

Topic Area	Sub-topic area
ADL / IADL	Geriatrics
ADL / IADL	Geriatrics
Falls	Geriatrics
Falls	Geriatrics
Falls	Geriatrics
Setting up the home safely	Geriatrics
Cognitive Functioning	Geriatrics

Diabetes	Undiagnosed diabetes
Exercise	Intro
Exercise	
Exercise	

Exercise	
Exercise	
Food Security	

Food Security	
Food Security	
Food Security	
Food Security	
Food Security	
E-cigarette Use	
E-cigarette Use	

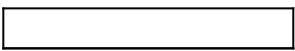
E-cigarette Use	Reasons for use
E-cigarette Use	Types of use
Public Housing	
Homeless	Couch-surfing

Medication Management	Morisky Scale
Medication Management	Morisky Scale
Medication Management	Morisky Scale
Medication Management	Morisky Scale
Medications	Discussed by provider
Mental Health	Suicidality
Mental Health	Suicidality

Mental Health	Suicidality
Mental Health	Referrals
Mental Health	Autism/ADHD
Mental Health	Autism/ADHD
Mental Health	Autism/ADHD
Mental Health	Autism/ADHD

Mental Health	Autism/ADHD
Substance Use	Opioids - Use
Substance Use	Opioids - Attempts to quit
Substance Use	Injections
Substance Use	Injections
Safe Sleep	Prenatal care / Family planning
Safe Sleep	Prenatal care / Family planning
Breastfeeding	

Quality of Life	
Quality of Life	
Flu Vaccination	
MAT	MAT
MAT	MAT
MAT	MAT
MAT	MAT



Question

Because of a health or physical problem, do you have ANY difficulty (preparing your own meals, shopping for groceries and personal items such as toilet items or medicines, managing your money such as keeping track of expenses or paying bills, using the telephone, doing heavy housework like scrubbing floors or washing windows, doing light housework like doing dishes straightening up or light cleaning, managing your medication?)

1= Yes

2= No

3= Doesn't do for other reason

4= Refused

5= DK

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ # of Days

None

DK

Refused

Were you injured as a result of the fall(s)?

1= Yes

2= No

3= Refused

4= DK

In the past 12 months, how many times have you fallen?

___ # of Times

None

DK

Refused

How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

___ # of Times

None

DK

Refused

When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

Yes

No

Do not remember

[Are you/Is SP] limited in any way because of difficulty remembered or because [you/s/he] experience(s) periods of confusion?

Yes

No

Refused

DK

Has your/ Has NAME's} mother, father, brother, or sister ever been told by a doctor or other health professional that they have diabetes or sugar diabetes? Include only blood relatives. Do not include step-relatives or those unrelated by blood.

1=Yes

2=No

Intro: The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

* Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

* Enter number for vigorous leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

000 Never

001-995 1-995 time(s)

996 Unable to do this type activity

997 Refused

999 Don't know

* Enter time period for vigorous leisure-time physical activities.

0 Never

1=Per day

2=Per week

3=Per month

4=Per year

6=Unable to do this activity 7=Refused

9=Don't know

About how long do you do these vigorous leisure-time physical activities each time?

* Enter number for length of vigorous leisure-time physical activities.

001-995=1-995

997=Refused

999=Don't know

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

1=Minutes

2=Hours

7=Refused

9=Don't know

How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

*Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

*Enter number for vigorous leisure-time physical activities.

*Enter '000' for Never.

*Enter '996' if unable to do this type of activity.

001-995=1-995 time(s)

996=Unable to do this type activity

997=Refused

999=Don't know

* Enter time period for vigorous leisure-time physical activities.

0 Never

1=Per day

2=Per week

3=Per month

4=Per year

6=Unable to do this activity 7=Refused

9=Don't know

About how long do you do these light or moderate leisure-time physical activities each time?

*Enter number for length of vigorous leisure-time physical activities.

001-995=1-995

997=Refused

999=Don't know

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

1=Minutes

2=Hours

7=Refused

9=Don't know

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 (you/your household) in the last 12 months—that is, since last (name of current month).

The first statement is, "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

Often true

Sometimes true

Never true

DK or Refused

“(I/we) couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- DK or Refused

In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No (Skip AD1a)
- DK (Skip AD1a)

[IF YES ABOVE, ASK] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- DK

In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- DK

Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or

Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

- 1=Yes
- 2=No
- Don’t know / Not Sure
- Refused

What are the reasons you have used e-cigarettes? (Select one or more)

- A. I have never tried an e-cigarette
- B. Friend or family member used them
- C. To try to quit using other tobacco products, such as cigarettes
- D. They cost less than other tobacco products, such as cigarettes
- E. They are easier to get than other tobacco products, such as cigarettes
- F. Famous people on TV or in movies use them
- G. They are less harmful than other forms of tobacco, such as cigarettes
- H. They are available in flavors, such as mint, candy, fruit, or chocolate
- I. They can be used in areas where other tobacco products, such as cigarettes, are not allowed
- J. I used them for some other reason

What types of e-cigarettes or e-liquid do you use? Please select all that apply.

- 1. Products with flavors (taste like menthol, mint, clove, spice, candy, fruit, chocolate etc.)
- 2. Products contain nicotine
- 3. Products contain cannabidiol (CBD)
- 4. Products contain marijuana
- 5. Unsure of what they are vaping

Are you paying lower rent because the Federal, State, or local government is paying part of the cost?

- 1=Yes
- 2=No

Now I will ask you questions about where you have been living or staying for the past 6 months, that is between [INSERT DATE 6 MONTHS AGO] __/__/____ and today. Please include any time you may have stayed in a shelter or hospital during this time.

Where are you living right now?

- 1=House, apartment, or room you rent (or a paid caregiver rents)
- 2=House, apartment, or room you own (or a paid caregiver owns)
- 3=Transitional housing like a halfway house,
- 4=Oxford House, $\frac{3}{4}$ housing or safe haven (there is a time limit on how long you can stay, like 3 or 6 months or up to 2 years)
- 5=A family member's or friend's room, apartment, or house
- 6=Hotel or motel
- 6=Detoxification center
- 8=Residential substance abuse treatment
- 9=Psychiatric hospital or other psychiatric facility
- 10=Long-term care facility or nursing home
- 11=Hospital or other residential nonpsychiatric medical facility
- 12=Foster care home or foster care group home
- 13=Jail, prison, or juvenile detention facility
- 14=Shelter (including a domestic violence shelter)
- 15=A place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)
- 16=Another place that hasn't been mentioned
(please specify)

Do you ever forget to take your medicine?

1=Yes

2=No

Are you careless at time about taking your medicine?

1=Yes

2=No

When you feel better, do you sometimes stop taking your medicine?

1=Yes

2=No

Sometimes if you feel worse when you take the medicine, do you stop taking it?

1=Yes

2=No

When you first started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?

1=Yes

2=No

3=Do Not Remember

Q2. [IF Q1=1] During the past 12 months, did you make any plans to kill yourself?

1. Yes

2. No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Q3. [IF Q1=1] During the past 12 months, did you try to kill yourself?

1. Yes

2. No

DK/REF

Q4. [IF Q3=1]During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?

1. Yes

2. No

DK/REF

PROGRAMMER: SHOW 12 MONTH CALENDAR

Q1. [IF CURRENT AGE = 18 OR OLDER] The list below includes some of the places where people can get outpatient treatment or counseling for problems with their emotions, nerves, or mental health.

During the past 12 months, did you receive any outpatient treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? Please do not include treatment for alcohol or drug use.

- An outpatient mental health clinic or center
- The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- A doctor's office that was not part of a clinic
- An outpatient medical clinic
- A partial day hospital or day treatment program
- Some other place

1=Yes

2=No

Has a doctor or health care professional ever told you that [NAME] had... Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1=Yes

2=No

Has a doctor or health professional ever told you that [NAME] had... Any other developmental delay?

1=Yes

2=No

Does [NAME] currently have an Attention Deficit Hyperactivity Disorder (ADHS) or Attention Deficit Disorder (ADD)?

1=Yes

2=No

Does [NAME] currently have an intellectual disability, also known as mental retardation?

1=Yes

2=No

Does [NAME] currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

1=Yes

2=No

SUB2h. (In your life, which of the following substances have you ever used? Have you used...)
Opioids?

We are asking about non-medical use.

These may be known as heroin, morphine, methadone, codeine or Vicodin, **oxycodone, hydrocodone, hydromorphone, oxymorphone, methadone, tramadol, and fentanyl**

1=YES

2=NO

SUB2h_f In the past three months, how often have you tried and failed to control, cut down or stop using opioids?

Would you say...

0=Never

1=Once or twice

2=Monthly

3=Weekly

4=Daily or almost daily

Have you ever, even once, used a needle to inject any drug that was not prescribed to you?

1=Yes

2=No

How long has it been since you last used a needle to inject [any other drug/any drug] that was not prescribed to you?

1=Within the past 30 days

2=More than 30 days ago but within the past 12 months

3=More than 12 months ago

In which one position do you *most often* lay your baby down to sleep now? Check ONE answer

On his or her side

On his or her back

On his or her stomach

In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed?

Always

Often

Sometimes

Rarely

Never --> Go to Question [Core 41]

Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

No --> Go to Question [Core 38]

Yes

Are you currently breastfeeding or feeding pumped milk to your new baby?

No --> Go to Question [Core 38]

Yes

How many weeks or months did you breastfeed or feed pumped milk to your baby?

Less than 1 week

[BOX] Weeks OR [BOX] Months

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You skipped medication doses to save money.

1 Yes

2 No

7 Refused

9 Don't know

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You took less medicine to save money.

1 Yes

2 No

7 Refused

9 Don't know

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You delayed filling a prescription to save money.

1 Yes

2 No

7 Refused

9 Don't know

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You asked your doctor for a lower cost medication to save money.

1 Yes

2 No

7 Refused

9 Don't know

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You bought prescription drugs from another country to save money.

1 Yes

2 No

7 Refused

9 Don't know

DURING THE PAST 12 MONTHS, were any of the following true for you?

...You used alternative therapies to save money.

1 Yes

2 No

7 Refused

9 Don't know

Have you ever used any of the following services provided by {REFERENCE HEALTH CENTER}?

(Select all that apply)

1=Sending you reminders of appointments or prescription refills by emails or texts

2=Providing a website that allows you to manage your healthcare needs (such as making appointment and checking your test results)

3=Providing a mobile app that allows you to manage your healthcare needs (such as making appointment and checking your test results)

4=Using social media to provide service information and healthcare advice

In general, how would you rate your satisfaction with your social activities and relationships?..

1=Excellent

2=Very Good

3=Good

4=Fair

5=Poor

I have someone who will listen to me when I need to talk...

1=Never

2=Rarely

3=Sometimes

4=Usually

5=Always

I have someone to confide in or talk to about myself or my problems...

1=Never

2=Rarely

3=Sometimes

4=Usually

5=Always

I have a good sense of what makes my life meaningful...

1=Strongly Disagree

2=Disagree

3=Neither agree nor disagree

4=Agree

5=Strongly agree

I have very clear goals and aims for my life...

1=Strongly Disagree

2=Disagree

3=Neither agree nor disagree

4=Agree

5=Strongly agree

My life has meaning..

1=Strongly Disagree

2=Disagree

3=Neither agree nor disagree

4=Agree

5=Strongly agree

I have a clear sense of direction in life...

1=Strongly Disagree

2=Disagree

3=Neither agree nor disagree

4=Agree

5=Strongly agree

I experience deep fulfillment in my life...

1=Strongly Disagree

2=Disagree

3=Neither agree nor disagree

4=Agree

5=Strongly agree

SHTFLU12M_A

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, have you had a flu vaccination?

* Read if necessary: A flu vaccination is usually given in the fall and protects against influenza for the flu season.

In the past 12 months, did you use medication to help reduce or stop you use of alcohol?

1=Yes

2=No

On how many days in the past 12 months did you use this medication?

Total Number of Days: _____

In the past 12 months, did you use medication to help reduce or stop your use of drugs?

1=Yes

2=No

On how many days in the past 12 months did you use this medication?

Total Number of Days: _____

Source	Added to 2019 HCPS
2000 Longitudinal Study of Aging	Adapted question - CON30b
2018 BRFSS	Added - CON28a
2000 Longitudinal Study of Aging	Added - CON32
2018 BRFSS	Added - CON31
2018 BRFSS	Added - CON33
2018 Home Health Care CAHPS Survey	Added - HEA7e_f
2017 NHANES	Added - CON30a

2017 NHIS	Added - CON12_FAM
2018 NHIS	
2016/2017/2018 NHIS Question ID AHB.090_01.000	Added - CON9z
2018 NHIS	CON9z1

2018 NHIS

CON9x

2018 NHIS

CON9y

2012 USDA six-item module
Question HH3

Added - LIV15a

2012 USDA six-item module Question HH3	Added - LIV15b
2012 USDA six-item module Question HH3	Added - LIV15c
2012 USDA six-item module Question HH3	Added - LIV15d
2012 USDA six-item module Question HH3	Added - LIV15e
2012 USDA six-item module Question HH3	Added - LIV15f
2017 BRFSS	Added SUB1_ECIG1
2017 BRFSS	Added SUB1_ECIG1

2013 - 2104 National Adult Tobacco Survey	Added SUB1_ECIG2
New question	Added SUB1_ECIG3
2018 NHIS	Added - LIV5
2018 SAMHSA's CABHI Client, question H3	Adapted response #5 for HCPS LIV1

<p>Krousel-Wood M, Islam T, Webber LS, Re R, Morisky DE, Muntner P. New medication adherence scale versus pharmacy fill rates in hypertensive seniors. The American journal of managed care. 2009;15(1):59-66</p>	<p>Added - PRS16a Permission required for use</p> <p>NOTE:</p>
<p>Krousel-Wood M, Islam T, Webber LS, Re R, Morisky DE, Muntner P. New medication adherence scale versus pharmacy fill rates in hypertensive seniors. The American journal of managed care. 2009;15(1):59-66</p>	<p>Added - PRS16b Permission required for use</p> <p>NOTE:</p>
<p>Krousel-Wood M, Islam T, Webber LS, Re R, Morisky DE, Muntner P. New medication adherence scale versus pharmacy fill rates in hypertensive seniors. The American journal of managed care. 2009;15(1):59-66</p>	<p>Added - PRS16c Permission required for use</p> <p>NOTE:</p>
<p>Krousel-Wood M, Islam T, Webber LS, Re R, Morisky DE, Muntner P. New medication adherence scale versus pharmacy fill rates in hypertensive seniors. The American journal of managed care. 2009;15(1):59-66</p>	<p>Added - PRS16d Permission required for use</p> <p>NOTE:</p>
<p>2018 Home Health Care CAHPS Survey</p>	<p>Adapted for HCPS - PRS5a</p>
<p>2018 NSDUH</p>	<p>Added - MEN10</p>
<p>2018 NSDUH</p>	<p>Added - MEN11</p>

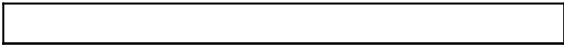
2018 NSDUH	Added - MEN12
2018 NSDUH	
2018 NHIS	Added - MEN2a
2018 NHIS	Added - MEN2b
2018 NHIS	Added - MEN2c
2018 NHIS	Added - MEN2d

2018 NHIS	Added - MEN2e
2010 WHO-ASSIST	Already included in 2014 HCPS. Added additional examples
2010 WHO-ASSIST	Already included in 2014 HCPS
2018 NSDUH	Adapted SUB3
2018 NSDUH	Adapted SUB3a
2016 PRAMS Phase 8 Core Questionnaire	Added - PRG6e
2016 PRAMS Phase 8 Core Questionnaire	Added - PRG6f
2016 PRAMS Phase 8 Core Questionnaire	Added - PRG7a

2016 PRAMS Phase 8 Core Questionnaire	Added - PRG7b
2016 PRAMS Phase 8 Core Questionnaire	Added - PRG7c
NHIS 2018	Added - PRS10
NHIS 2018	Added - PRS11
NHIS 2018	Added - PRS12
NHIS 2018	Added - PRS13
NHIS 2018	Added - PRS14
NHIS 2018	Added - PRS15

New question	Used modified version - HEA57
2017 PROMIS	Added MEN2_QOL1.
2017 PROMIS	Added MEN2_QOL2.
2017 PROMIS	Added MEN2_QOL3.
2017 PROMIS	Added MEN2_QOL4
2017 PROMIS	Added MEN2_QOL5
2017 PROMIS	Added MEN2_QOL6

2017 PROMIS	Added MEN2_QOL7
2017 PROMIS	Added MEN2_QOL8
2019 NHIS redesign	Added and adapted to ROU5
2019 NHIS redesign	Added SUB14_MAT1
2019 NHIS redesign	Added SUB14_MAT2
2019 NHIS redesign	Added SUB14a_MAT1
2019 NHIS redesign	Added SUB14a_MAT2



Question Variable Name	Module	Delete / Modify	Question for Reference	Modification
MED3	B - Access to Care	Deleted	<p>Please look at this showcard. Which of these best describes the reasons (you were/NAME was) unable to get medical care, tests, or treatments you or a doctor believed necessary. You may select one or more.</p> <p>SHOWCARD MED1</p> <p>1=COULD NOT AFFORD CARE 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	MED2a ask only about the most important reason. Then delete MED3.
MED5a	B - Access to Care	Deleted	<p>MED5a. [IF MED5=1 CONTINUE, ELSE GO TO MED6]</p> <p>Please look at this showcard. Which of these best describes the reasons (you were/NAME was) delayed in getting medical care, tests, or treatments you or a doctor believed necessary? You may select one or more.</p> <p>SHOWCARD MED1</p> <p>1=COULD NOT AFFORD CARE 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	Same issue as described in Med2a. Consider deleting Med5a and delete Med5a_OTH RTI recommends MED5a ask only about the most important reason. Then delete MED5a1.
ROU9f	C - Routine Care	Deleted	<p>4=DON'T TRUST THE SHOTS / DON'T BELIEVE IN SHOTS 5=COULDN'T AFFORD CARE 6=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 7=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 8=COULDN'T GET TIME OFF WORK 9=DIDN'T KNOW WHERE TO GO TO GET CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	Same issue as MED2a. RTI recommends ROU9f ask only about most important reason. Delete ROU9f1
ROU11a	C - Routine Care	Deleted	<p>4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	Same issue as MED2a. RTI recommends ROU11a ask only about most important reason. Delete ROU11a1
ROU13a	C - Routine Care	Deleted	<p>1=COULD NOT AFFORD CARE 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	Same issue as MED2a. RTI recommends ROU13a ask only about most important reason. Delete ROU13a1

CAN1f	F - Cancer Screening	Deleted	SHOWCARD CAN1 1=COULD NOT AFFORD CARE 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends CAN1f ask only about most important reason. Delete CAN1f2
CAN3f	F - Cancer Screening	Deleted	6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends CAN3f ask only about most important reason. Delete CAN3f1
CAN4g	F - Cancer Screening	Deleted	6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends CAN4g ask only about most important reason. Delete CAN4g1
CAN4g8	F - Cancer Screening	Deleted	9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends CAN4g8 ask only about most important reason. Delete CAN4g9
CAN5e	F - Cancer Screening	Deleted	6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends CAN5e ask only about most important reason. Delete CAN5e1
HEA2d	G - Health Center Services	Deleted	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED2a. RTI recommends HEA2d ask only about most important reason. Delete HEA2d1
HEA4	G - Health Center Services	Deleted	7=SOCIAL SERVICES 8=A DOCTOR OR THE EMERGENCY ROOM 9=YOU FOUND OUT THAT THE HEALTH CENTER ACCEPTS UNINSURED PATIENTS 10=YOU FOUND OUT THAT THE HEALTH CENTER ACCEPTS PATIENTS WITH YOUR INSURANCE. 11=OTHER	Same issue as MED2a. RTI recommends HEA4a ask only about most important reason.
HEA20	G - Health Center Services	Deleted	7=THEY PROVIDE TRANSPORTATION OR TRANSPORTATION VOUCHERS 8=THEY HAVE SOMEONE WHO SPEAKS YOUR LANGUAGE 9=QUALITY OF CARE 10=IT'S THE ONLY MEDICAL CARE IN THE AREA 11= THE HEALTH CENTER ACCEPTS UNINSURED PATIENTS 12= THE HEALTH CENTER ACCEPTS PATIENTS WITH MY INSURANCE 13=OTHER	Same issue as MED2a. RTI recommends HEA20 ask only about most important reason. Delete HEA56
PRS2a	I - Prescription Medications	Deleted	8=DIDN'T KNOW WHERE TO GO TO GET PRESCRIPTION MEDICINES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=PHARMACY DID NOT HAVE IN STOCK 12=OTHER	Same issue as MED2a. RTI recommends PRS2a ask only about most important reason. Delete PRS2a1
PRS3a	I - Prescription Medications	Deleted	6=DIFFERENT LANGUAGE FROM PHARMACY STAFF 7=COULDN'T GET TIME OFF WORK 8=DIDN'T KNOW WHERE TO GO TO GET PRESCRIPTION MEDICINES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=PHARMACY DID NOT HAVE IN STOCK 12=OTHER	Same issue as MED2a. RTI recommends PRS3a ask only about most important reason. Delete PRS3a1
PRS6a	I - Prescription Medications	Deleted	PRS6a. [IF PRS6=2 OR 3 CONTINUE, ELSE GO TO PRS7] Can you tell me where you normally get {your/NAME's} prescriptions filled outside of {REFERENCE HEALTH CENTER}?	Consider deleting PRS6a

DEN4	J - Dental	Deleted	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE 12=OTHER	Same issue as MED2a. RTI recommends DEN4 ask only about most important reason. Delete DEN5
DEN8	J - Dental	Deleted	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE 12=OTHER	Same issue as MED2a. RTI recommends DEN8 ask only about most important reason. Delete DEN9
MEN6a	K - Mental Health	Deleted	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM 12=OTHER	Same issue as MED2a. RTI recommends MEN6a ask only about most important reason. Delete MEN7a1
MEN7a	K - Mental Health	Deleted	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM 12=OTHER	Same issue as MED2a. RTI recommends MEN7a ask only about most important reason. Delete MEN8a2
SUB17	L - Substance Use	Deleted	3=DID NOT HAVE TIME FOR A PROGRAM OR A WAY TO GET THERE, OR PROGRAM NOT CONVENIENT ENOUGH 4=YOU DIDN'T WANT PEOPLE TO FIND OUT THAT YOU HAD A PROBLEM (AT WORK, IN COMMUNITY, ETC...) 5=YOU DIDN'T REALLY THINK THE TREATMENT WOULD HELP 6=OTHER	Same issue as MED2a. RTI recommends SUB17 ask only about most important reason. Delete SUB17b
PRG6b_OTH	M - Prenatal Care / Family Planning	Deleted	Where did you have the postpartum checkup? _____ [ALLOW 40]	Consider deleting PRG6b_OTH
PRG6d_OTH	M - Prenatal Care / Family Planning	Deleted	Where did you have the postpartum checkup? _____ [ALLOW 40]	Consider deleting PRG6d_OTH
DMO1a_OTH	R - Demographics	Deleted	DMO1a_OTH. SPECIFY OTHER COUNTRY _____	Consider deleting DMO1a_OTH
DMO3a_OTH	R - Demographics	Deleted	DMO3a_OTH. SPECIFY OTHER COUNTRY _____	Consider deleting DMO3a_OTH
DMO3c_OTH	R - Demographics	Deleted	DMO3c_OTH [IF DMO3c=234 CONTINUE, ELSE GO TO DMO4] _____ SPECIFY OTHER COUNTRY	Consider deleting DMO3c_OTH
DMO7	R - Demographics	Deleted	4=4 5=5 6=6-10 7=11-15 8=MORE THAN 15 99=HOMELESS - NOT APPLICABLE	Consider deleting LIV7 since DMO7 includes post-logic
ROU9c	C - Routine Care	Deleted	ROU9c. [IF ROU9b=2 OR 3 CONTINUE, ELSE GO TO ROU9d] Were you referred to the other place where [NAME] got the shots by [REFERENCE HEALTH CENTER]?	Drop question

ROU9d	C - Routine Care	Deleted	ROU9d. Are you the person who took {NAME} for most of {his/her} shots? Most means at least half of the shots.	Drop question
CON6a and CON6a_UNITS	D - Conditions	Deleted	CON6a. [IF CON2=1 FILL:] How much did you weigh a year ago? If you were pregnant a year ago, please tell us how much you weighed before becoming pregnant. [ELSE FILL:] How much did {you/NAME} weigh a year ago? [ALLOW METRIC; DO NOT ALLOW BLANK RESPONSE] CON6a_UNITS. INTERVIEWER: WAS THE RESPONSE IN POUNDS OR KILOGRAMS? 1=POUNDS [ALLOW 000-555] 2=KILOGRAMS [ALLOW 000.0-200.0]	Suggest deleting these 2 items. Self-reported weight with a 1-year lookback period may not be reliable.
CON8a3	D - Conditions	Deleted	CON8a3. (Has a doctor or other health professional ever talked to you about things {you/NAME} can do to manage {your/his/her} weight, such as...) An exercise program?	Not sure how this is different than CON7 - suggest deleting
INS2a-INS10a	H - Health Insurance	Deleted		We suggest including only those questions about current insurance and dropping the questions on length of insurance and past insurance coverage.
INS12	H - Health Insurance	Deleted	INS12. [IF INS11=2 CONTINUE, ELSE GO TO INS3a] How many months has it been since {you/NAME} had a period where {you were/ he was/she was} without insurance coverage?	Consider dropping
INS16-INS18_OTH	H - Health Insurance	Deleted		Consider dropping
DOM5	R - Demographics	Deleted	DMO5. [IF DMO4=1-22 CONTINUE, ELSE GO TO DMO7] During the last year {you were/NAME was} in school, {were you/was NAME} attending a school in the United States? [LIST ONLY SELECTIONS MADE IN MED2a]	Drop question
MED3	B - Access to Care	Modified	1=COULD NOT AFFORD CARE (45.2%) 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE(32.9%) 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN (3.3%) 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION (5.1%) 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES (0.6%) 6=COULDN'T GET TIME OFF WORK (.2%) 7=DIDN'T KNOW WHERE TO GO TO GET CARE (1.5%) 8=WAS REFUSED SERVICES (4.5%) 9=COULDN'T GET CHILD CARE (0%) 10=DIDN'T HAVE TIME OR TOOK TOO LONG (.4%) 11=OTHER (6.2%)	Assuming HRSA accepts the recommendation to only ask about the most important reason (MED2a issue), RTI recommends removing responses that fell under a 2% response threshold in 2014.

MED5a	B - Access to Care	Modified	6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
ROU2	C - Routine Care	Modified	ROU2. During the past 12 months, that is since [12 MONTH REFERENCE DATE], how many times [have you/has NAME] gone to a hospital emergency room about [your own/his/her] health? This includes emergency room visits that resulted in a hospital admission.	RTI recommends creating responses based on 2014 data
ROU4	C - Routine Care	Modified	Altogether, how many nights [were you/was NAME] in the hospital during the past 12 months?	RTI recommends creating responses based on 2014 data
ROU9f	C - Routine Care	Modified	9=DIDN'T KNOW WHERE TO GO TO GET CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
ROU11a	C - Routine Care	Modified	ROU11a. [IF ROU10=1, 4, 5, 6, OR 7 CONTINUE, ELSE GO TO ROU12] Please look at this showcard. Please describe the reasons you have not had a general physical exam or routine check-up in the past 2 years. You may select one or more. SHOWCARD ROU2 1=COULD NOT AFFORD CARE 2=INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE 3=DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN 4=PROBLEMS GETTING TO DOCTOR'S OFFICE / TRANSPORTATION 5=DIFFERENT LANGUAGE FROM DOCTORS OR NURSES 6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
ROU13a	C - Routine Care	Modified	8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
CAN1f	F - Cancer Screening	Modified	8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	No recommendation to remove responses due to low response in 2014
CAN3f	F - Cancer Screening	Modified	8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	No recommendation to remove responses due to low response in 2014
CAN4g	F - Cancer Screening	Modified	6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	No recommendation to remove responses due to low response in 2014
CAN4g8	F - Cancer Screening	Modified	7=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	No recommendation to remove responses due to low response in 2014
CAN5e	F - Cancer Screening	Modified	7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	No recommendation to remove responses due to low response in 2014

HEA1	G - Health Center Services	Modified	<p>HEA1. During the past 12 months, that is since [12 MONTH REFERENCE DATE], how many times have you seen a doctor or other health care professional about (your own/NAME's) health at a doctor's office, a clinic, or some other place? Do not include times (you were/NAME was) hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls. Remember when you answer to think about any doctor's office or clinic, not just this health center.</p> <p>NOTE: IF RESPONDENT IS UNSURE - ASK THEM TO PROVIDE AN ESTIMATE</p>	RTI recommends creating responses based on 2014 data
HEA2	G - Health Center Services	Modified	<p>HEA2. [IF HEA1 GE 1 CONTINUE, ELSE GO TO HEA4]</p> <p>How many of those times did you come to [REFERENCE HEALTH CENTER]?</p> <p>NOTE: IF RESPONDENT IS UNSURE - ASK THEM TO PROVIDE AN ESTIMATE</p>	RTI recommends creating responses based on 2014 data
HEA2d	G - Health Center Services	Modified	<p>6=COULDN'T GET TIME OFF WORK 7=DIDN'T KNOW WHERE TO GO TO GET CARE 8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER</p>	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
HEA5a	G - Health Center Services	Modified	<p>5=HOSPITAL EMERGENCY ROOM 6=HOSPITAL OUTPATIENT DEPARTMENT 7=OTHER 8=THERE IS NO USUAL PLACE</p>	No recommendation to remove responses due to low response in 2014
HEA8	G - Health Center Services	Modified	<p>HEA8. [IF HEA7f=1 CONTINUE, ELSE GO TO HEA9]</p> <p>Please specify what kind of help (you/ NAME) received to address these other kinds of problems?</p>	RTI could develop a list of responses based on review of the responses received from 2014.
HEA20	G - Health Center Services	Modified	<p>HEA20. What are all the reasons (you go/NAME goes) to [REFERENCE HEALTH CENTER] for (your/his/her) health care instead of someplace else? You may select one or more.</p> <p>SHOWCARD HEA4</p> <p>1=CONVENIENT LOCATION 2=CONVENIENT HOURS 3=YOU CAN AFFORD IT 4= YOU CAN BE SEEN WITHOUT AN APPOINTMENT OR GET AN APPOINTMENT RIGHT AWAY 5=AFTER YOU GET THERE, YOU DON'T HAVE TO WAIT LONG TO BE SEEN 6=THEY PROVIDE CHILD CARE 7=THEY PROVIDE TRANSPORTATION OR TRANSPORTATION VOUCHERS 8=THEY HAVE SOMEONE WHO SPEAKS YOUR LANGUAGE 9=QUALITY OF CARE 10=IT'S THE ONLY MEDICAL CARE IN THE AREA 11= THE HEALTH CENTER ACCEPTS UNINSURED PATIENTS 12= THE HEALTH CENTER ACCEPTS PATIENTS WITH MY INSURANCE 13=OTHER</p>	There were numerous responses in each category. We recommend keeping the response list as is.
PRS2a	I - Prescription Medications	Modified	<p>8=DIDN'T KNOW WHERE TO GO TO GET PRESCRIPTION MEDICINES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=PHARMACY DID NOT HAVE IN STOCK 12=OTHER</p>	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.

PRS3a	I - Prescription Medications	Modified	<p>6=DIFFERENT LANGUAGE FROM PHARMACY STAFF 7=COULDN'T GET TIME OFF WORK 8=DIDN'T KNOW WHERE TO GO TO GET PRESCRIPTION MEDICINES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=PHARMACY DID NOT HAVE IN STOCK 12=OTHER</p>	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
PRS7	I - Prescription Medications	Modified	PRS7. About how many different prescription medicines {do you/does NAME} usually take in a month?	RTI recommends creating responses based on 2014 data
DEN3	J - Dental	Modified	<p>DEN3. [IF DEN2=1 CONTINUE, ELSE GO TO DEN6] What kind of dental care, test, or treatment was it that {you/NAME} needed but did not get? _____ [ALLOW 40]</p>	Consider creating a list of most prevalent choices from 2014 data if coding was completed.
DEN4	J - Dental	Modified	<p>8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE 12=OTHER</p>	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
DEN7	J - Dental	Modified	<p>DEN7. [IF DEN6=1 CONTINUE, ELSE GO TO DEN10] [IF DEN6=1 CONTINUE, ELSE GO TO DEN10] What kind of dental care, test, or treatment was it that {you were/NAME was} delayed in getting?</p>	Consider creating a list of most prevalent choices from 2014 data if coding was completed.
DEN8	J - Dental	Modified	<p>8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=AFRAID OF GOING TO THE DENTIST/ HAVING DENTAL WORK DONE 12=OTHER</p>	Same issue as MED3. RTI recommends removing responses that fell under a 2% response threshold in 2014.
DEN15	J - Dental	Modified	<p>How many of your adult teeth have you lost: _____ TEETH [ALLOW 00-20]</p>	RTI recommends creating responses based on 2014 data
MEN6a	K - Mental Health	Modified	<p>8=WAS REFUSED SERVICES 9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM 12=OTHER</p>	There were few responses in 2014. We recommend keeping the response list as is.
MEN7a	K - Mental Health	Modified	<p>9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=WAS EMBARRASSED/DID NOT FEEL COMFORTABLE ASKING FOR HELP/ DID NOT WANT OTHER PEOPLE TO KNOW ABOUT PROBLEM 12=OTHER</p>	There were few responses in 2014. We recommend keeping the response list as is.
SUB17	L - Substance Use	Modified	<p>Please look at this showcard. Which of these statements explain why you did not get the treatment or counseling you needed for your use of alcohol? SHOWCARD SUB2 1=NO WAY TO PAY FOR IT 2=DID NOT KNOW OF OR COULD NOT GET INTO A TREATMENT PROGRAM 3=DID NOT HAVE TIME FOR A PROGRAM OR A WAY TO GET THERE, OR PROGRAM NOT CONVENIENT ENOUGH 4=YOU DIDN'T WANT PEOPLE TO FIND OUT THAT YOU HAD A PROBLEM (AT WORK, IN COMMUNITY, ETC...) 5=YOU DIDN'T REALLY THINK THE TREATMENT WOULD HELP 6=OTHER</p>	There were few responses in 2014. We recommend keeping the response list as is.

LIV3	O - Living Conditions	Modified	LIV3. [IF LIV1=3 CONTINUE, ELSE GO TO LIV4] How many people usually sleep in that {house / apartment / room}? _____ NUMBER OF PEOPLE [ALLOW 00-20]	RTI recommends creating responses based on 2014 data
LIV12	O - Living Conditions	Modified	LIV12. [IF LIV1=4, 5, 6, 7, 8, 9, 10, 11, 12 OR IF LIV5=2 AND IF LIV9=1] [IF LIV5=2] Including this time... [IF INTAGE GE 18] How many times in your life have you not had your own place to live? [IF INTAGE LE 12] How many times in {NAME's} life has {NAME's} family not had its own place to live? [IF INTAGE=13-17] How many times in your life has your family not had its own place to live? _____ NUMBER OF TIMES [ALLOW 00-99]	RTI recommends creating responses based on 2014 data
All	All skip logic	Modified		Consider reviewing skip logic of all questions related to children.
Several Questions	Income and Insurance Modules	Modified		RTI recommends asking all income and insurance questions of all parents of 13 to 17-year-olds prior to the adolescent interview
MED2	B - Access to Care	Modified	MED2. [IF MED1=1 CONTINUE, ELSE GO TO ROUINTRO] In the last 12 months, {were you/was NAME} unable to get medical care, tests, or treatments you or a doctor believed necessary?	Change all questions that only reference "doctor" to "doctor or other health provider" to be consistent with CAHPS wording.
ROU4	C - Routine Care	Modified	Altogether, how many nights {were you/was NAME} in the hospital during the past 12 months?	Consider capturing how many unique hospitalizations they had instead of the total number of nights?
ROU5	C - Routine Care	Modified	ROU5. During the past 12 months, {have you/has NAME} had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season. The flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.	The responses for this question should match those for ROU6, etc. -> 1= yes, reference health center 2 = yes, some other place 3
ROU5	C - Routine Care	Modified	ROU5. During the past 12 months, {have you/has NAME} had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season. The flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose. ROU6: During the past 12 months, {have you/has NAME} had a flu vaccine sprayed in {your/his/her} nose by a doctor or other health professional? {IF INTAGE GE 18: A health professional may have let you spray it.} This vaccine is usually given in the fall and protects against influenza for the flu season. IF NEEDED: This influenza vaccine is called FluMist™.	Consider combining ROU5 and ROU6 into 1 question.
ROU9e	C - Routine Care	Modified	ROU9e. In your opinion, has {NAME} received all of the recommended shots for {his/her} age?	Delete "In your opinion" and reword to say "Has {NAME} received all of the shots recommended for {his/her} age according to the immunization schedule?"

ROU9f	C - Routine Care	Modified	<p>ROU9f. [IF ROU9e=2 CONTINUE, ELSE GO TO ROU10]</p> <p>Please look at this showcard. Please describe the reasons [NAME] has not had all the shots that [he/she] is supposed to have at [his/her] age. You may select one or more.</p>	Change to "most important reason" and only allow one selection.
ROU9f2	C - Routine Care	Modified	<p>ROU9f2. [IF INTAGE=18-64 CONTINUE ELSE GO TO ROU10]</p> <p>Have you ever received an HPV shot or vaccine?</p> <p>IF NEEDED: HPV is Human papillomavirus. The HPV vaccines are called Cervarix or Gardasil. Genital human papillomavirus is the most common sexually transmitted disease</p>	Consider moving ROU9f2 before ROU9
ROU13a and ROU13a_OTH	C - Routine Care	Modified	<p>ROU13a. [IF ROU12=1, 4, 5, 6, OR 7 CONTINUE, ELSE GO TO ROU14]</p> <p>Please look at this showcard. Please describe the reasons {you have/NAME has} not had a well-child check-up or general check-up in the past 2 years. You may select one or more.</p> <p>SHOWCARD ROU2</p> <p>ROU13a_OTH. [IF ROU13a=11 CONTINUE, ELSE GO TO ROU13a1]</p> <p>Please specify the other reason {you have/NAME has} not had a well-child check-up or general check-up in the past 2 years.</p>	Modify questions to reference "past year" rather than "past 2 years"
ROU17	C - Routine Care	Modified	<p>ROU17. Has anyone ever talked to you about things that might cause [NAME] to be exposed to lead, such as living in or visiting a house or apartment built before 1978?</p> <p>Please look at this showcard. How did you try to lose weight?</p>	The focus should be on a health care provider. We recommend changing to: Has a doctor or other health care provider ever talked to you about things that might cause [NAME] to be exposed to lead, such as living in or visiting a house or apartment built before 1978?
CON6c	D - Conditions	Modified	<p>SHOWCARD CON1</p> <p>1=CHANGED WHAT I ATE OR HOW MUCH I ATE OR WHEN I ATE 2=EXERCISED 3=JOINED A WEIGHT LOSS PROGRAM 4=TOOK DIET PILLS PRESCRIBED BY A DOCTOR 5=TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION 6=STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN 7=TOOK LAXATIVES OR VOMITED 8=DRANK A LOT OF WATER 9=OTHER</p>	Allow multiple responses
CON6c	D - Conditions	Modified	See above	Alter response 1 to include "...or drank"
CON8 and CON8a6	D - Conditions	Modified	<p>nutrition? CON8a6. (Has a doctor or other health professional ever...)</p> <p>Suggested you visit a nutritionist because of {your/NAME's} weight?</p>	Consider changing to "past 12 months" rather than "ever"
CON9a and CON9b1	D - Conditions	Modified	<p>CON9a. [IF INTAGE GE 13 CONTINUE, ELSE GO TO CON9c]</p> <p>Has a doctor or other health professional ever prescribed medications to help you lose weight?</p> <p>1=YES 2=NO </p> <p>CON9b1. [IF CON9a=1 CONTINUE, ELSE GO TO CON9c]</p> <p>Was this at {REFERENCE HEALTH CENTER} or some other place?</p> <p>1=REFERENCE HEALTH CENTER 2=SOME OTHER PLACE</p>	Suggest combining to make consistent with new wording of other questions. 1= yes at reference HC, 2= yes somewhere else, 3=no

CON9o	D - Conditions	Modified	<p>CON9o. [IF INTAGE GE 13 CONTINUE, ELSE GOTO CON9z4]</p> <p>During the past 7 days, on how many days {were you/was NAME} physically active for a total of at least 60 minutes per day? Add up all the time {your/NAME} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.</p>	Suggest making this "If INTAGE GE 6" to align with MCHB's National Survey of Children's Health.
CON9o	D - Conditions	Modified	<p>CON9o. [IF INTAGE GE 13 CONTINUE, ELSE GOTO CON9z4]</p> <p>During the past 7 days, on how many days {were you/was NAME} physically active for a total of at least 60 minutes per day? Add up all the time {your/NAME} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.</p>	The current guidelines emphasize on the minutes of physical activity per week. Please check the guideline and health people 2020 for details
CON9N1	D - Conditions	Modified	<p>CON9N1. Now I will ask you first about TV watching and then about computer use.</p> <p>Over the past 30 days, on average how many hours per day did {you/NAME} sit and watch TV or videos?</p> <p>1=LESS THAN 1 HOUR 2=1 HOUR BUT LESS THAN 2 HOURS 3=2 HOURS BUT LESS THAN 3 HOURS 4=3 HOURS BUT LESS THAN 4 HOURS 5=4 HOURS BUT LESS THAN 5 HOURS 6=5 HOURS OR MORE 7={DO/DOES NOT} WATCH TV OR VIDEOS</p> <p>IF USING A COMPUTER, COUNT THIS TIME AS WATCHING TV OR VIDEOS.</p>	Recommend aligning with MCHB 2018 National Survey of Children's Health (NSCH) measure.
CON9N1 and CON9n2	D - Conditions	Modified	<p>1=LESS THAN 1 HOUR 2=1 HOUR BUT LESS THAN 2 HOURS 3=2 HOURS BUT LESS THAN 3 HOURS 4=3 HOURS BUT LESS THAN 4 HOURS 5=4 HOURS BUT LESS THAN 5 HOURS 6=5 HOURS OR MORE 7 =DO/DOES NOT USE A COMPUTER OUTSIDE OF WORK OR SCHOOL</p>	Combine CON9N1 and CON9n2 into a single item
CON9n3	D - Conditions	Modified	CON9n3. On average, how many hours of sleep {do you/does NAME} get in a 24-hour period?	Align with the NSCH
CON9z1a	D - Conditions	Modified	CON9z1a. A traumatic brain injury may result from a violent blow to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that {you have/NAME has} suffered a traumatic brain injury (TBI)?	Question should be revised to: "A traumatic brain injury may result from a bump, blow, or jolt to the head or when an object pierces the skull and enters the brain tissue. Has a doctor or other health professional ever told you that {you have/NAME has} suffered a traumatic brain injury (TBI)?"
CON10	D - Conditions	Modified	<p>Have you ever been told by a doctor or other health professional that {you/NAME} had hypertension, also called high blood pressure?</p> <p>IF NEEDED: Blood pressure is checked by a health care provider using a blood pressure cuff placed on your upper arm and a stethoscope.</p>	Reference automated blood pressure measurement devices
CON12	D - Conditions	Modified	CON12. Have you ever been told by a doctor or health professional that {you/NAME} had diabetes or sugar diabetes?	Change to past 3 years
CON14b	D - Conditions	Modified	<p>CON14b. (The next questions are about other health conditions. Please tell me yes or no for the following conditions. Has a doctor or other health professional ever told you that {you/he/she} had...)</p> <p>Coronary heart disease?</p>	Change category to "Coronary heart disease or ischemic heart disease?"

CON14e	D - Conditions	Modified	<p>CON14e. (The next questions are about other health conditions. Please tell me yes or no for the following conditions. Has a doctor or other health professional ever told you that {you/he/she} had...)</p> <p>A stroke?</p>	Change category to "A stroke or cerebrovascular disease?"
CON25-CON30	D - Conditions	Modified		Consider checking age ranges
CON27a	D - Conditions	Modified	<p>CON27a. [IF INTAGE GE 10 CONTINUE, ELSE GO TO CONF1]</p> <p>{Do you/ Does NAME} have difficulty...</p> <p>Dressing or bathing?</p>	Split into two questions for dressing and bathing
CON27f	D - Conditions	Modified	<p>CON27f. {Do you/ Does NAME} have serious difficulty...</p> <p>Walking or climbing stairs?</p>	Split into two questions for walking and climbing stairs
CONF4k5 and CONF4k6	E - Conditions Follow-up	Modified	<p>CONF4k5. Has a doctor or nurse {you see/NAME sees} at {REFERENCE HEALTH CENTER} for {your/his/her} asthma given {you/him/her} a plan to manage {your/his/her} own care at home?</p> <p>1=YES 2=NO</p> <p>CONF4k6. [IF CONF4k5=1 CONTINUE, ELSE GO TO CONF5]</p> <p>Was this plan given to {you/NAME} by a doctor or nurse at {REFERENCE HEALTH CENTER}?</p> <p>1=YES 2=NO</p>	Consider combining and adding Yes- Reference Health Center, Yes - Somewhere else, No to response set
CONF5e6 and CONF5e7	E - Conditions Follow-up	Modified	<p>CONF5e6. Has any doctor or nurse {you see/NAME sees} for {your/his/her} diabetes given {you/him/her} a plan to manage {your/his/her} care at home?</p> <p>1=YES 2=NO</p> <p>CONF5e7. [IF CONF5e6=1 CONTINUE, ELSE GO TO CON22]</p> <p>Was this plan given to {you/NAME} by a doctor or nurse at {REFERENCE HEALTH CENTER}?</p> <p>1=YES 2=NO</p>	Consider combining and adding Yes- Reference Health Center, Yes - Somewhere else, No to response set
CAN1	F - Cancer Screening	Modified	<p>CAN1. [IF INTAGE GE 18 AND INT3=2 OR INT3=3 CONTINUE] [IF INTAGE LE 17 GO TO HEA1, ELSE IF INTAGE GE 18 AND INT3=1, 4, 5, 6, DK, OR RE GO TO CAN4]</p> <p>Next, I'm going to ask you about any cancer screening procedures that you may have had. Have you ever had a Pap smear or Pap test?</p> <p>IF NEEDED: 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.</p>	Add interviewer note: "... takes a cell sample from the cervix with a long Q-tip..."

CAN1e	F - Cancer Screening	Modified	CAN1e. [IF CAN1d=1 CONTINUE, ELSE GO TO CAN1f] Did {REFERENCE HEALTH CENTER} arrange for the follow-up tests or treatment?	Consider rewording to: Were follow-up tests or treatment arranged? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no
CAN2a	F - Cancer Screening	Modified	CAN2a. Has anyone at {REFERENCE HEALTH CENTER} ever suggested that you have a Pap smear or Pap test?	Consider rewording to: "Has anyone ever suggested that you have a Pap smear or test? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN3e	F - Cancer Screening	Modified	CAN3e. [IF CAN3d=1 CONTINUE, ELSE GO TO CAN3f] Did {REFERENCE HEALTH CENTER} arrange for the follow-up tests or treatments?	Consider rewording to: "Were follow-up tests or treatment arranged? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN3h	F - Cancer Screening	Modified	CAN3h. Has anyone at {REFERENCE HEALTH CENTER} ever suggested that you have a mammogram?	Consider rewording to: "Has anyone ever suggested that you have a mammogram? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN4f	F - Cancer Screening	Modified	CAN4f. [IF CAN4e=1 CONTINUE, ELSE GO TO CAN4g] Did {REFERENCE HEALTH CENTER} arrange for the follow-up tests or treatment?	Consider rewording to: "Were follow-up tests or treatment arranged? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN4g3b	F - Cancer Screening	Modified	CAN4g3b. Has anyone at {REFERENCE HEALTH CENTER} ever suggested that you should have a sigmoidoscopy?	Consider rewording to: "Has anyone ever suggested that you have a sigmoidoscopy? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN4g7	F - Cancer Screening	Modified	CAN4g7. [IF CAN4g6=1 CONTINUE, ELSE GO TO GO TO CAN4g8] Did {REFERENCE HEALTH CENTER} arrange for the follow-up tests or treatment?	Consider rewording to: "Were follow-up tests or treatment arranged? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN5d	F - Cancer Screening	Modified	CAN5d. [IF CAN5c=1 CONTINUE, ELSE GO TO CAN5e] Did {REFERENCE HEALTH CENTER} arrange for the follow-up tests or treatments?	Consider rewording to: "Were follow-up tests or treatment arranged? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
CAN5f	F - Cancer Screening	Modified	CAN5f. Has anyone at {REFERENCE HEALTH CENTER} ever suggested that you should have a blood stool test?	Consider rewording to: "Has anyone ever suggested that you have a blood stool test? 1=Yes by {reference health center}, 2=Yes, by somewhere else,3=no"
HEA2d	G - Health Center Services	Modified	9=COULDN'T GET CHILD CARE 10=DIDN'T HAVE TIME OR TOOK TOO LONG 11=OTHER	Consider adding new responses: Responses could be: Do not have health insurance and Medicaid will not cover specialty care.
Hea7e_a	G - Health Center Services	Modified	HEA7e_a. [IF INTAGE GE 18 CONTINUE, ELSE GO TO HEA7e_b] (Has anyone at {REFERENCE HEALTH CENTER} ever provided you...) Health education, either in individual or group visits, to talk about things like quitting smoking, changing your diet, or parenting?	Consider removing "...or parenting" from example.
HEA12	G - Health Center Services	Modified	HEA12. How long have you been going to this health center? 1=LESS THAN 6 MONTHS 2=AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR 3=AT LEAST 1 YEAR BUT LESS THAN 3 YEARS 4=AT LEAST 3 YEARS BUT LESS THAN 5 YEARS 5=5 YEARS OR MORE	Consider adding another response category of 11 or more and changing the current response #5 to 5-10 years.

HEA15	G - Health Center Services	Modified	In the last 12 months, when you phoned this health center to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? Would you say never, sometimes, usually or always?	Change "phone" to "contact"
HEA22-HEA25	G - Health Center Services	Modified		Change "phone" to "contact"
HEA20	G - Health Center Services	Modified	HEA20. What are all the reasons (you go/NAME goes) to (REFERENCE HEALTH CENTER) for (your/his/her) health care instead of someplace else? You may select one or more.	Consider using "most important" reason
ALL CAHPS Questions	G - Health Center Services	Modified		The CAHPS clinician & Group questions should be updated to survey 3.0 (the 2014 HCPS using Survey 2.0).
INS2 - INS8	H - Health Insurance	Modified		Add category for: Medicare Advantage Program
DEN10e	J - Dental	Modified	DEN10e. For (your/NAME's) most recent visit, what did (you/NAME) have done? You may select one or more. SHOWCARD DEN2 1=X-RAYS TAKEN 2=CLEANING TEETH 3=EXAMINATION 4=FILLINGS 5=EXTRACTIONS 6=ROOT CANALS 7=CROWNS 8=BRIDGES, DENTURES, PLATES, ETC. -- EITHER NEW ONES OR REPAIR WORK 9=ORTHODONTIA -- BITE ADJUSTMENT, BRACES, RETAINERS, ETC. 10=PERIODONTIA -- E.G., OF GUM DISEASE TREATMENT 11=BONDING 12=SURGERY	Add logic: [IF Den10=1 or 2] and change question to "In the past 12 months, what did (you/NAME) have done? You may select one or more.
DEN10e	J - Dental	Modified	See above	Add the following responses: Instruction on tooth brushing, Fluoride treatment, Sealants
MEN2a-MEN2e	K - Mental Health	Modified		Review source of the child-specific items (MEN3-MEN3f, MEN3g-MEN3k, MEN4a-MEN4f)
SUB1a_Intro	L - Substance Use	Modified	SUB1a_INTRO. The next questions are about your use of substances. Your answers to these questions are private and will not be shared with anyone at (REFERENCE HEALTH CENTER). You also have the right to refuse any question that you do not want to answer. 1=CONTINUE	Maybe instead of "substances" which seems vague, start with the NSDUH tobacco lead-in? LEADCIG These questions are about your use of tobacco products. This includes cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. The first questions are about cigarettes only. Have you ever smoked part or all of a cigarette? 1 Yes 2 No DK/REF
Beginning of Module L	L - Substance Use	Modified		Begin module with new questions on e-tobacco.
SUB1g	L - Substance Use	Modified	SUB1g. Have you ever used chewing tobacco, snuff, or snus? IF NEEDED: Snus, which is Swedish for snuff, is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	Change question to align with NSDUH

SUB1k and SUB1l	L - Substance Use	Modified	<p>SUB1k. [IF (SUB1h1=1 OR 2) OR (SUB1b=1 OR 2) CONTINUE, ELSE GO TO SUB2]</p> <p>During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products?</p> <p>1=YES 2=NO</p> <p>.....</p> <p>SUB1l. [IF SUB1k=1 CONTINUE, ELSE GO TO SUB1m]</p> <p>Did you receive this advice at [REFERENCE HEALTH CENTER]?</p> <p>1=YES 2=NO</p>	Combine these questions
SUB1m	L - Substance Use	Modified	<p>SUB1m. [IF SUB1b=3 CONTINUE, ELSE GO TO SUBPRE1t]</p> <p>How long has it been since you quit smoking cigarettes?</p>	Shouldn't this be smoking cigarettes or quit using any other tobacco products given Sub1k?
SUB2a_a	L - Substance Use	Modified	<p>SUB2a_a. [IF SUB2a=1 CONTINUE, ELSE GOTO SUB2b_a]</p> <p>In the past three months, how often have you used alcoholic beverages? Would you say...</p>	Replace "used" with "drank"
SUB2c	L - Substance Use	Modified	<p>SUB2c. (In your life, which of the following substances have you ever used? Have you used...)</p> <p>Cocaine?</p> <p>This may be known as coke or crack.</p>	Replace "This may be known as coke or crack." with "This may be known as powder, 'crack,' free base, and coca paste"
SUB2g	L - Substance Use	Modified	<p>SUB2g. (In your life, which of the following substances have you ever used? Have you used...)</p> <p>Hallucinogens?</p> <p>These may be known as LSD, acid, mushrooms, PCP or special K.</p>	Replace "These may be known as LSD, acid, mushrooms, PCP or special K." with "This may be known as LSD, acid, PCP, Ecstasy or Molly, also called MDMA or Special K"
SUB9a-Sub9b	L - Substance Use	Modified	<p>1=YES 2=NO</p> <p>.....</p> <p>SUB9b. [IF SUB9a=1 CONTINUE, ELSE GO TO SUB2b_a]</p> <p>Was this a doctor or other health professional at [REFERENCE HEALTH CENTER] or some other place?</p> <p>1=REFERENCE HEALTH CENTER 2=SOME OTHER PLACE</p>	Consider combining
SUB3 and SUB3a	L - Substance Use	Modified	<p>SUB3. Have you ever used any drug by injection? Please include drugs for non-medical use only.</p>	Change to "used a needle"?

PRG1	M - Prenatal Care	Modified	<p>PRG1. [IF INT3=2 OR 4 AND INTAGE=15-49 CONTINUE, ELSE GO TO HTG1]</p> <p>[IF CON2=2, DK, RF GO TO PRG8, ELSE CONTINUE]</p> <p>The next questions are about pregnancy and prenatal care. Have you been pregnant in the past 3 years, which is since [3 YEAR REFERENCE DATE]?</p>	Logic to receive this section should be [IF INT3=2 OR 3 AND INTAGE=15-49 CONTINUE, ELSE GO TO HTG1]
PRG2	M - Prenatal Care	Modified	<p>PRG2. The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy.</p> <p>Did you receive prenatal care for your most recent pregnancy?</p>	This definition should get moved up to PRG6. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy.
DMO4	R - Demographics	Modified	<p>DMO4. [IF INTAGE IS GE 5 CONTINUE, ELSE GO TO DMO7.]</p> <p>What is the highest grade or year of school {you have/NAME has} completed?</p>	Remove age logic. Allow parent proxy for children 17 and under
DMO8a	R - Demographics	Modified	<p>DMO8a. [IF INTAGE GE 15 CONTINUE, ELSE GO TO DMO12]</p> <p>Do you think of yourself as straight or heterosexual, as gay, lesbian or homosexual, or as bisexual?</p>	Change to INTAGE GE 13? Why not ask 13-17 years inclusively if they will be interviewed privately?
DMO9	R - Demographics	Modified	<p>DMO9. [IF INTAGE GE 18 CONTINUE, ELSE GO TO DMO10]</p> <p>Are you?</p> <p>1=Married 2=Have a domestic partner 3=Widowed 4=Divorced 5=Separated 6=Never married</p>	Remove age logic. Allow parent proxy for children 17 and under
DMO10	R - Demographics	Modified	<p>DMO10. [IF INTAGE GE 18 CONTINUE, ELSE GO TO DMO11]</p> <p>Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or the National Guard?</p> <p>IF NEEDED: Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.</p>	Remove age logic. Allow parent proxy for children 17 and under
DMO10	R - Demographics	Modified	See above	Change "...on active duty" to "ever served"
DMO11	R - Demographics	Modified	<p>DMO11. [IF INTAGE GE 16 CONTINUE, ELSE GO TO DMO12]</p> <p>The next few questions are about employment status. Information on employment is important in analyzing the health information we collect. For example, with this information, we can learn whether patients who work full-time use medical services more or less often than those that don't work full-time.</p> <p>Which of the following were you doing last week?</p>	Remove age logic. Allow parent proxy for children 17 and under
DMO12	R - Demographics	Modified	<p>1=YES 2=NO</p>	Remove age logic. Allow parent proxy for children 17 and under

CONF3a	D - Conditions	Modified	A telephone call from {REFERENCE HEALTH CENTER} ? 1=YES 2=NO	text message? 1=YES 2=NO
ROU6	C - Routine Care	Modified and combined	ROU6: During the past 12 months, [have you/has NAME] had a flu vaccine sprayed in {your/his/her} nose by a doctor or other health professional? [IF INTAGE GE 18: A health professional may have let you spray it.] This vaccine is usually given in the fall and protects against influenza for the flu season. IF NEEDED: This influenza vaccine is called FluMist™.	To further reduce the length of the questionnaire. Questions ROU6 and ROU7 can be combined at ROU6 and ROU7 then deleted.
ROU8	C - Routine Care	Modified and combined	ROU8. [IF INTAGE GE 65 CONTINUE, ELSE GO TO ROU9a] Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.	To further reduce the length of the questionnaire. Questions ROU8 and ROU9 can be combined at ROU9 and ROU9 then deleted.
ROU9f2	C - Routine Care	Modified and combined	ROU9f2. [IF INTAGE=18-64 CONTINUE ELSE GO TO ROU10] Have you ever received an HPV shot or vaccine? IF NEEDED: HPV is Human papillomavirus. The HPV vaccines are called Cervix or Gardasil. Genital human papillomavirus is the most common sexually transmitted disease	To further reduce the length of the questionnaire. Questions ROU9f2 and ROU9f3 can be combined at ROU9f2 and ROU9f3 then deleted.
ROU14	C - Routine Care	Modified and combined	ROU14. [IF INTAGE=18-64 CONTINUE ELSE GO TO ROU10] Have you ever had a blood test to check the amount of fat in {your/his/her} blood? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions ROU14 and ROU16 can be combined at ROU14 and ROU16 then deleted.
CON7	D - Conditions	Modified and combined	CON7. [IF INTAGE=18-64 CONTINUE ELSE GO TO ROU10] Whether {you are /he is/she is} are overweight, underweight or of average weight? During the past 12 months, has a doctor or other health professional told you that {you/NAME} had a problem with {your/his/her} weight? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions CON7 and CON7a can be combined at CON7 and CON7a then deleted.
CON8	D - Conditions	Modified and combined	CON8. Has a doctor or other health professional ever talked to you about things {you/NAME} can do to manage {your/his/her} weight, such as meal planning and nutrition? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions CON8 and CON8a1 can be combined at CON8 and CON8a1 then deleted.
CON11a_test	D - Conditions	Modified and combined	{Have you/Has NAME} ever been tested for hepatitis B? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions CON11a_test and CON11_b2 can be combined at CON11a_test and CON11_b2 then deleted.
CON11b_test	D - Conditions	Modified and combined	{Have you/Has NAME} ever been tested for hepatitis C? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions CON11b_test and CON11_c2 can be combined at CON11b_test and CON11_c2 then deleted.
CONF1a_a	E - Conditions Follow-up	Modified and combined	CONF1a_a. [IF CON10=1 AND CONF1=2 OR BLANK CONTINUE, ELSE GO TO CON4] Because of {your/NAME's} high blood pressure, has a doctor or other health professional ever advised {you/him/her} to... Go on a diet or change {your/his/her} eating habits to help lower {your/his/her} blood pressure? 1=YES 2=NO	To further reduce the length of the questionnaire. Questions CONF1a_a and CONF1a_a1 can be combined at CONF1a_a and CONF1a_a1 then deleted.
CONF1a_b	E - Conditions Follow-up	Modified and combined	CONF1a_b. (Because of {your/NAME's} high blood pressure, has a doctor or other health professional ever advised {you/him/her} to...) Cut down on salt or sodium in {your/his/her} diet?	To further reduce the length of the questionnaire. Questions CONF1a_b and CONF1a_b1 can be combined at CONF1a_b and CONF1a_b1 then deleted.

CONF3f	E - Conditions Follow-up	Modified and combined	<p>CONF3f. Has any doctor or nurse (you see/NAME sees) for {your/his/her} high blood pressure given you a plan to manage {your/his/her} own care at home?</p> <p>1=YES 2=NO</p>	To further reduce the length of the questionnaire. Questions CONF3f and CONF3g can be combined at CONF3f and CONF3g then deleted.
CAN1	F - Cancer Screening	Modified and combined	<p>CAN1. [IF INTAGE GE 18 AND INT3=2 OR INT3=3 CONTINUE] [IF INTAGE LE 17 GO TO HEA1, ELSE IF INTAGE GE 18 AND INT3=1, 4, 5, 6, DK, OR RE GO TO CAN4]</p> <p>Next, I'm going to ask you about any cancer screening procedures that you may have had. Have you ever had a Pap smear or Pap test?</p> <p>IF NEEDED: 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.</p> <p>1=YES 2=NO</p>	To further reduce the length of the questionnaire. Questions CAN1 and CAN1a1 can be combined at CAN1 and CON1a1 then deleted.
SUB10b	L - Substance Use	Modified and combined	<p>SUB10b. [IF SUB10a=2 CONTINUE, ELSE GO TO SUB10c]</p> <p>In the past 12 months has a doctor or other health professional asked you about your use of drugs?</p> <p>1=YES 2=NO</p>	To further reduce the length of the questionnaire. Questions SUB10b and SUB10c can be combined at SUB10b and SUB10c then deleted.