**Attachment 14 : Listing of Proposed Items for 2019 and 2020**

**Proposed Questions to be asked beginning in 2019**

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| **Section** | **Content** | **Source** |
| **Frequency, severity, impact, and management of pain (PAI)** | * (Past 3 months) Frequency of pain

*If at least some days:** + (Last time had pain) Severity of pain: a lot, a little, somewhere in between

*If work limitation was reported in SOC section:** + - (Currently) Pain limits kind or amount of work / unable to work due to pain
	+ (Past 3 months) Frequency of interference with life or work activities
	+ (Past 3 months) Frequency that your pain affected your family and significant others
	+ (Past 3 months) Use physical/rehabilitative/occupational therapy to manage pain
	+ (Past 3 months) Use chiropractic care to manage pain
	+ (Past 3 months) Use talk therapy to manage pain
	+ (Past 3 months) Use chronic pain self-management program or workshop
	+ (Past 3 months) Use chronic pain peer support groups
	+ (Past 3 months) Use yoga or tai chi to manage pain
	+ (Past 3 months) Use massage to manage pain
	+ (Past 3 months) Use meditation, guided imagery, or other relaxation techniques to manage pain
	+ (Past 3 months) Extent to which pain could be managed

**Pain locations***If at least some days:** + (Past 3 months) How much have you been bothered by…back pain
	+ (Past 3 months) How much have you been bothered by…pain in hands, arms, or shoulders
	+ (Past 3 months) How much have you been bothered by…pain in hips, knees, or feet
	+ (Past 3 months) How much have you been bothered by…headaches or migraines
	+ (Past 3 months) How much have you been bothered by…abdominal, pelvic, or genital pain
	+ (Past 3 months) How much have you been bothered by…toothache or jaw pain
 | Questions about frequency, severity, impact, and location of pain have been on priors of the NHIS. The pain management questions are undergoing cognitive testing, but many are similar to questions asked on a complementary and alternative medicine supplement. |
| **Opioid Use (OPD)** | *If prescribed any medication by doctor or other health professional** + Taken any opioid pain relievers prescribed by doctor or dentist in past 12 months

*If yes** + - (Past 3 months) taken any opioid pain relievers prescribed by doctor or dentist

*If yes** + - * (Past 3 months) take opioid for short-term/acute pain
			* (Past 3 months) take opioid for long-term/chronic pain

*If yes** + - * + (Past 3 months) use of opioids someday, most days, everyday
		- Other than those you or family are taking, are there unused opioids in your home?
 | New proposed questions are undergoing cognitive testing. These questions have been developed with government, academic, and nonprofit researchers. Some of these researchers are working on the National Pain Strategy. |

| **Content to rotate on to Adult Questionnaire in 2020** |
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| **Section** | **Content** | **Source** |
| **Detailed adult employment (EMD)** | *If working at or had a paid job or business last week, if working in a family business not for pay, if doing seasonal/contract work, or if not currently working but had a paid job or business in past 12 months:** + For whom do/did you work at your main job/business? (name of company, employer, etc.)
	+ Industry (kind of business) (*open-ended)*
	+ Occupation (kind of work) (*open-ended)*
	+ Most important activities on the job (*open-ended)*
	+ Supervisory status
	+ Work category (private sector, government employee, self-employed, etc.)
 | On 1997-2017 NHIS |
| **Injuries (INJ)** | * (Past 3 months) any repetitive strain injuries?

 *If yes:** + Were repetitive strain Injuries enough to limit activities for 24 hours?
	+ (Past 3 months) miss school or work due to repetitive strain injuries
	+ Talk to doctor or health professional about repetitive strain injuries
	+ Rate worst amount of repetitive strain injury pain (1-10 scale)
	+ Rate average amount of repetitive strain injury pain (1-10 scale)
* (Not including repetitive strain injuries) (Past 3 months) any accident/injury?

*If no* *In past 3 months have any injuries/accidents:** + *From falls*
	+ *From collisions involving motor vehicle*
	+ *From hitting or being hit by person or object*
	+ *While playing sports or exercising*
	+ *While working*
	+ *While at home*
	+ *While in public place*

*If yes to any injury/accident:** + *Were any injuries enough to limit activities for 24 hours?*
	+ *Miss school or work due to injury*
	+ *Talk to doctor or health professional about injury*
	+ *Rate worst injury pain (1-10 scale)*
	+ *Rate average injury pain (1-10 scale)*
 | This topic is on 1997-2017. New proposed questions are undergoing cognitive testing. |
| **Physical activity (PHY)** | * Frequency of moderate-intensity leisure-time activities (# times per day/week/month/year)

*If at least once per year:** + Number of hours/minutes each time
* Frequency of vigorous-intensity leisure-time activities (# times per day/week/month/year)

*If at least once per year:** + Number of hours/minutes each time
* Frequency of leisure-time muscle-strengthening activities (# times per day/week/month/year)
 | On 1997-2017 NHIS |
| **Walking for transportation** **and leisure (WLK)** | * (Past 7 days) Walked at least 10 minutes to get some place

*If yes:** + (Past 7 days) Number of times walked at least 10 minutes
	+ Average length of walk(s), in minutes/hours
* (Past 7 days) Walked at least 10 minutes for fun, relaxation, exercise, or to walk the dog

*If yes:** + (Past 7 days) Number of times walked at least 10 minutes
	+ Average length of walk(s), in minutes/hours
 | NHIS 2015 Cancer Supplement |
| **Fatigue (FGE)** | * (Past 30 days) Frequency of feeling very tired or exhausted

*If at least some days:** + (Last time) Duration of feeling very tired or exhausted (some/most/all of the day)
	+ (Last time) Level of tiredness: a lot, a little, somewhere in between
 | On 1997-2017 NHIS |
| **Sleep (SLP)** | * Average hours of sleep in 24-hour period on weekday or workday?
* Average hours of sleep in 24-hour period on a weekend or non-workday?
* (Past 30 days) Frequency waking up well-rested
* (Past 30 days) Frequency having trouble falling asleep
* (Past 30 days) Frequency having trouble staying asleep
* (Past 30 days) Frequency taking sleep medication
 | Questions have been adapted from NHIS questions and cognitive testing |
| **Alcohol use (ALC)** | * (Lifetime) Had one or more drinks of any alcoholic beverage

*If yes:** + (Past 12 months) Number of days per week/month/year that alcohol was consumed

*If none:** + - (In any one year) Had 12 or more drinks of any alcoholic beverage

*If any:** + - (Past 12 months) Average number of drinks on days consumed any alcohol

*If average is less than 5 (if male) or 4 (if female):** + - * (Past 12 months) Did you have 5/4 or more drinks in a day?

*If average is greater than or equal to 5 (if male) or 4 (if female), or if yes, had 5/4 or more drinks in one day in past 12 months:** + - * (Past 30 days) Number of times had 5/4 or more drinks on an occasion
 | NHIS has included similar questions since 1997 that we have adapted for the redesign |
| **Smoking history and cessation (CIH)** | *If current or former smoker:** + Age when first started smoking regularly

*If former smoker:** + Length of time since quit smoking cigarettes

*If current smoker:** + (Past 12 months) Stopped smoking for at least 1 day because trying to quit
 | On 1997-2017 NHIS |
| **Content of care (COC)** | *If current smoker or recent former smoker and seen doctor in past 12 months:** + (Past 12 months) Doctor advised you about ways to quit smoking or prescribed medicine

*If current drinker and seen doctor in past 12 months:** + (Past 12 months) Doctor advised you to stop or cut down on your drinking

*If seen doctor in past 12 months:*(Past 12 months) Doctor advised you to exercise more  | New content derived from USPSTFrecommendations  |
| **Cancer 2020 Supplement** | * + - * Skin cancer

Effect of exposure to sun on skinUse of clothing to protect from sunUse of sunscreenUse of indoor tanning devices* + - * Lung cancer screening

Use chest x-ray or CT scan to identify lung cancer* + - * Physical activity/environment

Walking for transportationWalking for leisurePhysical environment for walking | These questions will be the same or similar to questions that were included on the 2015 NHIS Cancer supplement. |

**Content to rotate on to Child Questionnaire in 2020**

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| **Section** | **Content** | **Source** |
| **Injuries (INJ)** | * (Past 3 months) any accident/injury?

*If no:**In past 3 months any injuries:** + From falls
	+ From collisions involving motor vehicle
	+ From hitting or being hit by person or object
	+ While playing sports or exercising
	+ While working
	+ While at home
	+ While in public place

*If yes to any injury/accident:** + Were any injures enough to limit activities for 24 hours?
	+ Miss school or work due to injury
	+ Talk to doctor or health professional about injury
	+ Rate worst injury pain (1-10 scale)
	+ Rate average injury pain (1-10 scale)
 | This topic is on existing NHIS. New proposed questions are undergoing cognitive testing. |
| **Body measurements (BMI)** (age 10-17) | * Parent-reported height
* Parent-reported weight
 | This has been adapted from the NHIS sample adult interview  |
| **Physical activity (PHY)** (age 6-17) | * (Past 12 months) Whether child played on sports teams, took sports lesson in school/community
* (Typical week) Whether child goes to PE or a gym class
* (Typical week) How often physically active for a total of at least 60 minutes per day
* (Typical week) How often walk or ride a bike for at least 10 minutes
 | Content from national surveys, including National Survey of Children’s Health and Youth Risk Behavior Survey. |
| **Neighborhood characteristics (NHC)** (age 6-17) | * Roads, sidewalks, paths or trails where child can walk or ride bicycle
* Parks or playgrounds that are close enough for child to walk or bike to
* Does traffic make it unsafe for child to walk or bike, even with an adult?
* Does crime make it unsafe for child to walk or bike, even with an adult?
 | Content from previous cancer supplement from NHIS. |
| **Screen time (SED)** (age 2-17) | * Typical number of hours playing with smartphone or computer or in front of TV, on weekday
* Whether family has a rule for how much screen time child is allowed in a given day
* Whether there are places in child’s home where child is not allowed to use screens
 | Content from national surveys, including National Survey of Children’s Health and Youth Risk Behavior Survey, and American Academy of Pediatric Recommendations |
| **Sleep (SLP)** (age 2-17) | * Number of hours of sleep on a typical school day or weekday
* Number of hours of sleep on a typical weekend day
* How often child has difficulty falling asleep or staying asleep
* How often child seems tired during the daytime
* Whether child has a regular bedtime on weeknights
 | Content from national surveys, including National Survey of Children’s Health and Youth Risk Behavior Survey, and adapted content from sample adult interview. |