**Detailed Outline of Sponsored and Emerging Topics**

**in the National Health Interview Survey (NHIS)**

**Sample Child 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 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 child and adult 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 child and adult are in same family*

* (Past 30 days) “You or your family worry food would run out before got money to buy more” – often true, sometimes true, or never true
* (Past 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
* (Past 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:*

* + (Past 30 days) Any adult in family cut size of meals or skip meals because there wasn’t enough money for food

*If yes:*

* + - (Past 30 days) Number of days this happened
  + (Past 30 days) Any adult in family ate less because there wasn’t enough money for food
  + (Past 30 days) Any adult in family was hungry but didn’t eat because there wasn’t enough money for food
  + (Past 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:*

* + - (Past 30 days) Any adult in family not eat a whole day because there wasn’t enough money for food

*If yes:*

* + - * (Past 30 days) Number of days this happened

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

**Year:** 2024

## **COVID-19 Vaccination (CVV)**

* COVID-19 vaccination
* Number of COVID-19 vaccines
* Brand of first COVID-19 shot

**Year:** not ascertained

## **HPV Vaccination (HPV)**

* HPV shot
* Age received first HPV shot

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

**Year**: 2024

**Taste and Smell (TSM)**

* (Past 12 months) Difficulty with sense of smell
* (Past 12 months) Smell unpleasant odor
* (Past 12 months) Difficulty with taste
* (Past 12 months) Unwanted taste
* Ever discuss problem with smell/taste with doctor
* Last time you discuss problem with smell/taste with doctor

**Taste and Smell Health Conditions (TSH)**

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

**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

**Sponsored Hearing Items (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**

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

**Year**: 2024

**Long COVID (CVL)**

* Ever had COVID-19
* Had COVID-19 symptoms for 3 or more months
* Currently has COVID-19 symptoms
* Long-term COVID-19 symptom reduce ability to carry out day-to-day activities

**Year:** not ascertained

# **SPONSOR: DIVISION OF VIOLENCE PREVENTION, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)**

## **Adverse childhood experiences (SLE)**

* Ever lived with parent or adult who frequently swore at them, insulted them, or put them down
* Ever a time when basic needs were not met

# **SPONSORS: NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP), CDC OFFICE OF THE CHIEF OPERATING OFFICER (OCOO), NATIONAL INSTITUTES OF HEALTH OFFICE OF DISEASE PREVENTION (ODP)**

## **Life satisfaction (SWL)**

* How do you feel about your life as a whole these days?

# **SPONSOR: NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)**

**Social Support (SOS)**

* Presence of community support

**Stressful Life Events (SLE)**

* Lifetime of being put down by adults in home
* Lifetime of lacking basic needs
* Treated/judged based on race/ethnicity

**Concussion (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

# **SPONSOR: NATIONAL EYE INSTITUTE (NEI)**

**Sponsored Vision Items (SVI)**

* Wear eyeglasses or contacts lenses to read things in the distance
* Wear eyeglasses or contacts lenses to read things up close
* (Ever) Had vision tested by a doctor or other health professional
* Time since last vision test

**SPONSOR: NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH)**

**Sponsored Hearing Items (SHE)**

* (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

**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 Children**

**Year:** not ascertained

# **Concussion (TBI)**

* Child ever lost consciousness/knocked out from blow or jolt to head

*If no:*

* + Child ever dazed or gap in memory from blow or jolt to head
  + Child ever have headaches, vomiting, blurred vision, or changes in mood/behavior from blow or jolt to head
* Child ever checked for concussion/brain injury by doctor, nurse, athletic trainer or other health care professional

*If yes*

* + Did doctor, nurse, athletic trainer or other health care professional say child had concussion/brain injury

# **Utilization (UTZ)** (ages 12-17)

* Time alone with doctor or health professional at last visit
* Time alone with doctor or health professional at last wellness visit
* Has a personal doctor or nurse

**Bullying (BLY)** (ages 12-17)

* (Past 12 months) How often child was bullied, picked on, or excluded by others
* (Past 12 months) Was child electronically bullied
* (Past 12 months) How often child bullied others, picked on them, or excluded them

**Stressful Life Events (SLE)**

* Lifetime of being put down by adults in home
* Lifetime of lacking basic needs
* Treated/judged based on race/ethnicity
* Treated/judged based on sexual orientation

**Social and Emotional Support (SOS)** (ages 12-17)

* How often child receives the social and emotional support you need
* Is there an adult in school, neighborhood, or community who makes a positive and meaningful difference in child’s life

## **Mental health care (MHC)** (age 2-17)

* (Past 12 months) Any prescription medication taken to help with emotions, concentration, behavior, or mental health
* (Past 12 months) Received counseling or therapy from a mental health professional

## **COVID-19 Related Testing and Hospitalization (CVD)**

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

*If ever told had or likely had COVID-19 or tested positive for COVID-19:*

* + How would you describe child's 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) Had health care appointment by video or phone

*If yes:*

* + Appointment was done by video or phone because of coronavirus pandemic