**ATTACHMENT 1: SUMMARY OF CHANGES TO THE 2020 NHIS**

**CONTENT REMOVED FROM BETWEEN THE 2019 AND 2020 NHIS INSTRUMENT**

**Sample Adult**

***Rotating Core***

[Mental Health Assessment](#MentalHealthAssessment)

* PHQ-8 diagnostic tool for depression (1 intro & 8 items)
* GAD-7 diagnostic tool for anxiety (7 items)

[Chronic Pain](#ChronicPain)

* Impact of pain (2 items)
* Pain locations (6 items)

[Preventive Services](#PreventiveServcies)

* Aspirin use for prevention (4 items)
* Preventive screening for adults (18 items)

***Sponsored Content***

[Arthritis sponsored content from NIAMS & NCCDPHP](#Arthritis) (6 items)

[Cancer control sponsored content from NCI & NCCDPHP](#CancerControl) (26 items)

[Immunizations sponsored content from NCIRD](#Immunizations) (4 items)

***Emerging Content***

[Pain management](#PainManagement) (3 items)

[Biomarkers](#Biometric) (6 items)

**Sample Child**

***Rotating Core***

[Mental Health Assessment](#SCMentalHealthAssessment)

* Strength and Difficulties Questionnaire (1 intro & 33 items)

[Stressful Life Events](#StressfulLifeEvents) (1 intro & 4 items)

**CONTENT ADDED TO THE 2020 NHIS INSTRUMENT**

**Sample Adult**

***Rotating Content***

[Detailed Adult Employment](#DetailedEmployment) (6 items)

[Sample Adult Injury](#SAInjury) (1 intro & 29 items)

[Health Related Behaviors](#SAHealthBehaviors)

* Physical Activity (5 items)
* Walking for Transportation and Leisure (6 items)
* Fatigue (3 items)
* Sleep (5 items)
* Alcohol Use (8 items)
* Smoking History and Cessation (4 items)

***Sponsored Content***

[Diabetes sponsored content from NIDDK](#Diabetes)

* Diabetes Prevention (9 items)
* Family History (1 item)
* Screening (1 item)

[Cancer control sponsored content from NCI & NCCDPHP](#CancerControlAdded)

* Walking Environment (12 items)
* Sun Safety (12 items)
* Lung Cancer Screening (6 items)

[Asthma sponsored content from NHLB, NIOSH, & NCEH](#Asthma) (5 items)

[Age of onset limitation sponsored content from ACL](#AgeOfOnset) (1 item)

[Pain management](#PainManagementAdded) (3 items)

**Sample Child**

***Rotating Content***

[Health Related Behaviors](#SCHealthBehaviors)

* BMI (2 items)
* Physical Activity (6 items)
* Neighborhood Characteristics (4 items)
* Sleep (6 items)
* Screen time (1 item)

[Injury](#SCInjury) (18 items)

***Sponsored Content***

[Asthma Sponsored Content from NHLB, NIOSH, & NCEH](#SCAsthma) (4 items)

***Emerging Content***

[Traumatic Brain Injury](#TBI) (5 items)

**Comparison between 2019 and 2020 Instrument**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Sample Adult** | **Sample Child** | **Overall** |
| **Rotating** | **Removed** | 45 | 37 | 82 |
|  | **Added** | 66 | 37 | 103 |
| **Sponsored** | **Removed** | 36 | 0 | 36 |
|  | **Added** | 47 | 4 | 51 |
| **Emerging** | **Removed** | 6 | 0 | 0 |
|  | **Added** | 0 | 5 | 5 |
|  |  |  |  |  |
| **Subtotal** | **Removed** | 87 | 37 | 124 |
|  | **Added** | 113 | 46 | 159 |
|  |  |  |  |  |
| **Net questions** |  | 26 | 9 | 35 |

Sample Adult Mental Health Assessment

|  |  |  |
| --- | --- | --- |
| **Section** | **Name** | **Description** |
| PHQ | PHQINTRO\_A | PHQ introduction |
| PHQ | PHQ81\_A | Little interest in things |
| PHQ | PHQ82\_A | Feeling down |
| PHQ | PHQ83\_A | Trouble with sleeping |
| PHQ | PHQ84\_A | Feeling tired |
| PHQ | PHQ85\_A | Poor appetite |
| PHQ | PHQ86\_A | Feeling bad about self |
| PHQ | PHQ87\_A | Trouble concentrating |
| PHQ | PHQ88\_A | Drawing notice |
| GAD | GAD71\_A | Felt nervous |
| GAD | GAD72\_A | Can't stop worrying |
| GAD | GAD73\_A | Worrying about things |
| GAD | GAD74\_A | Trouble relaxing |
| GAD | GAD75\_A | Can't sit still |
| GAD | GAD76\_A | Easily annoyed |
| GAD | GAD77\_A | Feeling afraid |

Sample Adult Chronic Pain

|  |  |  |
| --- | --- | --- |
| **Section** | **Name** | **Description** |
| PAI | PAIINTRO\_A | PAI introduction |
| PAI | PAIFRQ3M\_A | How often had pain |
| PAI | PAIAMNT\_A | How much pain last time |
| PAI | PAIWKLM3M\_A | How often pain limits life/work |
| PAI | PAIAFFM3M\_A | How often pain impacts family |
| PAI | PAIBACK3M\_A | Back pain |
| PAI | PAIULMB3M\_A | Pain in hands |
| PAI | PAILLMB3M\_A | Pain in hips |
| PAI | PAIHDFC3M\_A | Migraine |
| PAI | PAIAPG3M\_A | Abdominal pain |
| PAI | PAITOOTH3M\_A | Toothache/jaw pain |

Sample Adult Preventive Services

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| ASP | ASPMEDEV\_A | Told to take low-dose aspirin |
| ASP | ASPMEDNOWN\_A | Now following aspirin advice |
| ASP | ASPMEDSTP\_A | Advise to stop taking aspirin |
| ASP | ASPONOWN\_A | Taking low dose-aspirin on own |
| ASP | ASPMEDEV\_A | Told to take low-dose aspirin |
| ASP | ASPMEDNOWN\_A | Now following aspirin advice |
| ASP | ASPMEDSTP\_A | Advise to stop taking aspirin |
| ASP | ASPONOWN\_A | Taking low dose-aspirin on own |
| PRV | BPLAST\_A | Last time blood pressure checked |
| PRV | CHOLLAST\_A | Last time cholesterol checked |
| PRV | DIABLAST\_A | Last time blood sugar test |
| PRV | COLORECTEV\_A | Colonoscopy or sigmoidoscopy |
| PRV | COLORECTYP\_A | Colonoscopy or sigmoidoscopy or both |
| PRV | COLWHEN\_A | Most recent colonoscopy |
| PRV | COLSIGWHEN\_A | Most recent colonoscopy or sigmoidoscopy |
| PRV | SIGWHEN\_A | Most recent sigmoidoscopy |
| PRV | COLOROTH\_A | OTHER kind of test for colorectal cancer |
| PRV | CTCOLEV\_A | Ever had colonography/virtual colonoscopy |
| PRV | CTCOLWHEN\_A | Most recent colonography/virtual colonoscopy |
| PRV | FITHEV\_A | Ever had home blood stool test |
| PRV | FITHWHEN\_A | Most recent home blood stool test |
| PRV | CERVICEV\_A | Ever had cervical cancer screening test |
| PRV | CERVICWHEN\_A | When was most recent cervical cancer test |
| PRV | HYSTEV\_A | Had hysterectomy |
| PRV | MAMEV\_A | Ever had mammogram |
| PRV | MAMWHEN\_A | Most recent mammogram |

Sample Adult Prescription Opioid Use

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| OPD | OPD12M\_A | Opioids - past 12 months |
| OPD | OPD3M\_A | Opioids - past 3 months |
| OPD | OPDACUTE\_A | Opioids for acute pain |
| OPD | OPDCHRONIC\_A | Opioids for chronic pain |
| OPD | OPDFREQ\_A | Frequency of opioid use |

Sample Adult Pain Management Questions Removed in 2020

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| PAI | PAIPROGRAM\_A | Self-management program for pain |
| PAI | PAIGROUP\_A | Support groups for pain |
| PAI | PAINMEFF\_A | Managing pain |

Sample Adult Biometric Questions

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| BIO | BIOMETRICINT | Biometric introduction |
| BIO | BIOMETRIC1 | How willing would you be to have a nurse come to your home to measure your height, weight, and blood pressure? |
| BIO | BIOMETRIC2 | How willing would you be to go to a local health clinic to have your height, weight, and blood pressure taken? |
| BIO | BIOMETRIC3 | How willing would you be to have a nurse come to your home to collect a sample of your blood? |
| BIO | BIOMETRIC4 | How willing would you be to go to a local health clinic to give a sample of your blood? |
| BIO | BIOMETRIC5 | How willing would you be to give us permission to directly contact your doctors or other health professionals and get your health information from your medical records? |
| BIO | BIOMETRIC6 | How willing would you be to wear this electronic device and provide the data from the device to us? |

Sample Adult Arthritis Sponsored Content from NIAMS & NCCDPHP

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| ART | JNTSYMP\_A | Arthritis Past 30 days |
| ART | JNTPN\_A | Arthritis Pain Past 30 days |
| ART | ARTHLMT\_A | Arthritis Activity Limitations |
| ART | ARTHWRK\_A | Arthritis Work Limitations |
| ART | ARTHWT\_A | Arthritis Lose Weight |
| ART | ARTHPH\_A | Arthritis Physical Activity |

Sample Adult Cancer Control sponsored content from NCI & NCCDPHP

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| PRV | COLREASON\_A | Why did you have a colonoscopy |
| PRV | COLPAY\_A | How much did you pay for most recent colonoscopy? |
| PRV | COLOGUARD\_A | Ever had Cologuard |
| PRV | FITCOLG\_A | Was blood stool/FIT part of Cologuard test? |
| PRV | CGUARDWHEN\_A | When was your last Cologuard? |
| PRV | COLPROBLEM\_A | Did doctor recommend you be tested to look for problems in colon/rectum |
| PRV | COLKIND\_A | Which colon tests were recommended? |
| PRV | PSATEST\_A | Ever had a PSA test |
| PRV | PSAWHEN\_A | When had most recent PSA test |
| PRV | PSAREASON\_A | Reason had a PSA test |
| PRV | PSASUGGEST\_A | Who suggested PSA test |
| PRV | PSA5YR\_A | How many PSA tests in the past 5 years? |
| PRV | PSAADVANT\_A | Did a doctor talk to you about advantages of PSA |
| PRV | PSADISADV\_A | Did a doctor ever talk to you about the disadvantages of the PSA test? |
| PRV | CERREASON\_A | Reason for cervical cancer screening |
| PRV | PAPTEST\_A | PAP test at most recent cervical cancer screening |
| PRV | HPVTEST\_A | HPV test at most recent cervical cancer screening |
| PRV | CERVICRES\_A | Abnormal pap in past 5 years |
| PRV | CERVICNOT\_A | Why did not get a PAP/HPV test in past 5 years |
| PRV | MAMREASON\_A | Reason for mammogram |
| PRV | MAMAGE1ST\_A | Age of first mammogram |
| PRV | ERR\_MAMAGE1ST\_A | Non-selectable answer chosen hard edit |
| PRV | MAMWHY1ST\_A | Reason had first mammogram at age lt 50 |
| PRV | BREASTEXAM\_A | Ever had breast exam from health professional |
| PRV | BEXAMWHEN\_A | When was you last breast exam? |
| PRV | BEXAMREAS\_A | Why did you have breast exam? |

Sample Adult Immunizations sponsored content from NCIRD

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| IMS | SHTTETANUS\_A | Tetanus in past 10 years |
| IMS | SHTTDAP\_A | What kind of tetanus shot |
| IMS | SHTHPV\_A | ever had an HPV shot |
| IMS | SHTHPVAGE\_A | Age at first HPV shot |

Sample Adult Age of onset limitation sponsored content from ACL

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| ADO | DEVDONSET\_A | Age of onset limitation |

Sample Child Mental Health Assessment

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| SDQ | SDQCOPY\_C SDQ Intro |  |
| SDQ | SDQ1\_C | Considerate of other people's feelings |
| SDQ | SDQ2\_C | Restless |
| SDQ | SDQ3\_C | Complains of headaches |
| SDQ | SDQ4\_C | Shares readily |
| SDQ | SDQ5\_C | Often loses temper |
| SDQ | SDQ6\_C | Solitary |
| SDQ | SDQ7\_C | Well behaved |
| SDQ | SDQ8\_C | Many worries |
| SDQ | SDQ9\_C | Helpful to others |
| SDQ | SDQ10\_C | Constantly fidgeting/squirming |
| SDQ | SDQ11\_C | At least one good friend |
| SDQ | SDQ12\_C | Often fights with others |
| SDQ | SDQ13\_C | Often unhappy/depressed/tearful |
| SDQ | SDQ14\_C | Liked by other children/youth |
| SDQ | SDQ15\_C | Easily distracted |
| SDQ | SDQ16\_C | Nervous in new situation |
| SDQ | SDQ17\_C | Kind to younger children |
| SDQ | SDQ18\_C | Lies or cheats |
| SDQ | SDQ19\_C | Picked on or bullied by others |
| SDQ | SDQ20\_C | Offers to help others |
| SDQ | SDQ21\_C | Thinks things out before acting |
| SDQ | SDQ22\_C | Steals from home/school/elsewhere |
| SDQ | SDQ23\_C | Gets along better with adults than children/youth |
| SDQ | SDQ24\_C | Many fears |
| SDQ | SDQ25\_C | Good attention span |
| SDQ | SDQIMP1\_C | Difficulties with emotions |
| SDQ | SDQIMP2\_C | Length of time with difficulties |
| SDQ | SDQIMP3\_C | Difficulties upset/distress SC |
| SDQ | SDQIMP4\_C | Difficulties interfere with home life |
| SDQ | SDQIMP5\_C | Difficulties intefere with friendships |
| SDQ | SDQIMP6\_C | Difficulties intefere with classroom learning |
| SDQ | SDQIMP7\_C | Difficulties intefere with leisure activities |
| SDQ | SDQIMP8\_C | Difficulties put burden on family |

Sample Child Stressful Life Events

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| SLE | SLEINTRO\_C | Introduction to stressful life events section |
| SLE | VIOLENEV\_C | Victim of/witnessed violence |
| SLE | JAILEV\_C | Ever lived with parent who was incarcerated |
| SLE | MENTDEPEV\_C | Ever lived with anyone mentally ill/severely depressed |
| SLE | ALCDRUGEV\_C | Ever lived with anyone with alcohol/drug problem |

Sample Adult Detailed Employment

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| EMD | EMDWHOWRK\_A | For whom do/did you work at your main job/business? |
| EMD | EMDKINDIND\_A | Industry (kind of business) |
| EMD | EMDKINDWRK\_A | Occupation (kind of work) |
| EMD | EMDIMPACT\_A | Most important activities on the job |
| EMD | EMDSPRVIS\_A | Supervisory status |
| EMD | EMDWRKCAT\_A | Work category of main job |

Sample Adult Injury

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| REP | REPSTRAIN\_A | (Past 3 months) Any injuries due to repetitive strain |
| REP | REPLIMIT\_A | Any repetitive strain injuries serious enough to limit activities for 24 hours |
| REP | REPSAWDOC\_A | Talk to doctor or health professional about these repetitive strain injuries |
| REP | REPWRKDAYS\_A | Days of work missed because of repetitive strain injury |
| REP | REPFUTWORK\_A | Expect to miss more days of work because of repetitive strain injury |
| REP | REPSTOPCHG\_A | Stop working or change jobs because of repetitive strain injuries |
| REP | REPREDUCE | Change in work activities because of repetitive strain |
| REP | REPWRKCAUS\_A | Repetitive straing injuries caused by work |
| INJ | INJINTRO\_A | Injury intro |
| INJ | ANYINJURY\_A | (Past 3 months) Any accident or injury where any part of your body was hurt |
| INJ | ANYLIMIT\_A | Any injuries serious enough to limit activities for 24 hours |
| INJ | NUMINJ\_A | (Past 3 months) Number of times injured |
| INJ | INJHOME\_A | (Past 3 months) Any injury while you were doing household activities |
| INJ | INJWORK\_A | (Past 3 months) Any injury occur at work |
| INJ | INJSPORTS\_A | (Past 3 months) Any injury while you were playing sports or exercising |
| INJ | INJFALL\_A | (Past 3 months) Any injury a result of a fall or falling |
| INJ | INJFALLHOM\_A | Any fall occur while you were at home |
| INJ | INJFALLWRK\_A | Any falls occurred while you were working at a job or business |
| INJ | INJMOTOR\_A | (Past 3 months) Any injury a result of a collision involving a motor vehicle |
| INJ | MVTYPE\_A | Were you a driver, passenger, bicyclist, or pedestrian when this occurred? |
| INJ | INJCHORES\_A | (Past 3 months) Any injury while doing chores |
| INJ | INJSAWDOC\_A | (Past 3 months) Talk to doctor or health professional about any of these injuries |
| INJ | INJER\_A | (Past 3 months) Any ER visit because of an injury |
| INJ | INJHOSP\_A | (Past 3 months) Any overnight hospitalization because of an injury |
| INJ | INJBONES\_A | (Past 3 months) injuries result in broken bones |
| INJ | INJSTITCH\_A | (Past 3 months) injuries require stitches or staples |
| INJ | INJWRKDAYS\_A | (Past 3 months) days of work missed because of injury |
| INJ | INJFUTWRK\_A | expect to miss more days of work because of injury |
| INJ | INSTOPCHG\_A | (Past 3 months) stop working or change jobs because of injury |
| INJ | INJREDUCE\_A | (Past 3 months) major change in work activities because of injury |

Sample Adult Health Related Behaviors

|  |  |  |
| --- | --- | --- |
| PHY | MODN\_A | Frequency of moderate-intensity leisure-time activities |
| PHY | MODLN\_A | Number of hours/minutes each time moderate-intensity leisure-time activities |
| PHY | VIGN\_A | Frequency of vigorous-intensity leisure-time activities |
| PHY | VIGLN\_A | Number of hours/minutes each time vigorous-intensity leisure-time activities |
| PHY | STRN\_A | Frequency of leisure-time muscle-strengthening activities |
| WLK | WLK\_A | (Past 7 days) Walked at least 10 minutes to get some place |
| WLK | WLKN\_A | (Past 7 days) Number of times walked at least 10 minutes to get some place |
| WLK | WLKLN\_A | Average length of walk(s) to get some place, in minutes/hours |
| WLK | WLKEX\_A | Walked at least 10 minutes for fun, relaxation, exercise, or to walk the dog |
| WLK | WLKEXN\_A | (Past 7 days) Number of times walked at least 10 minutes for fun |
| WLK | WLKEXLN\_A | Average length of walk(s) for fun, in minutes/hours |
| FGE | FGEFRQTRD\_A | Past 30 days frequency of feeling very tired or exhausted |
| FGE | FGELNGTRD\_A | Duration of feeling very tired or exhausted |
| FGE | FGELEVTRD\_A | Level of tiredness |
| SLP | SLPHOURS\_A | Average hours of sleep in a 24-hour period |
| SLP | SLPREST\_A | Past 30 days frequency waking up well rested |
| SLP | SLPFLL\_A | Past 30 days frequency having trouble falling asleep |
| SLP | SLPSTY\_A | Past 30 days frequency having trouble staying asleep |
| SLP | SLPMED\_A | Past 30 days frequency taking sleep medication |
| ALC | DRKLIFE\_A | (Lifetime) Had at least one drink of any alcoholic beverage |
| ALC | DRK12MN\_A | (Past 12 months) Number of days per week/month/year that alcohol was consumed |
| ALC | DRKAVG12M\_A | Average number of drinks on days consumed any alcohol |
| ALC | DRK12ANYR\_A | (In any one year) Had at least 12 drinks of any alcoholic beverage |
| ALC | DRKBNG12M\_A | Did you ever have 5/4 or more drinks in a day? |
| ALC | DRKANY30D\_A | (Past 30 days) Had at least one drink |
| ALC | DRKBNG30D\_A | (Past 30 days) Number of times had 5/4 or more drinks on an occasion |
| ALC | DRKADVISE\_A | (Past 12 months) Doctor advised you to stop or cut down on your drinking |
| CIG | SMKAGE\_A | Age when first started smoking regularly |
| CIG | SMKQT12M\_A | (Past 12 months) Stopped smoking for at least 1 day because trying to quit |
| CIG | SMKQTN\_A | Length of time since quit smoking cigarettes |
| CIG | SMKTLK\_A | (Past 12 months) Doctor advised you about ways to quit smoking or prescribed medicine to help you quit smoking |

Sample Adult Diabetes Sponsored Content from NIDDK

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| DPV | ADVACTIVE\_A | Advised to increase the amount of physical activity or exercise you get |
| DPV | ADVEAT\_A | Advised to reduce the amount of fat or calories in your diet |
| DPV | ADVWGTPRG\_A | Advised to participate in a weight loss program |
| DPV | NOWACTIVE\_A | Are you now increasing your physical activity or exercise |
| DPV | NOWEAT\_A | Are you now reducing the amount of fat or calories in your diet |
| DPV | NOWWGTPRG\_A | Are you now participating in a weight loss program |
| DPV | DIBPRGM\_A | Ever participated in this type of year-long program to prevent Type 2 diabetes |
| DPV | DIBREFER\_A | Doctor referred to program to prevent Type 2 diabetes |
| DPV | DIBBEGIN\_A | Interest in beginning year-long program to prevent Type 2 diabetes |
| DIB | DIBINSTIME\_A | Time from diabetes to insulin |
| DIB | DIBINSSTOP\_A | Ever stop using insulin |
| DIB | DIBINSSTYR\_A | Only stop insulin in first year |
| DIB | DIBREL\_A | Relative told by a doctor they have diabetes |
| DIB | DIABLAST\_A | Last time you had a blood test for high blood sugar or diabetes |

Sample Adult Cancer Control Sponsored Content from NCI & NCCDPHP

|  |  |  |
| --- | --- | --- |
| ENV | HOMEWLK\_A | How often does walking take place near your home |
| ENV | ROADSWLK\_A | Where you live, are there roads, sidewalks, paths or trails where you can walk |
| ENV | SHOPSWLK\_A | Are there shops, stores, or markets that you can walk to |
| ENV | TRANSITWLK\_A | Are there bus or transit stops that you can walk to |
| ENV | FUNWLK\_A | Are there places like movies, libraries, or churches that you can walk to |
| ENV | RELAXWLK\_A | Are there places that you can walk to that help you relax, clear your mind, and reduce stress |
| ENV | SIDEWLK\_A | Where you live, do most streets have sidewalks |
| ENV | TRAFFICWLK\_A | Does traffic make it unsafe for you to walk |
| ENV | CRIMEWLK\_A | Does crime make it unsafe for you to walk |
| ENV | ANIMALWLK\_A | Do dogs or other animals make it unsafe for you to walk |
| ENV | WEATHERWLK\_A | How often does the weather make you less likely to walk |
| ENV | PEOPLEWLK\_A | How often are there people walking within sight of your home |
| SUN | SUNSKIN\_A | Sun without sunscreen or protective clothing for one hour |
| SUN | SUNSHADE\_A | How often stay in the shade |
| SUN | SUNHAT\_A | Wear a hat that shades face, ears, and neck |
| SUN | SUNSHIRT\_A | Wear a long-sleeved shirt |
| SUN | SUNSCREEN\_A | Use sunscreen |
| SUN | SUNTAN\_A | Try to get sun for purpose of developing a tan |
| SUN | ANYSBURN\_A | Past 12 months ever have a sunburn |
| SUN | NUMSBURNS\_A | Past 12 months number of times have a sunburn |
| SUN | SUNSWIM\_A | Swimming when sunburned |
| SUN | SUNACTIVE\_A | Physical activity when sunburned |
| SUN | SUNALC\_A | Drinking alcohol when sunburned |
| CIG | FORNUMCIG\_A | When last smoked how many cigarettes smoked per day |
| CIG | FORVARCIG\_A | average number of cigarettes smoked daily during the longest period smoked |
| SUN | SUNBED\_A | Past 12 months number of times used indoor tanning device |
| LNG | CTSCANEV\_A | Ever had a CT scan |
| LNG | CTSCANCHST\_A | Any of the CT scans of chest area |
| LNG | CTLNGCAN\_A | CT scan of chest area done mainly to check for lung cancer |
| LNG | CTLNGWHEN\_A | Most recent CT scan of chest area done to check for lung cancer |

Sample Adult Pain Management Questions Added in 2020

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| PAI | PAIOTCMEDS\_A | Over-the-counter pain medication |
| PAI | PAIPRSMEDS\_A | Pain reliever prescribed by doctor |
| PAI | PAIEXRCISE\_A | Exercise to manage pain |

Sample Adult Asthma Sponsored Content

|  |  |  |
| --- | --- | --- |
| AST | ASHOSP12M\_A | During past 12 months stayed overnight in a hospital because of asthma |
| AST | ASDAYS12M\_A | During past 12 months days UNABLE to work because of asthma |
| AST | ASINHALE3M\_A | During past 3 months use of prescription asthma inhaler |
| AST | ASPREVR\_A | Now taking a preventive asthma medication |
| AST | ASJOB\_A | Told by doctor asthma made worse by job |

Sample Child Health Related Behaviors

|  |  |  |
| --- | --- | --- |
| PHY | HEIGHTFT\_C | Parent-reported height |
| PHY | WEIGHTLB\_C | Parent-reported weight |
| PHY | SPORT\_C | (Past 12 months) Whether child played on sports teams, took sports lesson in school/community |
| PHY | PEGYM\_C | (Past 12 months) Whether child took PE or gym class |
| PHY | PADAYS\_C | (Typical school week) How often physically active for a total of at least 60 minutes per day |
| PHY | STRENGTH\_C | (Typical school week)How often child does strength activities |
| PHY | WALK\_C | (Typical school week) How often walks for at least 10 minutes |
| PHY | BIKE\_C | (Typical school week) How often rides a bike for at least 10 minutes |
| NHC | SIDEWALK\_C | Roads, sidewalks, paths or trails where child can walk or ride bicycle |
| NHC | PARKS\_C | Parks or playgrounds that are close enough for child to walk or bike to |
| NHC | TRAFFIC\_C | Does traffic make it unsafe for child to walk or bike, even with an adult? |
| NHC | CRIME\_C | Does crime make it unsafe for child to walk or bike, even with an adult? |
| SLP | RESTED\_C | (Typical school week) How often child wakes up well-rested |
| SLP | DIFFICULT\_C | (Typical school week) How often child has difficulty getting out of bed in morning |
| SLP | TIRED\_C | (Typical school week) How often child complains about being tired |
| SLP | NAPS\_C | (Typical school week) How often child falls asleep during day |
| SLP | BEDTIME\_C | (Typical school week) How often child goes to bed at same time |
| SLP | WAKETIME\_C | (Typical school week) How often child wakes up at the same time |
| SED | SCREENTIME\_C | Child screen time |

Sample Child Injury

|  |  |  |
| --- | --- | --- |
| Section | Name | Description |
| INJ | INJINTRO\_C | Child injury intro |
| INJ | ANYINJURY\_C | (Past 3 months) Any accident or injury where any part of child’s body was hurt |
| INJ | INJLIMIT\_C | Any injuries serious enough to limit activities for 24 hours |
| INJ | NUMINJ\_C | (Past 3 months) Number of times injured |
| INJ | INJHOME\_C | (Past 3 months) any injury at home |
| INJ | INJSCHOOL\_C | (Past 3 months) Any injury while child was at school or daycare |
| INJ | INJSPORTS\_C | (Past 3 months) Any injury while child was playing sports or exercising (age 3-17) |
| INJ | INJFALL\_C | (Past 3 months) Any injury a result of a fall or falling |
| INJ | INJFALLHOM\_C | Any fall occur while you were at home |
| INJ | INJFALLSCH\_C | Any fall occur while you were at school or daycare |
| INJ | INJMOTOR\_C | (Past 3 months) Any injury from motor vehicle crash |
| INJ | INJMVTYPE\_C | Was child a driver, passenger, bicyclist, pedestrian, or doing something else when this occurred? |
| INJ | SAWDOC\_C | (Past 3 months) Saw doctor or health professional about any of these injuries |
| INJ | INJER\_C | (Past 3 months) Any ER visit because of an injury |
| INJ | INJHOSP\_C | (Past 3 months) Any overnight hospitalization because of an injury |
| INJ | INJBONES\_C | (Past 3 months) injuries result in broken bones |
| INJ | INJSTITCH\_C | (Past 3 months) injuries require stitches or staples |
| INJ | INJSCHDAYS\_C | (Past 3 months) Number of days of school or daycare missed because of injuries |
| INJ | INJFUTSCH\_C | Miss any days of school in future because of injury |

Sample Child Traumatic Brain Injury

|  |  |  |
| --- | --- | --- |
| TBI | TBIINTRO\_C | Traumatic brain injury introduction |
| TBI | TBILOSTCON\_C | As a result of a blow or jolt to the head, did ^SCNAME ever get knocked out or lose consciousness? |
| TBI | TBIDAZED\_C | As a result of a blow or jolt to the head, was ^SCNAME ever dazed or have a gap in his/her memory? |
| TBI | TBIHEADSYM\_C | As a result of a blow or jolt to the head, did ^SCNAME ever have headaches, vomiting, blurred vision, or changes in mood or behavior?  |
| TBI | TBICHKCONC\_C | As a result of a blow or jolt to the head, did ^SCNAME ever get medical care from a doctor or other health care provider? |
| TBI | TBIDRCONC\_C | Did a doctor or other health care provider ever tell you that ^SCNAME had a concussion or brain injury? |

Sample Child Asthma Sponsored Content from NHLB, NIOSH, & NCEH

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| --- | --- | --- |
| Section | Name | Description |
| AST | ASHOSP12M\_C | During past 12 months stayed overnight in a hospital because of asthma |
| AST | ASDAYS12M\_C | During past 12 months days of school missed because of asthma |
| AST | ASINHALE3M\_C | During past 3 months use of prescription asthma inhaler |
| AST | ASPREVR\_C | Frequency of taking a preventive asthma medication |