

Attachment III: NHIS Teen Questionnaire

National Health Interview Survey for Teens

(NHIS-TEEN)

Cognitive Interviews

OMB# 0607-0725

November 2023

NHIS-Teen

Start of Block: Your Health and Well-Being

PHSTAT 1. Would you say your health in general is excellent, very good, good, fair, or poor?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Poor

LSATIS11 2. Using 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 these days?

NEW Intro1 We would like to know what thoughts about your life you've had **during the past several weeks**. Think about how you spend each day and night, and then think about how your life has been during most of this time. For each statement, indicate if you strongly disagree, disagree, agree, or strongly agree.

NEW WELL 3. My life is going well.

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

NEW RIGHT 4. My life is just right.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

NEW WLDCHNG 5. I would like to change many things in my life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

NEW DIFFERENT 6. I wish I had a different kind of life.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree

NEW GOODLIFE 7. I have a good life.

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

NEW HAVEWANT 8. I have what I want in life.

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

NEW BETTER 9. My life is better than most kids'.

☐ Strongly disagree

☐ Disagree

☐ Agree

☐ Strongly agree

MANAGE 10. When something upsetting happens to you, how often can you manage your emotions?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

DETERMINED 11. When you set your mind to something, how often can you take steps to make it happen?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

STRESSFUL 12. When something stressful happens to you, how often can you deal with it in positive ways?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

PHQ1 13. Over the **last two weeks**, how often have you been bothered by having little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

PHQ2 14. Over the **last two weeks**, how often have you been bothered by feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

GAD1 15. Over the **last two weeks**, how often have you been bothered by feeling nervous, anxious, or on edge?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

GAD2 16. Over the **last two weeks**, how often have you been bothered by not being able to stop or control worrying?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

End of Block: Your Health and Well-Being

Start of Block: Your Health Behaviors

PADAYS 17. In a **typical week during the school year**, how often do you exercise, play a sport, or participate in physical activity for at least 60 minutes a day?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

STRENGTH 18. In a **typical week during the school year**, how often do you do exercises to strengthen or tone your muscles, such as sit-ups, push-ups, or lifting weights?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

NEW SLEEPHOURS 19. On a **typical school night**, how many hours of sleep do you get?

- ☐ 4 or less hours
- ☐ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours
- ☐ 10 or more hours

RESTED 20. In a **typical week during the school year**, how often do you wake up feeling well-rested?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

NAPS 21. In a **typical week during the school year**, how often do you nap or fall asleep during the day, such as in school, watching TV, or riding in a car?

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

NEW PHONESLEEP 22. How long before going to sleep do you last use a smartphone, tablet, or other device with a screen in the room where you sleep?

- ☐ I have a screen on while I am sleeping
- ☐ Right before I go to sleep
- ☐ Within 30 minutes of going to sleep
- ☐ Within an hour of going to sleep
- ☐ Within two hours of going to sleep
- ☐ Two or more hours before going to sleep

[VARIABLENAME] Before going to sleep, what types of devices with a screen do you use in the room where you sleep? *Select all that apply.*

- ☐ Smartphone
- ☐ Tablet
- ☐ Laptop computer
- ☐ Desktop computer
- ☐ Television
- ☐ Handheld gaming device, such as a Nintendo Switch
- ☐ E-reader, such as a Kindle

NEW SLEEPPI 23. How often do you take medication to help you fall asleep or stay asleep?
Include both prescribed and over-the-counter medication.

- ☐ Never
- ☐ Some days
- ☐ Most days
- ☐ Every day

NEW SOCIALMEDIA 24. The next question asks about social media, such as Instagram, TikTok, Snapchat, and Twitter/X. How often do you use social media?

- ☐ I do not use social media
- ☐ A few times a month
- ☐ About once a week
- ☐ A few times a week
- ☐ About once a day
- ☐ Several times a day
- ☐ About once an hour
- ☐ More than once an hour

WEIGHTCON 25. Are you concerned about your weight?

- ☐ No
- ☐ Yes, it's too low
- ☐ Yes, it's too high

WEIGHTPER 26. How would you describe your weight?

- ☐ Very underweight
- ☐ Slightly underweight
- ☐ Neither underweight or overweight
- ☐ Slightly overweight
- ☐ Very overweight

By law, your answers cannot and will NOT be shared with anyone, including your parents or guardians without your permission.

NEW WEIGHTPILL 27. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?

☐ Yes

☐ No

The next items ask about head injuries that may have occurred in the past 12 months. This could include head injuries from playing sports, car accidents, falls, or being hit by something or someone.

TBILOSTCON 28. During the **past 12 months**, as a result of a blow or jolt to the head, have you ever been knocked out or lost consciousness?

☐ Yes

☐ No

TBIDAZED 29. During the **past 12 months**, as a result of a blow or jolt to the head, have you ever been dazed or had a gap in your memory?

☐ Yes

☐ No

TBIHEADSYM 30. During the **past 12 months**, as a result of a blow or jolt to the head, have you had headaches, vomiting, blurred vision, or changes in mood or behavior?

☐ Yes

☐ No

TBICHKCONC 31. During the **past 12 months**, have you been checked for a concussion or brain injury by a doctor, nurse, athletic trainer, or other health care professional?

☐ Yes

☐ No

TBIDRCONC 32. During the **past 12 months**, did a doctor, nurse, athletic trainer, or other health care professional say that you had a concussion or brain injury?

☐ Yes

☐ No

End of Block: Your Health Behaviors

Start of Block: Your Health Care

TIMEALONE1 33. During the **past 12 months**, did you have a chance to speak with a doctor or other health care professional privately during a medical care visit, without a parent or guardian in the room?

☐ Yes

☐ No

NEWCHANGES 34. During the **past 12 months**, has a doctor or other health care professional talked to you about understanding the changes in health care that happen at age 18?
This can include understanding changes in privacy, consent, access to information, or decision-making.

☐ Yes

☐ No

NEW ADULTDOCS 35. During the **past 12 months**, has a doctor or other health care professional helped you develop a plan to start seeing doctors or other health care providers who treat adults when you turn 18?

☐ Yes

☐ No

☐ No, but I already see providers who treat adults

GAINSKILLS 36. During the **past 12 months**, has a doctor or other health care professional talked to you about gaining skills to manage your health and health care?

☐ Yes

☐ No

NEW EATPLAY 37. During the **past 12 months**, has a doctor or other health care professional talked to you about eating healthy or getting regular exercise?

☐ Yes

☐ No

TALKSMK 38. During the **past 12 months**, has a doctor or other health care professional asked you about using tobacco products or smoking?

This can include asking about using e-cigarettes (electronic cigarettes) or vaping.

☐ Yes

☐ No

SCRNMENTAL 39. During the **past 12 months**, has a doctor or other health care professional asked you about your mental or emotional health?

This could include you filling out a questionnaire about how you have been feeling recently.

☐ Yes

☐ No

NEW SCRNSI 40. During the **past 12 months**, has a doctor or other health care professional asked you if you had feelings of wanting to end your life?

This could include you filling out a questionnaire about how you have been feeling recently.

☐ Yes

☐ No

SHEALTH 41. During the **past 12 months**, has a doctor or other health care professional talked with you about changes to your developing body or safe sex practices?

☐ Yes

☐ No

As a reminder, by law, your answers cannot and will NOT be shared with anyone, including your parents or guardians without your permission.

MHRX 42. During the **past 12 months**, did you take any prescription medication to help with your emotions, concentration, behavior, or mental health?

☐ Yes

☐ No

NEW MHTHRPY1 43. During the **past 12 months**, did you receive counseling or therapy from a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Do not count counseling or therapy received through the school system, such as seeing a school social worker, school psychologist, or school counselor.

☐ Yes

☐ No

NEW MHTHRPYSCH 44. During the **past 12 months**, did you receive counseling or therapy through the school system, such as seeing a school social worker, a school psychologist, or a school counselor?

☐ Yes

☐ No

The next three questions ask about times during the past 12 months when you may have needed counseling or therapy from a mental health professional **but did not get it**.

MHTHND 45. During the **past 12 months**, was there any time when you needed counseling or therapy from a mental health professional, but did not get it **because of cost??**

☐ Yes

☐ No

MHTHNDSGMA 46. During the **past 12 months**, was there any time when you needed counseling or therapy from a mental health professional, but did not get it **because you were afraid of what others would think of you?**

☐ Yes

☐ No

MHTHNDDKH 47. During the **past 12 months**, was there any time when you needed counseling or therapy from a mental health professional, but did not get it **because you didn't know where to go or how to get help?**

☐ Yes

☐ No

NEW MHONLINE 48. During the **past 12 months**, have you tried to get help from an online tool, including mobile apps or texting services, to help with your emotions, concentration, behavior, or mental health?

☐ Yes (1)

☐ No (2)

MEDITATE 49. Meditation includes mindfulness, mantra, and spiritual meditation. During the **past 12 months** did you use any of these types of meditation?

☐ Yes

☐ No

YOGA 50. During the **past 12 months**, did you practice yoga as part of a class or on your own?

☐ Yes

☐ No

End of Block: Your Health Care

Start of Block: Your Supports

SUPPORT 51. How often do you get the social and emotional support you need?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

FRIENDSHELP 52. How much can you rely on your friends for help if you have a serious problem?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

FRIENDSOPEN 53. How much can you open up to your friends if you need to talk about your worries?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

PARENTSHELP 54. How much can you rely on your parents or guardians for help if you have a serious problem?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

PARENTSOPEN 55. How much can you open up to your parents or guardians if you need to talk about your worries?

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ Not at all

COMSUPPORT 56. Other than parents or adults living in your home, is there at least one adult in your school, neighborhood, or community who makes a positive and meaningful difference in your life?

- ☐ Yes
- ☐ No

NEW LACKCOM 57. How often do you feel that you lack companionship?

- ☐ Hardly Ever
- ☐ Some of the time
- ☐ Often

NEW LEFTOUT 58. How often do you feel left out?

- ☐ Hardly Ever
- ☐ Some of the time
- ☐ Often

NEW ISOLATED 59. How often do you feel isolated from others?

- ☐ Hardly Ever
- ☐ Some of the time
- ☐ Often

End of Block: Your Supports

Start of Block: Your Experiences

UNFAIRRE 60. Has anyone ever treated or judged you unfairly because of your race, ethnic background, or national origin?

- ☐ Yes
- ☐ No

UNFAIRSO 61. Has anyone ever treated or judged you unfairly because of your sexual orientation or gender identity?

- ☐ Yes
- ☐ No

NEW UNFAIRAP 62. Has anyone ever treated or judged you unfairly because of a health condition or disability you may have?

☐ Yes

☐ No

NEW SIMPACT 63. During the **past 12 months**, has anyone close to you planned, attempted, or died by suicide?

☐ Yes

☐ No

NEW SELFHARM 64. Have you ever hurt yourself on purpose without wanting to die, such as cutting, burning, or bruising yourself?

☐ Yes

☐ No

The next four questions are about your experiences with bullying. The first two questions are about if you have been bullied by other children or teenagers and the next two questions are about if you have bullied others.

BULLYVIC 65. During the **past 12 months**, how often were you bullied, picked on, or excluded by other children or teenagers?

If how often you were bullied changed throughout the year, tell us about when you were bullied the most.

☐ Never in the past 12 months

☐ 1-2 times in the past 12 months

☐ 1-2 times per month

☐ 1-2 times per week

☐ Almost every day

CYBERVIC 66. During the **past 12 months**, have you ever been electronically bullied?
Count being bullied through texting, Instagram, Facebook, Snapchat, or other social media.

☐ Yes

☐ No

BULLYPERP 67. During the **past 12 months**, how often did you bully others, pick on them, or exclude them?

If how often you bullied others changed throughout the year, tell us about when you bullied others the most.

☐ Never in the past 12 months

☐ 1-2 times in the past 12 months

☐ 1-2 times per month

☐ 1-2 times per week

☐ Almost every day

CYBERPERP 68. During the **past 12 months**, have you ever electronically bullied others?
Count being bullied through texting, Instagram, Facebook, Snapchat, or other social media.

☐ Yes

☐ No

In your day-to-day life, how often do any of the following things happen to you?

RESPECT 69. You are treated with less courtesy or respect than other people your age.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never

POORSERVICE 70. You receive poorer service than other people your age at restaurants or stores.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never

NOTSMART 71. People act as if they think you are not smart.

- ☐ Almost everyday
- ☐ At least once a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Less than once a year
- ☐ Never

End of Block: Your Experiences

Start of Block: Your Community

The next 7 questions are statements about your neighborhood and community. Select whether you strongly agree, agree, disagree, or strongly disagree with each statement.

NEW SAFE 72. I feel safe in my neighborhood.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

NEW HELPOUT 73. People in my neighborhood are willing to help each other.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

NEW GETALONG 74. People in my neighborhood generally get along with each other.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

NEW TRUSTED 75. People in my neighborhood can be trusted.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

NEW CAREDEEP 76. I care deeply about issues in my community or society.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

NEW BELIEVE 77. I believe that I can make a difference in my community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

DIFFERENCE 78. I feel connected to others who are working to make a difference in my community.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

End of Block: Your Community
