SECTION HEADING	VARIABLE NAME	UNIVERSE
Start Here		
A.You and Your Household (Version 1)	A1	
A.You and Your Household (Version 1)	A2	
A.You and Your Household (Version 1)	A3	
A.You and Your Household (Version 1)	A4	
A.You and Your Household (Version 1)	A5	
A. You and Your Household (Version 2)		

A. You and Your Household (Version 2)

A. You and Your Household (Version 2) Person 1

A. You and Your Household (Version 2) Person 1

A. You and Your Household (Version 2) Person 1

A. You and Your Household (Version 2) Person 1

A. You and Your Household (Version 2) Person 2

A. You and Your Household (Version 2) Person 2

A. You and Your Household (Version 2) Person 2

A. You and Your Household (Version 2) Person 2

A. You and Your Household (Version 2) Person 3

A. You and Your Household (Version 2) Person 3

A. You and Your Household (Version 2) Person 3

A. You and Your Household (Version 2) Person 3

A. You and Your Household (Version 2) Person 4

A. You and Your Household (Version 2) Person 4

A. You and Your Household (Version 2) Person 4

A. You and Your Household (Version 2) Person 4

A. You and Your Household (Version 2) Person 4

A. You and Your Household (Version 2) Person 5

A. You and Your Household (Version 2) Person 5

A. You and Your Household (Version 2) Person 5

A. You and Your Household (Version 2) Person 5

A. You and Your Household (Version 2) Person 6

A. You and Your Household (Version 2) Person 6

A. You and Your Household (Version 2) Person 6

A. You and Your Household (Version 2) Person 6

A. You and Your Household (Version 2)

A. You and Your Household (Version 2) _____

B. Your Health B1

B. Your Health	B2
B. Your Health	B3
B. Your Health	If B3 = Yes
B. Your Health	B4
B. Your Health	If B4 = Yes
B. Your Health	B5
B. Your Health	If B5 = Yes
B. Your Health	If B5 = Yes
B. Your Health	If B5 = Yes
B. Your Health	B6
B. Your Health	
B. Your Health	
B. Your Health	
B. Your Health	
B. Your Health	B7
B. Your Health	
B. Your Health	
B. Your Health	
B. Your Health	
B. Your Health	

B. Your Health B8

B. Your Health If B8 = Yes
B. Your Health
B. Your Health
B. Your Health
B. Your Health
B. Your Health

B. Your Health

B. Your Health If B8 = Yes

B. Your Health B9

B. Your Health If B9 = Yes

B. Your Health B10

B. Your Health B11

C. Your Life Right Now C1

C. Your Life Right Now C2

C. Your Life Right Now C3

C. Your Life Right Now C4

C. Your Life Right Now C5

C. Your Life Right Now C6

C. Your Life Right Now C7

C. Your Life Right Now C8

C. Your Life Right Now C9

C. Your Life Right Now C10

C. Your Life Right Now C11

C. Your Life Right Now C12

D. Your Day-to-Day Experiences D1

D. Your Day-to-Day Experiences	D2	
D. Your Day-to-Day Experiences	D3	
D. Your Day-to-Day Experiences	D4	
D. Your Day-to-Day Experiences	D5	
D. Your Day-to-Day Experiences	D6	
D. Your Day-to-Day Experiences	D7	
D. Your Day-to-Day Experiences	D8	
D. Your Day-to-Day Experiences	D9	
D. Your Day-to-Day Experiences	D10	
D. Your Day-to-Day Experiences	D11	
D. Your Day-to-Day Experiences	D12	If D11 = Some days, most days, or every day
D. Your Day-to-Day Experiences	D13	If D11 = Some days, most days, or every day

E. Your Health Care Coverage

E. Your Health Care Coverage E1

E. Your Health Care Coverage E2 If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage If E1 = Yes

E. Your Health Care Coverage E3 If E1 = Yes

E. Your Health Care Coverage If E3 = Yes

E. Your Health Care Coverage E4

E. Your Health Care Coverage	E5
E. Your Health Care Coverage	E6
E. Your Health Care Coverage	E7
E. Your Health Care Coverage	If E7 = Some of the years
F. Your Health Care	F1
F. Your Health Care	F2
F. Your Health Care	F3

F. Your Health Care F4

F. Your Health Care F5

F. Your Health Care F6

F. Your Health Care F7

F. Your Health Care F8

F. Your Health Care F9

F. Your Health Care F10

F. Your Health Care F11

F. Your Health Care F12

F. Your Health Care F13

F. Your Health Care

F. Your Health Care F14

F. Your Health Care If F14 = Yes

F. Your Health Care F15

F. Your Health Care If F15 = Yes

F. Your Health Care F16

F. Your Health Care F16a If F16 = Yes

F. Your Health Care F17

F. Your Health Care	F17a If F17 = Yes
G. Your Health Care Costs	G1
G. Your Health Care Costs	G2
G. Your Health Care Costs	G3
G. Your Health Care Costs	G4
G. Your Health Care Costs	G5
G. Your Health Care Costs	
G. Your Health Care Costs	
G. Your Health Care Costs	
G. Your Health Care Costs	G6
G. Your Health Care Costs	G7
H. Your Prescription Medication	H1
H. Your Prescription Medication	H2 If H1 = Yes
H. Your Prescription Medication	H3 If H1 = Yes
H. Your Prescription Medication	H4 If H1 = Yes
H. Your Prescription Medication	H5 If H1 = Yes
H. Your Prescription Medication	H6 If H1 = Yes

H. Your Prescription Medication	H7	If H1 = Yes
H. Your Prescription Medication		IF H7 = Yes
H. Your Prescription Medication		If H7 = Yes
I. Women's Health	I1	
I. Women's Health	I2	
I. Women's Health		If I2 = Yes
I. Women's Health	I3	
I. Women's Health	I2a	If I2 = Yes
I. Women's Health	I3	

J. Your Physical Activity	J1	
J. Your Physical Activity	J2	If neither checkbox selected on J1
J. Your Physical Activity	J3	
J. Your Physical Activity	J4	If neither checkbox selected on J3
J. Your Physical Activity	J5	
J. Your Physical Activity	J6	
J. Your Physical Activity		If J6= Yes

J. Your Physical Activity	J7
J. Your Physical Activity	If J7 = Yes
J. Your Physical Activity	J8
K. Nicotine and Alcohol Use	K1
K. Nicotine and Alcohol Use	If K1 = Yes
K. Nicotine and Alcohol Use	K2
K. Nicotine and Alcohol Use	If K2 = Yes
K. Nicotine and Alcohol Use	K3
K. Nicotine and Alcohol Use	If K3 = Yes
L. About You and Your Family	L1
L. About You and Your Family	L2

L. About You and Your Family L3

L. About You and Your Family L4

L. About You and Your Family L5

L. About You and Your Family L6

L. About You and Your Family L7

L. About You and Your Family L8

L. About You and Your Family L9

L. About You and Your Family L10

L. About You and Your Family L11

L. About You and Your Family L12

L. About You and Your Family

L. About You and Your Family

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L. About You and Your Family

L. About You and Your Family L13

L. About You and Your Family L14

L. About You and Your Family L15

QUESTION

Please print today's date. *This should be the date this form was completed.*

Is this you?

This survey should be completed only by the person named above.
Does this person currently live or stay at this address?

What is your sex, [SAMPLE ADULT NAME]?

What is your age in years?

In what month and year were you born?

How many people, including yourself, live or stay at this address?

INCLUDE...
people who are not related to you
people who are away on travel
babies and small children
people staying here who have no other place where they usually live or stay
college students living in on-campus housing

DO NOT INCLUDE anyone living somewhere else, such as...
a college student living in off-campus housing
someone in the Armed Forces on deployment

Number of people

Fill out pages X-X for everyone, including yourself, who is living or staying at this address.

If there are more than 6 people living or staying at this address, start with the OLDEST person, who we will call “Person 1” and continue with the next oldest until you have completed the section.

Person 1: Name

Person 1: Sex

Person 1: Age

Person 1: Date of Birth

Person 2: Name

Person 2: Sex

Person 2: Age

Person 2: Date of Birth

Person 3: Name

Person 3: Sex

Person 3: Age

Person 3: Date of Birth

Person 4: Name

Person 4: Sex

Person 4: Age

Person 4: Date of Birth

Person 5: Name

Person 5: Sex

Person 5: Age

Person 5: Date of Birth

Person 6: Name

Person 6: Sex

Person 6: Age

Person 6: Date of Birth

Of the people listed, which adult age 18 or older will have the next bi

Is this you?

Would you say your health in general is...

In general, how satisfied are you with your life?

Have you EVER been told by a doctor or other health professional that you had hypertension or high blood pressure? *If you take medication to control your hypertension or high blood pressure, please answer yes.*

During the past 12 months, have you had hypertension or high blood pressure?

Have you EVER been told by a doctor or other health professional that you had high cholesterol? *If you take medication to control your high cholesterol, please answer yes.*

During the past 12 months, have you had high cholesterol?

Have you EVER been told by a doctor or other health professional that you had asthma?

Do you still have asthma?

During the past 12 months, have you had an episode of asthma or an asthma attack?

During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

Have you EVER been told by a doctor or other health professional that you had…

Mark (X) yes or no for each item.

Coronary heart disease

Angina, also called angina pectoris

A heart attack, also called myocardial infarction

A stroke

Have you EVER been told by a doctor or other health professional that you had…

Mark (X) yes or no for each item.

COPD, emphysema, or chronic bronchitis

Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Kidney problem, protein in the urine, or kidney disease

Hepatitis

Cirrhosis or any other kind of long-term liver condition

Have you EVER been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

What kind of cancer was it? Mark all that apply
Breast
Lung
Prostate
Skin (melanoma)
Colorectal

Any other type of cancer - Please specify
How old were you when a doctor or other health professional first told you that you had cancer?

Has a doctor or other health professional EVER told you that you have diabetes? *Do not include prediabetes, borderline diabetes, or gestational diabetes.*
How old were you when a doctor or health professional FIRST told you that you had diabetes?

How tall are you without shoes? *Answer in feet and inches OR meters and centimeters. Your best estimate is fine.*

How much do you weigh? *Answer in pounds OR kilograms. Your best estimate is fine.*

How would you rate your quality of life, focusing on what matters to you the most?

How would you rate your social and family connections?

In general, how healthy is your overall diet?

How would you rate your physical activity, compared with people in your age group?

How would you rate your ability to manage stress?

How would you rate your sleep?

How would you rate your ability to find meaning and purpose in your daily life?

How would you rate your ability to manage your health, focusing on aspects of your health that matter most to you?

Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

Do you have difficulty seeing, even if wearing glasses or contact lenses?

Do you have difficulty hearing, even if using a hearing aid(s)?

Do you have difficulty walking or climbing steps?

Do you have difficulty remembering or concentrating?

Do you have difficulty with self-care, such as washing all over or dressing?

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?

Are you limited in the kind OR amount of work you can do because of a physical, mental, or emotional problem? *Work includes paid work, volunteer work, schoolwork, and homework.*

During the past 12 months, about how many days of work did you miss because you had an illness, injury, or disability? *Do not include family, maternity, or paternity leave.*

In the past 3 months, how often did you have pain?

Think about the last time you had pain, how much pain did you have?

Over the past 3 months, how often did pain limit your life or work activities?

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and Children's Health Insurance Program that provide medical care or help pay medical bills.

Are you covered by any kind of health insurance or some other kind of health care plan?

What kind of health insurance or health care coverage do you have? *Mark (X) yes or no for each item*

Private health insurance

Medicare (including Medicare Advantage)

Medicare supplement (Medigap)

Medicaid

Children's Health Insurance Program (CHIP)

Military related health care: TRICARE (CHAMPUS)

VA health care (CHAMP-VA)

Indian Health Service

State-sponsored health plan

Other government program

Was any of your health insurance obtained through Healthcare.gov or the Health Insurance Marketplace? *Healthcare.gov is a website for the Affordable Care Act, also known as Obamacare.*

What is the name of this plan?

At any time in the past 12 months, did you have health insurance through a current or former employer or union?

At any time in the past 12 months, did you have health insurance purchased through Healthcare.gov, the Health Insurance Marketplace, or a state-based health insurance exhange?

At any time in the past 12 months, did you have Medicaid, Medical Assistance, or the Children's Health Insurance Program?

During the past 12 months, were you covered by health insurance fo

How many months did you have coverage?

About how long has it been since you last saw a doctor or other health professional about your health? *Do not include appointments by video or phone. Do not include dental care. Include doctors seen while a patient in a hospital.*

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general-purpose check-up? *If a wellness exam was combined with a visit for some other reason, include this visit. An obstetrician/ gynecologist (OB/GYN) may perform this visit.*

When was the last time you had your blood pressure checked by a doctor, nurse, or other health professional?

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

During the past 12 months, how many times have you gone to a retail health clinic about your health? *Retail health clinics are located in a pharmacy, grocery store, or supercenter. These clinics can provide common services such as certain vaccination, as well as testing for or treatment of minor uncomplicated illnesses.*

During the past 12 months, how many times have you gone to an urgent care center about your health? *An urgent care center is located in its own building or space. These centers can provide services such as x-rays and stitches.*

During the past 12 months, how many times have you gone to a hospital emergency room about your health? *This includes emergency room visits that resulted in a hospital admission.*

During the past 12 months, how many nights have you been hospitalized? *Do not include an overnight stay in the emergency room.*

During the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?

During the past 12 months, have you had a dental examination or cleaning? *Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.*

During the past 12 months, have you had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

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?

During the past 12 months, have you had a flu vaccination? *There are 2 types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.*

These next questions are about different types of colorectal cancer screening.

Have you ever had a colonoscopy or sigmoidoscopy? *These are exams in which a doctor inserts a tube into the rectum to look for polyps or cancer.*

About how long has it been since your MOST RECENT colonoscopy or sigmoidoscopy?

Have you ever had a CT colonography or virtual colonoscopy? *CT colonography, sometimes called virtual colonoscopy, is a test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.*

When was your most recent CT colonography or virtual colonoscopy?

Have you ever had a blood stool or FIT test, using a HOME kit? *These are tests to determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. This may also be called a fecal occult blood test or fecal immunochemical test.*

When was you most recent blood stool or FIT test, using a home test kit?

Have you ever had a Cologuard test? *The Cologuard test is another type of stool test for colon cancer. It tests for blood in your stool and DNA changes. With this test, you mail a whole bowel movement back in a container to be tested.*

When was you most recent Cologuard test?

During the past 12 months, have you DELAYED getting medical care because of cost? *Do not include dental care.*

During the past 12 months, was there any time when you needed medical care, but DID NOT GET IT because of the cost? *Do not include dental care.*

During the past 12 months, have you DELAYED getting dental care because of cost?

During the past 12 months, was there any time when you needed dental care, but DID NOT GET IT because of the cost?

During the past 12 months, were any of the following true for you? *Mark (X) yes or no for each item*

You skipped medication doses to save money

You took less medication to save money.

You DELAYED filling a prescription to save money.

During the past 12 months, was there any time when you needed prescription medication, but DID NOT GET IT because of the cost?

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

At any time in the past 12 months, did you take prescription medication?

Are you NOW taking any medication prescribed by a doctor for high blood pressure?

Are you NOW taking any medication prescribed by a doctor to help lower cholesterol?

Are you NOW taking diabetic pills to lower blood sugar? *These are sometimes called oral agents or oral hypoglycemic agents.*

Are you NOW taking insulin? *Insulin can be taken by shot or pump.*

Other than insulin, are you NOW taking any injectable medication to lower blood sugar or lose weight? *These medications include GLP-1 injectables, such as Ozempic, Wegovy, Saxenda, Victoza, Trulicity, Mounjaro, and Byetta.*

At any time in the past 12 months, did you take prescription medication to help you with your emotions or with your concentration, behavior, or mental health?

Are you NOW taking prescription medication for anxiety? *Anxiety can include feeling worried, nervous, or anxious*

Are you NOW taking prescription medication for depression?

What is your sex?

Have you EVER HAD a mammogram? *A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.*

If yes, about how long has it been since your MOST RECENT mammogram?

There are 2 different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you EVER HAD a test or tests to check for cervical cancer? *These are routine tests for women in which a doctor or other health professional takes a sample from the cervix through the vagina with a swab or brush and sends it to the lab.*

When did you have your MOST RECENT test to check for cervical cancer?

Have you had a hysterectomy? *A hysterectomy is when the uterus or womb is removed. This is different from having your tubes tied.*

How often do you do MODERATE-INTENSITY LEISURE-TIME physical activities? Moderate-intensity activities cause moderate increases in breathing or heart rate.

About how long do you do these moderate leisure-time physical activities each time?

How often do you do VIGOROUS-INTENSITY LEISURE-TIME physical activities? Vigorous-intensity activities cause large increases in breathing or heart rate.

About how long do you do these vigorous leisure-time physical activities each time?

How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as sit-ups, push-ups, or lifting weights? Include any muscle-strengthening activities you may have reported earlier as moderate-intensity or vigorous-intensity leisure-time physical activities.

In the past 7 days, did you walk for transportation? This is walking you might have done to travel to and from work, to do errands, or to go from place to place.

Did you generally walk for at least 10 minutes at a time?

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. In the past 7 days, did you walk for any of these reasons? Do not include walking for transportation.

Did you generally walk for at least 10 munutes at a time?

On average, how many hours of sleep do you get in a 24-hour period

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

Do you NOW smoke cigarettes every day, some days, or not at all?

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? *Include e-cigarettes used for nicotine. Do not include marijuana use.*

Do you NOW use e-cigarettes or other electronic vaping products?

In your ENTIRE LIFE, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? *Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink.*

During the past 12 months, did you ever have 4 or more drinks in a day?

Do you conisder yourself to be Hispanic or Latino?

What race or races do you consider yourself to be? *Mark (X) for all that apply.*

What is the HIGHEST level of school you have completed or the highest degree you hav received?

Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

Is the place where you usually live owned or rented by you or someone in your family?

Are you now living with a spouse or partner?

What is your current legal marital status?

Do you think of yourself as...

Were you born in the United States or a U.S. territory?

Which of the following best describes your current employment status? *Mark 1 box.*

How many of the people in your household are family members? *For this survey, family refers to everybody living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children. Family also includes any people living together as a couple and their children. If you live alone or with unrelated roommates, just include yourself in these next questions.*

In 2024, did you or any family member 18 or older receive income from any of the following sources? Mark (X) yes or no for each item.

Wages, salaries, commissions, bonuses, tips, or self-employment.

Interest-bearing accounts or investments

Dividends from stocks or mutual funds

Net rental income, royalty income, or income from estates and trusts

Social Security or Railroad Retirement.

Supplemental Security Income (SSI).

Any public assistance or welfare payments from the state or local welfare office.

Retirement income, pensions, survivors or disability income.

Any other sources of income received regularly such as Veterans' VA payments, unemployment compensation, child support or alimony.
What is your best estimate of the total income of all family members from all sources, before taxes, in 2024?

What is your age today?
Please print today's date. This should be the date this form was completed.

RESPONSE OPTIONS	SOURCE	DIFFERENT FROM AN APPROVED NHIS INSTRUMENT
Numerical entry: Month-Day-Year		Yes
Yes - Skip to A3 No - continue to A2		Yes
Yes - Give this form to that person and ask them to continue to A3 No-You do not need to complete this questionnaire. Please mark the "no" box and RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED.		Yes
Male Female		Yes
numeric entry		Yes
numeric entry		Yes
Numeric entry: Number of People	Adapted ACS format to NHIS inclusion criteria	Yes

	Instructions are adapted from the National Survey of Children's Health	Yes
Text entry: Last name, first name, MI	ACS	Yes
Text entry: Male, Female	ACS	Yes
Numeric entry		Yes
Numeric entry: Birth month and year	ACS	Yes
Text entry: Last name, first name, MI	ACS	Yes
Male Female	ACS	Yes

Numeric entry	ACS	Yes
Numeric entry: Birth month and year	ACS	Yes
Text entry: Last name, first name, MI	ACS	Yes
Male Female	ACS	Yes
Numeric entry	ACS	Yes
Numeric entry: Birth month and year	ACS	Yes
Text entry: Last name, first name, MI	ACS	Yes
Male Female	ACS	Yes
Numeric entry	ACS	Yes
Numeric entry: Birth month and year	ACS	Yes
Text entry: Last name, first name, MI	ACS	Yes

Male Female	ACS	Yes
Numeric entry	ACS	Yes
Numeric entry: Birth month and year	ACS	Yes
Text entry: Last name, first name, MI	ACS	Yes
Male Female	ACS	Yes
Numeric entry	ACS	Yes
Numeric entry: Birth month and year	ACS	Yes
Write their name here:		Yes
Yes - Continue to B Your Health below. No - Give this form to the person named in A2 and ask them to continue to B Your Health Below		Yes
Excellent Very Good Good Fair Poor	NHIS (format like NSCH A1)	No

Very Satisfied		
Satisfied		
Dissatisfied		
Very dissatisfied	NHIS (format like NSCH A1)	No
Yes		
No	NHIS (format like NSCH A8)	No
Yes		
No	NHIS (format like NSCH A8)	No
Yes		
No	NHIS (format like NSCH A8)	No
Yes		
No	NHIS (format like NSCH A8)	No
Yes		
No	NHIS (format like NSCH C7)	No
Yes		
No	NHIS (format like NSCH C7)	No
Yes		
No	NHIS (format like NSCH C7)	No
Yes		
No	NHIS (format like NSCH C7)	No
	NHIS (format like NSCH A3)	Yes
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
		Yes
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No
Yes		
No	NHIS (format like NSCH A3)	No

Yes		
No		No
	Use arrow from row 45 - like C7 in NSCH.	Yes
check box	NHIS	No
check box	NHIS	No
check box	NHIS	No
check box	NHIS	No
check box	NHIS	No
check box and open response text box	NHIS	Yes
Numeric entry: years old	NHIS	No
Yes		
No	NHIS	Yes
Numeric entry: years old	NHIS	No
Numeric entry: Feet/Inches OR Meters/Centimeters	NHIS (format like NSCH B2 - 2018 Questionnaire)	Yes
Numeric entry: Pounds OR Kilograms	NHIS (format like NSCH B2 - 2018 Questionnaire)	Yes
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No

Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Excellent		
Very good		
Good		
Fair		
Poor	NHIS (format like NSCH A1)	No
Not at all		
Several days		
More than half the days	NHIS - PHQ-4 replacing the	
Nearly every day	WG questions	No
Not at all		
Several days		
More than half the days	NHIS - PHQ-4 replacing the	
Nearly every day	WG questions	No
Not at all		
Several days		
More than half the days	NHIS - PHQ-4 replacing the	
Nearly every day	WG questions	No
Not at all		
Several days		
More than half the days	NHIS - PHQ-4 replacing the	
Nearly every day	WG questions	No
No difficulty		
Some difficulty	NHIS - Washington Group	
A lot of difficulty	Short Set (format like NSCH	
Cannot do at all	D4 or A1)	No

No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Washington Group Short Set (format like NSCH D4 or A1)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Washington Group Short Set (format like NSCH D4 or A1)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Washington Group Short Set (format like NSCH D4 or A1)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Washington Group Short Set (format like NSCH D4 or A1)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Washington Group Short Set (format like NSCH D4 or A1)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Social functioning (format like NSCH D4)	No
No difficulty Some difficulty A lot of difficulty Cannot do at all	NHIS - Social functioning (format like NSCH D4)	No
Yes No	NHIS - Work related functioning (Format like NSCH A8 but with open ended box)	No
Numeric entry: days		No
Never --- SKIP to Section E Some days Most days Every day A little A lot	NHIS - Frequency, severity, and impact of pain	No
Somewhere between a little and a lot	NHIS - Frequency, severity, and impact of pain	No
Never Some days Most days Every day	NHIS - Frequency, severity, and impact of pain	No

	NHIS Health Insurance	No
Yes		
No -- SKIP to question E4	NHIS Health Insurance	No
	NHIS Health Insurance	Yes
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	No
Yes		
No	NHIS Health Insurance	Yes
Text entry		Yes
Yes		
No	New to NHIS	Yes

Yes No	New to NHIS	Yes
Yes No	New to NHIS	Yes
All of the year Some of the year None of the year	New for PAPI	Yes
Numeric entry: months	NHIS	Yes
Within the past 12 months At least 1 year ago but less than 2 years ago 2 years ago or more Never	NHIS - Health care utilization and access	Yes
Within the past 12 months At least 1 year ago but less than 2 years ago 2 years ago or more Never	NHIS - Health care utilization and access	Yes
Within the past 12 months At least 1 year ago but less than 2 years ago 2 years ago or more Never	NHIS - Preventative Screening	No

Within the past 12 months		
At least 1 year ago but less than 3 years ago		
3 years ago or more	NHIS - Preventative	
Never	Screening	No
None		
1 time		
2 or 3 times	NHIS - Health care utilization	
4 or more times	and access	No
None		
1 time		
2 or 3 times	NHIS - Health care utilization	
4 or more times	and access	No
None		
1 time		
2 or 3 times	NHIS - Health care utilization	
4 or more times	and access	No
None		
1 night		
2 or 3 nights	NHIS - Health care utilization	
4 or more nights	and access	Yes
Yes	NHIS - Health care utilization	
No	and access	No
Yes	NHIS - Health care utilization	
No	and access	No
Yes	NHIS - Health care utilization	
No	and access	No
Yes	NHIS - Health care utilization	
No	and access	No
Yes	NHIS - Health care utilization	
No	and access	No
		Yes
Yes	NHIS - Preventative	
No	Screening	No

Within the past 12 months At least 1 year ago but less than 2 years ago At least 2 years ago but less than 3 years ago At least 3 years ago but less than 5 years ago At least 5 years ago but less than 10 years ago 10 years ago or more	NHIS - Preventative Screening	Yes
Yes No	NHIS - Preventative Screening	No
Within the past 12 months At least 1 year ago but less than 2 years ago At least 2 years ago but less than 3 years ago At least 3 years ago but less than 5 years ago At least 5 years ago but less than 10 years ago 10 years ago or more	NHIS - Preventative Screening	No
Yes No	NHIS - Preventative Screening	No
Within the past 12 months At least 1 year ago but less than 2 years ago At least 2 years ago but less than 3 years ago At least 3 years ago but less than 5 years ago At least 5 years ago but less than 10 years ago 10 years ago or more	NHIS - Preventative Screening	No
Yes No	NHIS - Preventative Screening	No

Within the past 12 months At least 1 year ago but less than 2 years ago At least 2 years ago but less than 3 years ago At least 3 years ago but less than 5 years ago At least 5 years ago but less than 10 years ago 10 years ago or more	NHIS - Preventative Screening	No
Yes No	NHIS - Dental care	No
Yes No	NHIS - Dental care	Yes
Yes No	NHIS - Utilization	No
Yes No	NHIS - Utilization	No
	NHIS - Prescription medications	Yes
Yes No	NHIS - Prescription medications	No
Yes No	NHIS - Prescription medications	No
Yes No	NHIS - Prescription medications	No
Yes No	NHIS - Prescription medications	No
Very worried Somewhat worried Not at all worried	NHIS - Difficulty Paying for Health Care	No
Yes No -- SKIP to Section I	NHIS - Prescription Medication	No
Yes No	NHIS - Prescription Medication	No
Yes No	NHIS - Prescription Medication	No
Yes No	NHIS - Prescription Medication	No
Yes No	NHIS - Prescription Medication	No
Yes No	NHIS - Prescription Medication	No

Yes	NHIS - Prescription	
No	Medication	No
Yes	NHIS - Prescription	
No	Medication	Yes
Yes	NHIS - Prescription	
No	Medication	Yes
Male - Skip to J Your Physical Activity	NHIS - Preventative	
Female	Screening	Yes
Yes	NHIS - Preventative	
No	Screening	No
Within the past 12 months		
At least 1 year ago but less than 2 years ago		
At least 2 years ago but less than 3 years ago		
At least 3 years ago but less than 5 years ago		
At least 5 years ago but less than 10 years ago	NHIS - Preventative	
10 years ago or more	Screening	No
Yes	NHIS - Preventative	
No	Screening	No
Within the past 12 months		
At least 1 year ago but less than 2 years ago		
At least 2 years ago but less than 3 years ago		
At least 3 years ago but less than 5 years ago		
At least 5 years ago but less than 10 years ago	NHIS - Preventative	
10 years ago or more	Screening	No
Yes	NHIS - Preventative	
No	Screening	No

Checkboxes: Never -- SKIP to J3 I am unable to do this type of activity -- SKIP to J3		
Numeric entry: times per week OR times per month OR times per year	NHIS - Physical Activity	No
Numeric entry: minutes each time OR hours each time	NHIS - Physical Activity	No
Checkboxes: Never -- SKIP to J5 I am unable to do this type of activity -- SKIP to J5		
Numeric entry: times per week OR times per month OR times per year	NHIS - Physical Activity	No
Numeric entry: minutes each time OR hours each time	NHIS - Physical Activity	No
Checkboxes: Never I am unable to do this type of activity		
Numeric entry: times per week OR times per month OR times per year	NHIS - Physical Activity	No
Yes No	NHIS - Physical Activity	No
Yes No		Yes

Yes		
No	NHIS - Physical Activity	No
Yes		
No		Yes
Numeric entry: hours	NHIS - Physical Activity	No
Yes		
No	NHIS - Cigarette smoking	No
Every day		
Some days		
Not at all	NHIS - Cigarette smoking	No
Yes		
No	NHIS - Cigarette smoking	Yes
Every day		
Some days		
Not at all	NHIS - Cigarette smoking	No
Yes		
No	NHIS - ALC	No
Yes		
No	NHIS - ALC	No
Yes		
No		No
White		
Black or African American		
American Indian		
Alaska Native		
Native Hawaiian		
Pacific Islander		
Asian		
Some other race	2025 NHIS	No

Never attended/ kindergarten only		
Grade 1-11		
12th grace, no diploma		
GED or equivalent		
High School Graduate		
Some college, no degree		
Occupational, technical, or vocational program		
Two year or Associate degree		
Bachelor's degree (Example: BA, AB, BS, BBA)		
Master's degree (Example: MA, MS, Meng, Med, MBA)		
Professional School degree (Example: MD, DDS, DVM, JD)		
Doctoral degree (Example: PhD, EdD)	NHIS	No
Never served in the military		
Only on active duty for training in the Reserves or National Guard		
Now on active duty		
On active duty in the past, but not now	NHIS (Kid's Health J9)	Yes
Owned or being bought		
Rented		
Other arrangements	NHIS	No
Yes		
No	NHIS	No
Married		
Widowed		
Divorced		
Separated		
Never married	NHIS	No
Lesbian or gay		
Straight, that is not lesbian or gay		
Bisexual		
Something else		
I don’t know the answer	NHIS	No
Yes, born in a state or the District of Columbia		
Yes, born in a U.S. territory		
No	NHIS	No

Employed full-time Employed part-time Working WITHOUT pay at a family-owned business Not employed but looking for work Not employed and not looking for work Retired	ACS	Yes
Numeric entry: Number of people		Yes
	NHIS (use NSCH formating)	Yes
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No
Yes No	NHIS (use NSCH formating)	No

Yes		
No	NHIS (use NSCH formating)	No
Text box	NHIS (use NSCH formating)	No
Numeric entry		Yes
Numeric entry		Yes

EXPLAINATION OF DIFFERENCES	ORIGINAL WORDING
This item is not needed in the CAPI instrument because the date of interview is captured by the instrument	Not applicable - new item
This item is not needed in the CAPI instrument because the interviewer asks the respondents name directly.	Not applicable - new item
This item is not needed in the CAPI instrument, because the household roster is completed with the assistance of a field interviewer.	Not applicable - new item
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	*Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?*
The currently approved NHIS item does not specify "in years".	*What is your age?*
This item is not included in the CAPI instrument, but was included in the PAPI to assist respondents in identifying the household member with the next birthday.	Not applicable - new item
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in completeing the household roster.	Not applicable - new item

This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in completeing the household roster.	Not applicable - new item
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	Not applicable - new item
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	*Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?*
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	Not applicable - new item
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	*Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?*

This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	Not applicable - new item
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	*Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?*
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
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This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	Not applicable - new item
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	

	Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	Not applicable - new item
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
	Some of the questions in this survey are about topics like breast and prostate cancer, so it is important to know which questions apply. Are you male or female?
The currently approved NHIS item asks this question in a longer format that does not translate well to the shortened PAPI instrument.	
This content is collection on the CATI instrument, but in a slightly different format due to the change in mode.	
This item is not included in the CATI instrument, but was included in the PAPI to assist respondents in selecting the respondent for the sample adult questionnaire using the "last birthday" method for random selection.	Not applicable - new item
This item was added to allow for random selection of a sample adult respondent. This process is automated in the CATI, and therefore no such item is needed.	Not applicable - new item
This item was added to allow for random selection of a sample adult respondent. This process is automated in the CATI, and therefore no such item is needed.	Not applicable - new item

Instructional text was added to support the selection of a response option *[Mark (X) yes or no*]	Not applicable - new instructional

Instructional text was added to support the selection of a response option *[Mark (X) yes or no*]	Not applicable - new instructional

Instructional text was added to support the selection of a response option (Mark all that apply)	Not applicable - new instructional
Instructional text was added to support the specifiation of a type (*Please specify*)	Not applicable - new instructional
Instructional text was added (*Do not include prediabetes, borderline diabetes, or gestational diabete*s) in order to account for the absence of automatic skips in a PAPI, and reduced items in this section.	Not applicable - new instructional
Instructional text was added (*Answer in feet and inches OR meters and centimeters. Your best estimate is fine)* in order to account for the absence of a trainer interviewer	*How tall are you without shoes?*
Instructional text was added (*Answer in pounds OR kilograms. Your best estimate is fine)* in order to account for the absence of a trainer interviewer.	*How much do you weigh?*

Instructional text was added to support the selection of a response option *[Mark (X) yes or no*]	Not applicable - new instructional
This item was modified from it's wording to account for a lack of automatic skips in the PAPI. It was previoulsy asked only of those on specific health plans; it will now be asked of anyone with health insurance.	*Was your Medicaid obtained through Healthcare.gov or the marketplace?*
This item was modified from it's wording to account for a lack of automatic skips in the PAPI. It was previoulsy asked only of those on specific health plans; it will now be asked of anyone with health insurance.	*What is the name of your Medicaid health plan?*
This item is being added to both the PAPI and CAPI instruments as the full CAPI insurance section can not be administered on a paper questionnaire. Including this item on both instruments will support direct comparisons in past year coverage that would not otherwise be possible.	Not applicable - new item

This item is being added to both the PAPI and CAPI instruments as the full CAPI insurance section can not be administered on a paper questionnaire. Including this item on both instruments will support direct comparisons in past year coverage that would not otherwise be possible.	Not applicable - new item
This item is being added to both the PAPI and CAPI instruments as the full CAPI insurance section can not be administered on a paper questionnaire. Including this item on both instruments will support direct comparisons in past year coverage that would not otherwise be possible.	Not applicable - new item
The current NHIS CAPI instrument collects informaion on gaps in coverage using more items than would be feasible for a PAPI. This item was written to take the place of those items, and be approperiate for all respondents, regardless of the response given previously in this section.	*In the past 12 months, was there any time when you did not have any health insurance coverage?*
This item is an adaptation of a current NHIS item. The modification was necessary in order to align with the content that preceeds in this this revised section.	*In the past 12 months, about how n*
Instructional text was added in order to account for the absence of a trainer interviewer.	*About how long has it been since yo*
Instructional text was added in order to account for the absence of a trainer interviewer.	*About how long has it been since yo*

This item was revised slightly to align with the structure and response options used in the preceeding items, as that is a particularly advantageous design for self-response modes.

During the past 12 months, have yo

This instructional test was modified slightly to reduce words.

Two existing NHIS items were combined to reduce item count on the streamlined PAPI.

About how long has it been since yo

Instructional text was added to the question in order to account for the absence of a trained interviewer.	*During the past 12 months, was the*
Instrutional text was added	*Not applicable - new instructional t*

The CAPI collects this information using slightly differnet wording.	*Do you take prescription medicatio*
The CAPI collects this information using slightly differnet wording.	*Do you take prescription medicatio*
This information is collected elsewhere on the CAPI. It was added here in the PAPI to faciliate a skip pattern.	

This information is collected in the CAPI using a different format, and was adapted to a self-response mode with an dichtomous response option

On average, how long did those wa

This information is collected in the CAPI using a different format, and was adapted to a self-response mode with an dichtomous response option

On average, how long did those wa

Instructional text was added to the question in order to account for the absence of a trained interviewer.

Have you ever used an e-cigarette o

Similar information is collected in the NHIS CAPI, but the PAPI uses a different format to collect this information that mirrors other paper surveys.

Are you now on full-time active duty

This information is collected in the household roster section of the CAPI using a different format.

This information is collected in the household roster section of the CAPI using a different format.

Instructional text was added to support the selection of a response option *[Mark (X) yes or no*]

Not applicable - new instructional

This item was added to compare information provided on the roster with information about the sample adult as collected on the day of completion.	
The overarching topic (respondent's age) is collected in the current NHIS instrument, but in a different format.	Not applicable- new item
This infomration is collected automatically in the CAPI.	Not applicable- new item

text

text

text

text

text

text

nany months were you without coverage?

ou last saw a doctor or other health professional about your health?

ou last saw a doctor or other health professional for a wellness visit, physical, or general-purpose che

ou been hospitalized overnight?

›ur MOST RECENT colonoscopy? And *When was your most recent sigmiodoscopy?*

re any time when you needed medical care, but DID NOT GET IT because of the cost?

ext

n for these feelings?

n for depression?

lks take?

lks take?

r other electronic vaping product, even just one time, in your entire life?

with the Armed Forces?

text

:ck-up?