



FOR PUBLIC COMMENT

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

Version: August 25, 2016

	2018	2019	2020	2021	2022	2023	2024	2025
	Selection of Sample Child - Identification of Parent/Guardian Respondent - Informed Consent							
Annual core content	Family Composition - Health Status - Functioning and Disability Asthma - Diabetes - Developmental and Learning Disabilities Health Insurance Status and Continuity - Financial Burden of Medical Care Dental Care - Health Care Utilization - Mental Health Care - Other Care Prescription Medication - Immunizations Schooling - Demographics for Parents and Child Nativity - Housing and Housing Security Employment of Adult Family Members - Family Income Food-Related Program Participation - Food Sufficiency Telephone Use - Linkage Information							
Rotating core content	Mental Health	Injuries		Mental Health	Injuries		Mental Health	Injuries
	Stressful Life Events	Other Conditions	BMI - Physical Activity - Sleep	Stressful Life Events	Other Conditions	BMI - Physical Activity - Sleep	Stressful Life Events	Other Conditions
Sponsored content	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-year supplements	
	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements	2-yr supplements
	1-year supplements	1-year supplements	2-year supplements		1-year supplements	2-year supplements		1-year supplements



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

Version: August 25, 2016

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

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

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

ANNUAL CORE CONTENT UNDER CONSIDERATION FOR SAMPLE CHILDREN

Family size and composition (FAM)

For NHIS, a family is defined as two or more persons residing together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family (such as foster children) and any unmarried cohabiting partners and their children.

- Is everyone in household a member of child’s family
If no,
 - Determination of which household members are in the same family as the Sample Child
- Respondent’s relationship to child

Current health status (HIS)

- General health status: excellent, very good, good, fair, poor

If sample child is 0-23 months, then skip to AST section (page 4).

Vision (VIS)

- Use of eyeglasses [or contact lenses if age 5-17] (age 2-17)
- Level of difficulty seeing (even with glasses [or contact lenses if age 5-17]) (age 2-17)

Hearing (HEA)

- Use of hearing aid (age 2-17)
- Level of difficulty hearing people's voices or music (even with hearing aid) (age 2-17)

Mobility (MOB)

- Use of equipment or receipt of help for walking (age 2-17)

If yes:

- Level of difficulty walking without aids (age 2-4)
- Level of difficulty walking with aids (age 2-4)
- Level of difficulty walking 100 yards without aids (age 5-17)
- Level of difficulty walking one-third mile without aids (age 5-17)
- Level of difficulty walking 100 yards with aids (age 5-17)
- Level of difficulty walking one-third mile with aids (age 5-17)

If no:

- Compared with children of same age, level of difficulty walking (age 2-4)
- Compared with children of same age, level of difficulty walking 100 yards (age 5-17)
- Compared with children of same age, level of difficulty walking one-third mile (age 5-17)

Motor skills and self-care (MSC)

- Compared with children of same age, level of difficulty picking up small objects (age 2-4)
- Level of difficulty with self-care such as feeding or dressing (age 5-17)

Communication (COM)

- Level of difficulty understanding parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by parent/guardian (age 2-4)
- When speaking, level of difficulty being understood by people inside household (age 5-17)
- When speaking, level of difficulty being understood by people outside household (age 5-17)

Cognition (COG)

- Compared with children of same age, level of difficulty learning things (age 2-17)
- Compared with children of same age, level of difficulty remembering things (age 5-17)

Affect (AFF)

- Frequency of seeming sad or depressed (age 5-17)
- Frequency of seeming anxious, nervous, or worried (age 5-17)

Behavior (BEH)

- Compared with children of same age, level of difficulty playing (age 2-4)
- Compared with children of same age, frequency of kicking, biting, or hitting others (age 2-4)
- Compared with children of same age, level of difficulty controlling behavior (age 5-17)
- Level of difficulty focusing on enjoyable activities (age 5-17)
- Level of difficulty accepting changes in routine (age 5-17)
- Level of difficulty making friends (age 5-17)

Asthma (AST)

- Ever told by doctor or other health professional that child had asthma
If yes:
 - Still have asthma
 - (Past 12 months) Had an episode of asthma or an asthma attack
 - (Past 12 months) Had an ER or urgent care visit due to asthma

Diabetes (DIB)

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

Developmental and learning disabilities (DLD)

- Ever told by doctor or other health professional that child had attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder (age 2-17)
If yes:
 - (Currently) Has attention-deficit/hyperactivity disorder (ADHD) or attention-deficit disorder
- Ever told by doctor or other health professional that child had intellectual disability
If yes:
 - (Currently) Has intellectual disability
- Ever told by doctor or other health professional that child had autism spectrum disorder (age 2-17)
If yes:
 - (Currently) Has autism spectrum disorder
- Ever told by doctor or other health professional that child had other developmental delay
If yes:
 - (Currently) Has other developmental delay
- Ever told by school or health professional that child had learning disability (age 2-17)
If yes:
 - (Currently) Has learning disability

Current health insurance coverage (INS)

- Any health insurance coverage or health care plan?
If yes:
 - Type of health insurance*If no insurance coverage reported:*
 - Confirm no Medicaid
- Is child covered by separate plan for dental services?
- Is child covered by separate plan for vision services?
- Is child covered by separate plan for prescriptions?
- Confirm no insurance or confirm all types of insurance coverage recorded

Specifics about current insurance coverage

If enrolled in Medicare:

- Enrollment in Part A, Part B, or both
- Medicare Advantage enrollment
- Medicare managed care arrangement
 - *If enrolled in Advantage or managed care:*
 - Name of Advantage or Medicare HMO plan (*open-ended*)
- Part D enrollment

If enrolled in Medicaid:

- Name of plan (*open-ended*)
- Was plan obtained through healthcare.gov or Marketplace?
- Does a family member pay a premium for this plan?

If enrolled in a private plan:

(If sample adult questionnaire is complete, adult and child are in same family, and sample adult was enrolled in a private plan, ask if child is covered by same plan as adult. If so, skip this section.)

- Name of plan (*open-ended*)
- Any additional private plans?
 - *If yes:*
 - Name of second plan (*open-ended*)
The private plan questions will be repeated for second plan
- Is child the policyholder?
 - *If yes:*
 - Does the plan cover anyone else?
 - *If no:*
 - Does the policyholder live in your household?
 - Child's relationship to policyholder
- How plan was obtained (employer, union, association, direct purchase, etc.)
 - *If plan was purchased directly or obtained through state/local government or community program:*
 - Was plan obtained through healthcare.gov or Marketplace?
- Who pays for plan? (family, employer, person outside household, government program, etc.)
 - *If family pays for the plan:*
 - Out-of-pocket premium amount
- Is it a high deductible health plan?
 - *If yes:*
 - Does it include a health savings account?
- Does it include prescription drug coverage?
- Does it include dental coverage?
- Does it include vision coverage?

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

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

- Name of plan (*open-ended*)
- Was the plan obtained through healthcare.gov or Marketplace?
- Does a family member pay a premium for this plan?

If military health care:

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

Health insurance continuity (HIC)

If currently uninsured:

- Length of time since last insured

If less than 12 months:

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

- Reason(s) for not having health insurance

If currently insured:

- (Past 12 months) Any time without health insurance

If yes:

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

Financial burden of medical care (PAY)

Skip first two questions if sample adult questionnaire is complete and if child and adult are in same family

- (Past 12 months) Anyone in family have problems paying medical bills

If yes:

- (Currently) Anyone in family have medical bills unable to pay at all
- Level of worry about ability to pay medical bills if child is sick or injured

Dental care (DNC)

- Time since most recent dental exam or cleaning

If more than 12 months:

- Time since last saw a dentist for any reason
- (Past 12 months) Any dental care delayed because of cost
- (Past 12 months) Any dental care child needed but didn't get due to cost

Health care utilization (UTZ)

- Time since last seen health professional

- Has a usual place for care when sick

If yes:

- Type of place / location

- Time since most recent preventive visit (excluding dental care)

If not "never":

- Location of most recent preventive visit
- (Past 12 months) Number of walk-in clinic, retail clinic, and urgent care center visits
- (Past 12 months) Number of ER visits
- (Past 12 months) Any overnight hospital stay
- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Did not get medical care because of cost

Mental health care (MHC)

- (Past 12 months) Any medication taken to help with emotions, concentration, behavior, or mental health
- (Past 12 months) Received counseling, therapy, or other non-medication treatment from a mental health professional
- (Past 12 months) Any counseling or therapy delayed due to cost
- (Past 12 months) Any counseling or therapy child needed but didn't get due to cost

Other care received (PTC)

- (Past 12 months) Received an eye exam from an optometrist, ophthalmologist, or eye doctor
- (Past 12 months) Received special therapy, such as physical, occupational, or speech therapy
- (Past 12 months) Received care at home from nurse or other health professional

Prescription medications (PMD)

- (Past 12 months) Any medication prescribed
 - If yes:*
 - (Past 12 months) Delayed filling a prescription to save money
- (Past 12 months) Any medication needed that child didn't get due to cost

Immunizations (IMM)

- (Past 12 months) Flu shot
 - If yes:*
 - (Past 12 months) Number of vaccinations or doses
 - (Past 12 months) Month and year of up to two most recent flu shots

Current schooling (SCH)

- Has child started school? (age 3-5)
 - If yes, or if child 6-17:*
 - (Past 12 months) Number of school days missed due to child's illness/injury/disability
- (Ever) Receive special educational or early intervention services
 - If yes:*
 - (Past 12 months) Receive special educational or early intervention services
 - If yes:*
 - Are services received because of a problem with emotions, concentration, behavior, or mental health?

Parental demographics (PAR)

- Identification of parents in family
 - If parents in family:*
 - Type(s) of resident parent(s) (biological, step, foster, adoptive)
 - Marital status of resident parents (*if not already known from sample adult interview*)
 - If no parents in family:*
 - Identification of primary caregivers in family
 - Relationship of primary caregivers to child
 - Whether child is in foster care
- Skip question if sample adult questionnaire is complete, and sample adult is the only resident parent*
- Were any of child's resident parents born outside the United States?

Child demographics (DEM)

- Date of birth

Nativity and acculturation (NAT)

- Was child born in the United States?
If yes:
 - State of birth*If no:*
 - What year did child come to the United States to stay?
 - US citizenship
- Level of proficiency with spoken English language (age 5-17)

Housing stability (HOU)

- Length of time child has lived in this house/apartment
If less than 3 years:
 - (Past 3 years) Number of times child has moved

Housing (HOU)

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

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

Employment of all adult family members (FEM)

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

Ask for each adult family member:

- (Currently) Work for pay at a job or business
- Usually work 35 hours or more per week in total in all jobs/businesses?

Family income and source(s) of income (INC)

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

(Last calendar year) Did you or any family members living here receive:

- Income from wages, salaries, commissions, bonuses, or tips?
- Income from self-employment, including business or farm income?
- Income from interest, dividends, rent, or royalties?
- Social Security or Railroad Retirement?
- Supplemental Security Income (SSI)?
- Any public assistance or welfare payments?
- Retirement, survivor, or disability pensions?
- Other income, such as VA payments, unemployment, child support, or alimony
- (Last calendar year) Family income

If unknown or refused:

- Cascading questions to categorize income relative to federal poverty thresholds

Family participation in food-related programs (FOO)

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

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits

If female 18-55, or if family includes females 12-55 or children 0-5:

- (Past 12 months) Any women or children in the family get food through the WIC program

If family includes children 5-17:

- (Past 12 months) Any children in the family receive free or reduced-cost lunches at school

- (Past 12 months) Family has enough of the kinds of food they want to eat

Telephone use (TEL)

- What is your telephone number? *(if not already known from sample adult interview because sample child respondent is the same as the sample adult)*
- Is there a working telephone in your home that is not a cell phone? *(if not already known from sample adult interview)*
- Do you live with anyone who has a working cell phone? *(if not already known from sample adult interview)*

Consent for linkage with vital statistics and health-related records of other government agencies (LNK)

- Full name
- Linkage intro, providing explanation for why personal identifiers are being sought
- Last 4 digits of social security number
If SSN number refused or unknown:
 - Consent to link without SSN

ROTATING CORE CONTENT: CONDITIONS

Rotating conditions list (RCN)

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

ROTATING CORE CONTENT: MENTAL HEALTH

Strengths and Difficulties Questionnaire (SDQ) (age 4-17)

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- (Past six months) Considerate of other people's feelings
- (Past six months) Restless, overactive, cannot stay still for long
- (Past six months) Often complains of headaches, stomach-aches or sickness
- (Past six months) Shares readily with other (children/youth)
- (Past six months) Often loses temper
- (Past six months) Rather solitary, prefers to play alone (age 4-10)
Would rather be alone than with other youth (age 11-17)
- (Past six months) Generally well behaved, usually does what adults request
- (Past six months) Many worries or often seems worried
- (Past six months) Helpful if someone is hurt, upset or feeling ill
- (Past six months) Constantly fidgeting or squirming
- (Past six months) Has at least one good friend
- (Past six months) Often fights with other (children/youth) or bullies them
- (Past six months) Often unhappy, depressed or tearful
- (Past six months) Generally liked by other (children/youth)
- (Past six months) Easily distracted, concentration wanders
- (Past six months) Nervous or clingy in new situations, easily loses confidence
- (Past six months) Kind to younger (children/youth)
- (Past six months) Often lies or cheats
- (Past six months) Picked on or bullied by other (children/youth)
- (Past six months) Often offers to help others, such as parents, teachers, and other children
- (Past six months) Thinks things out before acting
- (Past six months) Steals from home, school or elsewhere
- (Past six months) Gets along better with adults than with other (children/youth)
- (Past six months) Many fears, easily scared
- (Past six months) Good attention span, sees chores or homework through to the end

Strengths and Difficulties Questionnaire – Impact Supplement (age 4-17)

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- (Currently) Overall, do you think that child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?
If yes:
 - How long have these difficulties been present?
 - Do the difficulties upset or distress child?
 - Do the difficulties interfere with ... home life?
 - Do the difficulties interfere with ... friendships?
 - Do the difficulties interfere with ... classroom learning?
 - Do the difficulties interfere with ... leisure activities?
 - Do the difficulties put a burden on you or the family as a whole?

ROTATING CORE CONTENT: STRESSFUL LIFE EVENTS

Adverse childhood experiences (ACE)

- Ever live with a parent or guardian who served time in jail or prison after child was born?
- Ever victim of violence or witness any violence in neighborhood?
- Ever live with anyone who was mentally ill or suicidal, or severely depressed?
- Ever live with anyone who had a problem with alcohol or drugs?

ROTATING CORE CONTENT: PHYSICAL ACTIVITY AND SLEEP

Concepts related to physical activity and screen time are still under development

Body measurements (BMI) (age 10-17)

- Parent-reported height
- Parent-reported weight

Physical activity (PHY) (age 6-17)

- (Past 12 months) Whether child played on sports teams, took sports lesson in school/community
- (Typical week) Whether child goes to PE or gym classes
- (Typical week) How often physically active for a total of at least 60 minutes per day

Neighborhood characteristics (NHC) (age 6-17)

- Roads, sidewalks, paths or trails where child can walk or ride bicycle
- Local parks or playgrounds that are close enough for child to walk or bike to
- Does traffic make it unsafe for child to walk or bike, even with an adult?
- Does crime make it unsafe for child to walk or bike, even with an adult?

Screen time (SED)

- Typical number of hours playing with smartphone or computer or in front of TV, on weekday
- Typical number of hours playing with smartphone or computer or in front of TV, on Saturday/Sunday

Sleep (SLP) (age 3-17)

- Number of hours of sleep on an average weekday
- Number of hours of sleep on an average Saturday/Sunday
- How often child has difficulty falling asleep or staying asleep
- How often child is tired during the daytime
- Whether child has a regular bedtime on weeknights

ROTATING CORE CONTENT: INJURIES

Injuries

Specific content to be determined