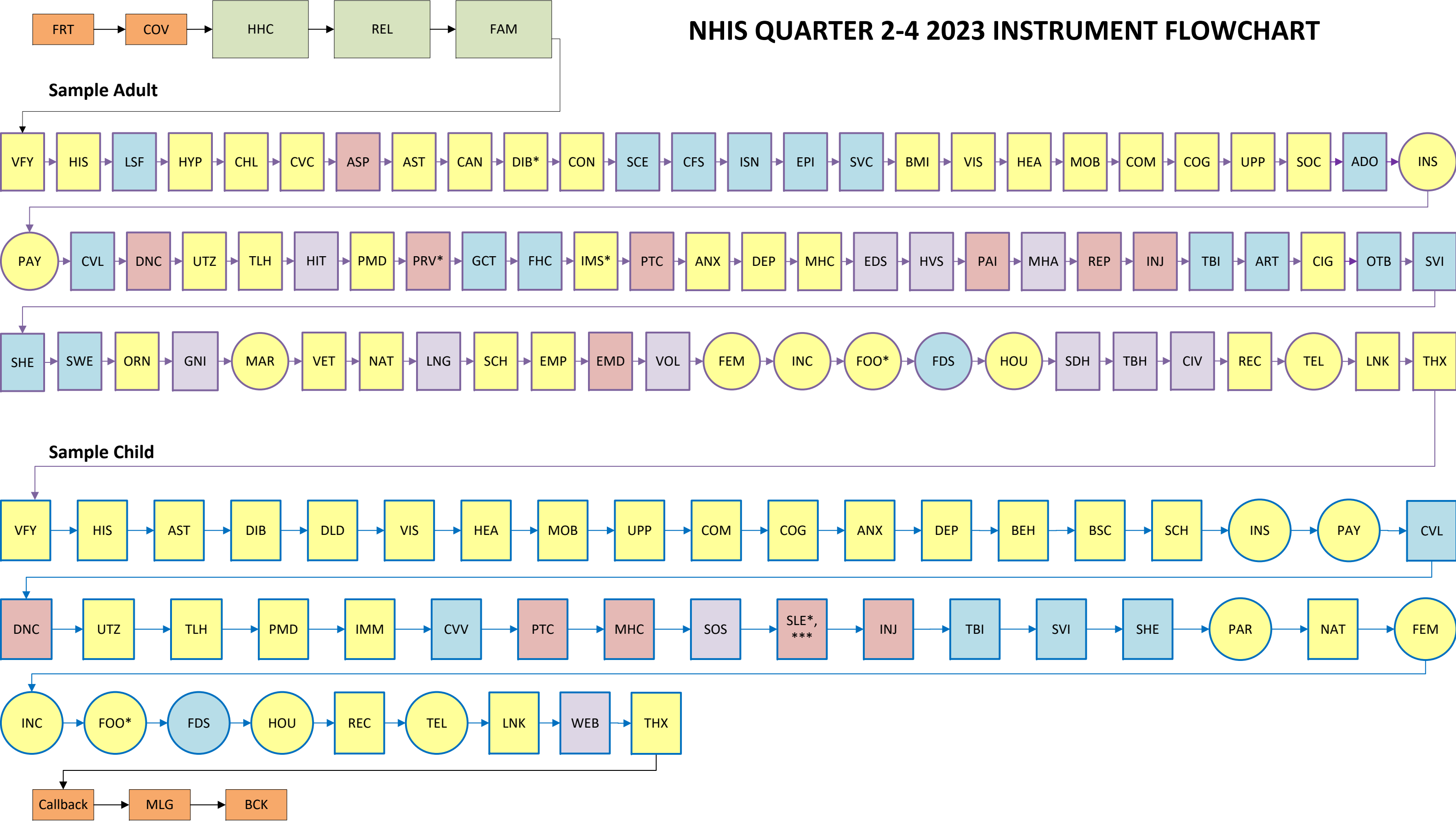


NHIS QUARTER 2-4 2023 INSTRUMENT FLOWCHART



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 ***Section also includes emerging content 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	Sample Adult Verification
HIS	Health Status
LSF	Life Satisfaction
HYP	Hypertension
CHL	Cholesterol
CVC	Cardiovascular Conditions
ASP	Aspirin
AST	Asthma
CAN	Cancer
DIB	Diabetes
CON	Other Chronic Conditions
SCE	Sponsored Conditions-Ever
CFS	Chronic Fatigue Section
ISN	Immunosuppression
EPI	Epilepsy
SVC	Vision Conditions
BMI	Current pregnancy, 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 Health Care
CVL	Long-COVID
DNC	Dental Care
UTZ	Utilization
TLH	Telehealth
HIT	Internet Access & Health Information Technology
PMD	Prescription Medication
PRV	Preventive Screening
GCT	Genetic Cancer Testing
FHC	Family History of Cancer
IMS	Immunization with 2023 supplements
PTC	Physical and other therapeutic care
ANX	Anxiety
DEP	Depression
MHC	Mental Health Care
EDS	Everyday Discrimination
HVS	Heightened Vigilance
PAI	Chronic Pain
MHA	Brief Mental Health Assessment
REP	Repetitive Strain Injury
INJ	Injury
TBI	Concussions, past 12 months
ART	Arthritis
CIG	Cigarettes and E-cigarettes
OTB	Other Tobacco
SVI	Sponsored Vision Items
SHE	Sponsored Hearing Items
SWE	Sponsored Work Exposure
ORN	Sexual Orientation
GNI	Gender Identity
MAR	Marital Status
VET	Veterans Status
NAT	Nativity
LNG	Language Spoken at Home
SCH	Schooling
EMP	Employment
EMD	Detailed Employment
VOL	Volunteer Activities
FEM	Employment of family members
INC	Family Income
FOO	Food Related Programs
FDS	Food Security
HOU	Housing
SDH	Housing Insecurity
TBH	Transportation Barrier to Care
CIV	Civic Engagement
REC	Person's 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
VIS	Vision
HEA	Hearing
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
CVL	Long-COVID
DNC	Dental Care
UTZ	Utilization
TLH	Telehealth
PMD	Prescription medications
IMM	Immunization
CVV	COVID-19 vaccination
PTC	Physical and other therapeutic care
MHC	Mental health care – Rotate
SOS	Social Support
SLE	Stressful Life Events
INJ	Injury
TBI	Concussions – past 12 months
SVI	Vision Supplement
SHE	Sponsored Hearing Items
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 ownership
LNK	Linkage
WEB	NHIS-Teen Sample Child Respondent Consent
THX	Thanks