

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

ACL - Administration for Community Living

Module:Adult, Section: ADO: Age of Disability Onset

Question ID	Variable	Question Text	Universe
ADO.0010.00.3	DEVDONSET_A	You said that you have difficulty with ^DIFF. Did ^THISDIFF begin before age 22?	Sample Adults age 22+ who said they had a lot of difficulty or could not do the following activities at all: Walking or climbing stairs, communicating, remembering or concentrating, self-care, or doing errands alone

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Sponsor(s):

CDC/NCEZID - National Center for Emerging and Zoonotic Infectious Diseases

Module:Adult, Section: CFS: Chronic Fatigue Section

Question ID	Variable	Question Text	Universe
CFS.0010.00.3	CFSEV_A	* Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (My-AL-jick In-seff-ah-low-my-uh-LIE-tiss) (ME)?	Sample Adults 18+
CFS.0020.00.3	CFSNOW_A	Do you still have Chronic Fatigue Syndrome (CFS) or ME? * Read if necessary: ME is also known as Myalgic Encephalomyelitis (My-AL-jick In-seff-ah-low-my-uh-LIE-tiss).	Sample Adults 18+ who have been told by a doctor or other health professional that they had Chronic Fatigue Syndrome or Myalgic Encephalomyelitis

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Sponsor(s):

NIH/NCI - National Cancer Institute, CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID	Variable	Question Text	Universe
CIG.0110.00.3	AVGNUMCIG_A	Over the entire time that you have smoked, what is the average number of cigarettes that you smoked per day? * Enter P to record packs smoked per day. * Enter '95' if 95 or more cigarettes.	Sample Adults 18+ who are every day or some day smokers or who have smoked in the past
CIG.0120.00.3	AVGPACKCIG_A	* Enter the average number of packs of cigarettes smoked per day. * Read if necessary: 1 pack equals 20 cigarettes.	Sample Adults 18+ who want to answer average number of cigarettes smoked per day in packs

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Sponsor(s):

NIH/NCI - National Cancer Institute, CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: ENV: Perceptions of the Walking Environment

Question ID	Variable	Question Text	Universe
ENV.0010.00.3	HOMEWLK_A	How often does the ^TLwalking you reported earlier take place near ^HOME? Would you say almost always, most of the time, some of the time, or never?	Sample Adults 18+ who report walking for transportation or leisure
ENV.0020.00.3	ROADSWLK_A	The next questions are about where you live. By where you live we mean in your neighborhood or near ^HOME. Where you live, are there roads, sidewalks, paths or trails where you can walk?	Sample Adults 18+
ENV.0030.00.3	SHOPSWLK_A	* Read if necessary: Where you live... Are there shops, stores, or markets that you can walk to?	Sample Adults 18+
ENV.0040.00.3	TRANSITWLK_A	* Read if necessary: Where you live... Are there bus or transit stops that you can walk to?	Sample Adults 18+
ENV.0050.00.3	FUNWLK_A	* Read if necessary: Where you live... Are there places like movies, libraries, or places of worship that you can walk to?	Sample Adults 18+
ENV.0060.00.3	RELAXWLK_A	* Read if necessary: Where you live... Are there places that you can walk to that help you relax, clear your mind, and reduce stress?	Sample Adults 18+
ENV.0070.00.3	SIDEWLK_A	Where you live, do most streets have sidewalks?	Sample Adults 18+
ENV.0080.00.3	TRAFFICWLK_A	* Read if necessary: Where you live... Does traffic make it unsafe for you to walk?	Sample Adults 18+
ENV.0090.00.3	CRIMEWLK_A	* Read if necessary: Where you live... Does crime make it unsafe for you to walk?	Sample Adults 18+
ENV.0100.00.3	ANIMALWLK_A	* Read if necessary: Where you live... Do dogs or other animals make it unsafe for you to walk?	Sample Adults 18+

ENV.0110.00.3	WEATHERWLK_A	How often does the weather make you less likely to walk? Would you say almost always, most of the time, some of the time, or never? * Read if necessary: We mean any kind of bad weather that makes you less likely to walk, such as hot, cold, rainy, snowy, and windy weather.	Sample Adults 18+
ENV.0120.00.3	PEOPLEWLK_A	How often are there people walking within sight of ^HOME? Would you say every day, every 2 to 3 days, about once a week, or less than once a week?	Sample Adults 18+

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Sponsor(s):

NIH/NCI - National Cancer Institute, CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: LCS: Lung Cancer Screening

Question ID	Variable	Question Text	Universe
LCS.0010.00.3	CTSCANEV1_A	Have you ever had a CT scan of your chest area? During this test, you are lying down and moved through a donut-shaped x-ray machine while holding your breath.	Sample Adults 40+
LCS.0020.00.3	CTLNGWHN1_A	When did you have your most recent CT scan of your chest area?	Sample Adults 40+ who ever had a CT scan of their chest area
LCS.0030.00.3	CTLNGCAN1_A	Was your most recent CT scan of your chest area done to check or screen for lung cancer?	Sample Adults 40+ who ever had a CT scan of their chest area

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Sponsor(s):

NIH/NCI - National Cancer Institute, CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: SUN: Sun Care and Protection

Question ID	Variable	Question Text	Universe
SUN.0010.00.3	SUNSKIN1_A	The next questions are about sun exposure and sunburns. By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more. After several months of not being in the sun, if you THEN went out in the sun without sunscreen or protective clothing for one hour, which of these would happen to your skin? Would you get a severe sunburn with blisters, have a moderate sunburn with or without peeling, burn mildly with some or no darkening or tanning, turn darker without sunburn, or would nothing happen to your skin? * Read if necessary: Even if you do not go out in the sun, what would happen if you did? * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more. * Do not read the choice "do not go out in the sun." Select this choice if respondent volunteers.	Sample Adults 18+
SUN.0020.00.3	SUNTAN1_A	Think about the past 12 months, when spending time outdoors, how often did you try to get some sun for the purpose of developing a tan? Would you say always, most of the time, sometimes, rarely, or never? * Do not read the choice "don't spend time outdoors." Select this choice if respondent volunteers.	Sample Adults 18+
SUN.0030.00.3	ANYSBURN1_A	During the past 12 months, did you have a sunburn even on a small part of your skin? Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+

SUN.0040.00.3	NUMSBURNS1_A	During the past 12 months, how many times have you had a sunburn even on a small part of your skin? * Read if necessary: If you can't remember exactly how many, just give your best guess. Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who had a sunburn in the past 12 months
SUN.0050.00.3	SBURNWRK_A	The next questions are about your MOST RECENT sunburn in the past 12 months. Were you working at your job when you got sunburned? * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who had a sunburn in the past 12 months
SUN.0060.00.3	SBURNTAN_A	* Read if necessary: Think about the MOST RECENT time you got a sunburn. Were you trying to get a tan? * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who have had a sunburn in the past 12 months and report always, most of the time, sometimes, or rarely outdoor tanning
SUN.0070.00.3	SBURNPHY_A	* Read if necessary: Think about the MOST RECENT time you got a sunburn. Were you exercising? * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who had a sunburn in the past 12 months
SUN.0080.00.3	SBURNWAT_A	* Read if necessary: Think about the MOST RECENT time you got a sunburn. Were you spending time in, on, or near the water such as a pool, lake, or ocean? * If the respondent mentions swimming or another aquatic activity when exercising, enter '1'. * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who had a sunburn in the past 12 months
SUN.0090.00.3	SBURNSCR_A	* Read if necessary: Think about the MOST RECENT time you got a sunburn. Were you using sunscreen? * Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.	Sample Adults 18+ who had a sunburn in the past 12 months

SUN.0100.00.3	SBURNALC_A	<p>* Read if necessary: Think about the MOST RECENT time you got a sunburn. Were you drinking alcohol?</p> <p>* Read if necessary: By sunburn, we mean when even a small part of your skin turns red or hurts for 12 hours or more.</p>	<p>Sample Adults 18+ who had a sunburn in the past 12 months and have had at least one drink of alcohol in the past 12 months</p>
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2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

FDA/CTP - Center for Tobacco Products

Module:Adult, Section: CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID	Variable	Question Text	Universe
CIG.0075.00.3	MENTHOLC_A	Do you usually smoke menthol or non-menthol cigarettes?	Sample Adults 18+ who currently smoke cigarettes every day or some days
CIG.0100.00.3	MENTHOLF_A	Thinking back to the 12 MONTHS BEFORE YOU QUIT SMOKING CIGARETTES, during that time, did you usually smoke menthol or non-menthol cigarettes?	Sample Adults 18+ who are former smokers

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

FDA/CTP - Center for Tobacco Products

Module:Adult, Section: OTB: Other Tobacco

Question ID	Variable	Question Text	Universe
OTB.0010.00.3	CIGAREV_A	Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME? * Read if necessary: "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester. * Read if necessary: Do not include electronic cigars or e-cigars.	Sample adults 18+
OTB.0020.00.3	CIGARCUR_A	Do you NOW smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?	Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar
OTB.0030.00.3	CIGAR30D_A	On how many of the past 30 days have you smoked a regular cigar, cigarillo, or little filtered cigar?	Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all
OTB.0060.00.3	SMOKELSEV1_A	Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), nicotine pouches, or dissolvable tobacco. Have you ever used smokeless tobacco products EVEN ONE TIME? * Read if necessary: Do not include nicotine replacement therapy products such as patch, gum, lozenge, or spray, which are considered smoking cessation treatments.	Sample adults 18+

OTB.0070.00.3	SMOKELSR1_A	Do you NOW use smokeless tobacco products every day, some days, or not at all?	Sample adults 18+ who have ever used smokeless tobacco products
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2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Adult, Section: CVL: Long COVID

Question ID	Variable	Question Text	Universe
CVL.0010.00.3	CVDINTRO_A	The next set of questions are about coronavirus or COVID-19. * Enter '1' to continue.	Sample Adults 18+
CVL.0020.00.3	EVERCOVID_A	Have you ever had COVID-19? * Read if necessary: Include being told by a doctor or other health professional that you had or likely had COVID-19. Also include antibodies or blood tests as well as other forms of testing for COVID-19, such as a nasal swabbing or throat swabbing. Also include if you had close contact with someone who had COVID-19 and you had symptoms.	Sample Adults 18+
CVL.0030.00.3	LONGCOVID1_A	Did you have any symptoms lasting 3 months or longer that you did not have before having COVID-19? Read if necessary: Long term symptoms may include tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems, sometimes referred to as "brain fog," difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, smell or taste loss or alteration to smell or taste, ^menstrual and inability to exercise.	Sample Adults 18+ who have ever had COVID-19
CVL.0040.00.3	SYMPNOW1_A	Do you have symptoms NOW?	Sample Adults 18+ who have ever had COVID-19 and had symptoms lasting 3 months or longer

CVL.0050.00.3	LCVDACT_A	How much do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19? Would you say not at all, a little, or a lot?	Sample Adults 18+ with COVID-19 symptoms lasting 3 months or longer that they did not have before having coronavirus or COVID-19 and they have symptoms now
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2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Adult, Section: IMS: Immunization

Question ID	Variable	Question Text	Universe
IMS.0010.00.3	PREGFLUYR_A	Were you pregnant any time ^AUGUSTYEAR?	Female sample adults 18-49 years or age is refused or don't know and who are not currently pregnant or don't know if they are currently pregnant or who are currently pregnant and the interview occurred between April-July
IMS.0020.00.3	LIVEBIRTH_A	During the past 12 months, did you have a pregnancy that ended in a live birth?	Female sample adults aged 18-49 of age or age is refused or don't know who did not refuse to answer if they are currently pregnant or if they were pregnant in between August and March
IMS.0050.00.3	FLUPREG_A	Did you get a flu vaccination before or during your current pregnancy?	Female Sample Adults 18-49 or refused or don't know their age who are currently pregnant and received a flu vaccination in the past 12 months and the interview takes place in Jan-March or Aug-Dec
IMS.0060.00.3	FLUPREG2_A	Earlier you said you were pregnant sometime ^AUGUSTYEAR. Did you get a flu vaccination before, during, or after your pregnancy?	Female Sample Adults 18-49 years of age or refused or don't know their age who reported a pregnancy during August-March and received a flu vaccination in the past 12 months

IMS.0061.00.3	SHTCVD191_A	The next questions are about coronavirus or COVID-19 vaccination. Have you had at least one dose of a COVID-19 vaccination? * Read if necessary: The COVID-19 vaccination has been available since 2020. * Read if necessary: COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTech, also called Comirnaty® (koe-mir'-na-tee), Moderna, also called Spikevax®, Johnson and Johnson, and Novavax.	Sample Adults 18+
IMS.0062.00.3	SHTCVD19NM2_A	How many COVID-19 vaccinations have you received?	Sample Adults 18+ who have received a COVID-19 vaccination
IMS.0063.01.3	CVDVAC1M2_A	* 1 of 2 During what month and year did you receive your MOST RECENT COVID-19 vaccination? * Enter month of most recent COVID-19 vaccination.	Sample Adults 18+ who have had one or more COVID-19 vaccinations
IMS.0063.02.3	CVDVAC1Y2_A	* 2 of 2 * Enter year of most recent COVID-19 vaccination.	Sample Adults 18+ who gave month of most recent COVID-19 vaccination or don't know
IMS.0090.00.3	SHTSHINGL1_A	Have you had a vaccine for shingles? * Read if necessary: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots.	Sample Adults 50+ or adults 18+ who have a weakened immune system
IMS.0100.00.3	SHINGYEAR_A	What year did you get your most recent shingles vaccine?	Sample Adults 50+ or adults 18+ who have a weakened immune system who had a shingles vaccine
IMS.0110.00.3	SHINGWHEN1_A	Was it before 2017?	Sample Adults 50+ or adults 18+ who have a weakened immune system who had a shingles vaccination and refused or don't know the year they had it

IMS.0120.00.3	SHINGRIX3_A	There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots. Have you ever had any Shingrix® shots?	Sample Adults 50+ or adults 18+ who have a weakened immune system who had a shingles vaccine from 2017 through 2020
IMS.0140.00.3	SHINGRIXN3_A	How many Shingrix® shots have you ever had?	Sample Adults 50+ or adults 18+ who have a weakened immune system who had a Shingrix vaccine
IMS.0150.00.3	SHINGRIXFS1_A	Shingrix® is the only shingles vaccine that has been available in the U.S. since 2021 and requires two shots. Was your most recent Shingrix® shot in ^SHINGYEAR_A your first or second Shingrix® shot? * Read if necessary: There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots.	Sample Adults 50+ or adults 18+ who have a weakened immune system who had a most recent shingles vaccine in or after 2021
IMS.0170.00.3	TDAPPREG_A	A Tdap vaccination is a tetanus booster shot that also includes pertussis (per-TUH-sis) or whooping cough vaccine. Earlier you said that you had a pregnancy that ended in a live birth during the past 12 months. Did you receive a Tdap vaccine during this pregnancy?	Female Sample Adults 18-49 or age is refused or don't know who had a live birth in the past 12 months
IMS.0180.00.3	SHTHEPA_A	The hepatitis A vaccine is given in two separate doses. Although it can be given as a combination vaccine with hepatitis B, it is different from the hepatitis B vaccine. Have you EVER received the hepatitis A vaccine? * Read if necessary: The hepatitis A vaccine has been available since 1995. It is routinely given to some children starting at 1 year of age and to some adults and people who travel outside the United States.	Sample Adults 18+

IMS.0190.00.3	WORKHEALTH_A	In your work or volunteer activities, do you provide direct medical care to patients, such as being a doctor, nurse, dentist, therapist, home health care worker, or emergency responder?	Sample Adults 18+
IMS.0200.00.3	WRKHLTHFC_A	Even if you do not provide direct medical care to patients, do you do any kind of work or volunteer activities in a health care facility, such as in a hospital, doctor's office, dentist's office, clinic, nursing home, or residential care home?	Sample Adults 18+ who do not provide medical care to patients or refused or don't know
IMS.0210.00.3	TRAVEL_A	Since 1995, have you traveled to any countries OTHER than Japan, Australia, New Zealand, Canada, and those in Europe?	Sample Adults 18+

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Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Adult, Section: ISN: Immunosuppression

Question ID	Variable	Question Text	Universe
ISN.0010.00.3	MEDRXTRT_A	In the past 12 months, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system? * Read if necessary: Examples include steroid or corticosteroid (Core-tih-coe-STAIR-oid) pills, such as prednisone (PRED-nuh-sown), or other oral or injected medications for treating many types of autoimmune conditions or certain cancers.	Sample Adults 18+
ISN.0020.00.3	HLTHCOND_A	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system^MEDTRT? * Read if necessary: Examples include certain kinds of leukemia, lymphoma, or HIV infection.	Sample Adults 18+

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Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Child, Section: CVL: Long-COVID

Question ID	Variable	Question Text	Universe
CVL.0010.00.3	CVDINTRO_C	The next set of questions are about coronavirus or COVID-19. * Enter '1' to continue.	Sample Children 0-17
CVL.0020.00.3	EVERCOVID_C	Has ^SCNAME ever had COVID-19? * Read if necessary: Include being told by a doctor or other health professional that ^SCNAME had or likely had COVID-19. Also include antibodies or blood tests as well as other forms of testing for COVID-19, such as a nasal swabbing or throat swabbing. Also include if ^SCNAME had close contact with someone who had COVID-19 and ^SCNAME had symptoms.	Sample Children 0-17
CVL.0030.00.3	LONGCOVID1_C	Did ^SCNAME have any symptoms lasting 3 months or longer that ^heshe_C did not have before having COVID-19? * Read if necessary: Long term symptoms may include tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems, sometimes referred to as "brain fog," difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, smell or taste loss or alteration in ability to smell or taste, ^menstrual and inability to exercise.	Sample Children 0-17 who have ever had COVID-19
CVL.0040.00.3	SYMPNOW1_C	Does ^SCNAME have symptoms NOW?	Sample Children 0-17 who have ever had COVID-19 and had symptoms lasting 3 months or longer

CVL.0050.00.3	LCVDACT_C	How much do these long-term symptoms reduce ^SCNAME's ability to carry out day-to-day activities compared with the time before ^SCNAME had COVID-19? Would you say not at all, a little, or a lot?	Sample Children 0-17 with COVID-19 symptoms lasting 3 months or longer that they did not have before having coronavirus or COVID-19 and they have symptoms now
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2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Child, Section: CVV: COVID-19 vaccination

Question ID	Variable	Question Text	Universe
CVV.0010.00.3	SHTCVD191_C	The next questions are about coronavirus or COVID-19 vaccination. Has ^SCNAME had at least one dose of a COVID-19 vaccination? ^COVIDAGES *Read if necessary: COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTech, also called Comirnaty® (koe-mir'-na-tee), Moderna, also called Spikevax®, Johnson and Johnson, and Novavax. Approved vaccines vary by age.	Sample Children 0-17
CVV.0020.00.3	SHTCVD19NM2_C	How many COVID-19 vaccinations has ^SCNAME received?	Sample Children who have received at least one COVID-19 vaccination
CVV.0030.01.3	CVDVAC1M2_C	* 1 of 2 During what month and year did ^SCNAME receive ^hisher_C MOST RECENT COVID-19 vaccination? * Enter month of most recent COVID-19 vaccination.	Sample Children who have had one or more COVID-19 vaccinations
CVV.0030.02.3	CVDVAC1Y2_C	* 2 of 2 * Enter year of most recent COVID-19 vaccination.	Sample Children who gave month of most recent COVID-19 vaccination or don't know
CVV.0050.00.3	SHOTTYPE2_C	^FIRST_C brand of COVID-19 vaccine did ^SCNAME receive? *Read if necessary: COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTech, also called Comirnaty® (koe-mir'-na-tee), Moderna, also called Spikevax®, Johnson and Johnson, and Novavax. Approved vaccines vary by age.	Sample Children 0-4 who had at least one COVID-19 vaccination

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

NIH/NIDDK - National Institute of Diabetes and Digestive and Kidney Diseases,
 CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: DIB: Diabetes

Question ID	Variable	Question Text	Universe
DIB.0070.00.3	DIBINSTIME_A	Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?	Sample Adults 18+ who have diabetes and currently take insulin
DIB.0080.00.3	DIBINSSTOP_A	Since you started taking insulin, have you ever stopped taking it for more than 6 months?	Sample Adults 18+ who have diabetes and are taking insulin
DIB.0090.00.3	DIBINSSTYR_A	Was this only during the first year after you were diagnosed with diabetes?	Sample Adults 18+ who have diabetes, who started taking insulin less than 1 year from when they were diagnosed with diabetes, and who stopped taking insulin for more than 6 months

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

USDA - United States Department of Agriculture

Module:Adult, Section: FDS: Food Security

Question ID	Variable	Question Text	Universe
FDS.0010.00.3	FDSINTRO_A	These next questions are about whether ^youyourfamily_A ^waswere always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for ^youyourfamily_A in the last 30 days. * Enter '1' to continue.	Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.
FDS.0020.00.3	FDSRUNOUT_A	The first statement is "^Iwe_A worried whether ^myour_A food would run out before ^Iwe_A got money to buy more." Was that often true, sometimes true, or never true for ^youyourfamily_A in the last 30 days?	The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

FDS.0030.00.3	FDSLAST_A	"The food that ^Iwe_A bought just didn't last, and ^Iwe_A didn't have money to get more." Was that often true, sometimes true, or never true for ^youyourfamily_A in the last 30 days?	The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.
FDS.0040.00.3	FDSBALANCE_A	^Iwe_A couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for ^youyourfamily_A in the last 30 days?	The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

FDS.0050.00.3	FDSSKIP_A	<p>In the last 30 days, did ^youorother_A ever cut the size of your meals or skip meals because there wasn't enough money for food?</p>	<p>The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals</p>
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FDS.0060.00.3	FDSSKIPDYS_A	In the last 30 days, how many days did this happen?	<p>The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent said that they or other adults in their family cut the size of their meals or skipped meals due to cost.</p>
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FDS.0070.00.3	FDSLESS_A	<p>In the last 30 days, did ^youorother_A ever eat less than you felt you should because there wasn't enough money for food?</p>	<p>The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.</p>
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FDS.0080.00.3	FDSHUNGRY_A	<p>In the last 30 days, were ^youorother_A ever hungry but didn't eat because there wasn't enough money for food?</p>	<p>The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.</p>
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FDS.0090.00.3	FDSWEIGHT_A	In the last 30 days, did ^youorother_A lose weight because there wasn't enough money for food?	<p>The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.</p>
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FDS.0100.00.3	FDSNOTEAT_A	In the last 30 days, did ^youorother_A ever not eat for a whole day because there wasn't enough money for food?	The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.
FDS.0110.00.3	FDSNEDAYS_A	In the last 30 days, how many days did this happen?	The Sample Child and Sample Adult are not in the same family OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent didn't eat for a whole day in last 30 days because there wasn't enough money for food

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

USDA - United States Department of Agriculture

Module:Adult, Section: F00: Food Related Programs

Question ID	Variable	Question Text	Universe
FOO.0020.00.3	FSNAP30D_A	Did ^YOUFAMLVHERE_A receive ^FSSNAPNM in the LAST 30 days? * Read if necessary: This program puts money on a SNAP EBT card that you can only use to buy food.	Sample Adults 18+ living in families where someone received food stamps in the last 12 months

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

USDA - United States Department of Agriculture

Module:Child, Section: FDS: Food Security

Question ID	Variable	Question Text	Universe
FDS.0010.00.3	FDSINTRO_C	These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your family in the last 30 days. * Enter '1' to continue.	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

FDS.0020.00.3	FDSRUNOUT_C	<p>The first statement is "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your family in the last 30 days?</p>	<p>Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent</p>
FDS.0030.00.3	FDSLAST_C	<p>"The food that we bought just didn't last, and we didn't have money to get more." Was that often true, sometimes true, or never true for your family in the last 30 days?</p>	<p>Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent</p>

FDS.0040.00.3	FDSBALANCE_C	"We couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for your family in the last 30 days?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent
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FDS.0050.00.3	FDSSKIP_C	In the last 30 days, did ^youorother_C ever cut the size of your meals or skip meals because there wasn't enough money for food?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.
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FDS.0060.00.3	FDSSKIPDYS_C	In the last 30 days, how many days did this happen?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent answered they skipped meals due to cost
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FDS.0070.00.3	FDSLESS_C	<p>In the last 30 days, did ^youorother_C ever eat less than you felt you should because there wasn't enough money for food?</p>	<p>Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.</p>
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FDS.0080.00.3	FDSHUNGRY_C	In the last 30 days, were ^youorother_C ever hungry but didn't eat because there wasn't enough money for food?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.
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FDS.0090.00.3	FDSWEIGHT_C	In the last 30 days, did ^youorother_C lose weight because there wasn't enough money for food?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.
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FDS.0100.00.3	FDSNOTEAT_C	In the last 30 days, did ^youorother_C ever not eat for a whole day because there wasn't enough money for food?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.
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FDS.0110.00.3	FDSNEDAYS_C	In the last 30 days, how many days did this happen?	Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and adults in the family have ever not eaten for a whole day because there wasn't enough money for food in the last 30 days
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2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

USDA - United States Department of Agriculture

Module:Child, Section: F00: Food Related Programs

Question ID	Variable	Question Text	Universe
FOO.0020.00.3	FSNAP30D_C	Did any family members living here receive ^FSSNAPNM in the LAST 30 days? *Read if necessary: This program puts money on a SNAP EBT card that you can only use to buy food.	Sample Child 0-17 and someone in the family received food stamps in the past 12 months

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion,
NIH/ODP - Office of Disease Prevention

Module:Adult, Section: LSF: Life Satisfaction

Question ID	Variable	Question Text	Universe
LSF.0010.00.3	LSATIS4_A	In general, how satisfied are you with your life? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied?	Sample Adults 18+

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: SCE: Sponsored Conditions-Ever

Question ID	Variable	Question Text	Universe
SCE.0010.00.3	CROHNSEV_A	Have you EVER been told by a doctor or other health professional that you had ...Crohn's (Croans) disease?	Sample Adults 18+
SCE.0020.00.3	ULCCOLEV_A	* Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Ulcerative Colitis?	Sample Adults 18+
SCE.0030.00.3	PSOREV_A	* Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Psoriasis (sore-EYE-ah-sis)?	Sample Adults 18+

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: SSL: Social Support and Loneliness

Question ID	Variable	Question Text	Universe
SSL.0005.00.3	SSLINTRO_A	The next questions are about social and emotional support. * Enter '1' to continue.	Sample Adults 18+
SSL.0010.00.3	SUPPORT_A	How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?	Sample Adults 18+
SSL.0020.00.3	LONELY_A	How often do you feel lonely? Would you say always, usually, sometimes, rarely, or never?	Sample Adults 18+

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIPC - National Center for Injury Prevention and Control

Module:Adult, Section: TBI: Concussions - past 12 months

Question ID	Variable	Question Text	Universe
TBI.0010.00.3	TBIINTRO1_A	The next questions are about head injuries that may have occurred in the past 12 months. Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. * Enter '1' to continue.	Sample Adults 18+
TBI.0020.00.3	TBILCDCMG_A	During the past 12 months, as a result of a blow or jolt to the head, have you been knocked out or lost consciousness, been dazed or confused, or had a gap in your memory? * Read if necessary: Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.	Sample Adults 18+
TBI.0030.00.3	TBIHLSBMC_A	During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior? * Read if necessary: Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.	Sample Adults 18+

TBI.0040.00.3	TBISPORT_A	^CDCMG_A Were you playing a sport or participating in a physical or recreational activity, such as jogging, biking, or pick-up games, when you experienced any of these blows or jolts to the head? * Read if necessary: Include team or league sports competitions or practices. * Read if necessary: Include organized and non-organized sports. * Read if necessary: A pick-up game is when a group of players get together and spontaneously start a game, like basketball or soccer.	Sample Adults 18+ who experienced TBI symptoms from a blow or jolt to the head over the past 12 months
TBI.0050.00.3	TBILEAGUE_A	Were you participating in an organized team or league sports competition or practice when you experienced any of these blows or jolts to the head?	Sample Adults 18+ who experienced TBI symptoms from a blow or jolt to the head over the past 12 months and had a sports or recreational injury
TBI.0060.00.3	TBIEVAL_A	During the past 12 months, as a result of a blow or jolt to the head, were you evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health professional?	Sample Adults 18+ who experienced TBI symptoms from a blow or jolt to the head over the past 12 months

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIPC - National Center for Injury Prevention and Control

Module:Child, Section: TBI: Concussions - past 12 months

Question ID	Variable	Question Text	Universe
TBI.0010.00.3	TBIINTRO1_C	The next questions are about head injuries that may have occurred in the past 12 months. Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months. * Enter '1' to continue.	Sample Children 0-17
TBI.0020.00.3	TBILCDCMG_C	During the past 12 months, as a result of a blow or jolt to the head, has ^SCNAME been knocked out or lost consciousness, been dazed or confused, or had a gap in ^hisher_C memory? * Read if necessary: Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.	Sample Children 0-17
TBI.0030.00.3	TBIHLSBMC_C	During the past 12 months, as a result of a blow or jolt to the head, has ^SCNAME had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior? * Read if necessary: Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.	Sample Children 0-17

TBI.0040.00.3	TBISPORT_C	^CDCMG_C Was ^SCNAME playing a sport or participating in a physical or recreational activity, such as playing on the playground, biking, or pick-up games, when ^heshe_C experienced any of these blows or jolts to the head? * Read if necessary: Include team or league sports competitions or practices. * Read if necessary: Include organized and non-organized sports. * Read if necessary: A pick-up game is when a group of players get together and spontaneously start a game, like basketball or soccer.	Sample Children 0-17 who experienced TBI symptoms from a blow or jolt to the head over the past 12 months
TBI.0050.00.3	TBILEAGUE_C	Was ^SCNAME participating in an organized team or league sports competition or practice when ^heshe_C experienced any of these blows or jolts to the head?	Sample Children 0-17 who had a sports or recreational related injury
TBI.0060.00.3	TBIEVAL_C	During the past 12 months, as a result of a blow or jolt to the head, was ^SCNAME evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health professional?	Sample Children 0-17 who experienced TBI symptoms from a blow or jolt to the head over the past 12 months

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

NIH/NIDCD - National Institute on Deafness and Other Communication Disorders

Module:Adult, Section: TSC: Taste and Smell - COVID

Question ID	Variable	Question Text	Universe
TSC.0010.00.3	CVDSYMSM2_A	When you had coronavirus, or afterwards, did you lose some or all of your sense of smell or did you smell odors that were not there? * If the respondent indicates they lost some or all sense of smell or smelled odors that were not there, enter '1' for yes.	Sample Adults 18+ who ever had COVID-19
TSC.0020.00.3	CVDPAROS_A	When you had coronavirus, or afterwards, did some strong odors smell differently from how they usually smelled?	Sample Adults 18+ who ever had COVID-19
TSC.0030.00.3	CVDSMREC2_A	Has your sense of smell fully recovered, partially recovered, or not recovered at all? * If the respondent's sense of smell has improved but is still worse than it was before, or if they still smell things that are not there, but less frequently than before, enter '2' for partially recovered.	Sample Adults 18+ who have ever had COVID-19 and lost some or all of their sense of smell or smelled odors that weren't there or some strong odors smelled differently
TSC.0040.00.3	CVDSYMTST2_A	When you had coronavirus, or afterwards, did you lose some or all of your ability to taste or did you have unwanted tastes or sensations in your mouth that did not go away? * If the respondent indicates they lost some or all of their ability to taste or had unwanted tastes or sensations in their mouth that did not go away, enter '1' for yes.	Sample Adults 18+ who ever had COVID-19
TSC.0050.00.3	CVDTSTREC2_A	Has your ability to taste fully recovered, partially recovered, or not recovered at all? * If the respondent's ability to taste has improved but is still worse than it was before, or if they still have unwanted tastes or sensations in their mouth, but less frequently than before, enter '2' for partially recovered.	Sample Adults 18+ who ever had COVID-19 and lost some or all of their ability to taste or had unwanted tastes or sensations in their mouth that did not go away

2024 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

NIH/NIDCD - National Institute on Deafness and Other Communication Disorders

Module:Adult, Section: TSH: Taste and Smell Health Conditions

Question ID	Variable	Question Text	Universe
TSH.0010.00.3	COLDFLU12M_A	During the past 12 months, have you had a head cold or flu for longer than a month?	Sample Adults 18+
TSH.0020.00.3	DRYMTH12M_A	During the past 12 months, have you had persistent dry mouth?	Sample Adults 18+

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Sponsor(s):

NIH/NIDCD - National Institute on Deafness and Other Communication Disorders

Module:Adult, Section: TSM: Taste and Smell

Question ID	Variable	Question Text	Universe
TSM.0010.00.3	SMELLDf_A	During the past 12 months, have you had difficulty with your sense of smell or ability to detect odors? Would you say no difficulty, a little difficulty, moderate difficulty, a lot of difficulty, or you cannot smell at all?	Sample Adults 18+
TSM.0020.00.3	SMELLCOMP_A	How would you rate your ability to smell now as compared to when you were ^25year5yearsyounger? Is it better, worse, or is there no change? ^YOUNGADULT	Sample Adults 18+
TSM.0030.00.3	SMELLPHT_A	During the past 12 months, did you sometimes smell an unpleasant, bad, metallic, or burning odor when nothing was there?	Sample Adults 18+
TSM.0040.00.3	SMELLPAR_A	During the past 12 months, did some strong odors smell differently from how they usually smelled?	Sample Adults 18+
TSM.0050.00.3	TASTEDf_A	During the past 12 months, have you had difficulty with your ability to taste sweet, sour, salty, or bitter foods and drinks? Would you say no difficulty, a little difficulty, moderate difficulty, a lot of difficulty, or you cannot taste at all?	Sample Adults 18+
TSM.0060.00.3	TASTECOMP_A	Compared to when you were ^25year5yearsyounger, how would you rate your ability to taste sweet, sour, salty, or bitter foods and drinks? Is it better, worse, or is there no change? ^YOUNGADULT	Sample Adults 18+
TSM.0070.00.3	TASTEFLAV_A	Compared to when you were ^25year5yearsyounger, how would you rate your ability to taste flavors such as chocolate, vanilla, or strawberry? Is it better, worse, or is there no change? ^YOUNGADULT	Sample Adults 18+

TSM.0080.00.3	TASTEUNW_A	During the past 12 months, have you had an unwanted taste or other sensation in your mouth that does not go away? * Read if necessary: This could include bad, metallic, or bitter tastes or burning or tingling sensations.	Sample Adults 18+
TSM.0090.00.3	TSTSMHP2_A	Have you ever talked to a doctor or other health professional about any problem with your ability to taste or smell?	Sample Adults 18+
TSM.0100.00.3	TSTSMLAST_A	When was the last time you talked to a doctor or other health professional about any problem with your ability to taste or smell?	Sample Adults 18+ who discussed problems with or changes in ability to taste or smell with a doctor or health professional

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Sponsor(s):

NIH/NIDCD - National Institute on Deafness and Other Communication Disorders

Module:Child, Section: TSH: Taste and Smell Health Conditions

Question ID	Variable	Question Text	Universe
TSH.0010.00.3	COLDFLU12M_C	During the past 12 months, has ^SCNAME had a head cold or flu for longer than a month?	Sample children 6-17
TSH.0020.00.3	DRYMTH12M_C	During the past 12 months, has ^SCNAME had persistent dry mouth?	Sample children 6-17

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Sponsor(s):

NIH/NIDCD - National Institute on Deafness and Other Communication Disorders

Module:Child, Section: TSM: Taste and Smell

Question ID	Variable	Question Text	Universe
TSM.0010.00.3	SMELLDf_C	During the past 12 months, has ^SCNAME had difficulty with ^hisher_C sense of smell or ability to detect odors? Would you say no difficulty, a little difficulty, moderate difficulty, a lot of difficulty, or ^SCNAME cannot smell at all?	Sample children 6-17
TSM.0020.00.3	SMELLPHt_C	During the past 12 months, did ^SCNAME sometimes smell an unpleasant, bad, metallic, or burning odor when nothing was there?	Sample children 6-17
TSM.0030.00.3	TASTEDf_C	During the past 12 months, has ^SCNAME had difficulty with ^hisher_C ability to taste sweet, sour, salty, or bitter foods and drinks? Would you say no difficulty, a little difficulty, moderate difficulty, a lot of difficulty, or ^SCNAME cannot taste at all?	Sample children 6-17
TSM.0040.00.3	TASTEUNw_C	During the past 12 months, has ^SCNAME had an unwanted taste or other sensation in ^hisher_C mouth that does not go away? * Read if necessary: This could include bad, metallic, or bitter tastes or burning or tingling sensations.	Sample children 6-17
TSM.0050.00.3	TSTSMHP2_C	Has ^SCNAME ever talked to a doctor or other health professional about any problem with ^hisher_C ability to taste or smell?	Sample children 6-17
TSM.0060.00.3	TSTSMlAST_C	When was the last time ^SCNAME talked to a doctor or other health professional about any problem with ^hisher_C ability to taste or smell?	Sample children 6-17 who discussed problems with or changes in ability to taste or smell with a doctor or health professional