the past 12 months

PMD.150.00.000 *Read if necessary.DURING THE PAST 12 MONTHS, were any of the following true for you? ...You delayed filling a prescription to save money.

>ARX12_3<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto ARXEND]

Sample Adults 18+

PMD.160.00.000 During the past 12 months, was there any time when you needed prescription medication, but did not get it because of the cost?

>ARXEND<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D>[goto next section]

Sample Adults 18+

IMM.310.00.000 DURING THE PAST 12 MONTHS, have you had a flu shot? *Read if necessary: A flu shot is usually given in the fall and protects against influenza for the flu season.*Read if necessary: do not include nasal spray with a flu vaccine

>SHTFLUYR<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto FLUVAC_M] <2,R,D> [goto SHTPNUYR]

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Section -- IMM Immunization

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Sample Adults 18+ who have had a flu shot in the past 12 months

IMM.312.01.000 1 of 2 During what month and year did you receive your most recent flu shot?

>FLUVAC_M<

Revised

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- 97 Refused
- 99 Don't know

<1-12,D> [goto FLUVAC_Y] <R> [goto SHTPNUYR]

Sample Adults 18+ who gave a month for their last flu shot or who didn't know the month

IMM.312.02.000 2 of 2 *Enter year of most recent flu shot.

>FLUVAC_Y<

Revised

- Enter year
- 7 Refused
- 9 Don't know

<valid year,R,D> [goto SHTPNUYR] [If FLUVAC_M and FLUVAC_Y = a future date [goto ERR1_FLUVAC_Y] [If FLUVAC_M and FLUVAC_Y = a date prior to birth [goto ERR2_FLUVAC_Y] [If FLUVAC_M and FLUVAC_Y = a date before 12 months ago [goto ERR3_FLUVAC_Y]

Sample Adults 18+

IMM.320.00.000 Have you EVER had a pneumonia shot? *Read if necessary: This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

>SHTPNUYR<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto NEXT SECTION]

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Section -- CIG Cigarettes and E-cigarettes

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Sample Adults 18+

CIG.010.00.000 These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

>SMKEV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1>[goto SMKNOW] <2,R,D>[goto ECIGEV2]

Sample Adults 18+ who ever smoked 100 cigarettes

CIG.030.00.000 Do you NOW smoke cigarettes every day, some days or not at all?

>SMKNOW<

Continuing

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Refused
- 9 Don't know

<1>[goto CIGSDA1] <2>[goto CIGDAMO] <3,R,D>[goto ECIGEV2]

Sample Adults 18+ who are current every day smokers

CIG.050.00.000 On average, about how many cigarettes do you now smoke a day?* Enter '1' if less than 1 cigarette.* Enter '95' if 95 or more cigarettes.

>CIGSDA1<

Continuing

- 01-95 1-95 cigarettes
- 97 Refused
- 99 Don't know

<1-95,R,D> [goto ECIGEV2]

Sample Adults 18+ who are current some day smokers

CIG.060.00.000 On how many of the PAST 30 DAYS did you smoke a cigarette?*Enter '0' for None.

>CIGDAMO<

Continuing

- 01-30 1-30
- 97 Refused
- 99 Don't know

<0>[goto CIGQTYR] <1-30,R,D> [goto CIGSDA2]

2018 NHIS Draft for Public Comment**Adult Annual****Section --** CIG Cigarettes and E-cigarettes**Document Version Date:** August 25, 2016

Sample Adults 18+ who are current some day smokers

CIG.070.00.000 On average, when you smoked during the PAST 30 DAYS, about how many cigarettes did you smoke a day?* Enter '1' if less than 1.* Enter '95' if 95 or more cigarettes.

>CIGSDA2<

Continuing

01-95	1-95 cigarettes
97	Refused
99	Don't know

<1-95,D,R> [goto ECIGEV2]

Sample Adults 18+

CIG.085.00.010 The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes, and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke. Have you EVER used an e-cigarette EVEN ONE TIME?*Read if necessary: E-cigarettes and similar products can be bought as one-time, disposable products, as re-usable kits with a cartridge, or with refillable chambers. These usually contain a liquid, often called an "e-liquid" or "e-juice." Popular brands include NJOY, BLU, LOGIC, and VUSE.

>ECIGEV2<

Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto ECIGCUR2] <2,R,D> [goto NEXT SECTION]

Sample Adults 18+ who have ever used e-cigarettes

CIG.085.00.020 Do you now use e-cigarettes every day, some days, or not at all?

>ECIGCUR2<

Continuing

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't know

<1-3, R,D> [goto NEXT SECTION]

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Section -- PHY Physical Activity

Document Version Date: August 25, 2016

Sample Adults 18+

PHY.070.01.000 The next questions are about physical activities such as (exercise, sports, and physically active hobbies) that you may do in your LEISURE time. How often do you do MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a MODERATE increase in breathing or heart rate? If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities? Enter number for moderate leisure-time physical activities. * Enter '0' for Never. * Enter '996' if unable to do this type of activity.

>MODNO<

Continuing

000	Never
001-995	1-995 times
996	Unable to do
997	Refused
999	Don't know

<1-995>[goto MODTP]<0,996,R,D>[goto VIGNO]

Sample Adults 18+ who do light or moderate activities

PHY.070.02.000 How often do you do MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a MODERATE increase in breathing or heart rate? 2 of 2 * Enter time period for moderate leisure-time physical activities

>MODTP<

Continuing

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

<1-4> goto MODLNGNO [if (MODNO gt <4> and MODTP eq <1>) or (MODNO gt <28> and MODTP eq <2>) or (MODNO gt <31> and MODTP eq <3>) or (MODNO gt <365> and MODTP eq <4>)] goto ERR_MODNO

Sample Adults 18+ who do light or moderate activities

PHY.080.01.000 1 of 2 About how long do you do these moderate leisure-time physical activities each time? * Enter number for length of moderate leisure-time physical activities.

>MODLNGNO<

Continuing

001-995	1-995 times
997	Refused
999	Don't know

<1-995>[goto MODLNGTP]<R,D>[goto VIGNO]

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Section -- PHY Physical Activity

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Sample Adults 18+ who do light or moderate activities

PHY.080.02.000 About how long do you do these moderate leisure-time physical activities each time?2 of 2* Enter time period for length of moderate leisure-time physical activities.

>MODLNGTP< Continuing

1	minutes
2	hours
7	Refused
9	Don't know

<1,2> goto VIGNOif MODLNGNO lt <10> and MODLNGTP eq <1> goto ERR1_MODLNGTPif
MODLNGNO gt <90> and MODLNGTP eq <1> or if MODLNGNO gt <2> and MODLNGTP eq <2>goto
ERR2_MODLNGTP

Sample Adults 18+

PHY.090.01.000 1 of 2How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?* Enter number for vigorous leisure-time physical activities.* Enter '0' for Never.* Enter '996' if unable to do this type of activity.

>VIGNO< Continuing

000	Never
001-995	1-995 times
996	Unable to do
997	Refused
999	Don't know

<0,996,R,D>[goto STRNGNO]<1-995>[goto VIGTP]

Sample Adults 18+ who do vigorous activities

PHY.090.02.000 2 of 2* Enter time period for vigorous leisure-time physical activities.

>VIGTP< Continuing

0	Never
1	Per day
2	Per week
3	Per month
4	Per year
6	Unable to do this activity
7	Refused
9	Don't know

<1-4> goto VIGLNGNO[if (VIGNO gt <4> and VIGTP eq <1>) or (VIGNO gt <28> and VIGTP eq <2>)
or (VIGNO gt <31> and VIGTP eq <3>) or (VIGNO gt <365> and VIGTP eq <4>) goto ERR1_VIGTP]

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Section -- PHY Physical Activity

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Sample Adults 18+ who do vigorous activities

PHY.100.01.000 1 of 2 About how long do you do these vigorous leisure-time physical activities each time?* Enter number for length of vigorous leisure-time physical activities.

>VIGLNGNO<

Continuing

000	Never
001-995	1-995 times
996	Unable to do
997	Refused
999	Don't know

<1-995>[goto VIGLNGTP]<R,D>[goto STRNGNO]

Sample Adults 18+ who do vigorous activities

PHY.100.02.000 2 of 2* Enter time period for length of vigorous leisure-time physical activities.

>VIGLNGTP<

Continuing

1	minutes
2	hours
7	Refused
9	Don't know

<1,2>goto STRNGNO if VIGLNGNO lt <10> and VIGLNGTP eq <1> goto ERR1_VIGLNGTP; if (VIGLNGNO gt <90> and VIGLNGTP eq <1>) or if VIGLNGNO gt <2> and VIGLNGTP eq <2> goto ERR2_VIGLNGTP

Sample Adults 18+

PHY.130.01.000 How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights? (Include all such activities even if you have mentioned them before.)* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?* Enter number for strengthening activities.* Enter '0' for Never.* Enter '996' for Unable to do this type activity

>STRNGNO<

Revised

000	Never
001-995	1-995 times
996	96 Unable to do
997	Refused
999	Don't know

<1-995>[goto STRNGTP]<0, 996,R,D>[goto next section]

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Section -- PHY Physical Activity

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Sample Adults 18+ who do strengthening activities

PHY.130.02.000 2 of 2* Enter time period for strengthening activities.

>STRNGTP<

Continuing

- 0 Never
- 1 Per day
- 2 Per week
- 3 Per month
- 4 Per year
- 6 Unable to do this activity
- 7 Refused
- 9 Don't know

<1-4> [goto next section][If (STRNGNO gt <4> & STRNGTP = <1>) or (STRNGNO gt <28> & STRNGTP = <2>) or (STRNGNO gt <31> & STRNGTP = <3>) or (STRNGNO gt <365> & STRNGTP = <4>) goto ERR_STRNGTP]

Sample Adults 18+

DEM.120.01.000 Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the US or in a foreign country, in support of military or humanitarian operations.

>ARMFEV<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto ARMFFC] <2,R,D> [ACISI]

Sample Adults 18+ who have ever served in the armed forces

DEM.120.02.000 Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

>ARMFFC<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto ARMDISAB]

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Section -- DEM Demographics

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Sample Adults 18+ who have ever served in the armed forces

DEM.120.03.000 Do you have a VA service-connected disability rating?

>ARMDISAB<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1.2.R,D> goto ACISI

Sample Adults 18+

DEM.220.00.000 Do you think of yourself as [gay/lesbian or gay]; straight, that is, not [gay/lesbian or gay]; bisexual; something else; or you don't know the answer?

>ACISI<

Revised

- | | |
|---|--|
| 1 | [Gay/Lesbian or gay] |
| 2 | Straight, that is not [gay/lesbian or gay] |
| 3 | Bisexual |
| 4 | Something else |
| 5 | I don't know the answer |
| 7 | Refused |

<1-5,R> [goto next section]

Sample Adults 18+

NAT.001.00.000 Were you born in the United States?

>PLBORN<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [store "1" in CITIZEN, goto PLBORN1]<2> [goto USYR]<R,D> goto CITIZEN

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Section -- NAT Nativity

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Sample Adults 18+ born in the United States

NAT.001.01.000 In what state were you born?

>PLBORN1<

Continuing

- 01 Alabama
 - 02 Alaska
 - 03 Arizona
 - 04 Arkansas
 - 05 California
 - 06 Colorado
 - 07 Connecticut
 - 08 Delaware
 - 09 District of Columbia
 - 10 Florida
 - 11 Georgia
 - 12 Hawaii
 - 13 Idaho
 - 14 Illinois
 - 15 Indiana
 - 16 Iowa
 - 17 Kansas
 - 18 Kentucky
 - 19 Louisiana
 - 20 Maine
 - 21 Maryland
 - 22 Massachusetts
 - 23 Michigan
 - 24 Minnesota
 - 25 Mississippi
 - 26 Missouri
 - 27 Montana
 - 28 Nebraska
 - 29 Nevada
 - 30 New Hampshire
 - 31 New Jersey
 - 32 New Mexico
 - 33 New York
 - 34 North Carolina
 - 35 North Dakota
 - 36 Ohio
 - 37 Oklahoma
 - 38 Oregon
 - 39 Pennsylvania
 - 40 Rhode Island
 - 41 South Carolina
 - 42 South Dakota
 - 43 Tennessee
 - 44 Texas
 - 45 Utah
-

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Section -- NAT Nativity

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- 46 Vermont
- 47 Virginia
- 48 Washington
- 49 West Virginia
- 50 Wisconsin
- 51 Wyoming
- 57 United States (state unknown)
- 97 Refused
- 99 Don't know

<1-57,R,D> goto [ENGLANG]

Sample Adults 18+ not born in the United States who do

NAT.004.00.000 In what year did you come to the United States to stay?

>USYR< Continuing

- 1900-Current Year** 1900-Current Year
- 9997** Refused
- 9999** Don't know

<1900-Current Year, R, D> [if USYR lt AGEDOB@5, goto ERR2_USYR; else, goto CITIZEN]

Sample Adults 18+ not born in the United States or a United States territory

NAT.006.00.000 Are you a CITIZEN of the United States? (under development)

>CITIZEN< Revised

- 1 Yes, born in one of the 50 United States or the District of Columbia
- 2 Yes, born in Puerto Rico, Guam, United States Virgin Islands, or other U.S. territory
- 3 Yes, born abroad to American parent(s)
- 4 Yes, born abroad and adopted by American parent(s)
- 5 Yes, U.S. citizen by naturalization
- 6 No, not a citizen of the United States
- 7 Refused
- 9 Don't know

<1> [if PLBORN eq 2, goto ERR1_CITIZEN; else, if PLBORN eq R, goto ERR3_CITIZEN; else, goto PARBORN]<2> [if (PLBORN eq 2 or PLBORN eq R), goto ERR2_CITIZEN; elseif Age>=5, goto ENGLANG else goto next section]<1-5,R,D> [goto ENGLANG]

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Section -- NAT Nativity

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Sample Adults 18+

NAT.010.00.000 How well do you speak English? Would you say very well, well, not well, or not at all?

>ENGLANG<

Continuing

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all
- 7 Refused
- 9 Don't know

<1> goto next section<2-4,R,D> goto ANYENG

Sample Adults 18+ who do not speak English very well and who live with at least one other adult

NAT.010.01.000 Does any adult in your family speak English very well? (under development)

>ANYENG<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

Sample Adults 18+

HOU.110.00.000 About how long have you lived in this house/apartment?

>HOUSELONG<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-3,R,D> goto HOUSEMOVE<4-6> goto HOUSEBILL

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Section -- HOU Housing

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Sample Adults 18+ who have lived in the house for less than 3 years

HOU.120.00.000 During the last 3 years, how many places, including this house/apartment, have you lived in for 3 months or longer? Do NOT include second homes or vacation rentals/homes. *If the number of moves is 12 or more enter "12"

>HOUSEMOVE<

New

01-12	1-12 moves
97	Refused
99	Don't know

<1-12,R,D> [goto HOUSEOWN]

Sample Adults 18+

HOU.280.00.000 Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [/or someone in your family]?

>HOUSEOWN<

Continuing

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't know

<1,3,R,D> goto [HOUSEBILL]

<2> goto [FGAH]

Sample Adults 18+ who report the house/apartment is being rented

HOU.282.00.000 [Are you/Is anyone in your family] paying lower rent because the Federal, State, or local government is paying part of the cost?* Read if necessary. Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

>FGAH<

Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto HOUSEBILL

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Sample Adults 18+

HOU.300.00.000 Housing costs refer to the money that you and your household spend on utility bills, rent, mortgage payments, and property taxes. Overall, how difficult was it for you to afford your housing costs during the past year? Would you say very difficult, somewhat difficult, not very difficult, or not difficult at all

>HOUSEBILL<

New

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not very difficult
- 4 Not difficult at all
- 7 Refused
- 9 Don't know

<1-4,R,D> [goto next section]

Sample Adults 18+

SCH.010.00.000 What is the highest level of school you have completed or the highest degree you have received? *Probe as necessary.

>AEDUC<

Revised

- 0 Never attended/kindergarten only
- 01 Grade 1-11
- 02 12th grade, no diploma
- 03 GED or equivalent
- 04 High School Graduate
- 05 Some college, no degree
- 06 Associate degree: occupational, technical, or vocational program
- 07 Associate degree: academic program
- 08 Bachelor's degree (Example: BA, AB, BS, BBA)
- 09 Master's degree (Example: MA, MS, MEng, MEd, MBA)
- 10 Professional School degree (Example: MD, DDS, DVM, JD)
- 11 Doctoral degree (Example: PhD, EdD)
- 97 Refused
- 99 Don't know

<1-11,R,D> [goto SSCHOL]

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Section -- SCH Schooling

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Sample Adults 18+

SCH.100.00.000 Are you currently attending or enrolled in school? * Read if necessary: regular school includes high school, and schooling that leads to a college, trade school or professional school degree. Students may be enrolled part-time or full-time.

>SSCHOL<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> [goto SCHDAYR]<2,R,D> [goto EMP_1]

Sample Adults 18+ who are currently enrolled in school

SCH.200.00.000 DURING THE PAST 12 MONTHS about how many days did you miss school because of illness, injury, or disability?

>SCHDAYR<

New

- | | |
|---------|------------|
| 000-365 | 0-365 |
| 997 | Refused |
| 999 | Don't know |

<0-99,996,R,D> [goto EMP_1]<100-240> [goto ERR1_SCHDAYR]<241-995> [goto ERR2_SCHDAYR]

Sample Adults 18+

EMP.030.00.000 LAST WEEK, did you work for pay at a job or business?* If the respondent says he/she works, but not for pay, at a family-owned job or business, enter '1' for yes.

>EMP_1<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> goto WRKHRS1<2> goto EMP_2<R,D> goto o EMP_3

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Section -- EMP Employment

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Sample Adults 18+ who were not working for pay at a job or business last week

EMP.040.00.000 Did you have a job or business LAST WEEK, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

>EMP_2<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> goto WRKHRS1<2> goto WHYNOWK<R,D> got EMP_3

Sample Adults 18+ who were working at or had (and on temporary leave from) a paid job or business last week

EMP.050.00.000 How many hours [did you work LAST WEEK/do you USUALLY work per week] in total at ALL jobs or businesses?

>WRKHRS1<

Revised

- | | |
|---------|-------------|
| 001-168 | 1-168 hours |
| 997 | Refused |
| 999 | Don't know |

<001-034, and EMP_2=1> goto WHOWRK<001-034, R,D ad EMP_2=2> goto WRKFTALL<035-168>
goto WHOWRK

Sample Adults 18+ who were working at or had a paid job or business last week

EMP.060.00.000 Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

>WRKFTALL<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1.2.R.D> goto WHOWRK

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Section -- EMP Employment

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Sample Adults 18+ who were not working at or did not have a paid job or business last week

EMP.070.00.000 What is the MAIN reason you were not working for pay at a job or business last week?* Probe if necessary.

>WHYNOWK<

New

- 01 Unemployed
- 02 On layoff
- 03 Seasonal/contract work
- 04 Working, but not for pay, at a family-owned job or business
- 05 Looking for work
- 06 Retired
- 07 Unable to work for health reasons/disabled
- 08 Taking care of house or family
- 09 Going to school
- 10 Other
- 97 Refused
- 99 Don't know

<01,02,05-10,97,99> goto EMP_3 <03,04> goto WHOWRK

Sample Adults 18+ who were not working at or did not have a paid job or business last week

EMP.080.00.000 When was the last time you worked for pay at a job or business, even if only for a few days?

>EMP_3<

New

- 1 Within the past 12 months
- 2 1-5 years ago
- 3 Over 5 years ago
- 4 Never worked
- 7 Refused
- 9 Don't know

<1> goto WHOWRK <2-4,7,9> goto next section

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.090.00.000 if EMP_1=1 or EMP_2=1 or WHYNOWK=04: For whom do you work at your MAIN job or business? For MAIN job or business, where did you work for the most amount of time last week? (Name of company, business, organization or employer)else if WHYNOWK=03 or EMP_3=1: Thinking about the MAIN job you held in the past 12 months, for whom did you work? (Name of company, business, organization or employer)

>WHOWRK<

Revised

- 1 Verbatim Allow 90 characters
- 97 Refused
- 99 Don't know

<verbatim, R, D> goto KINDIND

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Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.100.00.000 What kind of business or industry [is/was] this? (For example: TV and radio mgt., retail shoe store, State Department of Labor)

>KINDIND<

Continuing

- 1 Allow 90 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto KINDWRK

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.110.00.000 What kind of work [are/were] you doing? (For example: farming, mail clerk, computer specialist.)

>KINDWRK<

Continuing

- 1 Allow 90 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> goto IMPACT

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.120.00.000 What [are/were] your most important activities on this job or business? (For example: sells cars, keeps account books, operates printing press.)

>IMPACT<

Continuing

- 1 Allow 90 characters
- 7 Refused
- 9 Don't know

<verbatim> goto SUPERVIS

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Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.130.00.000 [Do you/Did you] supervise other employees as part of your job?

>SUPERVIS<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1.2.R.D> goto WRKCAT

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.140.00.000 Which of these BEST describes your MAIN job [or work situation?/or business in the past 12 months?]

>WRKCAT<

Revised

- 1 Employee of a PRIVATE company for wages
- 2 A FEDERAL government employee
- 3 A STATE government employee
- 4 A LOCAL government employee
- 5 Self-employed in OWN business, professional practice or farm
- 6 Working WITHOUT PAY in a family-owned business or farm
- 7 Refused
- 9 Don't know

<1-6, R,D> goto PDSICK

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.150.00.000 Do/did you have paid sick leave on [this MAIN job or business?/ your MAIN job or business in the past 12 months?]

>PDSICK<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1.2.R.D> goto HIEMPOF

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Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.160.00.000 Regarding your MAIN job or business [in the past 12 months], was health insurance offered to you through your workplace?

>HIEMPOF<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> goto WKDAYR

Sample Adults 18+ who were working at or had a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay, at a family-owned job or business; or who did not have a job or business last week but had a job or business in the past 12 months

EMP.170.00.000 DURING THE PAST 12 MONTHS, ABOUT how many days did you miss work at a job or business because of illness, injury or disability? * Read if necessary: Do not include family or [paternity/maternity] leave.

>WKDAYR<

Revised

- | | |
|---------|------------|
| 000 | None |
| 001-366 | days |
| 997 | Refused |
| 999 | Don't know |

<0-366, R, D> if there is another adult in the family goto EMP_4, else goto FINCINT

Persons 18+ other than the Sample Adult

FEM.180.00.000 Now I'm going to ask you about some of the other members of your family. Does [ALIAS] work for pay at a job or business?* If the respondent says he/she works, but not for pay, at a family-owned job or business, enter '1' for yes.

>EMP_4<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1> goto EMP_5; <2, D,R> if there is another adult in the family goto EMP_4 for the next adult 18+; else goto next section

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Section -- FEM Employment of family members

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Persons 18+ other than the Sample Adult who work for pay at a job or business

FEM.190.00.000 Does [ALIAS] usually work 35 hours or more in total at [his/her] job(s)?

>EMP_5<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1, 2, D,R> if another adult in the family goto EMP_4 for the next adult 18+; else goto next section

Sample Adults 18+

INC.001.00.000 The next questions are about [YOUR TOTAL/YOUR TOTAL FAMILY] income in the last calendar year BEFORE TAXES. Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

>FINCINT<

Continuing

- 1 Allow 1
- 7 Refused
- 9 Don't know

<1> goto FINC_1<R,D> goto next section

Sample Adults 18+

INC.010.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS 18 AND OLDER] receive income from wages, salaries, commissions, bonuses, or tips?

>FINC_1<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_2

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Sample Adults 18+

INC.020.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS 18 AND OLDER] receive self-employment income from nonfarm or farm businesses, including proprietorships and partnerships?

>FINC_2<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_3

Sample Adults 18+

INC.030.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS LIVING HERE] receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

>FINC_3<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_4

Sample Adults 18+

INC.040.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS LIVING HERE] receive income from Social Security or Railroad Retirement?

>FINC_4<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_5

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Sample Adults 18+

INC.050.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS LIVING HERE] receive Supplemental Security Income (SSI)?

>FINC_5<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_6

Sample Adults 18+

INC.060.00.000 IN [THE LAST CALENDAR YEAR], did [YOU/ANY FAMILY MEMBERS LIVING HERE] receive any public assistance or welfare payments from the state or local welfare office?

>FINC_6<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_7

Sample Adults 18+

INC.070.00.000 IN [THE LAST CALENDAR YEAR], did any family members living here receive income from retirement, survivor, or disability pensions?

>FINC_7<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FINC_8

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Section -- INC Family Income

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Sample Adults 18+

INC.080.00.000 IN [THE LAST CALENDAR YEAR], did any family members living here receive any other sources of income such as Veterans' (VA) payments, unemployment compensation, child support, or alimony?

>FINC_8<

Revised

1	Yes
2	No
7	Refused
9	Don't know

<1,2,R,D> goto FINCTOT

Sample Adults 18+

INC.090.00.000 [When answering this next question, please remember to include your income PLUS the income of all family members living in this household.]What is your best estimate of [your total income/the total income of all family members] from all sources, before taxes, in last calendar year?* Enter '999,995' if the reported income is greater than

>FINCTOT<

Revised

000001-999995	\$1-\$999,995
999997	Refused
999999	Don't know

<0-999> goto ERR1_FINCTOT<250001-999995> goto ERR2_FINCTOT<1000-250000> goto next section<R,D> goto FPOV250

Sample Adult 18+ who don't know or refuse the total family income

INC.100.00.000 Was your total [family] income from all sources less than [250% of poverty threshold] or [250% of poverty threshold] or more?

>FPOV250<

Continuing

1	Less than [fill2: 250% of poverty threshold]
2	[fill2: 250% of poverty threshold] or more
7	Refused
9	Don't know

<1> goto FPOV138<2> if there are 1 or 2 people in the family goto FINC75;else if there are 4, 7,8, or 9 people in the family then goto FPOV400;else if there are 3, 5 or, 6 people in the then goto FINC100<R,D> goto next section

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Sample Adult 18+ answered less than 250% of poverty at FPOV250

INC.110.00.000 Was your total [family/] income from all sources less than [138% of poverty threshold] or [138% of poverty threshold] or more?

>FPOV138<

Continuing

- 1 Less than [fill2: 138% of poverty threshold]
- 2 [fill2: 138% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1> goto FPOV100<2> goto FPOV200<R,D> goto next section

Sample Adult 18+ answered less than 138% of poverty at FPOV138

INC.120.00.000 Was your total [family/] income from all sources less than [100% poverty threshold] or [100% poverty threshold] or more?

>FPOV100<

Continuing

- 1 Less than [fill2: 100% of poverty threshold]
- 2 [fill2: 100% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

Sample Adult 18+ answered 138% of poverty or more at FPOV138

INC.130.00.000 Was your total [family/] income from all sources less than [200% of poverty threshold] or [200% of poverty threshold] or more?

>FPOV200<

Continuing

- 1 Less than [fill2: 200% of poverty threshold]
- 2 [fill2: 200% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

Sample Adult 18+ answered 250% of poverty threshold or more at FPOV250 and he/she is from a 1 or 2 person family

INC.140.00.000 Was your total [family/] income from all sources less than \$75,000 or \$75,000 or more?

>FINC75<

Revised

- 1 Less than \$75,000
- 2 \$75,000 or more
- 7 Refused
- 9 Don't know

<1> goto FPOV400<2> goto FINC100<R,D> goto next section

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Sample Adult 18+ answered \$75,000 or more at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered 250% of poverty or more at FPOV250 and he/she is from a 3, 5, or 6 person family

INC.150.00.000

Was your total [family/] income from all sources less than \$100,000 or \$100,000 or more?

>FINC100<

Continuing

- 1 Less than \$100,000
- 2 \$100,000 or more
- 7 Refused
- 9 Don't know

<1> if there are 1, 2, 5, or 6 people in the family goto next section;else if there are 3 people in the family goto FPOV400<2> if PCNT if there are 1, 2, or 3 people in the family goto FINC150;else if there are 5 or 6 people in the family then goto FPOV400<R,D> [goto next section]

Sample Adult 18+ answered less than \$75,000 at FINC75 and he/she is from a 1 or 2 person family; or the respondent answered less than \$100,000 at FINC100 and he/she is from a 3 person family; or the respondent answered \$100,000 or more at FINC100 and he/she

INC.160.00.000

Was your total [family/] income from all sources less than [400% of poverty threshold] or [400% of poverty threshold] or more?

>FPOV400<

Revised

- 1 Less than [fill2: 400% of poverty threshold]
- 2 [fill2: 400% of poverty threshold] or more
- 7 Refused
- 9 Don't know

<1> if there are 9 or more people in the family then goto FINC150;else goto next section<2> if there are 1,2,3, 7, or 8 people in the family goto next section;else if there are 4,5, or 6 people in the family goto FINC150<R,D> goto next section

Sample Adult 18+ answered \$100,000 or more at FINC100 and he/she is from a 1, 2, or 3 person family; or the respondent answered 400% of poverty or more at FPOV400 and he/she is from a 4, 5, or 6 person family; or the respondent answered less than 400% of poverty

INC.170.00.000

Was your total [family/] income from all sources less than \$150,000 or \$150,000 or more?

>FINC150<

Continuing

- 1 Less than \$150,000
- 2 \$150,000 or more
- 7 Refused
- 9 Don't know

<1,2,R,D> goto next section

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Section -- FOO Food Related Programs

Document Version Date: August 25, 2016

Sample Adults 18+

FOO.110.00.000 At any time IN THE LAST 12 MONTHS did [you/any family members living here] receive [food stamp benefits/SNAPNAME or food stamp benefits]?

>FSNAP<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> If family includes females between the ages of 12 and 55 or children between the ages of 0 and 5, goto FWIC, elseif family includes children 6-17 goto FLUNCH, else goto FSUFF

Sample Adults 18+ living in families with females 12-55 years of age or children 0-5 years of age

FOO.120.00.000 At any time DURING THE LAST 12 MONTHS did [you/any family members living here] receive benefits from the WIC program, that is, the Women, Infants, and Children program?

>FWIC<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> If family includes children 5-17 goto FLUNCH, else goto FSUFF

Sample Adults living in families with children between the ages of 5-17

FOO.130.00.000 At any time IN THE LAST 12 MONTHS, did [Sample Child/any child in your family] receive free or reduced-cost breakfasts or lunches at school?*Read if necessary: The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

>FLUNCH<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto FSUFF

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Section -- FOO Food Related Programs

Document Version Date: August 25, 2016

Sample Adults 18+

FOO.140.00.000 Which of these statements best describes the food eaten in your household in the last 12 months: —enough of the kinds of food (I/we) want to eat; —enough, but not always the kinds of food (I/we) want; —sometimes not enough to eat; or, —often not enough to eat?

>FSUFF<

New

- 1 Enough of the kinds of food we want to eat
- 2 Enough but not always the kinds of food we want
- 3 Sometimes not enough to eat
- 4 Often not enough to eat
- 7 Refused
- 9 Don't know

<1-4,R,D> goto next section

Sample Adults 18+

TEL.330.01.000 What is your telephone number?* Enter the area code and the number, or enter "N" if no phone.

>TELENUM<

Continuing

- 2000000000 - 2000000000 - 9999999996
- 9999999996
- 9999999997 Refused
- 9999999999 Don't know
- N No phone

<2000000000 - 9999999996, D, R> store in HPHONE1, goto CURWRK<0-1999999999> GOTO ERR_TELENUM<N> goto TELCEL

Sample Adults 18+

TEL.331.00.000 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

>CURWRK<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto TELCEL

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Section -- TEL Telephone ownership

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Sample Adults 18+

TEL.334.00.000 Do you have a working cell phone?

>TELCEL< Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> if CURWK=<1> goto PHONEUSE if CURWK=<2,R,D> goto [next section]<2,R,D> goto PHONELIVE

Sample Adults 18+ with no working cell phone

TEL.336.00.000 Do you live with anyone who has a working cell phone?

>PHONELIVE< Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1, 2, R,D> goto [next section]

Sample Adults 18+ with working personal cell phone and working land-line in household

TEL.337.00.000 Of all the telephone calls that you receive, are all or almost all calls received on cell phones, some received on cell phones and some on regular phones, or very few or none received on cell phones?

>PHONEUSE< Continuing

- 1 All or almost all calls received on cell phones
- 2 Some received on cell phones and some on regular phones
- 3 Very few or none on cell phones
- 7 Refused
- 9 Don't know

<1-3, R,D> [goto next section]

Sample Adults 18+

LNK.005.01.000 What is your full name?

>LINKA_FNAME< New

- 1 Verbatim Allow 20 characters
- 7 Refused
- 9 Don't know

<verbatim, R, D> go to [LINKA_MNAME]

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Section -- LNK Linkage

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Sample Adults 18+

LNK.005.02.000 *Enter middle name

>LINKA_MNAME< New

1 Verbatim	Allow 20 characters
7	Refused
9	Don't know

<verbatim, R, D> go to [LINKA_LNAME]

Sample Adults 18+

LNK.005.03.000 *Enter last name

>LINKA_LNAME< New

1 Verbatim	Allow 20 characters
7	Refused
9	Don't know

<allow 20,R,D> [goto LNKINTRO]

Sample Adults 18+

LNK.010.00.000 We would like the last four digits of your Social Security Number [(if sample adult had Medicare from the INS section,) "and the last four numbers and any letters of your Medicare number"]. This information will help us link your survey data with health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics uses this information for research purposes only. Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private. There will be no effect on your benefits if you do not provide this information.* Read if necessary: The specific federal laws are the Public Health Service Act (Title 42, United States Code, Section 242K) and the Confidential Information Protection and Statistical Efficiency Act (Title V of Public Law 107-347).* Enter '1' to continue.

>LNKINTRO< Continuing

1	Continue
7	Refused
9	Don't know

<1,D> [goto SASSN4]<R> [goto SARLINK]

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Section -- LNK Linkage

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Sample adults 18+ who answered "Enter 1 to continue" or "don't know" at LNKINTRO

LNK.020.00.000 What are the last four digits of your Social Security Number? *Read if necessary: Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection and Statistical Efficiency Act, which is Title V of Public Law 107-347).* Enter 'N' if no Social Security Number.

>SASSN4<

Continuing

0000-9999	Last four digits of the SSN
9997	Refused
9999	Don't know

<0001-9999> if sample adult has Medicare [goto SAMCN04]; else [goto next section]; <N,R,D,> if sample adult has Medicare [goto SAMCN04]; else [goto SARLINK]

Sample adults 18+ who have Medicare and has continued at LNKINTRO or said DK at LNKINTRO

LNK.030.00.000 1 of 2 May I please see your Medicare card to record the last four numbers and any letters of the Health Insurance Claim Number?* Read if necessary: Providing this information is voluntary. Federal laws authorize us to ask for this information and require us to keep it strictly private (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection and Statistical Efficiency Act, which is Title V of Public Law 107-347).* Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available.* Enter the last four numbers.

>SAMCNO4<

Continuing

0000-9999	Last four digits of Medicare number
9997	Refused
9999	Don't know

<0000-9999> [goto SAMCLET] <R,D> [goto SARLINK]

Sample adults 18+ who have Medicare and reported the last four numbers of the Medicare number

LNK.040.00.000 2 of 2*Enter the letters that appear after the claim number.

>SAMCLET<

Continuing

A - Z

<Allow 2, 'Refused', 'Don't know'> if SASSN4 = 0000-9999 [goto next section]; else if SASSN4=N,R,D [goto SARLINK]

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Section -- LNK Linkage

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Sample adults 18+ who answered refused at LNKINTRO, or answered refused or don't know at SAMCNO4 or answered no SSN or refused or don't know at SASSN4

LNK.050.00.000 May we try to link your survey data without a [Social Security Number/Medicare Number/Social Security or Medicare Number]?* Read if necessary:Any data obtained will be kept strictly private as required by law (Public Health Service Act, which is Title 42, United States Code, Section 242K; and the Confidential Information Protection y Statistical Efficiency Act, which is Title V of Public Law 107-347).

>SARLINK< Continuing

1	Yes
2	No
7	Refused
9	Don't know

[goto next section]

Sample Adults 18+

LNK.300.03.000 What is your date of birth?Please give month, day, and year for the date of birth.* Enter month of birth.

>AGEDOB_3< Revised

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't know

<1-12,R,D> [goto AGEDOB_4]

Sample Adults 18+

LNK.300.04.000 What is your date of birth?Please give month, day, and year for the date of birth.* Enter day of birth.

>AGEDOB_4< Revised

01-31	1-31
97	Refused
99	Don't know

<1-31,R,D> [goto AGEDOB_5] Only allow valid days for month entered. If days not valid, [goto ERR_AGEDOB_4] ELSE [goto AGEDOB_5]

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Section -- LNK Demographics

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Sample Adults 18+

LNK.300.05.000 What is your date of birth?Please give month, day, and year for the date of birth.* Enter year of birth.

>AGEDOB_5<

Revised

1900-2030	1900-2030
9997	Refused
9999	Don't know

<1900-2030,R,D> [goto ARMFEEV]

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Adult Mental Health Rotate

Section -- ANX Anxiety

Document Version Date: August 25, 2016

Sample Adults 18+

ANX.410.00.000 How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never? *Interviewer: If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer according to whatever medication you were taking."

>ANX_1<

Continuing

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never
- 7 Refused
- 9 Don't know

<1-5,R,D> goto ANX_2

Sample Adults 18+

ANX.420.00.000 Do you take medication for these feelings?

>ANX_2<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,R,D> goto ANX_3<2> if ANX_1=5 goto DEP_1;else goto ANX_3

Sample Adults 18+ who feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

ANX.430.00.000 Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

>ANX_3<

Continuing

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-3,R,D> goto DEP_1

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Adult Mental Health Rotate

Section -- DEP Depression

Document Version Date: August 25, 2016

Sample Adults 18+

DEP.450.00.000 How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never? *Interviewer: If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer according to whatever medication you were taking."

>DEP_1< Continuing

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't know

<1-5,R,D> goto DEP_2

Sample Adults 18+

DEP.460.00.000 Do you take medication for depression?

>DEP_2< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1,R,D> goto DEP_3<2> if DEP_1=5 goto PHQ81else goto DEP_3

Sample Adults 18+ who feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

DEP.470.00.000 Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

>DEP_3< Continuing

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

<1-3,R,D> goto phq81

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Adult Mental Health Rotate

Section -- PHQ PHQ-8 Depression

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Sample Adults 18+

PHQ.700.00.000 Over the LAST TWO WEEKS, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ81<

New

- | | |
|---|-------------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | More than half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto PHQ82]

Sample Adults 18+

PHQ.705.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Feeling down, depressed, or hopeless? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ82<

New

- | | |
|---|-------------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | More than half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto PHQ83]

Sample Adults 18+

PHQ.710.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Trouble falling or staying asleep, or sleeping too much? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ83<

New

- | | |
|---|-------------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | More than half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto PHQ84]

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Section -- PHQ PHQ-8 Depression

Document Version Date: August 25, 2016

Sample Adults 18+

PHQ.715.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Feeling tired or having little energy? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ84<

New

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto PHQ85]

Sample Adults 18+

PHQ.720.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Poor appetite or overeating? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ85<

New

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto PHQ86]

Sample Adults 18+

PHQ.725.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Feeling bad about yourself, or that you are a failure, or have let yourself or your family down? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ86<

New

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto PHQ87]

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Adult Mental Health Rotate

Section -- PHQ PHQ-8 Depression

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Sample Adults 18+

PHQ.730.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Trouble concentrating on things, such as reading the newspaper or watching television? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ87<

New

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto PHQ88]

Sample Adults 18+

PHQ.735.00.000 *Read if necessary: Over the last 2 weeks, how often have you been bothered by...Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? Would you say...not at all, several days, more than half the days, or nearly every day?

>PHQ88<

New

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto next section]

Sample Adults 18+

GAD.800.00.000 Over the last two weeks, how often have you been bothered by the following problems?Feeling nervous, anxious, or on edge? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD71<

New

- 0 Not at all
- 1 Several days
- 2 Over half the days
- 3 Nearly every day
- 7 Refused
- 9 Don't know

<0-3,R,D> [goto GAD72]

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Adult Mental Health Rotate

Section -- GAD GAD-7 Anxiety

Document Version Date: August 25, 2016

Sample Adults 18+

GAD.805.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by...Not being able to stop or control worrying? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD72<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto GAD73]

Sample Adults 18+

GAD.810.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by...Worrying too much about different things? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD73<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto GAD74]

Sample Adults 18+

GAD.815.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by...Trouble relaxing? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD74<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto GAD75]

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Adult Mental Health Rotate

Section -- GAD GAD-7 Anxiety

Document Version Date: August 25, 2016

Sample Adults 18+

GAD.820.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by...Being so restless that it's hard to sit still? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD75<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto GAD76]

Sample Adults 18+

GAD.825.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by the following problems? Becoming easily annoyed or irritable? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD76<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto GAD77]

Sample Adults 18+

GAD.830.00.000 *Read if necessary: Over the last two weeks, how often have you been bothered by...Feeling afraid as if something awful might happen? Would you say...not at all, several days, over half the days, or nearly every day?

>GAD77<

New

- | | |
|---|--------------------|
| 0 | Not at all |
| 1 | Several days |
| 2 | Over half the days |
| 3 | Nearly every day |
| 7 | Refused |
| 9 | Don't know |

<0-3,R,D> [goto next section]

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Adult Pain and Condition Rotate

Section -- PAI Chronic Pain

Document Version Date: August 25, 2016

Sample Adults 18+

PAI.500.00.000 In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?*If respondent asks whether they are to answer about their pain when taking their medications, say: "Please answer according to whatever medication you were taking."

>PAIN_1< Continuing

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

<1,R,D> goto [NEXT SECTION]<2,3,4> goto PAIN_2

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.510.00.000 Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

>PAIN_2< Continuing

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

<1-3,R,D> if WORK_LIMITATION=1, goto PAIN_3; else goto PAIN_4

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months, and who are limited in the kind or amount of work they can do or unable to work because of a physical, mental, or emotional problem

PAI.520.00.000 Earlier you indicated that you are [limited in the kind or amount of work you can do/unable to work] because of a physical, mental, or emotional problem. Are you [limited in the kind or amount of work you can do/unable to work] because of your pain?

>PAIN_3< Continuing

1	Yes
2	No
7	Refused
9	Don't know

<1-2,R,D> goto PAIN_4

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Adult Pain and Condition Rotate

Section -- PAI Chronic Pain

Document Version Date: August 25, 2016

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.530.00.000 Over the past three months, how often did pain limit your life or work activities? Would you say never, some days, most days, or every day?

>PAIN_4< Continuing

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

<1-4,R,D> goto PAIN_5

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.540.00.000 Over the past three months, how often did YOUR pain affect your family and significant others? Would you say never, some days, most days, or every day?

>PAIN_5< Continuing

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't know

<1-4,R,D> goto PAIN_6

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.550.00.000 Over the past three months, to what extent were you able to manage your pain so that you can do the things you enjoy doing? Would you say a little, a lot, or somewhere in between?

>PAIN_6< Continuing

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't know

<1-3,R,D> goto PAIN_7

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Adult Pain and Condition Rotate

Section -- PAI Chronic Pain

Document Version Date: August 25, 2016

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.560.00.000 Over the past three months, how much have you been bothered by...Back pain? Would you say not at all, a little, a lot, or somewhere in between?

>PAIN_7<

Continuing

- 1 Not at all
- 2 A little
- 3 A lot
- 4 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-4,R,D> goto PAIN_8

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.570.00.000 *Read if necessary: Over the past three months, how much have you been bothered by...Pain in your hands, arms, or shoulders? Would you say not at all, a little, a lot, or somewhere in between?

>PAIN_8<

Continuing

- 1 Not at all
- 2 A little
- 3 A lot
- 4 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-4,R,D> goto PAIN_9

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.580.00.000 *Read if necessary: Over the past three months, how much have you been bothered by...Pain in your hips, knees, or feet? Would you say a little, a lot, or somewhere in between?

>PAIN_9<

Continuing

- 1 Not at all
- 2 A little
- 3 A lot
- 4 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-4,R,D> goto PAIN_10

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Adult Pain and Condition Rotate

Section -- PAI Chronic Pain

Document Version Date: August 25, 2016

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.590.00.000

*Read if necessary: Over the past three months, how much have you been bothered by...Headache, migraine, or facial pain? Would you say not at all, a little, a lot, or somewhere in between?

>PAIN_10<

New

- 1 Not at all
- 2 A little
- 3 A lot
- 4 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-4,R,D> goto PAIN_11

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

PAI.600.00.000

*Read if necessary: Over the past three months, how much have you been bothered by...Abdominal, pelvic, or genital pain? Would you say not at all, a little, a lot, or somewhere in between?

>PAIN_11<

New

- 1 Not at all
- 2 A little
- 3 A lot
- 4 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-4,R,D> goto next section

Sample Adults 18+

RCN.710.00.000

DURING THE PAST 12 MONTHS, have you been told by a doctor or other health professional that you had...Hay fever or seasonal allergies?

>AHAYFYR<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto ARSPALYR]

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Adult Pain and Condition Rotate

Section -- RCN Conditions

Document Version Date: August 25, 2016

Sample Adults 18+

RCN.720.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, have you had ...Any other kind of respiratory allergy?

>ARSPALYR<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto ADGALYR]

Sample Adults 18+

RCN.730.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, have you had ...Any kind of food or digestive allergy?

>ADGALYR<

Revised

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto ASKNALYR]

Sample Adults 18+

RCN.740.00.000 * Read if necessary. DURING THE PAST 12 MONTHS, have you had ...Eczema or any kind of skin allergy?

>ASKNALYR<

Continuing

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Sample Adults 18+

PRV.110.00.000 When was the last time you had your blood pressure checked by a doctor, nurse, or other health professional?

>PSBPLAST<

Revised

- 0 Never
- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<0-6,R,D> goto PSCHOLLAST

Sample Adults 18+

PRV.120.00.000 When was the last time you had your blood cholesterol checked by a doctor, nurse, or other health professional?

>PSCHOLLAST<

Revised

- 0 Never
- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<0-6,R,D> goto PSDIALAST

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Sample Adults 18+

PRV.130.00.000 When was the last time you had a blood test for high blood sugar or diabetes?

>PSDIALAST<

Revised

- 0 Never
- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<0-6,R,D> goto PSCOLEV

Sample Adults 50+

PRV.140.00.000 These next questions are about colorectal cancer screening. There are several different kinds of tests to check for colon cancer. Colonoscopy (colon-OS-copy) and sigmoidoscopy (sigmoid-OS-copy) are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer. For a colonoscopy, the doctor checks the entire colon, and you are given medication through a needle in your arm to make you sleepy, and told to have someone drive you home. For a Sigmoidoscopy, the doctor checks only part of the colon and you are fully awake. Have you ever had a colonoscopy? *Read if necessary: A polyp is a small growth that develops on the inside of the colon or rectum.

Before a colonoscopy, you are asked to take a medication that causes diarrhea.

>PSCOLEV<

Revised

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSCOLWHEN<2,R,D> goto PSCROTHER

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Sample Adults 50+ who have ever had a colonoscopy

PRV.150.00.000 When was your most recent colonoscopy?

>PSCOLWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-5> if SEX=2 then goto PSPAPEV else if SEX=1 then [goto next section]<6,R,D> goto PSCROTHER

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago

PRV.155.00.000 Have you ever had any OTHER kind of test for colorectal cancer, such as a sigmoidoscopy, a virtual colonoscopy (also called a CT colonography), or a blood stool test?

>PSCROTHER<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,D> goto PSSIGEV<2,R> if SEX=2 then goto PSPAPEV else if SEX=1 then [goto next section]

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had another test for colon cancer

PRV.160.00.000 Recall that a sigmoidoscopy is similar to a colonoscopy but the doctor checks only part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

>PSSIGEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSSIGWHEN<2,R,D> goto PSCTCOLEV

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

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Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had a sigmoidoscopy

PRV.170.00.000 When was your most recent sigmoidoscopy?

>PSSIGWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,D,R> goto PSCTCOLEV

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had another test for colon cancer

PRV.180.00.000 CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach. Have you ever had a CT colonography or virtual colonoscopy?

>PSCTCOLEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSCTCOLWHEN<2,R,D> goto PSFITHEV

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had a CT colonography or virtual colonoscopy

PRV.190.00.000 When was your most recent CT colonography or virtual colonoscopy?

>PSCTCOLWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,D,R> goto PSFITHEV

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had another test for colon cancer

PRV.200.00.000 The following questions are about the blood stool or occult blood test, fecal immunochemical or FIT test. These are tests to determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Have you ever had a blood stool or FIT test, using a HOME test kit?

>PSFITHEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSFITHWHEN<2,R,D> [goto PSFITDEV]

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had a home FIT test

PRV.210.00.000 When was your most recent blood stool or FIT test, using a home test kit?

>PSFITHWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,D, R> goto PSFITDEV

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had another test for colon cancer

PRV.220.00.000 Have you ever had a blood stool or FIT test in which your doctor or other health professional collected a stool sample during an office visit?

>PSFITDEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSFITDWHEN<2,R,D> if SEX=2 then goto PSPAPEV else if SEX=1 then goto next section

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Sample Adults 50+ who have never had a colonoscopy or had their most recent colonoscopy over 10 years ago AND have EVER had an office-based FIT test

PRV.230.00.000 When was your most recent office visit for a blood stool or FIT test?

>PSFITDWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,R,D> if SEX=2 goto PSPAPEV if SEX=1 goto next section

Female Sample Adults 18+

PRV.240.00.000 Have you ever had a Pap smear or Pap test? *Read if necessary: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

>PSPAPEV<

Continuing

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSPAPWHEN <2,R,D> goto HYST

Female Sample Adults 18+ who have ever had a pap smear

PRV.250.00.000 When did you have your MOST RECENT PAP smear?

>PAPWHEN<

Continuing

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,R,D> goto HYST

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Adult Preventive Services Rotate

Section -- PRV Preventive screening

Document Version Date: August 25, 2016

Female Sample Adults 18+

PRV.260.00.000 Have you had a hysterectomy?

>HYST<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1, 2,R,D> if age ge30 goto PSMAMEV else if age lt 30 goto next section

Female Sample Adults 30+

PRV.270.00.000 Have you EVER HAD a mammogram? *Read if necessary: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

>PSMAMEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> goto PSMAMWHEN<2,R,D> goto [NEXT SECTION]

Female Sample Adults 30+ who have had a mammogram

PRV.280.00.000 When did you have your MOST RECENT mammogram?

>PSMAMWHEN<

New

- 1 A year ago or less
- 2 More than 1 year but not more than 2 years ago
- 3 More than 2 years ago, but not more than 3 years ago
- 4 More than 3 years ago but not more than 5 years ago
- 5 More than 5 years ago but not more than 10 years ago
- 6 Over 10 years ago
- 7 Refused
- 9 Don't know

<1-6,R,D>goto [NEXT SECTION]

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Adult Preventive Services Rotate

Section -- ASP Aspirin

Document Version Date: August 25, 2016

Sample Adults 40+

ASP.040.00.010 Has a doctor or other health professional EVER told you to take a low-dose aspirin each day to prevent or control heart disease?* If the respondent volunteers they have been told to take an aspirin every other day or “regularly” for these reasons, enter 1 for “yes.”

>ASPMEDDEV<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1> [goto ASPMEDAD]<2,R,D> [goto ASPONOWN]

Sample Adults 40+ who have ever been advised to take a low-dose aspirin every day to prevent or control heart disease

ASP.040.00.020 Are you NOW following this advice?* If the respondent provides an answer such as “sometimes,” “occasionally,” or “from time to time,” enter 1 for “yes.”

>ASPMEDAD<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,R,D> [goto next section]<2> [goto ASPMDMED]

Sample Adults 40+ who have ever been advised to take aspirin every day, but are not currently following that advice

ASP.040.00.030 Did a doctor or other health professional advise you to stop taking a low-dose aspirin every day?

>ASPMDMED<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto next section]

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Adult Preventive Services Rotate

Section -- ASP Aspirin

Document Version Date: August 25, 2016

Sample Adults 40+ who have not been advised to take aspirin every day or Ref/DK if they have been advised totake aspirin every day

ASP.040.00.040 On your own, are you now taking a low-dose aspirin each day to prevent or control heart disease?

>ASPONOWN<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]

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Adult Sleep Rotate

Section -- ALC Alcohol Use

Document Version Date: August 25, 2016

Sample Adults 18+

ALC.110.00.000 These next questions are about drinking alcoholic beverages. Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink. When counting number of drinks, one drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or one shot or 1.5 of liquor. A larger 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

>ALCLIFE<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,R,D> [goto ALC12MNO] <2> [goto next section]

Sample Adults 18+ who have had at least 1 drink in their entire life

ALC.120.01.000 1 of 2 During the past 12 months, how many days per week, per month or per year did you drink any type of alcoholic beverage?* Enter number for how often alcoholic beverages were consumed in the past 12 months. Then enter category of response (week, month, year)*Enter '0' for Never.

>ALC12MNO<

New

- 000 Never
- 001-365 1-365 days per
- 997 Refused
- 999 Don't know

<0> [goto ALC1YR] <1-365> [goto ALC12MTP] <R,D> [goto ALCAMT]

Sample Adults 18+ who have had at least 1 drink in their entire life

ALC.120.02.000 2 of 2* Enter time period for how often alcoholic beverages were consumed in the past year.

>ALC12MTP<

New

- 1 per week
- 2 per month
- 3 per year
- 7 Refused
- 9 Don't know

<1-3,R,D> [goto ALCAMT]

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Adult Sleep Rotate

Section -- ALC Alcohol Use

Document Version Date: August 25, 2016

Sample Adults 18+ who have had at least 1 drink in their entire life; but who have not had a drink in the past 12 months

ALC.130.00.000 In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

>ALC1YR<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]

Sample Adults 18+ who drank at least once in the past year

ALC.140.00.000 During the past 12 months, on those days that you drank alcoholic beverages, on average, how many DRINKS did you have?* Enter '1' if less than 1 drink.* Enter '95' if 95 or more drinks.*Read if necessary: Remember one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot (1.5 ounces) of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

>ALCAMP<

New

- | | |
|-------|------------|
| 01-99 | 1-99 |
| 97 | Refused |
| 99 | Don't know |

<1-3, R,D> goto ALC5UPNO<4> if SEX=2 goto ALC30DY else if SEX=1 goto ALC5UPNO<5-95,R,D>
goto ALC30DY<10-95>[goto ERR_ALCAMP]

Sample Adults 18+ who drank at least once in the past year; and who drank less than 5+/4+ drinks in a day on average.

ALC.150.00.000 DURING THE PAST 12 MONTHS, did you ever have {5 or more, if male; 4 or more, if female} drinks in a day?

>ALC5UPNO<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1>[goto ALC30DY]<2,R,D>[goto next section]

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Adult Sleep Rotate

Section -- ALC Alcohol Use

Document Version Date: August 25, 2016

Sample Adults 18+ who have had at least 1 drink in the past year and drank 5+/4+ drinks in a day in the last year.

ALC.160.00.000 The next question will ask you about ONLY the past 30 days. During the past 30 days, did you have at least one drink of any type of alcoholic beverage?

>ALC30DY< New

1	Yes
2	No
7	Refused
9	Don't know

<1,R,D> [goto BINGE1]<2> [goto next section]

Sample Adults 18+ who drank in the past 30 days

ALC.170.00.000 DURING THE PAST 30 DAYS, how many times did you have [5 or more/4 or more] drinks on an occasion?(Under Development) * Enter '0' if none. * Enter '60' if 60 or more times.

>BINGE1< New

00-60	0-60 times
97	Refused
99	Don't know

<1-60,R,D> [goto next section]

Sample Adults 18+ who do not say they are unable to walk or climb steps [MOB_SS=1,2,3,R,D]

WLK.010.00.000 The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise. During the past 7 days, did you walk to get some place that took you at least 10 minutes?

>AD11A< New

1	Yes
2	No
3	Unable to walk
7	Refused
9	Don't know

<1> [goto AD12A] <2,R,D> [goto AD14A]<3> [goto next section]

Sample Adults 18+ who are able to walk and have walked for transportation in the past 7 days

WLK.011.00.000 In the past 7 days, how many times did you do that?*Read if necessary: Walk for at least 10 minutes to get some place.

>AD12A< New

01-94	1-94 times
97	Refused
99	Don't know

<1-94> [goto AD13ANO]<R,D> [goto AD14A]

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Section -- WLK Walking

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Sample Adults 18+ who have walked for transportation at least once in the past week

WLK.012.01.000 1 of 2[How long did that walk take?/ On average, how long did those walks take?]* Enter number for length of walk for transportation.

>AD13ANO<

New

001-995	1-995 minutes
997	Refused
999	Don't know

<1-995>[goto AD13ATP] [If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP]<R,D>[goto AD14A]

Sample Adults 18+ who have walked for transportation at least once in the past week and gave a number for the first part of this two-part question

WLK.012.02.000 2 of 2* Enter time period for length of walking for transportation.

>AD13ATP<

New

1	Minute(s)
2	Hour(s)
7	Refused
9	Don't know

<1,2,R,D> [goto AD14A] and If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP If AD13ANO gt <24> and AD13ATP = <2> [goto ERR1_ AD13ATP](IF AD13ANO gt <90> and AD13ATP eq <1>) or (if AD13ANO gt <2> and AD13ATP eq <2>) [goto ERR2_ AD13ATP]<1,2,R,D> [goto AD14A] and If AD13ANO= 'R', 'D' store 'R', 'D' in AD13ATP

Sample Adults 18+ who are able to walk

WLK.013.00.000 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

>AD14A<

New

1	Yes
2	No
7	Refused
9	Don't know

<1> [goto AD15A] <2,R,D> [goto next section]

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Section -- WLK Walking

Document Version Date: August 25, 2016

Sample Adults 18+ who have walked for leisure in the past 7 days

WLK.014.00.000 In the past 7 days, how many times did you do that?

>AD15A<

New

01-94	1-94
97	Refused
99	Don't know

<1-94> [goto AD16ANO] <R,D> [goto next section]

Sample Adults 18+ who have walked for leisure at least once in the past week.

WLK.015.01.000 1 of 2[How long did that walk take?/On average, how long did those walks take?]* Enter number for length of walk for fun, relaxation, or exercise.

>AD16ANO<

New

001-995	1-995
997	Refused
999	Don't know

<1-995>[goto AD16ATP] <R,D>[goto next section] and [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

Sample Adults 18+ who have walked for leisure at least once in the past week and gave a number for the first part of this two-part question

WLK.015.02.000 2 of 2* Enter time period for length of walking for fun, relaxation, or exercise.

>AD16ATP<

New

1	Minute(s)
2	Hour(s)
7	Refused
9	Don't know

If AD16ANO gt <24> and AD16ATP eq <2> [goto ERR1_ AD16ATP](IF AD16ANO gt <90> and AD16ATP eq <1>) or (if AD16ANO gt <2> and AD16ATP eq <2>) [goto ERR2_ AD16ATP]<1,2,R,D>[goto next section]; [If AD16ANO= 'R', 'D' store 'R', 'D' in AD16ATP]

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Adult Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Adults 18+

SLP.540.00.000 In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

>TIREDD_1<

New

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

<1> goto [SLPHRWK]<2-4,R,D> goto TIREDD_2

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

SLP.550.00.000 Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

>TIREDD_2<

New

- 1 Some of the day
- 2 Most of the day
- 3 All of the day
- 7 Refused
- 9 Don't know

<1-3,R,D> goto TIREDD_3

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know how often they felt very tired or exhausted in the past 3 months

SLP.560.00.000 Thinking about the last time you felt this way, how would you describe the level of tiredness? Would you say a little, a lot, or somewhere in between?

>TIREDD_3<

New

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- 7 Refused
- 9 Don't know

<1-3,R,D> goto [SLPHRWK]

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Adult Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Adults 18+

SLP.570.01.000 Including naps, how much sleep do you usually get in a 24 hour period...on a weekday or work day?
[FR note: Record the number of hours]

>SLPHRWK<

New

00-24	0-24
97	Refused
99	Don't know

<0-23> goto [SLPMNWK]<24, R,D> goto [SLPHRWKE]

Sample Adults 18+

SLP.570.02.000 Including naps, how much sleep do you usually get in a 24 hour period...on a weekday or work day? [FR note:
Record the number of minutes]

>SLPMNWK<

Revised

00-59	0-59
97	Refused
99	Don't know

<0-59, R, D> goto [SLPHRWKE]

Sample Adults 18+

SLP.580.01.000 Including naps, how much sleep do you usually get in a 24 hour period...on a weekend or non-work day? [FR note:
Record the number of hours]

>SLPHRWKE<

Revised

00-24	0-24
97	Refused
99	Don't know

<0-23> goto [SLPMNWKE]<24,R,D> goto [SLEEPREST]

Sample Adults 18+

SLP.580.02.000 Including naps, how much sleep do you usually get in a 24 hour period...on a weekend or non- work day? [FR note:
Record the number of minutes]

>SLPMNWKE<

Revised

00-59	0-59
97	Refused
99	Don't know

<0-59, R, D> goto [SLEEPREST]

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Adult Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Adults 18+

SLP.585.00.000 During the past 30 days, how often did you wake up feeling well-rested?

>SLEEPREST<

Revised

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

<1-4,R,D> goto [SLEEPFALL]

Sample Adults 18+

SLP.590.00.000 During the past 30 days, how often did you have trouble falling asleep? Would you say never, some days, most days, or every day?

>SLEEPFALL<

Revised

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

<1-4,R,D> goto SLEEPSTAY

Sample Adults 18+

SLP.600.00.000 During the past 30 days, how often did you have trouble staying asleep? Would you say never, some days, most days, or every day? [FR NOTE: Include waking up too early]

>SLEEPSTAY<

Revised

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

<1-4,R,D> goto SLEEPMEDS

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Adult Sleep Rotate

Section -- SLP Sleep

Document Version Date: August 25, 2016

Sample Adults 18+

SLP.610.00.000 During the past 30 days, how often did you take any medication to help you fall asleep or stay asleep? Include both prescribed and over-the-counter medications. Would you say never, some days, most days, or every day?

>SLEPMEDS<

Revised

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day
- 7 Refused
- 9 Don't know

<1-4,R,D> goto [NEXT SECTION]

Sample Adults 18+ who ever smoked 100 cigarettes

CIH.020.00.000 How old were you when you FIRST started to smoke fairly regularly?* Enter '6' if less than 6 years old.* Enter '95' if 95 years old or older.* Enter '96' if never smoked regularly.

>SMKREG<

Continuing

- 06-96 6-96 years
- 97 Refused
- 99 Don't know

<6-95,96,R,D> [if SMKKNOW= 1,2 goto CIGQTYR]

Sample Adults 18+ who quit smoking

CIH.040.01.000 1 of 2 How long has it been since you quit smoking cigarettes?* Enter number for time since quit smoking.* Enter '95' for 95 years old or older.

>SMKQTNO<

Continuing

- 01-95 1-95 years
- 97 Refused
- 99 Don't know

<1-95> [goto SMKQTTP] <D,R> [if ECIGEV2 =1 goto fquitecig else goto next section]

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Adult Sleep Rotate

Section -- CIH Cigarette History

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Sample Adults 18+ who quit smoking

CIH.040.02.000 2 of 2* Enter time period for time since quit smoking.

>SMKQTTP<

Continuing

- 1 Day(s)
- 2 Week(s)
- 3 Month(s)
- 4 Year(s)
- 7 Refused
- 9 Don't know

<1-4> [if ECIGEV2 =1 goto FQUITECIG else goto next section]<4> [if SMKQTNO gt (AGE - <15>), goto ERR1_SMKQTTPif (SMKREG + SMKQTNO gt AGE), goto ERR2_SMKQTTP.

Sample Adults 18+ who are every day or someday smokers

CIH.080.00.000 During the PAST 12 MONTHS, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

>CIGQTYR<

Continuing

- 06-95 6-95 years
- 96 Never smoked regularly
- 97 Refused
- 99 Don't know

<1,2,R,D> [if ECIGEV2 =1 goto CQUITECIG else goto next section]]

Sample Adults 18+ who are former smokers and have ever used e-cigarettes

CIH.090.00.000 Thinking back to when you stopped smoking completely, did you use e-cigarettes to help you quit smoking regular cigarettes?

>FQUITECIG<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto [NEXT SECTION]

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Adult Sleep Rotate

Section -- CIH Cigarette History

Document Version Date: August 25, 2016

Sample Adults 18+ who are current smokers and tried to quit in the last year and have ever used e-cigarettes

CIH.100.00.000 Thinking back to the last time you tried to quit smoking, did you use e-cigarettes to help you quit smoking regular cigarettes?

>CQUITECIG<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> goto [NEXT SECTION]

Sample Adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette smokers or former cigarette smokers who have quit in the past 12 months

COC.120.00.000 In the PAST 12 MONTHS, has a doctor, dentist, or other health professional ADVISED you about ways to quit using tobacco or prescribed medication to help you quit?

>COCCIG<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto COCALC]

Sample Adults 18+ who have seen a doctor or other health professional in the past year and have had 1 or more drinks in the past 12 months

COC.130.00.000 In the PAST 12 MONTHS, has a doctor, dentist, or other health professional ADVISED you to stop or cut down on your drinking?

>COCALC<

New

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

<1,2,R,D> [goto COCEXC]

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Adult Sleep Rotate

Section -- COC Content of Care

Document Version Date: August 25, 2016

Sample Adults 18+ who have seen a doctor or other health professional in the past year

COC.140.00.000 In the PAST 12 MONTHS, has a doctor or other health professional ADVISED you to increase the amount of exercise you get?

>COCEXC<

New

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Refused |
| 9 | Don't know |

<1,2,R,D> [goto next section]
