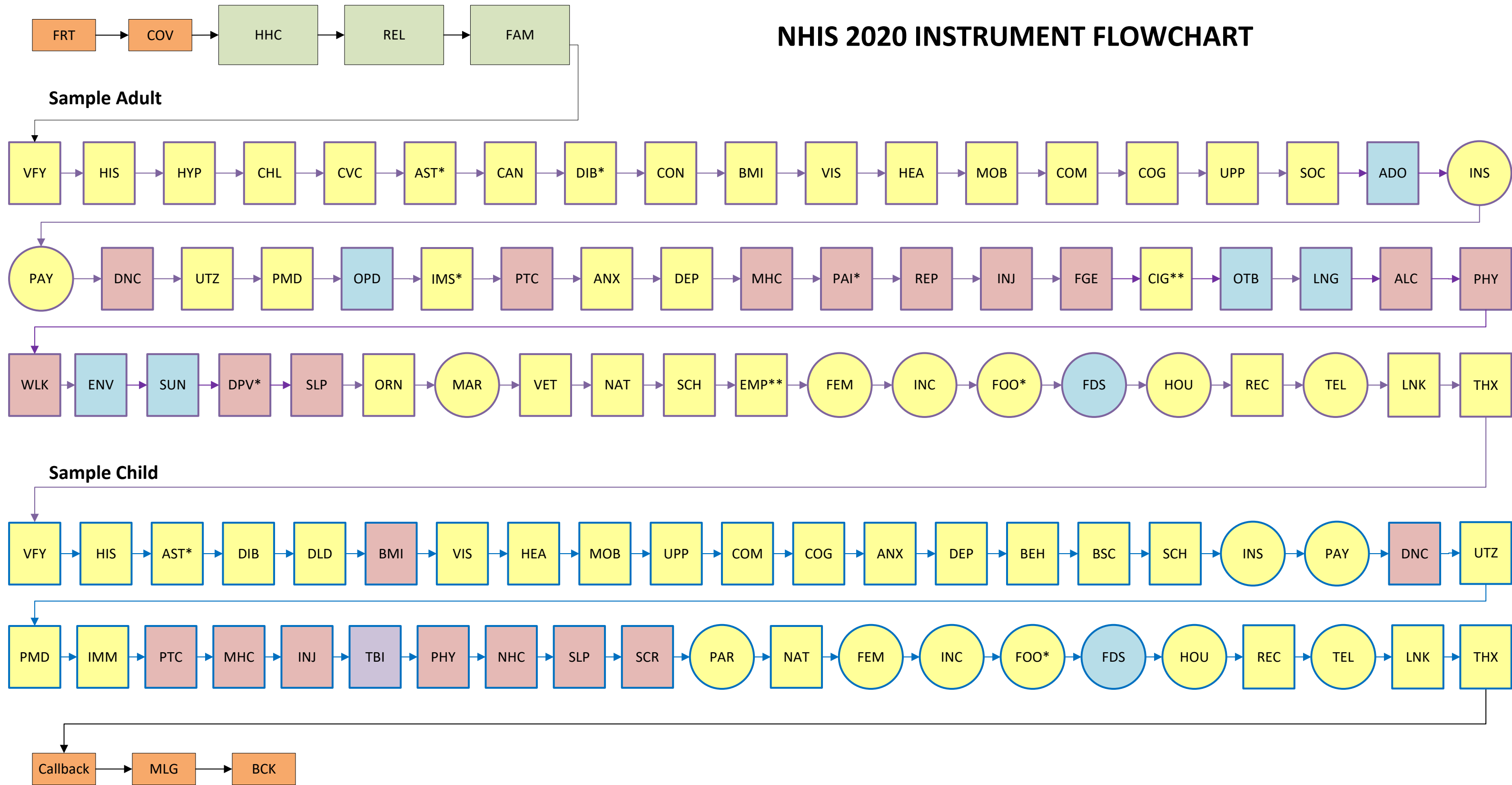


NHIS 2020 INSTRUMENT FLOWCHART



Annual Core
 Rotating Core
 Sponsored Content
 Emerging Content
 Front, Coverage, Callback, Mailing Address, Back
 Roster
 Family-level

*Section also includes sponsored questions **Section also includes rotating core questions

FRT Front
 COV Coverage
 MLG Mailing Address
 BCK Back

Roster

HHC Household Composition
 REL Relationship of Children to Parents
 FAM Family Composition

Sample Adult Sections

VFY Verification and demographic details
 HIS Health Status
 HYP Hypertension
 CHL Cholesterol
 CVC Cardiovascular Conditions
 ASP Aspirin
 AST Asthma
 CAN Cancer
 DIB Diabetes
 CON Other Chronic Conditions
 BMI Current pregnant, height, weight
 VIS Vision
 HEA Hearing
 MOB Mobility
 COM Communication
 COG Cognition
 UPP Self-care and Upper Body
 SOC Social Functioning
 ADO Age of Disability Onset
 INS Health Insurance
 PAY Difficulty Paying for Insurance
 DNC Dental Care
 UTZ Utilization
 PMD Prescription Medication
 OPD Opioid Use
 IMS Immunization with supplement
 PTC Physical and other therapeutic care
 ANX Anxiety
 DEP Depression
 MHC Mental Health Care
 PAI Chronic Pain
 REP Repetitive Strain Injury
 INJ Injury
 FGE Fatigue
 CIG Cigarettes and E-cigarettes
 OTB Other Tobacco
 LNG Lung Cancer Screening
 ALC Alcohol Use
 PHY Physical Activity
 WLK Walking
 ENV Perceptions of the Walking Environment
 SUN Sun Care and Protection
 DPV Diabetes Prevention
 SLP Sleep
 ORN Sexual Orientation
 MAR Marital Status
 VET Veterans Status
 NAT Nativity
 SCH Schooling
 EMP Employment
 FEM Employment of family members
 INC Family Income
 FOO Food Related Programs
 FDS Food Security
 HOU Housing
 REC Adult's full name
 TEL Telephone Use
 LNK Linkage
 THX Thanks

Sample Child Sections

VFY Verification and demographic details
 HIS Health Status
 AST Asthma
 DIB Diabetes
 DLD Developmental and Learning Disabilities
 BMI Height and Weight
 VIS Vision
 HEA Hearing
 MOB Mobility
 UPP Upper Body, Motor skills and self-care
 COM Communication
 COG Cognition
 ANX Anxiety
 DEP Depression
 BEH Behavior
 BSC Baby Pediatric Symptom Checklist
 SCH Schooling
 INS Health Insurance
 PAY Difficulty paying for health care
 DNC Dental Care
 UTZ Utilization
 PMD Prescription medications
 IMM Immunization
 PTC Physical and other therapeutic care
 MHC Mental health care
 INJ Injury
 TBI Concussions-lifetime
 PHY Physical Activity
 NHC Neighborhood Characteristics
 SLP Sleep
 SCR Screen Time
 PAR Parent Demographics
 NAT Nativity
 FEM Employment of family members
 INC Family Income
 FOO Food Related Programs
 FDS Food Security
 HOU Housing
 REC Child's full name
 TEL Telephone Use
 LNK Linkage
 THX Thanks