Detailed Outline of Sponsored and Emerging Topics
in the National Health Interview Survey (NHIS)
Sample Adult Questionnaire

This document presents the sponsored topics sponsored by federal partners from sustaining sponsors who sponsor content every year and sponsors who sponsor content periodically. This document also includes emerging topics of growing interest that may be added by the National Center for Health Statistics.

Sustaining Sponsor Content for Sample Adults

SUSTAINING SPONSORS: NATIONAL CANCER INSTITUTE (NCI) AND NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Years: 2025

Preventive screening for adults (PRV)

If age 40+ and ever had a colonoscopy:

- Main reason for most recent colonoscopy (routine exam, because of a problem, follow-up test of earlier test/screening, some other reason)
- Did you pay for none, part, or all of the cost of most recent colonoscopy?

if age 40+

- (Ever) Cologuard test

  If had home FIT test:

  - Was the blood stool/FIT test you reported earlier part of a Cologuard test?

    if no, rf, dk:

    - Time since most recent Cologuard test

If over 40 and haven't had colorectal test within recommend time frame or never had colorectal test:

- (Past 12 months) Doctor or other health professional recommended you be tested for problems in colon/rectum

  If yes:

  - Which test(s) to check for colon cancer were recommended (FIT test, Cologuard or FIT DNA test, sigmoidoscopy, colonoscopy, CT virtual colonoscopy, other)

If male and age 40+:

- (Ever) PSA test

  If yes:

  - Time since most recent PSA test
  - Main reason for PSA (routine exam, because of a problem, some other reason)
  - Who first suggested PSA test (you, your doctor, someone else)
  - How many PSA tests have you had in the past 5 years?

If female and ever had cervical cancer screening:

- Main reason for most recent cervical cancer screening (routine exam, because of a problem, follow-up test, other reason)
- (At most recent screening) Pap test
- (At most recent screening) HPV test

  In 2021

- (At most recent screening) did doctor or health professional tell you what type of test or tests you received

If female and had cervical cancer screening in past 5 years:

- (Past 5 years) Any cervical cancer screening test require follow-up to check for cancer or precancerous cells

If female and haven't had cervical cancer screening in past 5 years:

- Main reason haven't had cervical cancer screening

If female, 30+ years, and ever had a mammogram:

- Main reason for most recent mammogram (routine exam, because of a problem, other reason)
- Age when had first mammogram

  If first mammogram was under age 50 (or respondent is currently under age 50):
  - Main reason for first mammogram (because of a problem, told was high risk, family history of breast cancer, routine exam, requested it, other reason)

if over age 30 and never had a mammogram, or haven't had a mammogram in over 2 year:

- Most important reason why [never had mammogram/haven't had mammogram in more than 2 years]

if female and age 30+:

- (Ever) Breast exam by doctor or other health professional to check for lumps or signs of breast cancer

  If yes:
  - Time since most recent breast exam
  - Main reason for most recent breast exam (routine exam, because of problem, other reason)

if female and age 30+:

- (Ever) Had breast MRI

  If yes:
  - Most recent breast MRI
  - Reason for breast MRI (Ever)

Year: 2024,2026

Cigarettes and e-cigarettes products (CIG)

If former smoker and ever smoked regularly:

- When last smoked fairly regularly, how many cigarettes did you smoke per day

If varied, never smoked regularly or don't know:

- Average number of cigarettes smoked daily during longest period of smoking

If saw a doctor or health professional in past 12 months and now smoke everyday or some days or quit less than 1 year ago.

- Has doctor, dentist, or other health professional advised you about ways to stop smoking or prescribed medication to help you quit

Year: 2024

Walking Environment (ENV)

If walk for transportation or leisure at least 1 time a week:

- How often does your walking take place near where you live

- Where you live…Are there roads, sidewalks, paths, or trails where you can walk

- …Are there shops, stores, or markets that you can walk to
- …Are there bus or transit stops that you can walk to
- …Are there places like movies, libraries, or places of worship that you can walk to
- …Are there places that you can walk to that help you relax, clear your mind, and reduce stress
- …Do most streets have sidewalks
- …Does traffic make it unsafe for you to walk
- …Does crime make it unsafe for you to walk
- …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

Sun Exposure (SUN)

- After several months of not being in the sun, if you went out in the sun without sunscreen or protective clothing for one hour, 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
- …Wear a hat that shades your face, ears AND neck
- …Wear a long-sleeved shirt
- …Use sunscreen
- When spending time outdoors, how often do you try to get some sun for the purpose of developing a tan
- (Past 12 months) Did you ever have a sunburn
  If yes:
  - (Past 12 months) How many times have you had a sunburn
- (Past 12 months) How many times have you used an indoor tanning device
- How often try to tan when spending time outdoors?
- Were you working at your job when you got sunburned?
- Were you trying to get a tan?
- Were you being physically active?
- Were you spending time in, on, or near the water (such as at a pool, lake, or ocean)?
- Were you using sunscreen?
- Were you drinking alcohol?

Lung Cancer Screening (LNG)

- Ever have CT scan
- Last CT scan to screen for lung cancer
- Have CT scan for lung cancer

Year: 2026

Diet and Nutrition (DNU)

- (Past 12 months) Number of times drank soda with sugar
- (Past 12 months) Number of times drank pure fruit juice
- (Past 12 months) Number of times drank coffee or tea with sugar
- (Past 12 months) Number of times drank sport or energy drinks
- (Past 12 months) Number of times drank sweetened fruit drinks
- (Past 12 months) Number of times eat fruit

- (Past 12 months) Number of times eat salad
- (Past 12 months) Number of times eat fried potatoes
- (Past 12 months) Number of times eat other kinds of potatoes
- (Past 12 months) Number of times eat beans
- (Past 12 months) Number of times eat other vegetables
- (Past 12 months) Number of times eat salsa
- (Past 12 months) Number of times eat pizza
- (Past 12 months) Number of times eat tomato sauce

Smoking Cessation (CIG)

- Quit smoking in past 2 years and used nicotine patch
- Quit smoking in past 2 years and used nicotine gum or lozenge
- Quit smoking in past 2 years and used nicotine nasal spray or inhaler
- Quit smoking in past 2 years and used Chantix/Varenicline
- Quit smoking in past 2 years and used Zyban/Bupropion/Wellbutrin
- Quit smoking in past 2 years and used phone/help line
- Quit smoking in past 2 years and used one-on-one counseling
- Quit smoking in past 2 years and used stop smoking clinic, class, or support group
- Quit smoking in past 2 years and used e-cigarettes
- Tried to quit smoking in past 12 months and used nicotine patch
- Tried to quit smoking in past 12 months and used nicotine gum or lozenge
- Tried to quit smoking in past 12 months and used nicotine nasal spray or inhaler
- Tried to quit smoking in past 12 months and used Chantix/Varenicline
- Tried to quit smoking in past 12 months and used Zyban/Bupropion/Wellbutrin
- Tried to quit smoking in past 12 months and used phone/help line
- Tried to quit smoking in past 12 months and used one-on-one counseling
- Tried to quit smoking in past 12 months and used stop smoking clinic, class, or support group
- Would like to completely quit smoking (Past 12 months) Number of times drank soda with sugar

Advised to Quit Smoking (AQS)

- (Past 12 months) Advised by doctor about quitting smoking or using other tobacco, past 12m

Year: not ascertained

Genetic Cancer Testing (GCT)

- (Ever) Discussed genetic cancer risk test
- (Ever) Had a genetic test

Family History of Cancer (FHC)

- Family ever had cancer
- Family ever had breast cancer
- Family breast cancer-number
- Family breast cancer-under 50
- Family ever had ovarian cancer
- Family ever had ovarian cancer-number
- Family risk of cancer

SUSTAINING SPONSOR: FOOD AND DRUG ADMINISTRATION (FDA)

Years: 2024,2025,2026

Other tobacco products (OTB)

- (Ever) Smoked a regular cigar, cigarillo, or little filtered cigar, even one time
  If yes:
  - (Currently) Smoke cigars, cigarillos, or little filtered cigars every day, some days, not at all
    If some days or not at all:
    - (Past 30 days) Number of days smoked cigar, cigarillo, or little filtered cigar
- (Ever) Used smokeless tobacco products, even one time
  If yes:
  - (Currently) Use smokeless tobacco products every day, some days, not at all

Cigarettes and e-cigarettes (OTB)

- Usually smoke menthol or non-menthol cigarettes (current smokers)
- Usually smoke menthol or no-menthol cigarettes before quitting (former smokers)

Year: 2026

- Tried to quit smoking in past 12 months and used e-cigarettes

SUSTAINING SPONSOR: NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES (NCIRD)

Year: 2024, 2025, 2026

Immunizations (IMS)

If female age 18-49, if being interviewed between August and March, and if currently pregnant and received a flu vaccination in the past 12 months:
- Did you get a flu vaccination before or during current pregnancy?

If female age 18-49, if being interviewed between April and July, and if currently pregnant; or if female age 18-49 and not currently pregnant:
- Were you pregnant at any time between August and March?
  If yes and received flu vaccination in the past 12 months:
  - Did you get a flu vaccination before, during, or after pregnancy?

If age 50+:
- (Ever) Vaccine for shingles
  If yes:
  - (Ever) Zostavax vaccine
    If yes:
    - Year of most recent Zostavax shot
      If don't know/refused:
      - Before 2018?
  - (Ever) Shingrix vaccine
    If yes:
    - (Lifetime) Number of Shingrix shots
    - Year of most recent Shingrix shot

If don't know/refused:
- Before 2018?

If female age 18-49:
- (Past 12 months) Had a pregnancy that ended in a live birth
  If yes:
  - (During pregnancy that resulted in live birth) Tdap vaccination

- (Currently) Provide direct medical care to patients in your work or volunteer activities
  If no:
  - (Currently) Work or volunteer in a health care facility

- Had a COVID-19 vaccination
  If yes
  - How many COVID-19 vaccinations
  - Month and year of COVID-19 vaccinations
  - Brand of vaccine received first

- Weakened immune system due to prescriptions
- Weakened immune system due to health condition

Year: 2024

- (Past 10 years) Tetanus shot
- Ever received the hepatitis B vaccine
- Traveled to any countries OTHER than Japan, Australia, New Zealand, Canada, and those in Europe

Immunosuppression (ISN)
- (Past 12 months) Taken prescription medication or had medical treatments that a doctor or health professional said would weaken your immune system
- (Currently) have health condition that a doctor or health professional told you weakens the immune system

Year: 2025

If male, or if female and did not have live birth in past 12 months, or if female and did not receive Tdap vaccination during recent pregnancy:
- (Past 10 years) Tetanus shot
  If yes:
  - Did most recent tetanus shot include pertussis or whooping cough vaccine?

If age 18-64:
- (Ever) HPV shot or vaccine
  If yes:
  - Age at first HPV shot

If male, or if female and did not have live birth in past 12 months, or if female and did not receive Tdap vaccination during recent pregnancy:
  - (Past 10 years) Tetanus shot
- Ever received the hepatitis B vaccine
- Ever lived with someone with hepatitis

SUSTAINING SPONSOR: UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)

Year: 2024, 2025, 2026

Family participation in food-related programs (FOO)
Skip section if sample child questionnaire is complete and if adult and child are in same family.
If anyone in the family received SNAP/food stamp benefits in past 12 months:
  - (Last 30 days) Anyone in family receive SNAP/food stamp benefits

Food security (FDS)
Skip section if sample child questionnaire is complete and if adult and child are in same family.
- (Last 30 days) You or your family worry food would run out before got money to buy more – often true, sometimes true, or never true
- (Last 30 days) You or your family have that food didn't last and didn't have money to get more – often true, sometimes true, or never true
- (Last 30 days) You or your family couldn't afford to eat balanced meals – often true, sometimes true, or never true
  If any of statements about worrying food would run out, food didn't last, or couldn't afford to eat balance meals were often or sometimes true:
  - (Last 30 days) Any adult in family cut size of meals or skip meals because there wasn't enough money for food
    If yes:
    - (Last 30 days) Number of days this happened
  - (Last 30 days) Any adult in family ate less because there wasn't enough money for food
  - (Last 30 days) Any adult in family was hungry but didn't eat because there wasn't enough money for food
  - (Last 30 days) Any adult in family lost weight because there wasn't enough money for food
    If cut or skipped meal, ate less than should, felt hungry, or lost weight because there wasn't enough money for food:
    - (Last 30 days) Any adult in family not eat a whole day because there wasn't enough money for food
      If yes:
      - (Last 30 days) Number of days this happened

SUSTAINING SPONSOR: NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES (NIDKD)

Year: 2024, 2025, 2026

Diabetes (DIB)
If ever had diabetes and now taking insulin:
  - Length of time between diabetes diagnosis and first started taking insulin

- (Since starting insulin) Ever stopped taking it for more than 6 months?
  If yes and started insulin less than a year after first diagnosed with diabetes:
  - Was this only during first year after diagnosed with diabetes?

SUSTAINING SPONSOR: NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS (NIDCD)

Year: 2024

Taste and Smell (TSM)

- Past 12 months, have you had difficulty with sense of smell or ability to detect odors
- Past 12 months, Strong odors smell differently from how they usually smell
- Compared to when you were (25 years old / 5 years younger), ability to smell
- Past 12 months, smell an unpleasant, bad, metallic, or burning odor when nothing is there
- Past 12 months, difficulty with your ability to taste sweet, sour, salty, or bitter foods and drinks
- Compared to when you were (25 years old / 5 years younger), ability to taste sweet, sour, salty, or bitter foods and drinks
- Compared to when you were (25 years old / 5 years younger), ability to taste flavors such as chocolate, vanilla, or strawberry
- Past 12 months had an unwanted taste or other sensation in mouth that does not go away
- Ever discussed any problem with, or a change in your ability to taste or smell, with a doctor or other health professional
  - When was the last time discussed any problem with ability to taste or smell with a doctor or other health professional

Rotating Conditions (RCN)

- Past 12 months, had a head cold or flu for longer than a month
- Past 12 months had a persistent dry mouth

COVID-19 related taste and smell (TSC)

If diagnosed with coronavirus

- Had coronavirus symptoms include losing sense of smell, having distortions, or smelling odors that were not there?
  If yes
  - Has your sense of smell fully or partially recovered?
- When you had coronavirus or afterwards did strong odors smell differently from how they usually smell?
- Had coronavirus symptoms include losing ability to taste or having unwanted tastes or sensations in your mouth that did not go away
  If yes
  - Has ability to taste fully or partially recovered?

Year: 2025

Voice, swallowing, speech, and language communication (VSL)

- (Past 12 months) Voice Problem
- (Past 12 months) Duration of voice problem
- (Past 12 months) Amount of difficulty with voice problem

- (Past 12 months) Swallowing problem
- (Past 12 months) Duration of swallowing problem
- (Past 12 months) Amount of difficulty with swallowing problem
- (Past 12 months) Speech problem
- (Past 12 months) Duration of speech problem
- (Past 12 months) Amount of difficulty with speech problem
- (Past 12 months) Stuttering problem
- (Past 12 months) Language problem
- (Past 12 months) Duration of language problem
- (Past 12 months) Amount of difficulty with language problem
- VSL problems following a brain injury or stroke
- (Past 12 months) Saw a doctor for treatment of voice, swallowing, speech, or language problem
- How did evaluation, treatment, or rehabilitation services affect your life?
- Did problems with voice, swallowing, speech, or language get better, stay the same, or worse?

Year: 2026

Hearing and Balance (SHE)

- Hearing ability
- Hear whispers
- (Past 12 months) Ear infection
- (Past 12 months) 3 or more ear infections
- Lifetime significant head injury
- Number of lifetime head injuries
- (Ever) Had hearing test
- How long since hearing test
- Hearing aid fit or purchased
- (Past 12 months) Balance or dizziness problem
- (Past 12 months) How big of a balance or dizziness problem
- (Ever) Seen health provider for balance or dizziness problem
- (Past 12 months) Fallen
- (Past 12 months) Number of falls
- (Past 12 months) Ringing, roaring, or buzzing in ears
- How long bothered by ringing, roaring, or buzzing in ears
- (Past 12 months) How much of a problem is ringing, roaring, or buzzing in ears
- (Past 5 years) Evaluated by medical specialist for ringing, roaring, or buzzing in ears
- Years exposed to loud sounds at job
- (Ever) Used a firearm
- Total firearm rounds fired
- (Past 12 months) Firearm rounds fired
- (Past 12 months) Wear hearing protection when shooting firearms
- (Past 12 months) Exposed to very loud sounds
- (Past 12 months) Wear hearing protection when exposed to very loud sounds

Other Sponsored Content for Sample Adults

SPONSORS: NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS) AND NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Year: not ascertained

Arthritis (ART)

If ever had arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia:

- (Past 30 days) Had symptoms of pain, aching, or stiffness in/around a joint
  If yes:
  - (Past 30 days) How bad was joint pain (0-10 scale)
- Now limited in any usual activities because of arthritis or joint symptoms
- Does arthritis or joint symptoms affect your ability to work, type of work, or amount of work?
- Has a doctor or other health professional ever suggested losing weight to help arthritis or joint symptoms?
- **o** Has a doctor or other health professional ever suggested physical activity or exercise to help arthritis or joint symptoms?

SPONSORS: NATIONAL CENTER FOR ENVIRONMENTAL HEALTH (NCEH), NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH), NATIONAL HEART, LUNG AND BLOOD INSTITUTE (NHLBI)

Year: not ascertained

Asthma (AST)

If still has asthma or had an asthma attack in the past 12 months:

- (Past 12 months) Stayed overnight in a hospital because of your asthma
- (Past 12 months) How many days were you UNABLE to work or get work done around the house because of your asthma
- (Past 3 months) Used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack
- **o** Ever 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

SPONSOR: ADMINISTRATION FOR COMMUNITY LIVING (ACL)

Year: 2024, 2025, 2026

Age of Disability Onset (ADO)

If a lot of difficulty or cannot do: walking, climbing steps, communicating, remembering, concentrating, doing self-care and/or doing errands alone:

- **o** Did difficulty begin before age 22?

SPONSOR: NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Year: 2024

Social Support and Loneliness (SSL)

- How often do you get the social and emotional support you need?
- How often do you feel lonely?

Year: 2025

Diabetes (DIB)

If ever told have diabetes by a doctor

- Last time had A1C checked by doctor, nurse, or other health professional

If had A1C checked within the past year

- (Past 12 months) Number of times A1C checked by doctor, nurse, or other health professional

Sponsored Conditions (SCE)

- Ever told by doctor or other health professional that you had…Crohn's disease
- Ever told by doctor or other health professional that you had…Ulcerative colitis
- Ever told by doctor or other health professional that you had…Psoriasis

Year: not ascertained

Epilepsy (EPI)

- Ever told by doctor or health professional that you have a seizure disorder or epilepsy

  If yes:
  - (Currently) Taking any medicine to control your seizure disorder or epilepsy
  - (Past year) How many seizures of any type have you had during the past 12 months
  - (Past 12 month) have you seen a neurologist or epilepsy specialist for your seizure disorder or epilepsy

Diabetes (DIB)

- Mother, father, brother, sister ever told had diabetes
- Time since last blood test for high blood sugar or diabetes

If takes insulin

- (Past 12 months) were any of the following true for you…you skipped insulin doses to save money
- (Past 12 months) …you took less insulin than needed to save money
- (Past 12 months)…you DELAYED buying insulin to save money

Diabetes Prevention (DPV)

- (Past 12 months) Has doctor or health professional advised you to…reduce the amount of fat or calories in your diet
- (Past 12 months) Has doctor or 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

COVID-19 related diabetes care (DIB)

If ever told have diabetes:

- (During past month) How often felt overwhelmed by demands of diabetes
- (Compared with the time before the coronavirus pandemic) would you say that you now feel more overwhelmed by the demands of living with diabetes

SPONSORS: NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP), NATIONAL INSTITUTES OF HEALTH OFFICE OF DISEASE PREVENTION (ODP)

Year: 2024, 2025, 2026

Life Satisfaction (LS1)

- In general, how satisfied are you with your life? 4 categories

SPONSOR: NATIONAL CENTER FOR EMERGING AND ZOONOTIC INFECTIOUS DISEASES (NCEZID)

Year: 2024

Chronic Fatigue Syndrome (CFS)

- Healthcare provider ever diagnosed Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME

  If yes:

  - Current Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME

Long COVID (CVL)

- Had COVID-19 symptoms for 3 or more months
- Currently has COVID-19 symptoms

SPONSOR: NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES (NCIRD)

Year: 2024

Long COVID limitations (CVL)

- Long-term COVID-19 symptom reduce ability to carry out day-to-day

SPONSORS: NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)

Year: 2024

Concussions (TBI)

- (Past 12 months) Lost consciousness, dazed or confused, or gap in memory as result of a blow or jolt to head
- (Past 12 months) Headache, sensitivities, balance problems or mood change due to a blow or jolt to the head
- (Past 12 months) Experience a blow or jolt to the head while playing sport

- (Past 12 months) Blow or jolt to head while playing organized sports
- (Past 12 months) Evaluated for concussion

SPONSORS: NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Year: 2024

Social Support and Loneliness (SSL)

- How often receive social and emotional support
- How often feel lonely

SPONSORS: NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)

Year: not ascertained

Job arrangements (JOB)

If employed

- Employer deducts or withholds taxes from pay
- Degree of earnings change from month to month
- Usual hours of work on main job
- Ease in changing work schedule for family obligations
- Does work schedule change on a regular basis
- How far in advance do you know the hours you will work
- Next 12 months, how likely to lose job or be laid off

Social Distancing at Work (SDW)

If working at or had a paid job or business last week, if working in a family business not for pay, or if not working because does seasonal/contract work:

- Thinking about your main job or business, are there currently social distancing measures in effect to help keep people apart

  If yes:

  - (Currently) At main job or business, how often do you still need to work closer than 6 feet to other people
  - When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people

  If no:

  - (Currently) At your MAIN job or business, how often do you need to work closer than 6 feet to other people
  - (At time since start of the coronavirus pandemic) Did your MAIN job or business put social distancing measure into effect

    If yes:

    - (When social distancing measures were in effect) how often did you need to work closer than 6 feet to other people

If not last worked within the past 12 months

- Thinking about the MAIN job you held in the past 12 months, were there ever any social distancing measure in effect while you worked there

If yes:

- When social distancing measures were in effect, how often did you still need to work closer than 6 feet to other people
- When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people

If no:

- How often did you need to work closer than 6 feet to other people

If employed

- Past 30 days, how many days work while physically ill
- Past 30 days, number days missed because of illness, injury, or disability

Sponsored Work Exposure (SWE)

- (Ever) Exposed to loud noise at job
- (Past 12 months) Exposed to loud sounds at job
- (Past 12 months) How often wear hearing protection when exposed to loud sounds at work
- Job exposure to solvents/materials
- Job exposure 4 or more hours
- Job exposure to tobacco smoke

SPONSORS: NATIONAL CANCER INSTITUTE (NCI) AND NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP)

Years: not ascertained

COVID-19 related changes to cancer treatment (CNV)

If ever had cancer:

- (Since coronavirus pandemic) Have or supposed to have treatment for cancer

If yes:

- Any cancer treatments changed, delayed, or canceled because of the coronavirus pandemic
- (Since coronavirus pandemic) need other medical care related to your cancer
  - Any other treatment for medical care related to your cancer changed, delayed, or canceled because of the coronavirus pandemic

SPONSORS: NATIONAL EYE INSTITUTE (NEI)

Year: 2026

Vision Conditions (SVC)

- Ever told by doctor or other health professional that you had…Diabetic Retinopathy?
- Lost vision due to Diabetic Retinopathy
- Ever told by doctor or other health professional that you had…Glaucoma?
- Lost vision due to Glaucoma
- Ever told by doctor or other health professional that you had…Macular Degeneration?
- Lost vision due to Macular Degeneration
- (Ever) Cataract surgery
- Ever told by doctor or other health professional that you had…Cataracts?

- Lost vision due to cataracts
- Last time had eye exam
- Use vision rehabilitation services
- Use vision assistive devices
- Health professional recommend services
- Need eyeglasses/contacts to read up close
- Need eyeglasses/contacts to see in distance

Sponsored Vision Items (SVI)

- Use vision rehabilitation services
- Use vision assistive devices
- Health professional recommend services
- Need eyeglasses/contacts to read up close
- Need eyeglasses/contacts to see in distance

SPONSORS: NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH (NCCIH)

Year: 2025

Complementary and Integrative Health (CIH)

- (Past 12 months) Seen or talked to a chiropractor
- (Past 12 months) Chiropractor visit for pain
- (Past 12 months) Chiropractor visit to restore overall health
- (Past 12 months) Saw a practitioner of acupuncture
- (Past 12 months) Acupuncture visit for pain
- (Past 12 months) Acupuncture visit to restore overall health
- (Past 12 months) Saw a practitioner of massage
- (Past 12 months) Massage visit for pain
- (Past 12 months) Massage visit to restore overall health
- (Past 12 months) Saw a practitioner of naturopathy
- (Past 12 months) Naturopath visit for pain
- (Past 12 months) Naturopath visit to restore overall health
- (Past 12 months) Saw an art therapist
- (Past 12 months) Saw a music therapist
- (Past 12 months) Practice meditation
- (Past 12 months) Meditation for pain
- (Past 12 months) Meditation to restore overall health
- (Past 12 months) Use guided imagery or progressive relaxation
- (Past 12 months) Use guided imagery or progressive relaxation for pain
- (Past 12 months) Use guided imagery or progressive relaxation to restore overall health
- (Past 12 months) Practice Yoga
- Breathing exercises as part of Yoga
- Meditation as part of Yoga
- (Past 12 months) Yoga for pain
- (Past 12 months) Yoga to restore overall health

Emerging Topics for Sample Adults

Prescription Opioid Use (OPD)

If prescribed any medication by doctor or other health professional:

- (Past 12 months) Taken any opioid pain relievers prescribed by doctor or dentist

  If yes:

  - (Past 3 months) Taken any opioid pain relievers prescribed by doctor or dentist

    If yes:

    - (Past 3 months) Taken opioid for short-term/acute pain
    - (Past 3 months) Taken opioid for long-term/chronic pain

      If yes:

      - (Past 3 months) Used opioids some days, most days, everyday

Pain management (PAI)

If experienced pain at least some days in past 3 months:

- (Past 3 months) Used over-the counter medication
- (Past 3 months) Used prescription pain reliever (other than opioids)
- (Past 3 months) Used physical/rehabilitative/occupational therapy
- (Past 3 months) Used spinal manipulation or other chiropractic care
- (Past 3 months) Used talk therapy
- (Past 3 months) Used yoga or tai chi
- (Past 3 months) Used exercise
- (Past 3 months) Used massage
- (Past 3 months) Used meditation, guided imagery, or other relaxation techniques
- (Past 3 months) Used chronic pain self-management program or workshop
- (Past 3 months) Used chronic pain peer support groups
- (Past 3 months) Used other approach

  If used any pain management technique or prescription opioids in past 3 months:

  - (Past 3 months) Effectiveness in managing pain

Immunosuppression (ISN)

- (Past 12 months) Taken prescription medication or had medical treatments that a doctor or health professional said would weaken your immune system
- (Currently) have health condition that a doctor or health professional told you weakens the immune system

COVID-19 Related Testing and Hospitalization (CVD)

- Doctor or health professional ever told you that you had or likely had coronavirus or COVID-19
- Ever tested for coronavirus or COVID-19
  - Did test find you had COVID-19

    If ever told had or likely had COVID-19 or tested positive for COVID-19
  - How would you describe your coronavirus symptoms at their worst (no symptoms, mild, moderate, severe)

Access to Care (ACC)

- (Anytime) Delayed getting medical care because of coronavirus pandemic
- (Anytime) Did not get needed medical care for something other than coronavirus because of coronavirus pandemic
- (Past 12 months) Have health care appoint by video or phone
  If yes:
  - Appointments done by video or phone because of coronavirus pandemic

Caregiving Received (CGR)

- (Anytime) Needed care at home from nurse or other health professional but not get because of the coronavirus pandemic
- (Past 12 months) Receive care at home from a friend or family member
- (Anytime) Needed care at home from friend or family but did not get it because of the coronavirus pandemic
  If did not receive needed home care from nurse or other health professional and received care at home from a friend or family
  - Did friend or family member provide some or all of the care a nurse or other health professional did not provide due to the coronavirus pandemic

Social Support (SOS)

- Frequency of getting social and emotional support you need
- (Compared with 12 months ago) Would you say that you now received more social and emotional support, less social and emotional support, or about the same?

Health Information Technology (HIT)

- Internet access
- Internet access at home
- (Past 12 months) Used internet for health information
- (Past 12 months) Communicated with doctor's office
- (Past 12 months) Used internet for test results

Mental Health Assessment (MHA)

- (Past 2 weeks) Frequency of…little interest or pleasure in doing things
- (Past 2 weeks) Frequency of…feeling down, depressed, hopeless
- (Past 2 weeks) Frequency of…feeling nervous, anxious, or on edge
- (Past 2 weeks) Frequency of…not being able to stop or control worrying

Everyday Discrimination Scale (EDS)

- You are treated with less courtesy or respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- You are threatened or harassed.

Heightened Vigilance Scale (HVS)

- You try to prepare for possible insults from other people before leaving home.
- Feel that you always have to be very careful about your appearance to get good service or avoid being harassed?

- Carefully watch what you say and how you say it?
- Try to avoid certain social situations and places?

Volunteering (VOL)
- (Past 12 months) Volunteer for organization or association
- (Past 12 months) Other volunteer activities

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Housing Costs (SDH)
- (Past 12 months) Not able to pay your mortgage, rent or utility bills

Transportation Barriers to Care (TBH)
- (Past 12 months) Delay care because no reliable transportation

Civic Engagement (CIV)
- (During past 12 months) Attend public meeting
- Vote in last local elections

Language (LAN)
- Do you speak a language other than English at home?
- What other language do you speak most often at home?
- When you watch television, read news online or in print, or listen to the radio, which language do you use most often?
- When you see a doctor or other health care professional, which language do you use most often?
- When you participate in social activities, such as visiting friends, attending clubs, or going to parties, which language do you use most often?

Diabetes (DIB)
- Use of GLP-1 injectables

Year: 2024

Gender Identity (GNI)
- Describe yourself as male, female, transgender, or another gender identity
- Sex assigned at birth for only male or only female gender
- Gender identity specify- term used to describe gender
- Sex assigned at birth for multiple sex selected, transgender, another gender identity
- Confirm sex or gender if answers do not match