

Attachment 7 Comparison of Supplement Questions with Questions from Past Surveys

		Year(s)	Conte
<b>Sexual Identity Module</b>			
Neighborhood Characterist			
<p>About how long have you lived in your present neighborhood</p> <ol style="list-style-type: none"> <li>1. Less than 1 year</li> <li>2. 1-3 years</li> <li>3. 4-10 years</li> <li>4. 11-20 years</li> <li>5. More than 20 years</li> </ol>	<p>1995</p> <p>1997 thru 2013</p>	<p>How l</p> <p>Is this [fill: /o</p> <p>1 Own 2 Ren 3 Othe</p>	
<p>How much do you agree or disagree with the following statements about your neighborhood?</p> <ol style="list-style-type: none"> <li>A. People in this neighborhood help each other out.</li> <li>B. There are people I can count on in this neighborhood.</li> <li>C. People in this neighborhood can be trusted.</li> <li>D. This is a close-knit neighborhood.</li> </ol> <p>Would you say...</p> <ol style="list-style-type: none"> <li>1. Definitely agree</li> <li>2. Somewhat agree</li> <li>3. Somewhat disagree</li> <li>4. Definitely disagree</li> </ol>			
<b>Sexual Identity</b>			
<p>Do you think of yourself as:</p> <p>Gay*</p> <p>Straight, that is, not gay</p> <p>Bisexual</p> <p>Something else</p> <p>I don't know the answer</p> <p>(*For females, the answer category is Lesbian or Gay)</p>	<p>2011 and 2012 Field testing</p>	<p>These</p>	
<p>By something else, do you mean that...</p> <p>You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual</p> <p>You are transgender, transsexual or gender variant</p> <p>You have not figured out or are in the process of figuring out your sexuality</p> <p>You do not think of yourself as having sexuality</p> <p>You do not use labels to identify yourself</p> <p>You made a mistake and did not mean to pick this answer</p> <p>You mean something else</p>			
<p>By Don't Know (<u>underline words Don't Know</u>), do you mean that...</p>			

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<p>You don't understand the words          You 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 answer          You mean something else (Specify_____)</p>		
<b>Financial Burden</b>		
<p>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 worried          2. Moderately worried          3. Not too worried          4. Not worried at all</p>	<p>2011          Thru          2013          (this is an 8 question battery on financial insecurity and food insufficiency)</p>	<p>These days. state you/you          The fin money 30 day          1. Ofte          2. Sor          3. Nev</p>
<p>How worried are you right now about not being able to pay medical costs of a serious illness or accident?          Are you...          1. Very worried          2. Moderately worried          3. Not too worried          4. Not worried at all</p>	<p>2011 thru          2013</p>	<p>If you you ve          1. Ver          2. Sor          3. Not</p>
<p>How worried are you right now about not being able to maintain the standard of living you enjoy?          Are you...          1. Very worried          2. Moderately worried          3. Not too worried          4. Not worried at all</p>		
<p>How worried are you right now about not being able to pay medical costs for normal healthcare?          Are you...          1. Very worried          2. Moderately worried          3. Not too worried          4. Not worried at all</p>	<p>1997 thru          2013</p>	<p>DURIF          delaye          1. Yes          2. No</p>
<p>How worried are you right now about not having enough money to pay for your children's college?          Are you...          1. Very worried</p>		

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<p>2. Moderately worried 3. Not too worried 4. Not worried at all</p>		
<p>How worried are you right now about not having enough to pay your normal monthly bills?</p> <p>Are you...</p> <p>1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all</p>	<p>2011 Thru 2013</p>	<p>Do you could arrang</p> <p>1. Yes 2. No</p>
<p>How worried are you right now about not being able to pay your rent, mortgage, or other housing costs?</p> <p>Are you...</p> <p>1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all</p>		
<p>How worried are you right now about not being able to make the minimum payments on your credit cards?</p> <p>Are you...</p> <p>1. Very worried 2. Moderately worried 3. Not too worried 4. Not worried at all 5. I don't have credit cards</p>	<p>2011 Thru 2013</p>	<p>Do you could arrang</p> <p>1. Yes 2. No</p>
	<p>Annually</p>	<p>Quest</p>
Sleep		
<p>On average, how many hours of sleep do you get in a 24-hour period?</p>	<p>2004 thru 2012</p>	<p>On av</p>
<p>In the past week, how many times did you have trouble falling asleep?</p>		
<p>In the past week, how many times did you have trouble staying asleep?</p>		
<p>In the past week, how many times did you take medication to help you fall asleep or stay asleep?</p>		
<p>In the past week, on how many days did you wake up feeling well rested?</p>		
HIV Testing		

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<p>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?</p>	<p>1997 thru 2010</p>	<p>Identical</p>
<p><b>Other 2013 NHIS Supplement Topics</b></p> <p>Asthma</p>		
<p><i>Child and Adult Asthma Supplement items are nearly identical; specified where different:</i></p> <p>DURING THE PAST 12 MONTHS, has/have [fill: S.C. name/you] stayed overnight in a hospital because of asthma?</p> <p>* If in hospital for asthma AND other reasons, enter 1.</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008 2002</p>	<p>Identical to 2008 question</p>
<p><b>Child:</b> DURING THE PAST 12 MONTHS, HOW MANY DAYS of [fill1: daycare or preschool/fill2: school/fill3: school or work] did [fill: S.C. name] miss because of [fill: his/her] asthma?</p> <p>*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].</p> <p>0-365 days 995 Child was home schooled 996 child did not go to day care, preschool, school, or work Refused Don't know</p> <p><b>Adult:</b> DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to [fill1: work/get work done around the house] because of your asthma?</p> <p>*Enter '0' for none.</p> <p>*Enter '996' if respondent is unable to do this activity.</p> <p>0-365 days 996 Unable to do activity</p>	<p>2008 2002</p>	<p>Child identical to 2008; Adult 2008 version:</p> <p>DURING THE PAST 12 MONTHS, HOW MANY DAYS were you UNABLE to work because of your asthma?</p> <p>*Read if necessary: For homemakers, this includes work around the house.</p> <p>*Enter '996' if respondent is unable to do this activity.</p> <p>0-365 days 996 Unable to do activity Refused Don't know</p>

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<p>Refused Don't know</p>		
<p>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 through your mouth using a canister inhaler or a disk inhaler.</p> <p>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.</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008 2002</p>	<p>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.</p> <p>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?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>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?</p> <p>*Read if necessary: Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes</p> <p>1. Inhaler or disk 2. Nebulizer Refused Don't know</p>	<p>2008 2002</p>	<p>Please see question above; more specific information obtained in this question about prescription asthma medicine.</p>
<p>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?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008 2002</p>	<p>DURING THE PAST 3 MONTHS did [fill: you/S.C. name] use more than three canisters of this type of inhaler?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>The second kind of asthma medication is different from inhalers used for quick relief. It is the preventive kind that is used</p>	<p>2008 2002</p>	<p>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</p>

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<p>to protect your lungs and keep you from having attacks. It can be either a pill or an inhaler.</p> <p>Is/Are [fill: S.C. name/You] NOW taking a preventive asthma medication every day or almost every day, less often, or never?</p> <p>1. Every day or almost every day 2. Less often 3. Never Refused Don't know</p>		<p>attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.</p> <p>1. Yes 2. No Refused Don't know</p> <p>Are you NOW taking this medication (that protects your lungs) daily or almost daily?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>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.</p> <p>Has a doctor or other health professional EVER given [fill: S.C. name/you] an asthma action plan?</p> <p>*Read if necessary: Include nurses and asthma educators.</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008 2002</p>	<p>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.</p> <p>Has a doctor or other health professional EVER given you an asthma action plan?</p> <p>*Read if necessary: include nurses and asthma educators.</p> <p>1. Yes 2. No Refused Don't know</p>
<p><b>Child:</b> Has [fill: S.C. name] ever taken a course or class on how to manage [fill: his/her] asthma?</p> <p>*Include adult(s) who took a course for the child's asthma.</p> <p><b>Adult:</b> Have you ever taken a course or class on how to manage asthma yourself?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008 2002</p>	<p>Identical to 2008 question</p>
<p><b>Child:</b> Has a doctor or other health professional EVER taught [fill: S.C. name] or [fill: his/her] parent or guardian</p> <p><b>Adult:</b> Has a doctor or other health professional EVER taught you</p> <p>...how to recognize early signs or</p>	<p>2008 2002</p>	<p>Identical to 2008 questions</p>

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<p>symptoms of an asthma episode?                  ...how to respond to episodes of asthma?                  ...how to monitor peak flow for daily therapy?</p> <p>1. Yes                  2. No                  Refused                  Don't know</p>		
<p>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?</p> <p>1. Yes                  2. No                  3. Was told no changes needed                  Refused                  Don't know</p>	<p>2008                  2002</p>	<p>Identical to 2008 question</p>
<p>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?</p> <p>Please do not include emergency room visits, visits to urgent care centers, or other visits for acute care for an asthma episode or attack.</p> <p>*Enter '0' for none.</p> <p>0-365                  Refused                  Don't know</p>	<p>Core</p>	<p>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.</p> <p><i>The 2013 question specifies asthma as the reason for visit.</i></p>
<p>At his/her last visit, did [fill: S.C. name's/your] doctor or other health professional ask HOW OFTEN</p> <p>....[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?</p> <p>1. Yes                  2. No                  Refused                  Don't know</p>		<p>These questions build upon previous question about doctor visits for asthma in the past 12 months.</p>
<p>Million Hearts Conditions</p>		
<p>DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?</p>	<p>2012</p>	<p>DURING THE PAST 12 MONTHS, have you had hypertension, also called high blood pressure?</p> <p>1. Yes</p>

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<p>*Enter '1' if respondent is taking medication to control his/her high blood pressure.</p> <p>1. Yes 2. No Refused Don't know</p>		<p>2. No Refused Don't know</p>
<p>DURING THE PAST 12 MONTHS, have you had high cholesterol?</p> <p>*Enter '1' if respondent is taking medication to control his/her high cholesterol.</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2012</p>	<p>DURING THE PAST 12 MONTHS, have you had high cholesterol?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>Epilepsy</p>		
<p>Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2010</p>	<p>Identical to 2010 question</p>
<p>Are you currently taking any medicine to control your seizure disorder or epilepsy?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2010</p>	<p>Identical to 2010 question</p>
<p>Today is [fill: Current Date]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?</p> <p>*Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch."</p> <p>*If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.</p> <p>0. None</p>	<p>2010</p>	<p>Identical to 2010 question</p>



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<p>1. One 2. Two or three 3. Between four and ten 4. More than 10 Refused Don't know</p>		
<p>In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2010</p>	<p>Identical to 2010 question</p>
<p>DURING THE PAST 30 DAYS, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say...</p> <p>*Read categories below.</p> <p>1. Not at all 2. Slightly 3. Moderately 4. Quite a bit 5. Extremely Refused Don't know</p>	<p>2010</p>	<p>Identical to 2010 question</p>
<p>DURING THE PAST 12 MONTHS, were you prescribed medication by a doctor or other health professional?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>Core</p>	<p>Does [fill1: S.C. name] NOW have a problem for which [fill2: he/she] has regularly taken prescription medication for at least three months?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>Hepatitis</p>		

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<p>Have you ever had a blood test for hepatitis B?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008-present</p>	<p>Have you EVER had hepatitis?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Have you ever lived with someone who had hepatitis?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Have you EVER received the hepatitis B vaccine?</p> <p>* 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.</p> <p>1. Yes 2. No Refused Don't know</p>
<p>Have you ever had a blood test for hepatitis C?</p> <p>1. Yes 2. No Refused Don't know</p>		<p>Did you receive at least 3 doses of the hepatitis B vaccine, or less than 3 doses?</p> <p>1. Received at least 3 doses 2. Received less than 3 doses Refused Don't know</p>
<p>What is the MAIN reason you were tested for hepatitis C? Was it because...</p> <p>*Read answer categories below.</p> <p>1. You or your doctor thought you were at risk for hepatitis C 2. You were born from 1945 to 1965 3. You were at risk due to exposure of blood on your job, injection drug use or receipt of transfusion before 1992 4. Some other reason Refused Don't know</p>		<p>The 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?</p> <p>1. Yes 2. No Refused Don't know</p> <p>How many hepatitis A shots did you receive?</p> <p>*Enter '96' if all shots were received</p> <p>1-95 shots 96 Received all shots Refused Don't know</p>

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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?		

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<p>*Read if necessary. A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.</p>		
<p>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.</p>	<p>2010</p>	<p>Identical to 2010</p>
<p>When did you have your MOST RECENT PSA test?</p>		
<p>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?</p>		
<p>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.</p> <p>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.</p>		
<p>When did you have your MOST RECENT colonoscopy?</p>		
<p>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?</p>		
<p>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?</p>		

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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?
<b>Immunosuppression</b>		
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	Of these reasons, which ONE was the most important for using [fill1: modality] ...to improve immune function?
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	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

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<p>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.</p>		
<p>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.</p>		
<p>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?</p>		
<p>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}?</p>		