

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

ACL - Administration for Community Living

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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

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

NIH/NIAMS - National Institute of Arthritis and Musculoskeletal and Skin Diseases,  
 CDC/NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

Module:Adult, Section: ART: Arthritis

Question ID	Variable	Question Text	Universe
ART.0010.00.3	JNTSYMP_A	The next questions refer to your joints. Please do NOT include the back or neck. DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?	Sample Adults 18+ who reported arthritis or related condition
ART.0020.00.3	JNTPN_A	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.	Sample Adults 18+ who reported arthritis or related condition and have had any symptoms of pain, aching, or stiffness in or around a joint during the past 30 days
ART.0030.00.3	ARTHLMT_A	Earlier, you said that a doctor or other health professional had told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh). Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Sample Adults 18+ who reported arthritis or related condition
ART.0040.00.3	ARTHWRK_A	In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?	Sample Adults 18+ who reported arthritis or related condition
ART.0050.00.3	ARTHPH_A	Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?	Sample Adults 18+ who reported arthritis or related condition

2023 National Health Interview Survey (NHIS) Sponsored Content

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

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

CDC/NCEZID - National Center for Emerging and Zoonotic Infectious 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 prior to 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, ^menstrual changes to taste/smell, 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

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

CDC/NCEZID - National Center for Emerging and Zoonotic Infectious 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 prior to 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, ^menstrual changes to taste/smell, 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

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

FDA/CTP - Center for Tobacco Products

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Module:Adult, Section: CIG: Cigarettes and E-cigarettes

Question ID	Variable	Question Text	Universe
CIG.0065.00.3	MENTHOLC_A <sup>1</sup>	Do you usually smoke menthol or non-menthol cigarettes?	Sample Adults 18+ who currently smoke cigarettes every day or some days

<sup>1</sup>An item on the use of menthol cigarettes was administered starting in March 2023.

2023 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.0040.00.3	PIPEEV_A	Have you EVER smoked a pipe filled with tobacco - either a regular pipe, water pipe, or hookah EVEN ONE TIME? * Read if necessary: A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs. * Read if necessary: Do not include electronic pipes or e-pipes. Read if necessary: Do not include pipes filled with substances other than tobacco.	Sample adults 18+

OTB.0050.00.3	PIPECUR_A	Do you NOW smoke pipes filled with tobacco - either regular pipes, water pipes, or hookahs, every day, some days, or not at all? * Read if necessary: Do not include pipes filled with substances other than tobacco.	Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco
OTB.0060.00.3	SMOKESEV_A	Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), 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	SMOKELESCUR_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



2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

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Module:Adult, Section: CVL: Long COVID

Question ID	Variable	Question Text	Universe
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 prior to having coronavirus or COVID-19 and they have symptoms now

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Adult, Section: IMS: Immunization with 2023 supplements

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: There are four vaccines for COVID-19 approved for use in the United States. The first is made by Pfizer, is called Comirnaty® (koe-mir'-na-tee), and requires two initial shots. The second is made by Moderna, is called Spikevax®, and also requires two initial shots. The third is made by Johnson and Johnson and requires one initial shot. The fourth is made by Novavax and requires two initial shots.	Sample Adults 18+
IMS.0062.00.3	SHTCVD19NM1_A	How many COVID-19 vaccinations have you received?	Sample Adults 18+ who have received a COVID-19 vaccination
IMS.0065.00.3	SHOTTYPE2_A	^FIRST_A brand of COVID-19 vaccine did you receive? * Read if necessary: There are four vaccines for COVID-19 approved for use in the United States. The first is made by Pfizer, is called Comirnaty® (koe-mir'-na-tee), and requires two initial shots. The second is made by Moderna, is called Spikevax®, and also requires two initial shots. The third is made by Johnson and Johnson and requires one initial shot. The fourth is made by Novavax and requires two initial shots.	Sample Adults 18+ who had at least one COVID-19 vaccination
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	SHTHEPB1_A	The hepatitis B vaccine is given in two or three separate doses. Although it can be given as a combination vaccination with hepatitis A, it is different from the hepatitis A vaccine. Have you EVER received the hepatitis B vaccine? * Read if necessary: The hepatitis B vaccine has been available since 1982 for newborn infants, adolescents, and people who may be exposed to the Hepatitis B virus. Since 2022, it is recommended for all persons under age 60, and for persons aged 60 years and older who may be exposed to the Hepatitis B virus.	Sample Adults 32+
IMS.0190.00.3	LIVEHEP_A	Have you ever lived with someone who had hepatitis?	Sample Adults 18+ who did not ever have hepatitis or refused or don't know
IMS.0220.00.3	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.0230.00.3	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.0240.00.3	TRAVEL_A	Since 1995, have you traveled to any countries OTHER than Japan, Australia, New Zealand, Canada, and those in Europe?	Sample Adults 18+

2023 National Health Interview Survey (NHIS) Sponsored Content

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+

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

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

Question ID	Variable	Question Text	Universe
SCE.0010.00.3	HEPEV_A	Have you EVER been told by a doctor or other health professional that you had ...Hepatitis?	Sample Adults 18+

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

CDC/NCIRD - National Center for Immunization and Respiratory Diseases

Module:Child, Section: CVL: Long COVID

Question ID	Variable	Question Text	Universe
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 prior to having coronavirus or COVID-19 and they have symptoms now



2023 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: There are four vaccines for COVID-19 approved for use in the United States. The first is made by Pfizer, is called Comirnaty® (koe-mir'-na-tee), and requires two or three initial shots, depending on age. The second is made by Moderna, is called Spikevax®, and also requires two initial shots. The third is made by Johnson and Johnson and requires one initial shot. The fourth is made by Novavax and requires two initial shots.	Sample Children 0-17
CVV.0020.00.3	SHTCVD19NM1_C	How many COVID-19 vaccinations has ^SCNAME received?	Sample Children who have received at least one COVID-19 vaccination
CVV.0050.00.3	SHOTTYPE1_C	^FIRST_C brand of COVID-19 vaccine did ^SCNAME receive? *Read if necessary: There are four vaccines for COVID-19 approved for use in the United States. The first is made by Pfizer, is called Comirnaty® (koe-mir'-na-tee), and requires two or three initial shots, depending on age. The second is made by Moderna, is called Spikevax®, and also requires two initial shots. The third is made by Johnson and Johnson and requires one initial shot. The fourth is made by Novavax and requires two initial shots.	Sample Children who had at least one COVID-19 vaccination

**2023 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

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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

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

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

Module:Adult, Section: EPI: Epilepsy

Question ID	Variable	Question Text	Universe
EPI.0010.00.3	EPIEV_A	Have you ever been told by a doctor or other health professional that you have a seizure disorder or epilepsy?	Sample Adults 18+
EPI.0020.00.3	EPIMED_A	Are you currently taking any medicine to control your seizure disorder or epilepsy?	Sample Adults 18+ who ever had epilepsy
EPI.0030.00.3	EPINUMSEIZ_A	Today is ^CURRENTDATE. Think back to the last year about the same time. About how many seizures of any type have you had during the past 12 months? * Read if necessary: Some people may call it a "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch." * If the respondent mentions and counts "auras" as seizures accept the response. * If the respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.	Sample Adults 18+ who ever had epilepsy
EPI.0040.00.3	EPIDR_A	During the past 12 months, have you seen a neurologist or epilepsy specialist for your seizure disorder or epilepsy?	Sample Adults 18+ who ever had epilepsy

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

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

Module:Adult, Section: PRV: Preventive screening

Question ID	Variable	Question Text	Universe
PRV.0033.00.3	DIBA1CLAST_A	An A-one-C test is used to measure the average level of blood sugar over the past three months. When was the last time you had your A1C checked by a doctor, nurse, or other health professional? * Read if necessary: A1C values typically range between 5 and 13.9. For many people with diabetes the goal is to have an A1C of 7 or less, but your goal may be different depending on what you and your doctor determine is best for you.	Sample Adults 18+ who have been told they have diabetes
PRV.0037.00.3	DIBA1CNUM_A	About how many times in the past 12 months has a doctor, nurse, or other health professional checked your A-one-C? * Read if necessary: A1C values typically range between 5 and 13.9. For many people with diabetes the goal is to have an A1C of 7 or less, but your goal may be different depending on what you and your doctor determine is best for you. * If respondent reports more than 96 A1C tests, enter '96'.	Sample Adults 18+ who had their A1C checked in the past 12 months

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

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

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

Question ID	Variable	Question Text	Universe
SCE.0020.00.3	CROHNSEV_A	* Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Crohn's (Croans) disease?	Sample Adults 18+
SCE.0030.00.3	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.0040.00.3	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+

2023 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



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Sponsor(s):

USDA - United States Department of Agriculture

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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

2023 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?	<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 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</p>
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Sponsor(s):

USDA - United States Department of Agriculture

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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

**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

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

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Module:Adult, Section: FHC: Family History of Cancer

Question ID	Variable	Question Text	Universe
FHC.0010.00.3	FHCANEV_A	These next questions are about your family history of cancer. When answering these questions, only think about relatives who you are related to biologically or by blood and do not include those who you are related to by marriage. Have any of your biological parents, sisters, brothers or children ever been diagnosed with cancer, other than skin cancer?	Sample Adults 18+
FHC.0020.00.3	FHBCANEV_A	Have any of your biological parents, sisters, brothers or children ever been diagnosed with breast cancer?	Sample Adults 18+ whose biological parents, sisters, brothers or children have been diagnosed with cancer (other than skin cancer)
FHC.0030.00.3	FHBCANNUM_A	How many of your biological parents, sisters, brothers or children have been diagnosed with breast cancer?	Sample Adults 18+ whose family members have ever been diagnosed with breast cancer
FHC.0040.00.3	FHBCAN50_A	How many of them were diagnosed with breast cancer before the age of 50?	Sample Adults 18+ who have 1 or more family members diagnosed with breast cancer
FHC.0050.00.3	FHOVCANEV_A	Has your biological mother, sisters, or daughters ever been diagnosed with ovarian cancer?	Sample Adults 18+ whose biological parents, sisters, brothers or children have been diagnosed with cancer (other than skin cancer)
FHC.0060.00.3	FHOVCANNUM_A	Including your biological sisters, daughters, and mother, how many have been diagnosed with ovarian cancer?	Sample Adults 18+ whose family members have ever been diagnosed with ovarian cancer

FHC.0070.00.3	FHCANRISK_A	Have you ever talked with your doctor or other health care provider about what your family history of cancer might mean for your own health and cancer risk?	Sample Adults 18+ whose biological parents, sisters, brothers or children have been diagnosed with cancer (other than skin cancer)
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**2023 National Health Interview Survey (NHIS) Sponsored Content**

Sponsor(s):

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

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Module:Adult, Section: GCT: Genetic Cancer Testing

Question ID	Variable	Question Text	Universe
GCT.0010.00.3	GTPOSS1_A	The next few questions refer to genetic TESTING for cancer risk. This is testing to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now. For example, a common genetic test detects mutations or changes in BRCA (braca) genes to determine risk for breast and ovarian cancer. Have you EVER DISCUSSED the possibility of getting a genetic test for cancer risk with a doctor or other health care professional?	Sample Adults 18+
GCT.0020.00.3	GTGRISK_A	Have you EVER HAD a genetic test to determine if you are at greater risk of developing cancer in the FUTURE? Include any genetic testing for cancer done by a medical provider or genetic counselor, or from genetic health tests, such as 23andMe or Color Genomics ordered online or bought in stores.	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: PRV: Preventive screening

Question ID	Variable	Question Text	Universe
PRV.0070.00.3	COLREASON1_A	What was the MAIN reason you had this most recent colonoscopy - was it part of a routine exam, because of a problem, as a follow-up test of an earlier test or screening exam, or some other reason?	Sample Adults 40+ who ever had a colonoscopy or both a colonoscopy and a sigmoidoscopy
PRV.0160.00.3	COLOGUARD1_A	Cologuard or FIT-DNA is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Have you ever had a Cologuard test?	Sample Adults 40+
PRV.0170.00.3	FITCOLG1_A	Was the blood stool or FIT test you reported earlier conducted as part of a Cologuard test?	Sample Adults 40+ who ever had a blood stool or FIT test using a home test kit and ever had a Cologuard test
PRV.0180.00.3	CGUARDWHE1_A	When did you have your most recent Cologuard test?	Sample Adults 40+ who ever had a Cologuard test and, if they had a home FIT test, did not say the Cologuard was part of the FIT test or they did not have a home FIT test or don't know or refused

PRV.0190.00.3	COLPROB1_A	<p>In the past 12 MONTHS, did a doctor or other health professional RECOMMEND that you be tested to look for problems in your colon or rectum?</p>	<p>Sample adults 40+ who never had a colonoscopy or had a colonoscopy over 10 years ago, or don't know or refused when they had a colonoscopy, and never had a sigmoidoscopy or had a sigmoidoscopy over 5 years ago, or don't know or refused when they had a sigmoidoscopy, or had a sigmoidoscopy or colonoscopy but don't know which over 5 years ago, and never had a CT colonography or had a CT colonography over 5 years ago, or don't know or refused when they had a CT colonography, and never had a FIT test or had a FIT over 1 year ago and did not, did not know, or refused to say if they had a Cologuard test, or had a FIT that did not, don't know, or refused to say if it included a Cologuard test over 1 year ago or don't know or refused when they had a FIT test or had a FIT test that included a Cologuard more than 3 years ago or don't know or refused when to say they had a FIT test and never had a Cologuard test or had a Cologuard test more than 3 years ago, or don't know or refused when they had a Cologuard test</p>
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PRV.0200.00.3	COLTEST_A	Which tests to check for colon cancer did the doctor or other health professional recommend to you? Possible tests include stool blood or fecal occult blood or FIT test; Cologuard or FIT DNA test; sigmoidoscopy; colonoscopy; CT colonography or virtual colonoscopy; or other. * Enter all that apply, separate with commas.	Sample Adults 40+ who had another type of colon test recommended
PRV.0210.00.3	PSATEST_A	A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. Have you EVER had a PSA test?	Male Sample Adults 40+
PRV.0220.00.3	PSAWHEN_A	About how long has it been since your MOST RECENT PSA test?	Male Sample Adults 40+ who ever had a PSA test
PRV.0230.00.3	PSAREASON_A	What was the MAIN reason you had this PSA test - was it part of a routine exam, because of a problem, or some other reason?	Male Sample Adults 40+ who ever had a PSA test
PRV.0250.00.3	PSA5YR1_A	How many PSA tests have you had in the LAST 5 years?	Male Sample Adults 40+ who ever had a PSA test but not more than 10 years ago or refused or don't know
PRV.0390.00.3	MAMREASON_A	What was the MAIN reason you had this mammogram - was it part of a routine exam, because of a problem, or some other reason?	Female Sample Adults 30+ who have ever had a mammogram
PRV.0410.00.3	MAMNOT1_A	What is the most important reason why you have ^MAMNEVER2YEARS_A? * Do not read choices, select answer category based on respondent's answer.	Female Sample Adults 30+ who never had a mammogram or had a mammogram more than 2 years ago
PRV.0420.00.3	MRIHAD_A	A breast MRI, or magnetic resonance image, shows what is inside the breast, like a mammogram, but does not require squeezing the breast. Before getting a breast MRI, you are given a dye through a needle in the arm. During the test, you lie on your stomach and the bed moves into a tunnel-shaped machine. Have you EVER HAD a breast MRI?	Female Sample Adults 30+
PRV.0430.00.3	MRIWHEN_A	About how long has it been since your MOST RECENT breast MRI?	Female Sample Adults 30+ who have had a breast MRI
PRV.0440.00.3	MRIREA_A	What was the MAIN reason you had this breast MRI? * Enter response into correct category below.	Female Sample Adults 30+ who have ever had a breast MRI



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Sponsor(s):

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

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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+

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

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

Module:Adult, Section: SHE: Sponsored Hearing Items

Question ID	Variable	Question Text	Universe
SHE.0010.00.3	AHEARST1_A	?[F1] These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices. Without a hearing aid or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?	Sample Adults 18+
SHE.0020.00.3	HRWHISP_A	Without a hearing aid or other listening devices, can you usually HEAR and UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a quiet room?	Sample Adults 18+ who are not deaf or refused or don't know
SHE.0030.00.3	EARINFECT_A	During the past 12 months, have you had an ear infection accompanied by earache, or fluid in the ear, and/or temporary hearing loss? * Read if necessary: Temporary hearing loss includes "muffled" hearing.	Sample Adults 18+
SHE.0040.00.3	EARINFECT3_A	During the past 12 months, have you had three or more ear infections accompanied by earache, or fluid in the ear, and/or temporary hearing loss?	Sample Adults 18+ who have had an ear infection in the past 12 months
SHE.0050.00.3	CBALHDINJ_A	In your LIFETIME, have you EVER had a significant head injury or concussion?	Sample Adults 18+ who have not lost consciousness and have not had symptoms of a head injury in the past 12 months
SHE.0060.00.3	CBALHDNO_A	^HEADINJ many significant head injuries or concussions have you had in your LIFETIME?	Sample Adults 18+ who have had a head injury in the past 12 months or lifetime

SHE.0070.00.3	HRTEST_A	A hearing test by a specialist is one that is done in a sound-proof booth or room, or with headphones. Have you ever had your hearing tested by a hearing specialist? * Read if necessary: Hearing specialists include audiologists, ear nose and throat (ENT) doctors, and trained technicians or occupational nurses.	Sample Adults 18+
SHE.0080.00.3	HRTESTLAST_A	When was the last time you had your hearing tested by a hearing specialist? * Read if necessary: Do not count tests done before 6 months of age.	Sample Adults 18+ who have had ever had a hearing test
SHE.0090.00.3	HRAIDAQR_A	Earlier, you told me that you use a hearing aid. Was that hearing aid fit by a health care professional, or was it purchased online or over the counter without assistance from a health care professional?	Sample Adults 18+ who wear a hearing aid
SHE.0100.00.3	BALDIZZ_A	These next questions are about dizziness or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. During the past 12 months, have you had a problem with dizziness, vertigo, lightheadedness, blurred vision when moving head, feeling like you are going to pass out or faint, or with unsteadiness or feeling off-balance? * Read if necessary: Vertigo is a sensation of feeling off-balance from rotation, rocking, or other motion, such as riding a carousel.	Sample Adults 18+
SHE.0110.00.3	BALDPROB_A	During the past 12 months, how much of a problem did you have with dizziness or balance? Would you say it was... * Read answer categories below.	Sample Adults 18+ who have had a problem with balance or dizziness in the past 12 months
SHE.0120.00.3	BALDHP_A	Have you EVER seen a doctor or other health professional for evaluation or treatment of your difficulties with dizziness or balance?	Sample Adults 18+ who have had a problem with balance or dizziness in the past 12 months

SHE.0130.00.3	BFALL12M_A	The next questions are about falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking, or bending position. During the past 12 months, have you fallen at least one time?	Sample Adults 18+
SHE.0140.00.3	BFALLTIMES_A	During the past 12 months, how many times have you fallen?	Sample Adults 18+ who have fallen at least once in the past 12 months
SHE.0150.00.3	HRTINNITUS_A	During the past 12 months, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more? * Read if necessary: Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.	Sample Adults 18+
SHE.0160.00.3	HRTINLNG_A	How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?	Sample Adults 18+ who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months
SHE.0170.00.3	HRTINPROB_A	During the past 12 months, how much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is... * Read answer categories below.	Sample Adults 18+ who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months
SHE.0180.00.3	HRTINMEDSP_A	In the past 5 years, have you been evaluated or treated for the ringing, roaring, or buzzing in your ears or head by a medical specialist in hearing, such as an Ear, Nose and Throat doctor, audiologist, neurologist, or psychiatrist? * Read if necessary: Include otolaryngologists (oh-toe-lair-in-GAH-luh-gists), otologists, and neuro-otologists.	Sample Adults 18+ who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months

SHE.0200.00.3	HRLLOUDJBYR_A	In your LIFETIME, how many years have you had a job, or combination of jobs, where you were exposed to LOUD sounds or noise for 4 or more hours a day, several days a week? * Read if necessary: Loud means so loud that you must speak in a raised voice to be heard. * Read if necessary: Include only the length of time in each job that you were exposed to loud sounds or noise for 4 or more hours a day, several days a week.	Sample Adults 18+ who have been exposed to loud noise during work
SHE.0230.00.3	HRFIREEV_A	Using firearms is another way people are exposed to loud noises. Have you EVER used guns or firearms for any reason? * Read if necessary: Include target shooting, hunting, military service, and job-related firearm use. * Read if necessary: Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.	Sample Adults 18+
SHE.0240.00.3	HRFIRETOTR_A	How many total rounds have you EVER fired? * Read categories if necessary. * Read if necessary: One round is equal to one shot.	Sample Adults 18+ who have ever used a firearm or gun
SHE.0250.00.3	HRFIRE12M_A	During the past 12 months, did you use guns or firearms for any reason? * Read if necessary: Include target shooting, hunting, military service, and job-related firearm use. * Read if necessary: Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.	Sample Adults 18+ who have ever used a firearm or gun
SHE.0260.00.3	HRFIREPROT_A	During the past 12 months, when shooting firearms how often did you wear hearing protection, such as ear plugs or ear muffs? Would you say... * Read answer categories below.	Sample Adults 18+ who have used a firearm or gun in the past 12 months

SHE.0270.00.3	HRVLOUD12M_A	<p>The next question asks about other VERY LOUD sounds. VERY LOUD means so loud you must shout in order to be understood by someone standing 3 feet or arm's length away from you. This includes noise from power tools, machinery, recreational vehicles, racing or speedways, some sporting events, and other things. Do not include exposure to very loud noises or sounds you may have had while working. During the past 12 months, outside of work, have you been exposed to VERY LOUD sounds or noise 10 or more times?</p>	Sample Adults 18+
SHE.0280.00.3	HRVLDPROT_A	<p>During the past 12 months, how often have you worn earplugs or ear muffs when exposed to VERY LOUD sounds or noise outside of work? Would you say... * Read answer categories below. * Read if necessary: VERY LOUD means so loud you must shout in order to be understood by someone standing 3 feet (arm's length) away from you.</p>	Sample Adults 18+ who have been exposed to very loud noise 10 or more times in the past 12 months

2023 National Health Interview Survey (NHIS) Sponsored Content

Sponsor(s):

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

Module:Child, Section: SHE: Sponsored Hearing Items

Question ID	Variable	Question Text	Universe
SHE.0010.00.3	AHEARST1_C	?[F1] These next questions are about ^SCNAME's hearing WITHOUT the use of hearing aids or other listening devices. Without a hearing aid or other listening devices, is ^SCNAME's hearing excellent, good, ^heshe_C has a little trouble hearing, moderate trouble, a lot of trouble, or is ^heshe_C deaf?	Sample Children 0-17
SHE.0020.00.3	HRWHISP_C	Without a hearing aid or other listening devices, can ^SCNAME usually HEAR and UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to ^SCNAME from across a quiet room?	Sample Children 3-17 who are not deaf or refused or don't know
SHE.0030.00.3	EARINFECT_C	During the past 12 months, has ^SCNAME had an ear infection accompanied by earache, or fluid in the ear, and/or temporary hearing loss? * Read if necessary: Temporary hearing loss includes "muffled" hearing.	Sample Children 0-17
SHE.0040.00.3	EARINFECT3_C	During the past 12 months, has ^SCNAME had three or more ear infections accompanied by earache, or fluid in the ear, and/or temporary hearing loss?	Sample Children 0-17 who have had an ear infection in the past 12 months
SHE.0050.00.3	CBALHDINJ_C	In ^SCNAME's LIFETIME, has ^heshe_C EVER had a significant head injury or concussion?	Sample Children 0-17 who have not lost consciousness and have not had symptoms of a head injury in the past 12 months
SHE.0060.00.3	CBALHDNO_C	^HEADINJ many significant head injuries or concussions has ^SCNAME had in ^hisher_C LIFETIME?	Sample Children 0-17 who have had a head injury in the past 12 months or lifetime

SHE.0070.00.3	HRTEST_C	A hearing test by a specialist is one that is done in a sound-proof booth or room, or with headphones. Not including tests that may have been done when ^heshe_C was born, has ^SCNAME ever had ^hisher_C hearing tested by a hearing specialist? * Read if necessary: Hearing specialists include audiologists, ear nose and throat (ENT) doctors, and trained technicians or occupational nurses.	Sample Children 1-17
SHE.0080.00.3	HRTESTLAST_C	When was the last time ^SCNAME had ^hisher_C hearing tested by a hearing specialist? *Read if necessary: Do not count tests done before 6 months of age.	Sample Children 1-17 who have had ever had a hearing test
SHE.0090.00.3	HRAIDAQR_C	Earlier, you told me that ^SCNAME uses a hearing aid. Was that hearing aid fit by a health care professional, or was it purchased online or over the counter without assistance from a health care professional?	Sample Children 0-17 who wear a hearing aid
SHE.0100.00.3	BALDIZZ_C	These next questions are about dizziness or balance problems. During the past 12 months, has ^SCNAME had a problem with dizziness, vertigo, lightheadedness, blurred vision when moving head, feeling like ^heshe_C is going to pass out or faint, or with unsteadiness or feeling off-balance? * Read if necessary: Vertigo is a sensation of feeling off-balance from rotation, rocking, or other motion, such as riding a carousel.	Sample Children 3-17
SHE.0110.00.3	BALDPROB_C	During the past 12 months, how much of a problem did ^SCNAME have with dizziness or balance? Would you say it was... * Read answer categories below.	Sample Children 3-17 who have had a problem with balance or dizziness in the past 12 months
SHE.0120.00.3	BALDHP_C	Has ^SCNAME EVER seen a doctor or other health professional for evaluation or treatment of ^hisher_C difficulties with dizziness or balance?	Sample Children 3-17 who have had a problem with balance or dizziness in the past 12 months



SHE.0130.00.3	BFALL12M_C	The next two questions are about falling. By falls or falling, we mean unexpectedly dropping to the floor or ground from a standing, walking, or bending position. During the past 12 months, has ^SCNAME fallen at least one time?	Sample Children 3-17
SHE.0140.00.3	BFALLTIMES_C	During the past 12 months, how many times has ^SCNAME fallen?	Sample Children 3-17 who have fallen at least once in the past 12 months
SHE.0150.00.3	HRTINNITUS_C	During the past 12 months, has ^SCNAME been bothered by ringing, roaring, or buzzing in ^hisher_C ears or head that lasts for 5 minutes or more? * Read if necessary: Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.	Sample Children 6-17
SHE.0160.00.3	HRTINLNG_C	How long has ^SCNAME been bothered by this ringing, roaring, or buzzing in ^hisher_C ears or head?	Sample Children 6-17 who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months
SHE.0170.00.3	HRTINPROB_C	During the past 12 months, how much of a problem is this ringing, roaring, or buzzing in ^SCNAME's ears or head? Would you say it is... * Read answer categories below.	Sample Children 6-17 who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months
SHE.0180.00.3	HRTINMEDSP_C	In the past 5 years, has ^SCNAME been evaluated or treated for the ringing, roaring, or buzzing in ^hisher_C ears or head by a medical specialist in hearing, such as an Ear, Nose and Throat doctor, audiologist, neurologist, or psychiatrist? * Read if necessary: Include otolaryngologists (oh-toe-lair-in-GAH-luh-gists), otologists, and neuro-otologists.	Sample Children 6-17 who have been bothered by ringing, roaring, or buzzing in ears or head in the past 12 months

SHE.0200.00.3	HRLLOUDJBYR_C	In ^hisher_C LIFETIME, how many years has ^SCNAME had a job, or combination of jobs, where ^heshe_C was exposed to LOUD sounds or noise for 4 or more hours a day, several days a week? * Read if necessary: Loud means so loud that you must speak in a raised voice to be heard. * Read if necessary: Include only the length of time in each job that ^SCNAME was exposed to loud sounds or noise for 4 for more hours a day, several days a week.	Sample Children 12-17 who have been exposed to loud noise during work
SHE.0230.00.3	HRFIREEV_C	^NOISEEXP Has ^SCNAME EVER used guns or firearms for any reason? * Read if necessary: Include target shooting, hunting, military service, and job-related firearm use. * Read if necessary: Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.	Sample Children 6-17
SHE.0240.00.3	HRFIRETOTR_C	How many total rounds has ^SCNAME EVER fired? * Read categories if necessary. * Read if necessary: One round is equal to one shot.	Sample Children 6-17 who have ever used a firearm or gun
SHE.0250.00.3	HRFIRE12M_C	During the past 12 months, did ^SCNAME use guns or firearms for any reason? * Read if necessary: Include target shooting, hunting, military service, and job-related firearm use. * Read if necessary: Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.	Sample Children 6-17 who have ever used a firearm or gun
SHE.0260.00.3	HRFIREPROT_C	During the past 12 months, when shooting firearms how often did ^SCNAME wear hearing protection, such as ear plugs or ear muffs? Would you say... * Read answer categories below.	Sample Children 6-17 who have used a firearm or gun in the past 12 months

SHE.0270.00.3	HRVLOUD12M_C	<p>The next question asks about ^HR_OTHER VERY LOUD sounds. VERY LOUD means so loud you must shout in order to be understood by someone standing 3 feet or arm's length away from you. This includes noise from power tools, machinery, recreational vehicles, racing or speedways, some sporting events, and other things. ^HR_EXCLUDE During the past 12 months, ^HR_WORK has ^SCNAME been exposed to VERY LOUD sounds or noise 10 or more times?</p>	Sample Children 0-17
SHE.0280.00.3	HRVLDPROT_C	<p>During the past 12 months, how often has ^SCNAME worn earplugs or ear muffs when exposed to VERY LOUD sounds or noise ^HR_WORKMOD? Would you say... * Read answer categories below. * Read if necessary: VERY LOUD means so loud you must shout in order to be understood by someone standing 3 feet (arm's length) away from you.</p>	Sample Children 0-17 who have been exposed to very loud noise 10 or more times in the past 12 months

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Sponsor(s):

CDC/NIOSH - National Institute for Occupational Safety and Health

Module:Adult, Section: SHE: Sponsored Hearing Items

Question ID	Variable	Question Text	Universe
SHE.0190.00.3	HRLLOUDJOB_A	The next few questions are about your current or previous exposure to loud and very loud sounds or noises. First, we will ask about exposure to loud noises or sounds while working. Loud means so loud that you must speak in a raised voice to be heard. Have you EVER had a job, or combination of jobs, where you were exposed to loud sounds or noise for 4 or more hours a day, several days a week?	Sample Adults 18+
SHE.0210.00.3	HRLLOUDJB12M_A	During the past 12 months, have you had a job, or combination of jobs, where you were exposed to LOUD sounds or noise for 4 or more hours a day, several days a week? * Read if necessary: Loud means so loud that you must speak in a raised voice to be heard.	Sample Adults 18+ who have been exposed to loud noise during work
SHE.0220.00.3	HRJOBPROT_A	During the past 12 months, how often did you wear hearing protection such as ear plugs or ear muffs when exposed to LOUD sounds or noise at work? Would you say... * Read answer categories below.	Sample Adults 18+ who have been exposed to loud noise at work in the past 12 months

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Sponsor(s):

CDC/NIOSH - National Institute for Occupational Safety and Health

Module:Adult, Section: SWE: Sponsored Work Exposure

Question ID	Variable	Question Text	Universe
SWE.0010.00.3	HRJBEXP12M_A	The next set of questions ask about your exposure to chemicals and tobacco smoke in your job. During the past 12 months, did you work in a job where you were exposed to any of the following: solvents, industrial glues, heavy metals, pesticides or motor engine exhaust? * Read if necessary: Solvents are liquids, not including water, used for dissolving other substances, such as dry-cleaning fluids, thinners, components of paints, industrial cleaners and paint removers. Industrial glues are adhesives that include acrylic, epoxy, hot melt, polyurethane, silicone, thermoset and industrial sealants. Heavy metals include lead, nickel, mercury, cadmium, arsenic, chromium, zinc and copper.	Sample Adults 18+
SWE.0020.00.3	HRJBEXP4HR_A	Were you exposed for 4 or more hours a week?	Sample Adults 18+ who were exposed to solvents and other substances at work in the past 12 months
SWE.0030.00.3	HRJBEXPTB_A	During the past 12 months, did you work in a job where you were exposed for 4 or more hours a week to tobacco smoke from other people? * Read if necessary: Tobacco smoke includes smoke from cigarettes, cigars, pipes, cigarillos, and hookahs. Do not include e-cigarettes or vaping devices that do not contain tobacco.	Sample Adults 18+

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Sponsor(s):

CDC/NIOSH - National Institute for Occupational Safety and Health

Module:Child, Section: SHE: Sponsored Hearing Items

Question ID	Variable	Question Text	Universe
SHE.0190.00.3	HRLLOUDJOB_C	The next few questions are about ^SCNAME's current or previous exposure to loud and very loud sounds or noises. First, we will ask about exposure to loud noises or sounds while working. Loud means so loud that ^heshe_C must speak in a raised voice to be heard. Has ^SCNAME EVER had a job, or combination of jobs, where ^heshe_C was exposed to loud sounds or noise for 4 or more hours a day, several days a week?	Sample Children 12-17
SHE.0210.00.3	HRLLOUDJB12M_C	During the past 12 months, has ^SCNAME had a job, or combination of jobs, where ^heshe_C was exposed to LOUD sounds or noise for 4 or more hours a day, several days a week? * Read if necessary: Loud means so loud that you must speak in a raised voice to be heard.	Sample Children 12-17 who have been exposed to loud noise during work
SHE.0220.00.3	HRJOBPROT_C	During the past 12 months, how often did ^SCNAME wear hearing protection such as ear plugs or ear muffs when exposed to LOUD sounds or noise at work? Would you say... * Read answer categories below.	Sample Children 12-17 who have been exposed to loud noise at work in the past 12 months

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Sponsor(s):

NIH/NEI - National Eye Institute

Module:Adult, Section: SVC: Vision Conditions

Question ID	Variable	Question Text	Universe
SVC.0010.00.3	VIMDREV_A	Have you EVER been told by a doctor or other health professional that you had ...Diabetic retinopathy (rett-in-AH-pathy)?	Sample Adults 18+
SVC.0020.00.3	VIMLSDR_A	Have you lost any vision due to diabetic retinopathy (rett-in-AH-pathy)?	Sample Adults 18+ who have ever been told they had diabetic retinopathy
SVC.0030.00.3	VIMGLEV_A	Have you EVER been told by a doctor or other health professional that you had ...Glaucoma?	Sample Adults 18+
SVC.0040.00.3	VIMLSGL_A	Have you lost any vision due to glaucoma?	Sample Adults 18+ who have ever been told they had glaucoma
SVC.0050.00.3	VIMMDEV_A	Have you EVER been told by a doctor or other health professional that you had ...Macular Degeneration?	Sample Adults 45+
SVC.0060.00.3	VIMLSMD_A	Have you lost any vision due to macular degeneration?	Sample Adults 45+ who have ever been told they had macular degeneration
SVC.0070.00.3	VIMCSURG_A	Have you EVER had cataract surgery?	Sample Adults 45+
SVC.0080.00.3	VIMCAEV_A	Have you EVER been told by a doctor or other health professional that you had ...Cataracts?	Sample Adults 45+ who have not had cataract surgery or refused or don't know
SVC.0090.00.3	VIMLSCA_A	Have you lost any vision due to cataracts?	Sample Adults 45+ who have ever been told they had cataracts

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Sponsor(s):

NIH/NEI - National Eye Institute

Module:Adult, Section: SVI: Sponsored Vision Items

Question ID	Variable	Question Text	Universe
SVI.0010.00.3	AVISEXAM_A	When was the last time you had an eye exam in which the pupils were dilated using eye drops? This may have made you temporarily sensitive to bright light.	Sample Adults 18+
SVI.0020.00.3	AVISREH_A	Do you use any vision rehabilitation services, such as job training, counseling, or training in daily living skills and mobility?	Sample Adults 18+ who have difficulty seeing
SVI.0030.00.3	AVISDEV_A	Do you use any assistance or adaptive devices, such as telescopic or other prescriptive lenses, magnifiers, large print or talking materials, closed circuit television or video magnifier, screen reader, white cane, or guide dog?	Sample Adults 18+ who have difficulty seeing
SVI.0040.00.3	AVISSADV_A	Has a health professional EVER advised you that vision rehabilitation services and assistive, adaptive, or accessibility devices are available to help with your vision difficulties?	Sample Adults 18+ who do not use rehabilitation services or assistive devices
SVI.0050.00.3	VIMREAD_A	Do you wear prescription eyeglasses or contact lenses to read books or newspapers, write, or do other things that require you to see up close, such as cooking, sewing or fixing things?	Sample Adults 18+
SVI.0060.00.3	VIMDRIVE_A	Do you wear prescription eyeglasses or contact lenses to drive, read road and street signs, watch TV, or see things in the distance?	Sample Adults 18+



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Sponsor(s):

NIH/NEI - National Eye Institute

Module:Child, Section: SVI: Vision Supplement

Question ID	Variable	Question Text	Universe
SVI.0010.00.3	CVISTST_C	Has ^SCNAME EVER had ^hisher_C vision tested by a doctor or other health professional?	Sample Children 0-17
SVI.0020.00.3	CVISLT_C	When was ^hisher_C vision last tested?	Sample Children 0-17 who have ever had their vision tested by a doctor or other health professional
SVI.0030.00.3	CVISDIST_C	Does ^SCNAME wear prescription eyeglasses or contact lenses to read road and street signs, see the board in school, watch TV, or see things in the distance?	Sample Children 0-17
SVI.0040.00.3	CVISREAD_C	Does ^SCNAME wear prescription eyeglasses or contact lenses to read books, write, use smartphones, iPads or other electronic devices, or do other things that require ^himher_C to see well up close?	Sample Children 0-17

**2023 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

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Module:Child, Section: SLE: Stressful Life Events

Question ID	Variable	Question Text	Universe
SLE.0060.00.3	PUTDOWN_C	Has ^SCNAME ever lived with a parent or adult who frequently swore at ^himher_C, insulted ^himher_C, or put ^himher_C down?	Sample Children 0-17
SLE.0070.00.3	BNEEDS_C	Has there ever been a time when ^SCNAME's basic needs were NOT met, such as having enough to eat, being able to go to a doctor when ^heshe_C was sick, or having a safe place to stay?	Sample Children 0-17
SLE.0080.00.3	UNFAIRRE_C	Has anyone ever treated or judged ^SCNAME unfairly because of ^hisher_C race or ethnic group?	Sample Children 0-17

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Module:Child, Section: SOS: Social Support

Question ID	Variable	Question Text	Universe
SOS.0010.00.3	COMSUPPORT_C	Other than parents or adults living in ^SCNAME's home, is there at least one adult in ^SCNAME's school, neighborhood, or community who makes a positive and meaningful difference in ^hisher_C life?	Sample Children 12-17

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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

