**Attachment 5a**

**2021 NHIS Proposed New Content**

**Content Summary**

**SUMMARY: 2021**

New rotating core include items on allergies and psychological distress. New sponsored content includes items on COVID-19 vaccination coverage, epilepsy, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), cancer control (i.e., colorectal cancer, prostate cancer, cervical cancer and breast cancer screening), , A1C testing, diabetes distress, insulin affordability, occupational health, hepatitis B vaccinations, life satisfaction, and loss of sense of taste and smell.

**NEW ROTATING CONTENT**

**Allergies - Sample Adult and Sample Child**

Concepts to be Measured

* Symptoms of hay fever, seasonal or year-round allergies (CURRESP\_A, CURRESP\_C)
* Doctor diagnosed hay fever, seasonal or year-round allergies (DXRESP\_A, DXRESP\_C)
* Have an allergy to one or more foods (CURFOOD\_A, CURFOOD\_C)
* Doctor diagnosed allergy to one or more foods (DXFOOD\_A, DXFOOD\_C)
* Itchy rash due to eczema or atopic dermatitis (CURSKIN\_A, CURSKIN\_C)
* Doctor diagnosed eczema or atopic dermatitis (DXSKIN\_A, DXSKIN\_C)

**Serious Psychological Distress – Sample Adult**

Concepts to be Measured

* In last 30 days:
	+ Frequency of feeling so sad that nothing could cheer you up: SAD\_A
	+ Frequency of feeling nervous: NERVOUS\_A
	+ Frequency of feeling restless or fidgety: RESTLESS\_A
	+ Frequency of feeling hopeless: HOPELESS\_A
	+ Frequency of feeling everything was an effort: EFFORT\_A
	+ Frequency of feeling worthless: WORTHLESS\_A

**NEW SPONSORED CONTENT**

**COVID-19 Vaccination - Sample Adult and Sample Child (Content to start sometime around quarter 2 of 2021)**

Sponsor: National Center for Immunization and Respiratory Diseases

Concepts to be Measured

Assuming Two Doses of the Vaccination:

* Since [DATE of Availability to be determined], have you had a COVID-19 vaccination?
* How many COVID-19 vaccinations have you received?
* During what month and year did you receive your first COVID-19 vaccination?
* During what month and year did you receive your second COVID-19 vaccination?

**Epilepsy - Sample Adult**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion/Division of Population Health

Concepts to be Measured

* Ever diagnosed with seizure disorder or epilepsy (EPIEV\_A)
* Currently take medicine to control seizure disorder or epilepsy (EPIMED\_A)
* Number of seizures of any type in the past year (EPINUMSEIZ\_A)
* Seen neurologist or epilepsy specialist for seizure disorder/epilepsy in the past year (EPIDR\_A)

**Chronic Fatigue and Myalgic Encephalomyelitis - Sample Adult**

Sponsor: National Center for Emerging and Zoonotic Infectious Diseases

Concepts to be Measured

* Healthcare provider ever diagnosed Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME: CFSEV\_A
* Current Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME: CFSNOW\_A

**Cancer Control - Sample Adult**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion and National Cancer Institute

Concepts to be measured

Colorectal cancer screening

* Colorectal cancer screening test use (COLORECTEV\_A, COLORECTYP\_A, COLROTH\_A, CTCOLEV\_A, FITHEV\_A, COLOGUARD\_A, FITCOLG\_A)
* Timing of colorectal cancer screening test (COLWHEN\_A, COLSIGWHEN\_A, SIGWHEN\_A, CTCOLWHEN\_A, FITHWHEN\_A, CGUARDWHEN\_A)
* Reason for having colorectal cancer screening test (COLREASON\_A)
* Colonoscopy payment (COLPAY\_A)
* Doctor recommended colorectal cancer screening tests to respondents not recently screened (COLPROBLEM\_A, COLKIND\_A)

Prostate cancer screening

* Prostate cancer screening test use (PSATEST\_A)
* Timing of most recent PSA test (PSAWHEN\_A)
* Main reason for most recent PSA test (PSAREASON\_A)
* Person who first suggested respondent’s most recent PSA test (PSASUGGEST\_A)

Cervical cancer screening

* Cervical cancer screening test use (CERVICEV\_A, PAPTEST\_A, HPVTEST\_A)
* Timing of most recent cervical cancer screening test (CERVICWHEN\_A)
* Reason for having cervical cancer screening test (CERREASON\_A)
* Doctor told respondent what type of cervical cancer screening test(s) they received (TELLCERVIC\_A)
* Was follow-up required following cervical cancer screening test (CERVICRES\_A)
* Reason for not having cervical cancer screening test (CERVICNOT\_A)
* Eligibility for receiving cervical cancer screening- hysterectomy status (HYSTEV\_A)

Breast cancer screening

* Breast cancer screening test use (MAMEV\_A)
* Timing of most recent mammogram (MAMWHEN\_A)
* Mammogram payment (MAMPAY\_A)
* Reason for having most recent mammogram (MAMREASON\_A)
* Approximate age at first mammogram (MAMAGE1ST\_A)
* Reason for not recently having a mammogram (MAMNOT\_A)

**Diabetes A1C Testing**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion

Concepts to be Measured

* Last time had A1C checked by a doctor, nurse, or other health professional: DIBA1CLAST\_A
* Frequency of A1C testing in the last year: DIBA1CNUM\_A

**Diabetes Distress**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion

Concepts to be Measured

* Frequency of feeling overwhelmed by the demands of living with diabetes in the last 30 days: DIBSTRESS\_A
* Change in the feeling overwhelmed by the demands of living with diabetes between time before coronavirus pandemic and now: DCIBSTRESS\_A

**Insulin Affordability**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion

Concepts Measured

*If takes insulin*

* (Past 12 months) were any of the following true …you skipped insulin doses to save money: INSSKIP12M\_A
* (Past 12 months) …you took less insulin than needed to save money: INSLESS12M\_A
* (Past 12 months)…you DELAYED buying insulin to save money: INSDLY12M\_A

**Occupational Health**

Sponsor: National Institute for Occupational Safety and Health

Concepts Measured

* Employer deducts or withholds taxes from pay (self-employment): JOBTAX\_A
* Degree of earnings change from month to month: not at all, a small amount, a moderate amount, a large amount (income variability): JOBCHGEARN\_A
* Usual hours of work on main job: daytime shift, evening shift, night shift, rotating shift, something else (shiftwork): JOBSHIFT\_A
* Ease in changing work schedule for family obligations: very easy, somewhat easy, somewhat difficult, very difficult (schedule flexibility): JOBCHGSCH\_A
* Does work schedule change on a regular basis (schedule predictability): JOBVARYSCH\_A
* How far in advance do you know the hours you will work (schedule predictability): JOBADVSCH\_A
* Next 12 months, how likely to lose job or be laid off: very likely, fairly likely, not too likely, not at all likely (job insecurity): JOBLKYLOSS\_A
* Past 30 days, how many days work while physically ill (presenteeism): JOBWRKSICK\_A
* Past 30 days, number days missed because of illness, injury, or disability (absenteeism): JOBMISS\_A

**Life Satisfaction – Sample Adult**

Sponsor: National Center for Chronic Disease Prevention and Health Promotion, CDC Office of the Chief Operating Officer, National Institutes of Health Office of Disease Prevention

Concepts to be Measured

* On a scale of 0 to 10, where 0 means "very dissatisfied" and 10 means "very satisfied", how do you feel about your life as a whole right now: LSATIS11\_A
* In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?: LSATIS4\_A

**Hepatitis Vaccinations - Sample Adult**

Sponsor: National Center for Immunization and Respiratory Diseases

Concepts to be Measured

* Ever received the hepatitis B vaccine: SHTHEPB\_A
* Ever received the hepatitis A vaccine: SHTHEPA\_A
* Ever lived with someone with hepatitis: LIVEHEP\_A

**Taste and Smell - Sample Adult**

Sponsor: National Institute on Deafness and Other Communication Disorders

Concepts to be Measured

* Past 12 months, have you had difficulty with sense of smell or ability to detect odors (SMELLDF\_A)
* Compared to when you were (25 years old / 5 years younger), ability to smell (better, worse, no change)( SMELLCOMP\_A)
* Past 12 months, smell an unpleasant, bad, metallic, or burning odor when nothing is there (SMELLPHT\_A)
* Past 12 months, difficulty with your ability to taste sweet, sour, salty, or bitter foods and drinks (TASTEDF\_A)
* Compared to when you were (25 years old / 5 years younger), ability to taste sweet, sour, salty, or bitter foods and drinks (better, worse, no change) (TASTECOMP\_A)
* Compared to when you were (25 years old / 5 years younger), ability to taste flavors such as chocolate, vanilla, or strawberry (better, worse, no change) (TASTEFLAV\_A)
* Past 12 months had an unwanted taste or other sensation in mouth that does not go away (TASTEUNW\_A)
* Ever discussed any problem with, or a change in your ability to taste or smell, with a doctor or other health professional (TSTSMHP\_A)
	+ When was the last time discussed any problem with ability to taste or smell with a doctor or other health professional (TSTSMLAST\_A)
* Past 12 months, had any of the following
	+ … a head cold or flu for longer than a month (COLDFLU12M\_A)
	+ … persistent dry mouth (DRYMOUTH12M\_A)

*For those with positive coronavirus diagnosis*

* Had coronavirus symptoms include losing sense of smell, having distortions, or smelling odors that were not there? (CVDSYMSM\_A)
	+ Has your sense of smell fully or partially recovered? (CVDSMREC\_A)
* Had coronavirus symptoms include losing ability to taste or having unwanted tastes or sensations in your mouth that did not go away (CVDSYMTST\_A)
	+ Has ability to taste fully or partially recovered? (CVDTSTREC\_A)