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|  | Similar NHIS Previous or Current Content |
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| **Sexual Identity Module**Neighborhood Characteristics |
| About how long have you lived in your present neighborhood1. Less than 1 year2. 1-3 years3. 4-10 years4. 11-20 years5. More than 20 years | 19951997 thru2013 | How long have you been living here?Is this house/apartment owned or being bought, rented, or occupied by some other arrangement by you [fill: /or someone in your family]?1 Owned or being bought2 Rented3 Other arrangement |
| How much do you agree or disagree with the following statements about your neighborhood? 1. People in this neighborhood help each other out.
2. There are people I can count on in this neighborhood.
3. People in this neighborhood can be trusted.
4. This is a close-knit neighborhood.

 Would you say…1. Definitely agree2. Somewhat agree3. Somewhat disagree4. Definitely disagree |  |  |
| Sexual Identity  |
| Do you think of yourself as:Gay\* Straight, that is, not gayBisexualSomething elseI don't know the answer(\*For females, the answer category is Lesbian or Gay) | 2011and 2012Field testing | These questions were used in 3 NHIS field tests |
| By something else, do you mean that…You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexualYou are transgender, transsexual or gender variantYou have not figured out or are in the process of figuring out your sexualityYou do not think of yourself as having sexualityYou do not use labels to identify yourselfYou made a mistake and did not mean to pick this answer You mean something else |
| By Don't Know (underline words Don't Know), do you mean that…You don't understand the wordsYou understand the words, but you have not figured out or are in the process of figuring out your sexuality You made a mistake and did not mean to pick this answerYou mean something else🡒 (Specify\_\_\_\_\_\_) |
| Financial Burden |
| The next questions ask how worried you are right now about financial matters. How worried are you right now about not having enough money for retirement? Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  | 2011Thru2013 (this is an 8 question battery on financial insecurity and food insufficiency) | These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days. The first statement is "[fill 2: I/We] worried whether [fill 3: my/our] food would run out before [fill 4: I/we] got money to buy more." Was that often true, sometimes true, or never true for [fill 1: you/your family] in the last 30 days?1. Often true2. Sometimes true3. Never true |
| How worried are you right now about not being able to pay medical costs of a serious illness or accident? Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  | 2011 thru2013 | 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?1. Very worried2. Somewhat worried3. Not at all worried |
| How worried are you right now about not being able to maintain the standard of living you enjoy?Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all |  |  |
| How worried are you right now about not being able to pay medical costs for normal healthcare?Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  | 1997 thru2013 | DURING THE PAST 12 MONTHS, [fill: have you delayed seeking medical care/has medical care been delayed for anyone in the family] because of worry about the cost?1. Yes2. No |
| How worried are you right now about not having enough money to pay for your children's college?Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  |  |  |
| How worried are you right now about not having enough to pay your normal monthly bills?Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  | 2011Thru2013 | Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.1. Yes2. No |
| How worried are you right now about not being able to pay your rent, mortgage, or other housing costs?Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all  |  |  |
| How worried are you right now about not being able to make the minimum payments on your credit cards? Are you…1. Very worried2. Moderately worried3. Not too worried4. Not worried at all5. I don't have credit cards | 2011Thru2013 | Do you/Does anyone in your family] currently have any medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.1. Yes2. No |
|  | Annually | Questions on income and assets, rent subsidies, Medicaid, public assistance, WIC and food stamps |
| Sleep |
| On average, how many hours of sleep do you get in a 24-hour period? | 2004thru2012 | On average, how many hours of sleep do you get in a 24-hour period? |
| In the past week, how many times did you have trouble falling asleep? |  |  |
| In the past week, how many times did you have trouble staying asleep? |  |  |
| In the past week, how many times did you take medication to help you fall asleep or stay asleep? |  |  |
| In the past week, on how many days did you wake up feeling well rested? |  |  |
| HIV Testing |
| I am going to show you a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested? | 1997thru2010 | Identical to previous years (was deleted in 2011). |

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| **Other 2013 NHIS Supplement Topics**Asthma |
| *Child and Adult Asthma Supplement items are nearly identical; specified where different:*DURING THE PAST 12 MONTHS, has/have [fill: S.C. name/you] stayed overnight in a hospital because of asthma?\* If in hospital for asthma AND other reasons, enter 1. 1. Yes2. NoRefusedDon’t know | 20082002  | Identical to 2008 question |
| **Child:** DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school orwork] did [fill: S.C. name] miss because of [fill: his/her] asthma?\*Enter '0' for none.\*Enter 995 if child home schooled.\*Enter 996 if child did not go to [fill1: daycare or preschool/fill2: school/fill3: school or work].0-365 days995 Child was home schooled996 child did not go to day care, preschool, school, or workRefusedDon't know**Adult:** DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to [fill1: work/get work done around thehouse] because of your asthma?\*Enter '0' for none.\*Enter '996' if respondent is unable to do this activity.0-365 days996 Unable to do activityRefusedDon’t know | 20082002  | Child identical to 2008; Adult 2008 version:DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?\*Read if necessary: For homemakers, this includes work around the house. \*Enter '996' if respondent is unable to do this activity. 0-365 days996 Unable to do activityRefusedDon’t know |
| Now I'm going to ask you about two different kinds of ASTHMA medicine. One prevents symptoms over the long term.The other is for quick relief of symptoms during an attack or episode. This quick relief medicine is breathed in throughyour mouth using a canister inhaler or a disk inhaler.DURING THE PAST 3 MONTHS, has/have [fill: S.C. name/you] used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? Include only medications prescribed by a health care professional. 1. Yes2. NoRefusedDon’t know | 20082002 | Now I'm going to ask you about two different kinds of ASTHMA medicine. One is for quick relief. The other does not give quick relief but protects your lungs AND PREVENTS SYMPTOMS OVER THE LONG TERM. DURING THE PAST 3 MONTHS, has/have [Fill: S.C. name/you] used the kind of PRESCRIPTION inhaler THAT YOU BREATHE IN THROUGH YOUR MOUTH, that gives QUICK relief from asthma symptoms? 1. Yes2. NoRefusedDon’t know |
| When [fill: S.C. name/you] takes [his/her/your]rescue prescription asthma medication, would you say that [he/she/you] most often uses an inhaler and/or disk, or does/do [he/she/you] most often use a nebulizer?\*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication inone or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes1. Inhaler or disk2. NebulizerRefusedDon’t know | 20082002 | Please see question above; more specific information obtained in this question about prescription asthma medicine. |
| DURING THE PAST 3 MONTHS did [fill: S.C. name/you] use more than three canisters or disks of this type of quick relief inhaler?1. Yes2. NoRefusedDon’t know | 20082002 | DURING THE PAST 3 MONTHS did [fill: you/S.C. name] use more than three canisters of this type of inhaler?1. Yes2. NoRefusedDon’t know |
| The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is usedto protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.Is/Are [fill: S.C. name/You] NOW taking a preventive asthma medication every day or almost every day, less often, or never? 1. Every day or almost every day2. Less often3. NeverRefusedDon't know | 20082002 | Have/has [fill: S.C. name/you] EVER taken the preventive kind of ASTHMA medicine used every day to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief. 1. Yes2. NoRefusedDon’t knowAre you NOW taking this medication (that protects your lungs) daily or almost daily?1. Yes2. NoRefusedDon’t know |
| An asthma action plan is a printed form with specific instructions based on [fill: S.C. name's/your] asthma that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.Has a doctor or other health professional EVER given [fill: S.C. name/you] an asthma action plan? \*Read if necessary: Include nurses and asthma educators.1. Yes2. NoRefusedDon’t know | 20082002 | An asthma action plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you an asthma action plan? \*Read if necessary: include nurses and asthma educators.1. Yes2. NoRefusedDon’t know  |
| **Child:** Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?\*Include adult(s) who took a course for the child's asthma.**Adult:** Have you ever taken a course or class on how to manage asthma yourself?1. Yes2. NoRefusedDon’t know  | 20082002 | Identical to 2008 question |
| **Child:** Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian**Adult:** Has a doctor or other health professional EVER taught you...how to recognize early signs or symptoms of an asthma episode? ...how to respond to episodes of asthma?...how to monitor peak flow for daily therapy?1. Yes2. NoRefusedDon’t know | 20082002 | Identical to 2008 questions |
| Has a doctor or other health professional EVER advised you to change things in [fill: S.C. name's/your] home, school, or work to improve [fill: his/her/your] asthma?1. Yes2. No3. Was told no changes neededRefusedDon’t know | 20082002 | Identical to 2008 question |
| During the past 12 months how many times did [fill: S.C. name/you] see a doctor or other health professional for a routine checkup for [fill: his/her/your] asthma? Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.\*Enter '0' for none.0-365RefusedDon’t know | Core | DURING THE PAST 12 MONTHS, HOW MANY TIMES has/have [fill: S.C. name/you] seen a doctor or other health care professional about your own/his/her health at a DOCTOR'S OFFICE, A CLINIC, OR SOME OTHER PLACE? DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.*The 2013 question specifies asthma as the reason for visit.* |
| At his/her last visit, did [fill: S.C. name's/your] doctor or other health professional ask HOW OFTEN….[fill: he/she/you ]had asthma symptoms?….[fill: he/she] used [fill: his/her] quick relief inhaler?…asthma symptoms limited [fill: his/her] daily activities?1. Yes2. NoRefusedDon’t know |  | These questions build upon previous question about doctor visits for asthma in the past 12 months. |
| Million Hearts Conditions |
| 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.1. Yes2. NoRefusedDon’t know | 2012 | DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?1. Yes2. NoRefusedDon’t know |
| DURING THE PAST 12 MONTHS, have you had high cholesterol?\*Enter '1' if respondent is taking medication to control his/her high cholesterol.1. Yes2. NoRefusedDon’t know | 2012 | DURING THE PAST 12 MONTHS, have you had high cholesterol?1. Yes2. NoRefusedDon’t know |  |  |
| Epilepsy |
| Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?1. Yes2. NoRefusedDon’t know | 2010 | Identical to 2010 question |
| Are you currently taking any medicine to control your seizure disorder or epilepsy?1. Yes2. NoRefusedDon’t know | 2010 | Identical to 2010 question |
| Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have youhad in the past year?\*Read if necessary: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,”“staring spell,” or “out-of-touch.”.\*If the respondent mentions and counts “auras” as seizures accept the response. If a respondent indicates that he/she hashad nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.0. None1. One2. Two or three3. Between four and ten4. More than 10RefusedDon't know | 2010 | Identical to 2010 question |
| In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?1. Yes2. NoRefusedDon’t know | 2010 | Identical to 2010 question |
| DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities likeworking, school, or socializing with family or friends? Would you say…\*Read categories below.1. Not at all2. Slightly3. Moderately4. Quite a bit5. ExtremelyRefusedDon't know | 2010 | Identical to 2010 question |
| DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?1. Yes2. NoRefusedDon’t know | Core | Does [fill1: S.C. name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?1. Yes2. NoRefusedDon’t know |
| Hepatitis |
| Have you ever had a blood test for hepatitis B?1. Yes2. NoRefusedDon’t know | 2008-present | Have you EVER had hepatitis?1. Yes2. NoRefusedDon’t knowHave you ever lived with someone who had hepatitis?1. Yes2. NoRefusedDon’t knowHave you EVER received the hepatitis B vaccine? \* Read if necessary: This is given in three separate doses and has been available since 1991. It is recommended for newborn infants, adolescents, and people such as health care workers, who may be exposed to the hepatitis B virus.1. Yes2. NoRefusedDon’t knowDid you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses? 1. Received at least 3 doses 2. Received less than 3 doses Refused Don't knowThe hepatitis A vaccine is given as a two dose series routinely to some children starting at 1 year of age, and to some adults and people who travel outside the United States. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B shot, and has only been available since 1995. Have you ever received the hepatitis A vaccine?1. Yes2. NoRefusedDon’t knowHow many hepatitis A shots did you receive? \*Enter '96' if all shots were received 1-95 shots 96 Received all shotsRefused Don't know |
| Have you ever had a blood test for hepatitis C?1. Yes2. NoRefusedDon’t know |
| What is the MAIN reason you were tested for hepatitis C? Was it because...\*Read answer categories below.1. You or your doctor thought you were at risk for hepatitis C2. You were born from 1945 to19653. You were at risk due to exposure of blood on your job, injection drug use or receipt of transfusion before 19924. Some other reasonRefusedDon't know |
| Cancer Control |
| DURING THE PAST 12 MONTHS, have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth EVEN ONE TIME? Do NOT include times you have gotten a spray-on tan. | 2010 | Identical to 2010 |
| DURING THE PAST 12 MONTHS, how many times have you used an indoor tanning device such as a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan. |
| 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. |
| [Fill: Earlier you said you had a Pap test.] When did you have your MOST RECENT Pap test?  |
| What was the MAIN reason you had this Pap test - was it part of a routine exam, because of a problem, or some other reason?  |
| Was your most recent Pap test recommended by a doctor or other health professional?-or-In the PAST 12 MONTHS, has a doctor or other health professional RECOMMENDED that you have a PAP test? |
| When do you expect to have your next Pap smear or Pap test?  | 2008 | Identical to 2008 |
| Have you had a hysterectomy?  | 2010 | Identical to 2010 |
| Have you EVER HAD a mammogram?  |
| [Fill: Earlier you said you had a mammogram.] When did you have your MOST RECENT mammogram?  |
| Has a doctor EVER recommended that you have a PSA test? \*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.  |
| Have you EVER HAD a PSA test? \*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.  | 2010 | Identical to 2010 |
| When did you have your MOST RECENT PSA test?  |
| What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?  |
| 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 these tests, you are asked to take a medication that causes diarrhea.  |
| When did you have your MOST RECENT colonoscopy?  |
| What was the MAIN reason you had this colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?  |
| 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?  |
| When did you have your MOST RECENT sigmoidoscopy?  |
| What was the MAIN reason you had this Sigmoidoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?  |
| The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test 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 test, using a HOME test kit? \*Read if necessary: Do not include tests done at the doctor's office.  |
|  What was the MAIN reason you had this home blood stool test - was it part of a routine exam, because of a problem, or some other reason?  |
| In the PAST 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?  |
| How old were you when you received your first HPV shot? | 2010 | How old was [fill: SC name] when she received her first HPV shot? |
| Immunosuppression |
| Have you EVER been told by a doctor or other health professional that your immune system is weakened? | 2012 | Did you {fill1: see a practitioner for/use} {fill2: modality} for any of these reasons…to improve immune function? |
| Based on what a doctor or other health professional told you, do you still have a weakened immune system? | 2012 |

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| Of these reasons, which ONE was the most important for using [fill1: modality] …to improve immune function? |

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| The next questions are about reasons a doctor or other health professional may have told you that your immune system was weakened. Please say yes or no to each. DURING THE PAST 6 MONTHS, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system? Examples include steroid or corticosteroid pills, such as prednisone, or other oral or injected medications for treating many types of autoimmune conditions or certain cancers. | 2012 | For what health problems, symptoms, or conditions did you {fill1: see a practitioner for/use} {fill2: modality},,,Infectious diseases or problems of the immune system |
| Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, even without related medications or treatments? Examples include certain kinds of leukemia, lymphoma, or HIV infection. |  |  |
| Has a doctor or other health professional EVER told you that your immune system is weakened because you have kidney disease, lung disease, liver disease, diabetes, poor nutrition, or general frailty? |  |  |
| Earlier you said you had {fill1: type of cancer from CANKIND\_1, CANKIND\_2, CANKIND\_3, CANKIND\_4 cancer}. Did a doctor or other health professional EVER tell you that your immune system is weakened because of {fill2: this cancer/these cancers}? |  |  |