

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

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

Chronic Pain

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

Preventive Services

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

Sponsored Content

Arthritis sponsored content from NIAMS & NCCDPHP (6 items)

Cancer control sponsored content from NCI & NCCDPHP (26 items)

Immunizations sponsored content from NCIRD (4 items)

Emerging Content

Pain management (3 items)

Biomarkers (6 items)

Sample Child

Rotating Core

Mental Health Assessment

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

Stressful Life Events (1 intro & 4 items)

CONTENT ADDED TO THE 2020 NHIS INSTRUMENT

Sample Adult

Rotating Content

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

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

[Health Related Behaviors](#)

- 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 Prevention (9 items)
- Family History (1 item)
- Screening (1 item)

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

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

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

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

[Pain management](#) (3 items)

Sample Child

Rotating Content

Health Related Behaviors

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

Injury (18 items)

Sponsored Content

Asthma Sponsored Content from NHLB, NIOSH, & NCEH (4 items)

Emerging Content

Traumatic Brain Injury (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	ASPMEDDEV_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	ASPMEDDEV_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 interfere with friendships
SDQ	SDQIMP6_C	Difficulties interfere with classroom learning
SDQ	SDQIMP7_C	Difficulties interfere 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	VIOLNEV_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	REPWRKDAY_A	Days of work missed because of repetitive strain injury
REP	REFUTWORK_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 straining 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	INJWRKDAY_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	SLPFLA_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

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