Attachment K: Crosswalk of Non-Substantive Questionnaire Changes, 2020 to 2023 NTEC, OMB #0920-1083

Type of change code: M = Modification

Type of Change	Current Question/Item	Requested Change
M	**C5 [Grid, S Across]** When you last tried to quit smoking, did any of the following motivate you to try to quit? *Statements in row:* C5_1. A family member or friend encouraged me to try to quit C5_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smoking C5_3. My doctor or other health professional advised me to quit smoking C5_4. Workplace restrictions on smoking C5_5. Cost of cigarettes is too high C5_6. Other, please specify: [O] _____	**C5** smoker survey); NB5 (nonsmoker survey) When you last tried to quit smoking, did any of the following motivate you to try to quit? *Statements in row:* C5_1. A family member or friend encouraged me to try to quit C5_2. Anti-tobacco television commercials, online ads or videos, radio ads, or other types of advertisements that focus on the health consequences of smoking C5_3. My doctor or other health professional advised me to quit smoking C5_4. Workplace restrictions on smoking C5_5. Cost of cigarettes is too high ==C5_6. Concern about COVID-19== C5_7. Other, please specify: [O] _____
M	D21 Smoker Survey/ NC1 Nonsmoker Suvey [GRID, S ACROSS] Do you believe cigarette smoking is related to: Statements in row (randomize and record response order): D21_1. Lung Cancer D21_2. Cancer of the mouth or throat D21_3. Heart Disease D21_4. Diabetes D21_5. Emphysema D21_6. Stroke D21_7. Hole in throat (stoma or tracheotomy) D21_8. Buerger's Disease D21_9. Amputations (removal of limbs) D21_10. Asthma D21_11. Gallstones D21_12. COPD or Chronic bronchitis D21_13. Periodontal or Gum Disease D21_14. Premature birth D21_15. Colorectal Cancer D21_16. Macular degeneration or blindness D21_17. Depression D21_18. Anxiety Disorder D21_19. Colon Cancer Answers in columns: 1. Yes 2. No	**D21 (smoker survey); NC1 (nonsmoker survey**Do you believe cigarette smoking is related to: *Statements in row (randomize and record response order):* D21_1. Lung Cancer D21_2. Cancer of the mouth or throat D21_3. Heart Disease D21_4. Diabetes D21_5. Emphysema D21_6. Stroke D21_7. Hole in throat (stoma or tracheotomy) D21_8. Buerger's Disease D21_9. Amputations (removal of limbs) D21_10. Asthma D21_11. Gallstones D21_12. COPD or Chronic bronchitis D21_13. Periodontal or Gum Disease D21_14. Premature birth D21_15. Colorectal Cancer D21_16. Macular degeneration or blindness D21_17. Depression D21_18. Anxiety Disorder D21_19. Colon Cancer ==D21_20. COVID-19== *Answers in columns:* 1. Yes 2. No

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Type of Change	Current Question/Item	Requested Change
M	**G15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?** You may choose not to answer the question by simply clicking "Next". *Statements in row (randomize and record response order, with G15_24 always last):* G15_1. Acid reflux disease G15_2. ADHD or ADD G15_3. Anxiety disorder G15_4. Asthma, chronic bronchitis, or COPD G15_5. Cancer (any type except skin cancer) G15_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia) G15_7. Depression G15_8. Diabetes G15_9. Heart attack G15_10. Heart disease G15_11. High blood pressure G15_12. High cholesterol G15_13. HIV/AIDS G15_14. Kidney disease G15_15. Mental health condition G15_16. Multiple sclerosis G15_17. Osteoarthritis, joint pain or inflammation G15_18. Osteoporosis or osteopenia G15_19. Rheumatoid arthritis G15_20. Seasonal allergies G15_21. Skin cancer G15_22. Sleep disorders such as sleep apnea or insomnia G15_23. Stroke G15_24. Something else [anchor] *Answers in columns:* 1. Yes 2. No	**G15. Have you been diagnosed by a physician or other qualified medical professional with any of the following medical conditions?** You may choose not to answer the question by simply clicking "Next". *Statements in row (randomize and record response order, with G15_25 always last):* G15_1. Acid reflux disease G15_2. ADHD or ADD G15_3. Anxiety disorder G15_4. Asthma, chronic bronchitis, or COPD G15_5. Cancer (any type except skin cancer) G15_6. Chronic pain (such as low back pain, neck pain, or Fibromyalgia) G15_7. Depression G15_8. Diabetes G15_9. Heart attack G15_10. Heart disease G15_11. High blood pressure G15_12. High cholesterol G15_13. HIV/AIDS G15_14. Kidney disease G15_15. Mental health condition G15_16. Multiple sclerosis G15_17. Osteoarthritis, joint pain or inflammation G15_18. Osteoporosis or osteopenia G15_19. Rheumatoid arthritis G15_20. Seasonal allergies G15_21. Skin cancer G15_22. Sleep disorders such as sleep apnea or insomnia G15_23. Stroke G15_24. COVID-19 G15_25. Something else [anchor] *Answers in columns:* 1. Yes 2. No