

Attachment 14 : Listing of Proposed Items for 2019 and 2020

Proposed Questions to be asked beginning in 2019

Section	Content	Source
Content to rotate on to Adult Questionnaire in 2020	<ul style="list-style-type: none"> (Past 3 months) Frequency of pain If at least some days: <input type="radio"/> (Past 3 months) Frequency of pain: a lot, a little, somewhere in between 	Questions about frequency, severity, impact, and location of pain have been on
Section	Content	Source
Detailed adult employment (EMD)	<p>If work limitation was reported in SOC section:</p> <ul style="list-style-type: none"> (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 For whom do and 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.) (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 Talk to doctor or health professional about repetitive strain injuries <p>Pain locations</p> <ul style="list-style-type: none"> Rate worst amount of repetitive strain injury pain (1-10 scale) If at least some days: Rate average amount of repetitive strain injury pain (1-10 scale) (Not including repetitive strain injuries) (Past 3 months) any accident/injury? If no <input type="radio"/> (Past 3 months) How much have you been bothered by...back pain <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hands, arms, or shoulders <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hips, knees, or feet <input type="radio"/> (Past 3 months) How much have you been bothered by...headaches or migraines <input type="radio"/> (Past 3 months) How much have you been bothered by...abdominal, pelvic, or genital pain <input type="radio"/> (Past 3 months) How much have you been bothered by...toothache or jaw pain <p>If yes to any injury/accident: <input type="radio"/> Were any injuries enough to limit activities for 24 hours? <input type="radio"/> Miss school or work due to injury <input type="radio"/> Taken any opioid pain relievers prescribed by doctor or dentist in past 12 months <input type="radio"/> Rate worst injury pain (1-10 scale) <input type="radio"/> Rate average injury pain (1-10 scale) <input type="checkbox"/> (Past 3 months) taken any opioid pain relievers prescribed by doctor or dentist</p>	On 1997-2017 NHIS pain management questions are undergoing cognitive testing, but many are similar to questions asked on a complementary and alternative medicine supplement.
Injuries (INJ)	<ul style="list-style-type: none"> (Past 3 months) any repetitive strain injuries? If yes: <input type="radio"/> (Past 3 months) Use meditation, guided imagery, or other relaxation techniques to manage pain <input type="radio"/> (Past 3 months) Extent to which pain could be managed <input type="radio"/> Talk to doctor or health professional about repetitive strain injuries <p>Pain locations</p> <ul style="list-style-type: none"> Rate worst amount of repetitive strain injury pain (1-10 scale) If at least some days: Rate average amount of repetitive strain injury pain (1-10 scale) (Not including repetitive strain injuries) (Past 3 months) any accident/injury? If no <input type="radio"/> (Past 3 months) How much have you been bothered by...back pain <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hands, arms, or shoulders <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hips, knees, or feet <input type="radio"/> (Past 3 months) How much have you been bothered by...headaches or migraines <input type="radio"/> (Past 3 months) How much have you been bothered by...abdominal, pelvic, or genital pain <input type="radio"/> (Past 3 months) How much have you been bothered by...toothache or jaw pain <p>If yes to any injury/accident: <input type="radio"/> Were any injuries enough to limit activities for 24 hours? <input type="radio"/> Miss school or work due to injury <input type="radio"/> Taken any opioid pain relievers prescribed by doctor or dentist in past 12 months <input type="radio"/> Rate worst injury pain (1-10 scale) <input type="radio"/> Rate average injury pain (1-10 scale) <input type="checkbox"/> (Past 3 months) taken any opioid pain relievers prescribed by doctor or dentist</p>	This topic is on 1997-2017. New proposed questions are undergoing cognitive testing.
Opioid Use (OPD)	<ul style="list-style-type: none"> (Past 3 months) any repetitive strain injuries? If yes: <input type="radio"/> (Past 3 months) Use meditation, guided imagery, or other relaxation techniques to manage pain <input type="radio"/> (Past 3 months) Extent to which pain could be managed <input type="radio"/> Talk to doctor or health professional about repetitive strain injuries <p>Pain locations</p> <ul style="list-style-type: none"> Rate worst amount of repetitive strain injury pain (1-10 scale) If at least some days: Rate average amount of repetitive strain injury pain (1-10 scale) (Not including repetitive strain injuries) (Past 3 months) any accident/injury? If no <input type="radio"/> (Past 3 months) How much have you been bothered by...back pain <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hands, arms, or shoulders <input type="radio"/> (Past 3 months) How much have you been bothered by...pain in hips, knees, or feet <input type="radio"/> (Past 3 months) How much have you been bothered by...headaches or migraines <input type="radio"/> (Past 3 months) How much have you been bothered by...abdominal, pelvic, or genital pain <input type="radio"/> (Past 3 months) How much have you been bothered by...toothache or jaw pain <p>If yes to any injury/accident: <input type="radio"/> Were any injuries enough to limit activities for 24 hours? <input type="radio"/> Miss school or work due to injury <input type="radio"/> Taken any opioid pain relievers prescribed by doctor or dentist in past 12 months <input type="radio"/> Rate worst injury pain (1-10 scale) <input type="radio"/> Rate average injury pain (1-10 scale) <input type="checkbox"/> (Past 3 months) taken any opioid pain relievers prescribed by doctor or dentist</p>	New proposed questions are undergoing cognitive testing. These questions have been developed with
Physical activity	<ul style="list-style-type: none"> Frequency of moderate-intensity leisure-time activities (# times per week) If yes: <input type="radio"/> (Past 3 months) Frequency of moderate-intensity leisure-time activities: a lot, a little, somewhere in between 	On 1997-2017 NHIS government

Content to rotate on to Child Questionnaire in 2020

Section	Content	Source
Injuries (INJ)	<ul style="list-style-type: none"> • (Past 3 months) any accident/injury? <i>If no:</i> <i>In past 3 months any injuries:</i> <ul style="list-style-type: none"> ○ 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 • <i>If yes to any injury/accident:</i> <ul style="list-style-type: none"> ○ 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 existing NHIS. New proposed questions are undergoing cognitive testing.
Body measurements (BMI) (age 10-17)	<ul style="list-style-type: none"> • Parent-reported height • Parent-reported weight 	This has been adapted from the NHIS sample adult interview
Physical activity (PHY) (age 6-17)	<ul style="list-style-type: none"> • (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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Number of hours of sleep on a typical school day or weekday • Number of hours of sleep on a typical weekend day 	Content from national surveys, including