

Attachment 1: Changes to the rotating core and sponsored content for 2020

Sample Adult

Section	Content	Source
Rotating core		
Detailed adult employment	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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.) 	<p>On 1997-2017 NHIS. Minor revisions were made to “read if necessary” text based on more recent questions in the American Community Survey. These six questions are part of a sequence needed to properly code occupational history.</p>
Injuries (INJ)	<ul style="list-style-type: none"> • (Past 3 months) Any injuries due to repetitive strain <ul style="list-style-type: none"> ○ Any repetitive strain injuries serious enough to limit activities for 24 hours ○ Talk to doctor or health professional about these repetitive strain injuries ○ Days of work missed because of repetitive strain injury ○ Expect to miss more days of work because of repetitive strain injury ○ Stop working or change jobs because of repetitive strain injuries ○ Change in work activities because of repetitive strain ○ Doctor or other health professional told you that repetitive strain injury likely work-related • (Past 3 months) Any accident or injury where any part of your body was hurt <ul style="list-style-type: none"> ○ Any injuries serious enough to limit activities for 24 hours ○ (Past 3 months) Number of times injured ○ (Past 3 months) Any injury while you were doing household activities ○ (Past 3 months) Any injury occur at work 	<p>Injury questions were on 1997-2017 NHIS. These new injury questions were developed using input from technical expert panels consisting of experts from government and academia and cognitive testing (see Jamoom and Massey, 2019). Results from cognitive testing of NHIS sample child questions also informed the design the sample adult injury questions (report forthcoming). The new sample adult injury questions separate out repetitive strain and acute injuries for adults. The injury questions also include information about the seriousness of the injury, treatment of the injury, where the injury occurred, what activities the respondents were engaged in when injured and the impact of the injuries on the respondents’ work, school, or usual activities. Overall, these questions provide detail about the injuries that can help characterize the nature</p>

	<ul style="list-style-type: none"> o (Past 3 months) Any injury while you were playing sports or exercising o (Past 3 months) Any injury a result of a fall or falling o Any fall occur while you were at home o Any falls occurred while you were working at a job or business o (Past 3 months) Any injury a result of a collision involving a motor vehicle o Were you a driver, passenger, bicyclist, or pedestrian when this occurred? o (Past 3 months) Any injury while doing chores o (Past 3 months) Talk to doctor or health professional about any of these injuries o (Past 3 months) Any ER visit because of an injury o (Past 3 months) Any overnight hospitalization because of an injury o (Past 3 months) injuries result in broken bones o (Past 3 months) injuries require stitches or staples o (Past 3 months) days of work missed because of injury o expect to miss more days of work because of injury o (Past 3 months) stop working or change jobs because of injury o (Past 3 months) major change in work activities because of injury 	<p>of injuries and inform injury prevention efforts.</p>
<p>Physical activity (PHY)</p>	<ul style="list-style-type: none"> • The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your LEISURE time. We are interested in two types of physical activity --- moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate. How often do you do MODERATE-INTENSITY LEISURE-TIME physical activities? <ul style="list-style-type: none"> o About how long do you do these moderate leisure-time physical activities each time? • How often do you do VIGOROUS-INTENSITY LEISURE-TIME physical activities? <ul style="list-style-type: none"> o About how long do you do these vigorous leisure-time physical activities each time? • Including activities that you mentioned earlier, how often do you do 	<p>On 1997-2017 NHIS. Minor modifications to were made to questions to better match new physical activity guidelines released in 2018. Also made minor changes to examples of muscle strengthening. Healthy People 2020 used NHIS data for Physical Activity goals and will likely use the data for Healthy People 2030.</p>

	LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as sit-ups, push-ups, or lifting weights?	
Walking for transportation and leisure (WLK)	<ul style="list-style-type: none"> • In the past 7 days, did you walk for transportation? <ul style="list-style-type: none"> ○ In the past 7 days, how many days did you walk for transportation? ○ On average, how many times per day did you walk for transportation? ○ On average, how long did those walks take? • Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. In the past 7 days, did you walk for any of these reasons? <ul style="list-style-type: none"> ○ In the past 7 days, how many days did you walk for leisure or exercise? ○ On average, how many times per day did you walk for leisure or exercise? ○ On average, how long did those walks take? 	Adapted from questions asked in the 2015 NHIS cancer supplement. Cognitive testing during August of 2019 was used to make it easier for respondents to answer by first asking number of days and then asking number of times per day (report forthcoming). These questions were additionally modified to account for new Physical Activity Guidelines which did not require a minimum of 10 minutes to qualify as exercise.
Fatigue (FGE)	<ul style="list-style-type: none"> • In the past 3 months, how often did you feel very tired or exhausted? <ul style="list-style-type: none"> ○ Thinking about the last time you felt very tired or exhausted, how long did it last? ○ Thinking about the last time you felt this way, how would you describe the level of tiredness? 	On 2010-2018 NHIS. Questions have not changed since the submission of the revision package. These questions were developed as part of the Washington Group on disability statistics extended set to measure functioning related disability in adults.
Sleep (SLP)	<ul style="list-style-type: none"> • On average, how many hours of sleep do you get in a 24-hour period? • During the past 30 days, how often did you wake up feeling well-rested? • During the past 30 days, how often did you have trouble falling asleep? • How often did you have trouble staying asleep? • How often did you take any medication to help you fall asleep or stay asleep? 	Adapted from questions on the 2013-2018 NHIS. See Wheeler and Massey (2018) for cognitive testing. These questions are used to study the relationship between sleep and health and establish guidelines for the amount of sleep for adults. Healthy People 2020 used NHIS data to measure the adequate sleep objective.
Alcohol use (ALC)	<ul style="list-style-type: none"> • (Lifetime) Had one or more drinks of any alcoholic beverage If yes: <ul style="list-style-type: none"> ○ (Past 12 months) Number of days per week/month/year that alcohol was consumed If none: <ul style="list-style-type: none"> ▪ (In any one year) Had 12 or more drinks of any 	NHIS has included similar alcohol use questions since 1997 that we have adapted for the redesign. Questions can be used to measure the alcohol drinking status of adults as well as whether an adult engages in excessive alcohol use such as binge drinking

	<p>alcoholic beverage</p> <p>If any:</p> <ul style="list-style-type: none"> ▪ (Past 12 months) Average number of drinks on days consumed any alcohol If average is less than 5 (if male) or 4 (if female): <ul style="list-style-type: none"> • (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: <ul style="list-style-type: none"> • (Past 30 days) Number of times had 5/4 or more drinks on an occasion 	as a health risk behavior.
Smoking history and cessation (CIH)	<ul style="list-style-type: none"> • How old were you when you FIRST started to smoke fairly regularly? • During the past 12 months, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING? • How long has it been since you quit smoking cigarettes? 	Adapted from questions on 1997-2017 NHIS. See Massey et al. (2018) for cognitive testing. These questions are used to understand smoking cessation among adults in the U.S. Healthy People 2020 used NHIS data to measure cigarette smoking history and smoking cessation objectives.
Content of care	<ul style="list-style-type: none"> • In the past 12 months, has a doctor, dentist, or other health professional ADVISED you about ways to stop smoking or prescribed medication to help you quit? • In the past 12 months, has a doctor, dentist, or other health professional ADVISED you to stop or cut down on your drinking? • During the past 12 months, has a doctor or other health professional ADVISED you to...Increase the amount of physical activity or exercise you get? 	This content was derived from USPSTF recommendations and has been moved to the smoking, alcohol, and Diabetes prevention sections to improve the flow of the questionnaire.
Sponsored Content		
Diabetes Sponsored Content from (NIDDK, NIH)	<ul style="list-style-type: none"> • Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes? • When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional? • During the past 12 months, has a doctor or other health professional ADVISED you to ...Increase the amount of physical activity or exercise 	Adapted from questions that were included in the 2016-2018 NHIS. See Dunston et al. (2015) for cognitive testing. These questions are used to assess diabetes risk and assist in diabetes related monitoring and prevention efforts.

	<p>you get?</p> <ul style="list-style-type: none"> • During the past 12 months, has a doctor or other health professional ADVISED you to ...Reduce the amount of fat or calories in your diet? • During the past 12 months, has a doctor or other health professional ADVISED you to...Participate in a weight loss program? • Are you now...Increasing your physical activity or exercise? • Are you now...Reducing the amount of fat or calories in your diet? • Are you now...Participating in a weight loss program? • 	
<p>Cancer Sponsored Content - lung cancer from (NCI, NIH) and (NCCDPHP, CDC)</p>	<ul style="list-style-type: none"> • When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day? • What is the average number of cigarettes that you smoked daily during the longest period that you smoked? • The following questions are about CT scans. During this test, you lie down on your back and are moved through an open, donut-shaped x-ray machine. Have you EVER HAD a CT scan? • Were any of the CT scans of your chest area? • The next question is only about CT scans to check or screen for lung cancer, sometimes called low-dose CT scans. Were any of the CT scans of your chest area done mainly to check or screen for lung cancer? • When did you have your MOST RECENT CT scan of your chest area done mainly to check or screen for lung cancer? 	<p>These questions were adapted from the 2015 NHIS cancer supplement and underwent cognitive testing in August of 2019 (report forthcoming). These questions are used to measure the extent to which respondents are being appropriately screened for lung cancer according to USPSTF guidelines. This requires knowing pack-year smoking history of the respondents and screening techniques that are used.</p>
<p>Cancer Sponsored Content - skin cancer from (NCI, NIH) and (NCCDPHP, CDC)</p>	<ul style="list-style-type: none"> • After several months of not being in the sun, if you THEN went out into the sun without sunscreen or protective clothing for one hour, which of these would happen to your skin? Would you get a severe sunburn with blisters, have a moderate sunburn with peeling, burn mildly with some or no darkening or tanning, turn darker without sunburn, or would nothing happen to your skin? • When you go outside on a sunny day, for more than one hour, how often do you...Stay in the shade? • When you go outside on a sunny day, for more than one hour, how often do you...Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around? • When you go outside on a sunny day, for more than one hour, how often do you...Wear a long-sleeved shirt? • When you go outside on a sunny day, for more than one hour, how often do you...Use sunscreen? 	<p>These questions were adapted from the 2015 NHIS cancer supplement. The questions are used to measure various aspects of sun safety such as how often respondents are exposed to the sun, whether they take any precautions to prevent sun burns, and activities they engage in that might lead to increased risk of exposure to the sun.</p>

	<ul style="list-style-type: none"> • When spending time outdoors, how often do you try to get some sun for the purpose of developing a tan? • During the past 12 months, did you ever have a sunburn? • During the past 12 months, how many times have you had a sunburn? • During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? 	
Cancer Sponsored Content – perceptions of walking environment from (NCI, NIH) and (NCCDPHP, CDC)	<ul style="list-style-type: none"> • The next questions are about where you live. How often does the walking you reported earlier take place near your home? • Where you live, are there roads, sidewalks, paths or trails where you can walk? • Where you live... Are there shops, stores, or markets that you can walk to? • Where you live... Are there bus or transit stops that you can walk to? • Where you live... Are there places like movies, libraries, or places of worship that you can walk to? • Where you live... Are there places that you can walk to that help you relax, clear your mind, and reduce stress? • Where you live, do most streets have sidewalks? • Where you live... Does traffic make it unsafe for you to walk? • Where you live... Does crime make it unsafe for you to walk? • Where you live... Do dogs or other animals make it unsafe for you to walk? • How often does the weather make you less likely to walk? • How often are there people walking within sight of your home? 	<p>These questions were adapted from the 2015 NHIS cancer supplement. The lead in question for this section underwent cognitive testing in August of 2019 (report forthcoming) to help incorporate these questions in the redesigned instrument. The questions are used to measure people’s perceptions of their environment for walking. For example, the questions measure whether there are places for respondents to walk to in their neighborhood, whether there are any barriers to prevent them from walking in their neighborhood, and subsequently whether these barriers prevent the ability to exercise.</p>
Asthma Sponsored Content from (NHLBI, NIH), (NIOSH, CDC), and (NCEH, CDC).	<ul style="list-style-type: none"> • During the past 12 months, have you stayed overnight in a hospital because of your asthma? • During the past 12 months, how many days were you UNABLE to work or get work done around the house because of your asthma? • During the past 3 months, have you used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? • Are you NOW taking a preventive asthma medication every day, most days, some days, or never? • Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms were made worse by, any job you ever had? 	<p>These questions were adapted from the 2013 and 2018 asthma NHIS supplements that were used to measure Healthy People objectives. These questions are used to better understand treatment of asthma and the relationship between work conditions and asthma.</p>
Age of onset	<ul style="list-style-type: none"> • You said that you have difficulty with [WALKING OR CLIMBING STAIRS, 	<p>This question was developed with the</p>

<p>limitation Sponsored Content from (ACL, HHS).</p>	<p>COMMUNICATING, REMEMBERING OR CONCENTRATING, SELF-CARE, OR DOING ERRANDS ALONE]. Did this difficulty begin before age 22?</p>	<p>Administration for Community Living, HHS, and will be used to identify developmental disabilities in adults. The question underwent cognitive testing in the fall of 2019 (report forthcoming).</p>
<p>Replacement questions in pain management sponsored by (NCIPC, CDC)</p>	<ul style="list-style-type: none"> • Over the past three months, did you use any of the following to manage your pain?...Over-the-counter medications such as aspirin, Tylenol, Advil, or Aleve? • Over the past three months, did you use any of the following to manage your pain?...A pain reliever [fill: other than an opioid/] prescribed by a doctor, dentist, or other health professional? • Over the past three months, did you use any of the following to manage your pain?... Other forms of exercise, such as walking, swimming, bike riding, stretching, or strength training? 	<p>These questions are replacing 3 questions from the pain management module that was fielded in 2019. We found a high percentage of respondents selecting “other” for pain management strategy. Review of case notes from the instrument found that including these three new pain management strategies will provide more complete data about pain management strategies.</p>

Sample Child

Body measurements (BMI) (age 10-17)	<ul style="list-style-type: none"> • Parent-reported height • Parent-reported weight 	<p>This has been adapted from the NHIS sample adult interview. These two questions can be used to calculate a child's BMI which can be used to identify children who are overweight or obese.</p>
Physical activity (PHY) (age 6-17)	<ul style="list-style-type: none"> • In the past 12 months, did SAMPLE CHILD play or participate on a sports team or club or take sports lessons either at school or in the community? • In the past 12 months, did SAMPLE CHILD take a Physical Education, PE, or gym class? • In a typical week during the school year, how often does SAMPLE CHILD exercise, play a sport, or participate in physical activity for at least 60 minutes a day? • In a typical week during the school year, how often does SAMPLE CHILD do exercises to strengthen or tone HIS/HER muscles, such as push-ups, sit-ups, or weight lifting? • In a typical week during the school year, how often does SAMPLE CHILD walk for at least 10 minutes at a time? • In a typical week during the school year, how often does SAMPLE CHILD bike for at least 10 minutes at a time? 	<p>Content from national surveys, including National Survey of Children's Health and Youth Risk Behavior Survey. Sample Child physical activity questions went through multiple rounds of cognitive testing in September of 2017 (see Massey et al. 2018) and in August of 2019 (cognitive test report forthcoming). These questions are used to measure various aspects of physical activity in children and the impact on health and are meant to be in line with HHS Physical Activity guidelines.</p>
Neighborhood characteristics (NHC) (age 6-17)	<ul style="list-style-type: none"> • Are there roads, sidewalks, paths or trails near HIS/HER home where SAMPLE CHILD can walk or ride a bicycle? • Where SAMPLE CHILD lives... Are there parks or playgrounds close enough for SAMPLE CHILD to walk or bike to? • Where SAMPLE CHILD lives does traffic make it unsafe for SAMPLE CHILD to walk or ride a bicycle, even with an adult? • Where SAMPLE CHILD lives... Does crime make it unsafe for SAMPLE CHILD to walk or ride a bicycle, even with an adult? 	<p>Content adapted from 2015 cancer supplement on NHIS. The questions are used to measure parental perceptions of the child's neighborhood environment. For example, the questions measure whether there are place/conditions children to exercise outdoors in their neighborhood and whether there are any barriers to prevent them from doing these activities neighborhood, and possibly limiting the ability to exercise.</p>
Sleep (SLP) (age 2-17)	<ul style="list-style-type: none"> • In a typical CHOOLOWEEK, how often does SAMPLE CHILD wake up well-rested? • In a typical SCHOOLWEEK, how often does SAMPLE CHILD have difficulty getting out of bed in the morning? 	<p>Content from national surveys, including National Survey of Children's Health and Youth Risk Behavior Survey, and adapted content from sample adult interview. Sample</p>

	<ul style="list-style-type: none"> • In a typical SCHOOLWEEK... How often does SAMPLE CHILD complain about being tired during the day? • In a typical SCHOOLWEEK... How often does SAMPLE CHILD nap or fall asleep during the day, such as in school, watching TV, or riding in a car? • In a typical SCHOOLWEEK, how often did HE/SHE go to bed at the same time? • In a typical SCHOOLWEEK, how often did SAMPLE CHILD wake up at the same time? 	<p>Child sleep questions went through multiple rounds of cognitive testing in September of 2017 (see Massey et al. 2018) and in August of 2019 (cognitive test report forthcoming).</p>
<p>Screen time (SED) (age 2-17)</p>	<ul style="list-style-type: none"> • On most weekdays, does SAMPLE CHILD spend more than 2 hours a day in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet, or using social media? 	<p>We researched content from national surveys, including National Survey of Children’s Health and Youth Risk Behavior Survey, and American Academy of Pediatric recommendations to develop questions on screen time that have been associated with poorer mental and physical health. Sample Child sleep questions went through multiple rounds of cognitive testing in September of 2017 (see Massey et al. 2018) and in August of 2019 (cognitive test report forthcoming). One question was retained to measure how many children fall within the American Academy of Pediatrics recommendation for screen time.</p>
<p>Sample Child Injury (INJ) and Traumatic Brain Injury (TBI)</p>	<ul style="list-style-type: none"> • (Past 3 months) Any accident or injury where any part of child’s body was hurt • Any injuries serious enough to limit activities for 24 hours • (Past 3 months) Number of times injured • (Past 3 months) any injury at home • (Past 3 months) Any injury while child was at school or daycare • (Past 3 months) Any injury while child was playing sports or exercising (age 3-17) • (Past 3 months) Any injury a result of a fall or falling • Any fall occur while you were at home • Any fall occur while you were at school or daycare • (Past 3 months) Any injury from motor vehicle crash • Was child a driver, passenger, bicyclist, pedestrian, or doing something 	<p>Injury questions were on 1997-2017 NHIS. These new injury questions were developed using input from technical expert panels consisting of experts from government and academia and cognitive testing in August of 2019 (report forthcoming). The new injury questions ask about acute injuries that children experience and separate questions on traumatic brain injury. The injury questions also include information about the seriousness of the injury, treatment of the injury, where the injury occurred, what activities the respondents were engaged in</p>

	<p>else when this occurred?</p> <ul style="list-style-type: none"> • (Past 3 months) Saw doctor or health professional about any of these injuries • (Past 3 months) Any ER visit because of an injury • (Past 3 months) Any overnight hospitalization because of an injury • (Past 3 months) injuries result in broken bones • (Past 3 months) injuries require stitches or staples • (Past 3 months) Number of days of school or daycare missed because of injuries • Miss any days of school in future because of injury • As a result of a blow or jolt to the head, did SAMPLE CHILD ever get knocked out or lose consciousness? • As a result of a blow or jolt to the head, was SAMPLE CHILD ever dazed or have a gap in his/her memory? • As a result of a blow or jolt to the head, did SAMPLE CHILD ever have headaches, vomiting, blurred vision, or changes in mood or behavior? • As a result of a blow or jolt to the head, did SAMPLE CHILD ever get medical care from a doctor or other health care provider? • Did a doctor or other health care provider ever tell you that SAMPLE CHILD had a concussion or brain injury? 	<p>when injured and the impact of the injuries on the sample child such as whether the child missed school due to the injury. Overall, these questions provide detail about the injuries that can help characterize the nature of injuries and inform injury prevention efforts.</p> <p>The traumatic brain injury questions were based on versions of the questions being developed for the National Survey of Children’s Health. These questions were adapted for an interviewer-administered survey and were cognitively tested in August of 2019 (report forthcoming).</p>
<p>Sponsored Content</p>		
<p>Asthma Sponsored Content from (NHLBI, NIH), (NIOSH, CDC), and (NCEH, CDC).</p>	<ul style="list-style-type: none"> • During the past 12 months, has SAMPLE CHILD stayed overnight in a hospital because of HIS/HER asthma? • During the past 12 months, how many days of DAYCARE OR SCHOOL did SAMPLE CHILD miss because of HIS/HER asthma? • During the past 12 months, has SAMPLE CHILD used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack? • Is SAMPLE CHILD NOW taking a preventive asthma medication every day, some days, most days, or never? 	<p>These questions were adapted from the 2013 and 2018 asthma NHIS supplements. These questions are used to better understand treatment of asthma in children.</p>