



FOR PUBLIC COMMENT

Topics under Consideration for Redesigned National Health Interview Survey  
 Sample Adult Questionnaire Structure  
 Version: February 10, 2016

	2018	2019	2020	2021	2022	2023	2024	2025
	Eligibility Determination and Confirmation - Selection of Sample Adult - Informed Consent							
<b>Annual core content</b> (15 minutes)	Current Health Status - Functioning and Disability Unmet Health Care Needs - Financial Burden of Medical Care - Health Insurance Hypertension - High Cholesterol - Cardiovascular Conditions Asthma - Cancer - Diabetes - Other Chronic Conditions - Height and Weight Usual Place for Care - Most Recent Preventive Visit - Health Care Utilization Home Health Care - Dental Care - Vision Care - Mental Health Care Prescription Medication - Flu Vaccination Smoking - Alcohol Use - Sleep Demographics - Nativity - Housing - Employment - Income							
<b>2-year core content</b> (4 minutes per section)	Anxiety and Depression			Anxiety and Depression			Anxiety and Depression	
		Injuries			Injuries			Injuries
	Activity - Sleep - Smoking		Physical Activity - Sleep and Fatigue - Smoking History / Cessation			Physical Activity - Sleep and Fatigue - Smoking History / Cessation		
<b>1-year core content</b> (4 minutes)	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain	Preventive Services	Chronic Pain
<b>Sponsored content</b> (Total sponsored content, including sustaining sponsors ≈ 15 minutes per year)	Sustaining Sponsors Content from sponsors that commit to supplements every year							
	2-year supplement		1-year supplement	2-year supplement		1-year supplement	2-year supplement	
	1-year supplement	2-year supplement		1-year supplement	2-year supplement		1-year supplement	1st yr of 2-yr supplement
	1-year supplement	1-year supplement	2-year supplement		1-year supplement	2-year supplement		1-year supplement
	2-year supplement		1-year supplement	2-year supplement		1-year supplement	2-year supplement	
	1-year supplement	2-year supplement		1-year supplement	2-year supplement		1-year supplement	1st yr of 2-yr supplement
1-year supplement	1-year supplement	2-year supplement		1-year supplement	2-year supplement		1-year supplement	



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## FOR PUBLIC COMMENT

### Topics under Consideration for Redesigned National Health Interview Survey

Version: February 10, 2016

This document presents the topics currently under consideration by the National Center for Health Statistics (NCHS) for inclusion in the redesigned NHIS sample adult interview, including content to be included annually and content that will rotate on and off the questionnaire with a pre-established periodicity. Additional topics sponsored by federal partners will also be included in the sample adult interview but are not presented here.

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 and sex of everyone who usually lives or stays in the household. Information about the sample adult will be collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult. Because some health issues are different for children and adults, the questionnaires for the sample adult and sample child will differ. Topics under consideration for the redesigned NHIS sample child interview will be distributed later this year.

### ANNUAL CORE CONTENT UNDER CONSIDERATION FOR SAMPLE ADULTS

#### Current health status and impact

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

#### Vision

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

#### Hearing

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

## Mobility

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

## Communication

- Level of difficulty communicating
- Any use of sign language

## Cognition

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

## Self-care

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

## Upper body

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

## Unmet need / delayed care

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

### Financial burden of medical care

- (Past 12 months) Problems paying medical bills
  - If yes:*
    - (Currently) Have medical bills unable to pay at all
- (Currently) Level of worry about ability to pay medical costs if got sick or had an accident
- (Currently) Level of worry about ability to pay for normal healthcare

### Current health insurance coverage

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

### Specifics about current insurance coverage

*If enrolled in Medicare:*

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

*If enrolled in Medicaid:*

- Can you go to any doctor, must you select from list, or is doctor assigned?
  - If list or assigned:*
    - Name of plan that provided the list or assigned doctor (*open-ended*)

*If enrolled in a private plan:*

*(Repeated for each private plan in which sample adult is enrolled)*

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

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

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

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

*If military health care:*

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

*If single-service plan(s):*

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

### **Health insurance continuity**

*If currently uninsured:*

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

*If less than 12 months:*

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

*If currently insured:*

- (Past 12 months) Any time without health insurance

*If yes:*

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

### **Hypertension**

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

*If yes:*

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

### **High cholesterol**

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

*If yes:*

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

### **Cardiovascular chronic conditions**

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

### Asthma

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

### Cancer

- Ever told by doctor or other health professional that you had cancer
  - If yes:*
    - Kind(s) of cancer/location(s)
    - Age(s) when each kind first diagnosed

### Diabetes

- Ever told by doctor or other health professional that you had diabetes
  - If yes:*
    - Age when first diagnosed with diabetes
    - (Currently) Taking diabetic pills
    - (Currently) Taking insulin
  - If female:*
    - Ever told by doctor or other health professional that you had gestational diabetes

### Other chronic conditions ever diagnosed by doctor or other health professional

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

### Body measurements

- Self-reported height
- Self-reported weight

### Usual place for care

- Has a usual place for care when sick
  - If yes:*
    - Type of place / location

### Health care utilization

- Time since last seen/talked to health professional
- Time since most recent preventive visit
  - If not "never":*
    - Location of most recent preventive visit
    - Type of provider seen at most recent preventive visit
- (Past 12 months) Number of ER visits
- (Past 12 months) Any overnight hospital stay

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### Home health care

- (Past 12 months) Receipt of care at home
  - If yes:*
    - (Past 12 months) Number of months home care received
    - (Past 12 months) Total number of home visits received

### Dental care

- Time since last seen a dentist, orthodontist, oral surgeon, or dental hygienist
- (Past 12 months) Any dental care needed that you didn't get due to cost

### Vision care

- (Past 12 months) Received an eye exam from an eye doctor
- (Past 12 months) Any vision care or eyeglasses needed that you didn't get due to cost

### Mental health care

- (Past 12 months) Seen or talked to mental health professional
- (Past 12 months) Any mental health treatment needed that you didn't get due to cost
- (Past 12 months) Unmet need for mental health treatment for other reasons

### Prescription medications

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

### Immunizations

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

### Cigarette smoking and e-cigarettes

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

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### Alcohol use

- (Past 30 days) Had one or more drinks of any alcoholic beverage
  - If no:*
    - (Lifetime) Had 12 or more drinks
  - If yes:*
    - (Past 30 days) Number of days alcohol was consumed
    - (Past 30 days) Average number of drinks on days consumed any alcohol
    - (Past 30 days) Number of times had 5 (if male) / 4 (if female) or more drinks on any one occasion
      - If one or more times:*
        - (Past 30 days) Largest number of drinks on any one occasion
    - (Past 30 days) Number of days had 5 (if male) / 4 (if female) or more drinks

### Sleep

- Average number of hours of sleep in 24-hour period

### Demographic characteristics

- Hispanic or Latino origin
  - If yes:*
    - Specific Hispanic ancestry (Puerto Rican, Cuban, Dominican, Mexican, etc)
- Race
- Educational attainment
- Veteran status
- Marital status, including non-marital cohabitation
- Age and sex of spouse/partner
- Sexual orientation

### Nativity and acculturation

- Were you born in the United States?
  - If no:*
    - Total number of years in the United States
    - US citizenship
- Level of proficiency with spoken English language

### Housing

- Owned, rented, or occupied by some other arrangement
  - If rented:*
    - Paying lower rent because a government program is paying part of the cost

## Employment and current schooling

- (Past 12 months) Student status: full-time, part-time, or not a student  
*If full or part-time student:*
  - (Past 12 months) Number of school days missed due to your own illness/injury/disability

- (Past week) Employment status  
*If looking for work:*
  - Length of time since last held a job or worked at a business

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

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

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

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

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

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

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

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

### **Income and program participation**

- *Content to be determined*
- *Program participation is likely to include TANF, SNAP (food stamps), and WIC*

### **Telephone and internet use**

- What is your telephone number?
- Is there a working telephone in your home that is not a cell phone?
- Do you have a working cell phone (wireless/mobile telephone)?  
*If has cell phone and also has a landline telephone:*
  - Relative frequency of landline/wireless use (landline mostly, wireless mostly, equal use)*If no:*
  - Any household members have a working wireless/mobile telephone
- Any use of internet or email

### **Consent for linkage with other records**

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

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## ROTATING CORE CONTENT: ANXIETY AND DEPRESSION

### Affect

- Frequency of feeling worried, nervous, or anxious
- (Currently) Taking medication for anxiety  
*If worried at least a few times per year or if taking medication:*
  - (Last time felt anxious) How anxious did you feel?
- Frequency of feeling depressed
- (Currently) Taking medication for depression  
*If depressed at least a few times per year or if taking medication:*
  - (Last time felt depressed) How depressed did you feel?

### PHQ-8 diagnostic tool for depression

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

### GAD-7 diagnostic tool for anxiety

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

### Diagnosed conditions

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

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**ROTATING CORE CONTENT:  
PHYSICAL ACTIVITY, SLEEP/FATIGUE, AND SMOKING HISTORY**

**Physical activity**

- Frequency of moderate-intensity leisure-time activities (# times per day/week/month/year)  
*If at least once per year:*
  - Number of hours/minutes each time
- Frequency of vigorous-intensity leisure-time activities (# times per day/week/month/year)  
*If at least once per year:*
  - Number of hours/minutes each time
- Frequency of leisure-time muscle-strengthening activities (# times per day/week/month/year)
- (Past 7 days) Walked at least 10 minutes to get some place  
*If yes:*
  - (Past 7 days) Number of times walked at least 10 minutes
  - Average length of walk(s), in minutes
- (Past 7 days) Walked at least 10 minutes for fun, relaxation, exercise, or to walk the dog  
*If yes:*
  - (Past 7 days) Number of times walked at least 10 minutes
  - Average length of walk(s), in minutes

**Sleep and fatigue**

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

**Smoking history and cessation**

*If current or former smoker:*

- Age when first started smoking regularly

*If current smoker and smoking everyday:*

- (Typical day) Average number of cigarettes

*If current smoker and smoking some days:*

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

*If former smoker:*

- Length of time since quit smoking cigarettes

*If current smoker:*

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

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

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

## ROTATING CORE CONTENT: PREVENTIVE SERVICES

### Preventive screening for adults

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

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

*If female:*

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

*If ever diagnosed with diabetes:*

- (Past 12 months) Foot exam

### Content of care

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

*If current smoker:*

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

*If female:*

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

### Aspirin use for prevention

- (Ever) Doctor advised taking aspirin

*If yes:*

- (Currently) Taking aspirin

*If no:*

- Did doctor advise to stop taking aspirin?

## ROTATING CORE CONTENT: CHRONIC PAIN

### Pain-related conditions/location

- (Currently) Any type of chronic pain
- (Past 3 months) Joint pain
- (Past 3 months) Carpal tunnel syndrome
- (Past 3 months) Neck pain
- (Past 3 months) Low back pain
- (Past 3 months) Sciatica
- (Past 3 months) Orofacial (jaw/ear) pain
- (Past 3 months) Severe headache or migraine
- (Past 3 months) Foot or ankle pain
- (Past 3 months) Chronic abdominal pain
- (Past 3 months) Pain due to cancer

### Frequency, severity, and impact of pain

- (Past 3 months) Frequency of pain
  - If at least some days:*
    - (Last time had pain) Severity of pain: a lot, a little, somewhere in between
    - (Past 3 months) Average pain rating: 0-10
    - Age when first experienced this pain
    - (Past 3 months) Frequency that pain limited life or work activities
    - (Past 3 months) Number of work days missed due to pain
    - (Past 3 months) Frequency that your pain caused difficulties for your family
    - (Past 3 months) Extent to which pain could be managed

### Treatments for pain

- *Specific content to be determined*
- *Likely to include both conventional and complementary/alternative treatments*

## ROTATING CORE CONTENT: INJURIES

### Injuries

- *Specific content to be determined*

## ROTATING CORE CONTENT: PROVIDERS AND CONDITIONS

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

### **Rotating providers list**

*If female:*

- (Past 3 months) Seen or talked to obstetrician/gynecologist

*All adults:*

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

### **Rotating conditions list**

- (Past 12 months) Hay fever
- (Past 12 months) Allergies
- (Past 12 months) Eczema
- *Additional conditions may be added by sponsors*