

2020 National Health Interview Survey (NHIS) Questionnaire

Contents

1. Introduction

This National Health Interview Survey (NHIS) questionnaire report provides the questions administered to NHIS respondents in the order they were asked. It is organized hierarchically into these parts: Contents, Index, and NHIS questionnaire, which in turn includes the Roster, Adult and Child modules.

2. Section Index

A section index is provided for each of the three modules: Roster, Adult, and Child. The index can be navigated via the Bookmarks pane to quickly get information about the different sections in the module. The display pane lists information about each section in the module including the three-letter section name, the section description, the type of content in the section (annual core, rotating core, sponsored or emerging content) and the page range in this document for each section for ease of printing.

3. NHIS questionnaire: Roster, Adult and Child modules

The questionnaire is the main part of the report and provides detailed information about each question in the survey. The hierarchy in the Bookmarks pane has three levels: module (Roster, Adult, Child), sections within each module, and questions within each section represented by the variable name in the instrument. The sections and questions are listed in questionnaire order. Selecting a specific question in the Bookmarks pane will display a detailed report for that question in the display pane while selecting a section abbreviation will display the report for the first question in the section.

In the question text field of the report, text displayed in **bold and in blue font** is an interviewer instruction which is sometimes followed by optional text in *gray, italic font*.

Information provided for each question includes:

- Question ID: unique alphanumeric code for each question beginning with the 3-letter section abbreviation
- Variable: instrument variable name for the question
- Interview Module: module where the question is located: Roster, Adult, or Child
- Content Type: indicates whether the question is part of the Annual Core, Rotating Core, Sponsored Content or Emerging Content
- Question Text: question wording administered to respondent with indicators for fills; may also include interviewer instructions
- Fills: table of contextual text substitutions that are filled into the question text
- Response: table of possible responses to the question
- Universe: group of respondents who received the question
- Skip Instructions: instructions for moving to the next question in the questionnaire

Additional information may include:

- Hard Edit: prompt received when response entered is not allowed; response must be changed in order to proceed
- Soft Edit: prompt received when response entered is questionable; must follow instructions in order to proceed
- Replicate To: indicates family-level information obtained in the Sample Adult interview that is copied to a replicated variable in the Sample Child and vice versa for efficiency when the Sample Child and the Sample Adult are in the same family.

Questions deleted in 2020 Q3,Q4

Adult: LNG (Lung Cancer Screening)

Question ID	Section Name	Variable	Question Text
LNG.0010.00.3	LNG	CTSCANEV_A	<p>The following questions are about CT scans. During this test, you lie down on your back and are moved through an open, donut-shaped x-ray machine.</p> <p>Have you EVER HAD a CT scan?</p>
LNG.0020.00.3	LNG	CTSCANCHST_A	<p>Were any of the CT scans of your chest area?</p>
LNG.0030.00.3	LNG	CTLNGCAN_A	<p>The next question is only about CT scans to check or screen for lung cancer, sometimes called low-dose CT scans.</p> <p>Were any of the CT scans of your chest area done mainly to check or screen for lung cancer?</p>
LNG.0040.00.3	LNG	CTLNGWHEN_A	<p>When did you have your MOST RECENT CT scan of your chest area done mainly to check or screen for lung cancer?</p>

Questions added in 2020 Q3,Q4

Adult: CNV (Cancer COVID-19)

Question ID	Section Name	Variable	Question Text
CNV.0010.00.3	CNV	CANCOVTREA_A	<p>The next question refers to treatments for cancer such as surgery, radiation therapy, chemotherapy, bone marrow transplants, stem cell transplants, or hormone therapy.</p> <p>At any time since the start of the coronavirus pandemic, were you in treatment or supposed to receive treatment for your cancer?</p> <p><i>* Read if necessary: Hormone therapy includes Tamoxifen, Fulvestrant (full-VESS-trant) or Aromatase (uh-ROH-muh-tayz) inhibitors for breast cancer and androgen therapy, such as Eligard or Zoladex for prostate cancer.</i></p>
CNV.0020.00.3	CNV	CANCOVCHG_A	<p>Were any of your treatments for cancer changed, delayed, or cancelled because of the coronavirus pandemic?</p>
CNV.0030.00.3	CNV	CANCOVOTH_A	<p>As a cancer patient or cancer survivor, you may need OTHER medical care related to your cancer such as lab visits, imaging, monitoring visits, rehabilitation, physical therapy, care for side-effects, or visits with medical specialists.</p> <p>At any time since the start of the coronavirus pandemic, did you need any of this OTHER medical care related to your cancer?</p>
CNV.0040.00.3	CNV	CANCOVCARE_A	<p>Was any of this OTHER medical care related to your cancer changed, delayed, or cancelled because of the coronavirus pandemic?</p>

Questions added in 2020 Q3,Q4

Adult: CVD (Positive COVID-19 Diagnosis)

Question ID	Section Name	Variable	Question Text
CVD.0010.00.4	CVD	CVDINTRO_A	The next set of questions are about coronavirus or COVID-19. * Enter '1' to continue.
CVD.0020.00.4	CVD	CVDDIAG_A	Has a doctor or other health professional ever told you that you had or likely had coronavirus or COVID-19?
CVD.0030.00.4	CVD	COVIDTEST_A	Have you ever been tested for coronavirus or COVID-19?
CVD.0040.00.4	CVD	CVDRSLT_A	Did the test find that you had coronavirus or COVID-19? * If any test has shown they have COVID-19, enter '1' for yes. * If the respondent indicates they are waiting for their results, enter '3' for Did not receive results. * If the respondent indicates the test was inconclusive, enter 'CTRL-D' for Don't Know.
CVD.0050.00.4	CVD	CVDSEV_A	How would you describe your coronavirus symptoms when they were at their worst? Would you say no symptoms, mild symptoms, moderate symptoms, or severe symptoms?

Questions added in 2020 Q3,Q4

Adult: SDW (Social distancing at work)

Question ID	Section Name	Variable	Question Text
SDW.0010.00.3	SDW	CURJOBSD_A	Thinking about your MAIN job or business, are there currently social distancing measures in effect to help keep people apart? * If this person is working from home full-time because of COVID-19, answer '1' for yes.
SDW.0020.00.3	SDW	WRKCLSSD_A	Currently, at your MAIN job or business, how often do you still need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time? * If person works from home full-time and does not know how to answer, ask, "Does your job require you to be face-to-face with any people you don't live with?" * If no, answer '4' for "none of the time." * If yes, ask, "How much of your time at work is spent with people who are closer than 6 feet?"
SDW.0030.00.3	SDW	WRKCLSNOSD_A	When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time? * Enter '5' if respondent only worked at main job when social distancing measures were in effect. If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?" If no, answer '4' for "none of the time." If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"
SDW.0040.00.3	SDW	WRKCLSOFT_A	Currently, at your MAIN job or business, how often do you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time? If person works from home full-time and does not know how to answer, ask, "Does your job require you to be face-to-face with any people you don't live with?" If no, answer '4' for "none of the time." If yes, ask, "How much of your time at work is spent with people who are closer than 6 feet?"
SDW.0050.00.3	SDW	SDMSRS_A	At any time since the start of the coronavirus pandemic, did your MAIN job or business put social distancing measures into effect? * If this person was working from home full-time because of COVID-19, answer '1' for yes. * If person started job while social distancing measures were in effect, answer '1' for yes.
SDW.0060.00.3	SDW	SDMSRSOFT_A	When social distancing measures were in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time? * Enter '5' if respondent did not work at main job when social distancing measures were in effect. If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?" If no, answer '4' for "none of the time." If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

SDW.0070.00.3	SDW	RECJOBSD_A	<p>Thinking about the MAIN job you held in the past 12 months, were there ever any social distancing measures in effect while you worked there? That is, were there ever practices in place to help keep people apart?</p> <p>* If this person was working from home full-time because of COVID-19, answer '1' for yes.</p>
SDW.0080.00.3	SDW	RJWRKCLSSD_A	<p>When social distancing measures were in effect, how often did you still need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?</p> <p>If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"</p> <p>If no, answer '4' for "none of the time."</p> <p>If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"</p>
SDW.0090.00.3	SDW	RJWCLSNOSD_A	<p>When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?</p> <p>* Enter '5' if respondent only worked at main job when social distancing measures were in effect.</p> <p>If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"</p> <p>If no, answer '4' for "none of the time."</p> <p>If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"</p>
SDW.0100.00.3	SDW	RJWKCLSOFT_A	<p>How often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?</p> <p>If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"</p> <p>If no, answer '4' for "none of the time."</p> <p>If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"</p>

Questions added in 2020 Q3,Q4

Adult: ACC (Access to Care)

Question ID	Section Name	Variable	Question Text
ACC.0010.00.4	ACC	DLYCARE_A	Was there any time when you DELAYED getting medical care because of the coronavirus pandemic?
ACC.0020.00.4	ACC	DNGCARE_A	Was there any time when you needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?
ACC.0030.00.4	ACC	VIRAPP12M_A	In the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?
ACC.0040.00.4	ACC	VIRAPPCVD_A	Were any of your appointments done by video or by phone because of reasons related to the coronavirus pandemic?

Questions added in 2020 Q3,Q4

Adult: CGR (Caregiving Received)

Question ID	Section Name	Variable	Question Text
CGR.0010.00.4	CGR	HOMECAREDG_A	Was there any time when you needed care at home from a nurse or other health professional but DID NOT GET IT because of the coronavirus pandemic?
CGR.0020.00.4	CGR	FAMCARE12M_A	<p>During the past 12 months, did you receive care at home from a friend or family member?</p> <p>* If the respondent asks what is meant by the term "care," say: <i>"A wide range of activities that a person may need help with can be considered care. For example, care at home can include personal tasks such as giving medications or helping with eating, dressing, or bathing or household tasks such as cleaning, managing money, or preparing meals."</i></p>
CGR.0030.00.4	CGR	FAMCARENG_A	Was there any time when you needed care at home from a friend or family member but DID NOT GET IT because of the coronavirus pandemic?
CGR.0040.00.4	CGR	FAMCARECVD_A	Did a friend or family member provide some or all of the care that a nurse or other health professional did not provide due to the coronavirus pandemic?

Questions added in 2020 Q3,Q4

Adult: RCN (Rotating Conditions)

Question ID	Section Name	Variable	Question Text
RCN.0010.00.4	RCN	KIDWEAKEV_A	<p>* Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Weak or failing kidneys?</p> <p>* Read if necessary: Do not include kidney stones, bladder infections, or incontinence.</p>
RCN.0020.00.4	RCN	HEPEV_A	<p>Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Hepatitis?</p>
RCN.0030.00.4	RCN	LIVEREV_A	<p>Read if necessary: Have you EVER been told by a doctor or other health professional that you had ...Cirrhosis (suh-ROE-siss) or any other kind of long-term liver condition?</p>

Questions added in 2020 Q3,Q4

Adult: PAI (Chronic Pain)

Question ID	Section Name	Variable	Question Text
PAI.0040.00.2	PAI	PAIWKLM3M_A	Over the past three months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?
PAI.0050.00.2	PAI	PAIAFFM3M_A	Over the past three months, how often did YOUR pain affect your family and significant others? Would you say never, some days, most days, or every day?

Questions added in 2020 Q3,Q4

Adult: SOS (Social Support)

Question ID	Section Name	Variable	Question Text
SOS.0010.00.4	SOS	SUPPORT_A	How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?
SOS.0020.00.4	SOS	CMPSUPPORT_A	Compared with 12 months ago, would you say that you now receive more social and emotional support, less social and emotional support, or about the same?

Questions added in 2020 Q3,Q4

Adult: ISN (Immunosuppression)

Question ID	Section Name	Variable	Question Text
ISN.0010.00.4	ISN	MEDRXTRT_A	<p>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?</p> <p>* Read if necessary: <i>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.</i></p>
ISN.0020.00.4	ISN	HLTHCOND_A	<p>Do you currently have a health condition that a doctor or other health professional told you weakens the immune system^MEDTRT?</p> <p>* Read if necessary: <i>Examples include certain kinds of Leukemia, Lymphoma, or HIV infection.</i></p>

Questions added in 2020 Q3,Q4

Child: CVD (Positive COVID-19 Diagnosis)

Question ID	Section Name	Variable	Question Text
CVD.0010.00.4	CVD	CVDINTRO_C	The next set of questions are about coronavirus or COVID-19. * Enter '1' to continue.
CVD.0020.00.4	CVD	CVDDIAG_C	Has a doctor or other health professional ever told you that ^SCNAME had or likely had coronavirus or COVID-19?
CVD.0030.00.4	CVD	COVIDTEST_C	Has ^SCNAME ever been tested for coronavirus or COVID-19?
CVD.0040.00.4	CVD	CVDRSLT_C	Did the test find that ^SCNAME had coronavirus or COVID-19? * If any test has shown that ^SCNAME had COVID-19, enter '1' for yes. * If the respondent indicates they are waiting for ^SCNAME's results, enter '3' for Did not receive results. * If the respondent indicates the test was inconclusive, enter 'CTRL-D' for Don't Know.
CVD.0050.00.4	CVD	CVDSEV_C	How would you describe ^SCNAME's coronavirus symptoms when they were at their worst? Would you say no symptoms, mild symptoms, moderate symptoms, or severe symptoms?

Questions added in 2020 Q3,Q4

Child: ACC (Access to Care)

Question ID	Section Name	Variable	Question Text
ACC.0010.00.4	ACC	DLYCARE_C	Was there any time when ^SCNAME DELAYED getting medical care because of the coronavirus pandemic?
ACC.0020.00.4	ACC	DNGCARE_C	Was there any time when ^SCNAME needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?
ACC.0030.00.4	ACC	VIRAPP12M_C	In the past 12 months, has ^SCNAME had an appointment with a doctor, nurse, or other health professional by video or by phone?
ACC.0040.00.4	ACC	VIRAPPCVD_C	Were any of ^SCNAME's appointments done by video or by phone because of reasons related to the coronavirus pandemic?

2020 National Health Interview Survey (NHIS) Questionnaire

Navigate to the module of interest in the Bookmarks pane to see information about all the sections in the module in questionnaire order. The display pane will show a table with the following information for each section:

- Section abbreviation: a short, 3 letter abbreviation for the section, e.g., INS
- Section description: a description of the topic area for questions in the section
- Content type: a list of values indicating if the questions in the section come from annual core, rotating core, sponsored content or emerging content
- Page Range: range of pages in this document containing the content for each section

2020 National Health Interview Survey (NHIS) Questionnaire

Interview Module:Roster

Section Name	Section Description	Content Type	Page Range
ROS	Roster	Annual Core	22-23
HHC	Household Composition	Annual Core	24-53
REL	Relationship of children to parents	Annual Core	54-56
FAM	Family Composition	Annual Core	58-73

2020 National Health Interview Survey (NHIS) Questionnaire

Interview Module:Adult

Section Name	Section Description	Content Type	Page Range
VFY	Sample Adult Verification	Annual Core	74-108
HIS	Health Status	Annual Core	109-109
HYP	Hypertension	Annual Core	110-114
CHL	Cholesterol	Annual Core	115-117
CVC	Cardiovascular Conditions	Annual Core	118-121
AST	Asthma	Annual Core Sponsored Content	122-130
CAN	Cancer	Annual Core	131-142
DIB	Diabetes	Annual Core Sponsored Content	145-156
CON	Other Chronic Conditions	Annual Core	157-161
RCN	Rotating Conditions	Emerging Content	162-164
ISN	Immunosuppression	Emerging Content	165-166
BMI	Current pregnant, height, weight	Annual Core	167-174
VIS	Vision	Annual Core	175-177
HEA	Hearing	Annual Core	178-180
MOB	Mobility	Annual Core	181-194
COM	Communication	Annual Core	195-195
COG	Cognition	Annual Core	196-199
UPP	Self-care and Upper Body	Annual Core	200-202
SOC	Social Functioning	Annual Core	203-205
ADO	Age of Disability Onset	Sponsored Content	206-206
INS	Health Insurance	Annual Core	207-285
PAY	Difficulty Paying for Health Care	Annual Core	286-289
CVD	Positive COVID-19 Diagnosis	Emerging Content	290-294
DNC	Dental Care	Rotating Core	295-298
UTZ	Utilization	Annual Core	299-309
ACC	Access to Care	Emerging Content	310-313
CNV	Cancer COVID-19	Sponsored Content	314-317
PMD	Prescription Medication	Annual Core	318-322
OPD	Opioid Use - ALL	Sponsored Content	323-327
IMS	Immunization	Annual Core Sponsored Content	328-347
PTC	Physical and other therapeutic care	Rotating Core	348-350
CGR	Caregiving Received	Emerging Content	351-354
ANX	Anxiety	Annual Core	355-357
DEP	Depression	Annual Core	358-360
MHC	Mental Health Care	Annual Core	361-365
PAI	Chronic Pain	Rotating Core Sponsored Content	370-384
REP	Repetitive Strain Injury	Rotating Core	385-392

INJ	Injury	Rotating Core	393-414
FGE	Fatigue	Rotating Core	415-417
CIG	Cigarettes and E-cigarettes w/ Cigarette History	Annual Core Rotating Core Sponsored Content	418-432
OTB	Other Tobacco	Sponsored Content	433-439
ALC	Alcohol Use	Rotating Core	440-448
PHY	Physical Activity	Rotating Core	449-458
WLK	Walking	Rotating Core	459-468
ENV	Perceptions of the Walking Environment	Sponsored Content	469-480
SUN	Sun Care and Protection	Sponsored Content	481-490
DPV	Diabetes Prevention	Rotating Core Sponsored Content	491-491
SLP	Sleep	Rotating Core	497-501
SOS	Social Support	Emerging Content	502-503
ORN	Sexual Orientation	Annual Core	504-505
MAR	Marital Status	Annual Core	506-518
VET	Veterans Status	Annual Core	519-524
NAT	Nativity	Annual Core	525-530
SCH	Schooling	Annual Core	531-532
EMP	Employment	Annual Core Rotating Core	533-547
SDW	Social distancing at work	Sponsored Content	548-557
FEM	Employment of family members	Annual Core	558-560
INC	Family Income	Annual Core	561-581
FOO	Food Related Programs	Annual Core Sponsored Content	582-590
FDS	Food Security	Sponsored Content	591-601
HOU	Housing	Annual Core	602-604
REC	Person's name	Annual Core	605-607
TEL	Telephone Use	Annual Core	608-611
LNK	Linkage	Annual Core	612-615
THX	Thanks	Annual Core	616-616

2020 National Health Interview Survey (NHIS) Questionnaire

Interview Module:Child

Section Name	Section Description	Content Type	Page Range
VFY	Verification and demographic details	Annual Core	617-655
HIS	Health Status	Annual Core	656-656
AST	Asthma	Annual Core Sponsored Content	657-665
DIB	Diabetes	Annual Core	666-667
DLD	Developmental and Learning Disabilities	Annual Core	668-677
BMI	Height and Weight - Rotate	Rotating Core	678-686
VIS	Vision	Annual Core	688-690
HEA	Hearing	Annual Core	691-692
MOB	Mobility	Annual Core	693-702
UPP	Upper Body, Motor skills and self care	Annual Core	703-704
COM	Communication	Annual Core	705-708
COG	Cognition	Annual Core	709-710
ANX	Anxiety	Annual Core	711-711
DEP	Depression	Annual Core	712-712
BEH	Behavior	Annual Core	713-718
BSC	Baby Pediatric Symptom Checklist	Annual Core	719-731
SCH	Schooling	Annual Core	732-735
INS	Health Insurance	Annual Core	736-810
PAY	Difficulty Paying for Health Care	Annual Core	811-814
CVD	Positive COVID-19 Diagnosis	Emerging Content	815-819
DNC	Dental Care - Rotate	Rotating Core	820-823
UTZ	Utilization	Annual Core	824-834
ACC	Access to Care	Emerging Content	835-838
PMD	Prescription medications	Annual Core	839-841
IMM	Immunization	Annual Core	842-847
PTC	Physical and other therapeutic care - Rotate	Rotating Core	848-850
MHC	Mental health care - Rotate	Rotating Core	851-854
INJ	Injury	Rotating Core	855-873
TBI	Concussions - lifetime	Emerging Content	874-879
PHY	Physical Activity	Rotating Core	880-885
NHC	Neighborhood Characteristics	Rotating Core	886-889
SLP	Sleep - Rotate	Rotating Core	890-895
SCR	Screen time	Rotating Core	896-896
PAR	Parent Demographics	Annual Core	897-916
NAT	Nativity	Annual Core	917-922
FEM	Employment of family members	Annual Core	923-925
INC	Family Income	Annual Core	926-945
FOO	Food Related Programs	Annual Core Sponsored Content	946-954

FDS	Food Security	Sponsored Content	955-965
HOU	Housing	Annual Core	966-968
REC	Child's full name	Annual Core	969-971
TEL	Telephone ownership	Annual Core	972-973
LNK	Linkage	Annual Core	974-977
THX	Thanks	Annual Core	978-980

2020 National Health Interview Survey (NHIS) Questionnaire

Navigate the hierarchy in the Bookmarks pane to the module and section of interest. Selecting the module or section name will display the detail for the first variable for that module or section, respectively. Expanding the hierarchy further and selecting a question will display the detail for that specific question. The detailed report will show the following information for a question: Question ID, Variable, Content Type, Question Text, Fills, Response, Universe, Skip Instructions, and optionally, Hard Edit, Soft Edit and Replication.

2020 National Health Interview Survey (NHIS) Questionnaire

ROS: Roster

Question ID: ROS.0020.00.1 Variable: HHCLock Interview Module: Roster Content Type: Annual Core

Question Text:

- * The demographic information is now locked and cannot be changed.
- * Enter '1' to continue with the interview.
- * If reentering the case, press the END key to go to the next unanswered question.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

HHC section has been locked.

Skip Instructions:

<1> If GEN.PCNTUNDER18 GT 0, [goto REL.WHOPAR]
else [goto SASSELECT]

2020 National Health Interview Survey (NHIS) Questionnaire

ROS: Roster

Question ID: ROS.0030.00.1 Variable: ROSTERCHECK Interview Module: Roster Content Type: Annual Core

Question Text:

* The roster will now be locked. If you are confident that it has been recorded accurately, enter 1 to continue. Otherwise go back and correct now.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

At least one person in the household is greater than 18 and there is at least one child in the household and at least one person's age is not guessed and not all household members in the armed forces and the HHC section has not been locked.

Skip Instructions:

```
<1> If GEN.PCNTUNDER18 GT 0, [goto tblREL.WHOPAR]
if SURVTYPE=T and eligible adults [goto SELECT_SA]
elseif SURVTYPE=T and eligible children [goto SELECT_SC]
else [goto SASSELECT]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0020.00.1 Variable: NAME_FNAME Interview Module: Roster Content Type: Annual Core

Question Text:

^FNAME

* Enter 999 if no more persons.

Fills:

^FNAME	Description	NAME_FNAME Introduction
	Instruction	If first person in roster, fill: "Starting with you, what are the names of all the persons living or staying here?" Else for next person fill: "What is the name of the next person living or staying here?"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

All persons

Skip Instructions:

```
<allow 20> if name on fake/false name list [goto ERR2_NAME_FNAME];
elseif NAME_FNAME is identical to any other NAME_FNAME or ALIAS [goto ERR3_NAME_FNAME]
else [goto NAME_LNAME]
<999> if LNO=1 [goto ERR1_NAME_FNAME]
else [goto USUALRES]
<RF,DK> [goto ALIAS]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_NAME_FNAME	999 for first person hard edit	{check ERR1_NAME_FNAME} 999 not allowed for the first person in the household. Please correct.
ERR3_NAME_FNAME	Identical first name hard edit	{check ERR3_NAME_FNAME} First name cannot be the same as previous ^NameMatch.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_NAME_FNAME	Fake name soft edit	<p>{signal ERR2_NAME_FNAME}</p> <p>You are entering a possible fake/false name.</p> <p>Please correct.</p> <p>If this is a legitimate name, suppress this error message and continue. Otherwise, go back to the name field and enter a legitimate name. To enter an alias, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused' at the name field. Then, enter a matching identifier/alias at the next screen (ALIAS).</p>

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0030.00.1 Variable: NAME_LNAME Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter last name if provided. Last name is optional.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

A valid first name was entered

Skip Instructions:

<allow 20,RF,DK,empty> [If PX<25 goto NAME_FNAME for next person, else goto USUALRES]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0040.00.1 Variable: ALIAS Interview Module: Roster Content Type: Annual Core

Question Text:

How shall I refer to ^youthisperson for the rest of the interview?

Fills:

^youthisperson	Description	you/this person
	Instruction	If subject=respondent, fill "you", else if subject NE respondent, fill "this person"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Persons who don't know or refused to give first name.

Skip Instructions:

```
<allow 20> if ALIAS is identical to any other NAME_FNAME or ALIAS [goto ERR1_ALIAS]
elseif ALIAS = 999 [goto ERR2_ALIAS]
else [If PX<25 goto NAME_FNAME for next person, else goto USUALRES]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_ALIAS	Identical alias hard edit	{check ERR1_ALIAS} Alias cannot be the same as previous ^NameMatch.
ERR2_ALIAS	999 for alias hard edit	{check ERR2_ALIAS} *999 not allowed as an alias. *Please correct

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0050.00.1 Variable: USUALRES Interview Module: Roster Content Type: Annual Core

Question Text:

^DoDoes ^youALIAS usually live here?

Fills:

^DoDoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

All persons where NAME_FNAME ne 999

Skip Instructions:

```
<1> if (PX < 25) [goto USUALRES for next person in household]
    else [goto MISPERM_MCHILD]
    elseif PX=25 and PCNT gt 1 or (PCNT=1 and HHSTAT_D[1]=1) [goto HHRESP]
    elseif PX=25 and PCNT=1 and HHSTAT_D[1]=empty [goto SEX]
    elseif PX=25 and PCNT=0 [goto EXIT]
<2,RF,DK> [goto ASKURE]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0060.00.1 Variable: ASKURE Interview Module: Roster Content Type: Annual Core

Question Text:

^DoDoes ^youALIAS have some other place where ^youthey usually live?

Fills:

^DoDoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^youthey	Description	you/they
	Instruction	If subject=respondent, fill "you", else if subject NE respondent, fill "they"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

If the usual residence is not here, or respondent refused or didn't know

Skip Instructions:

```
<1> [goto USUALSCHOOL]
<2,RF,DK> if (PX < 25) [goto USUALRES for next person in the household]
    else [goto MISPERS_MCHILD]
    elseif PX=25 and PCNT gt 1 or (PCNT=1 and HHSTAT_D[1]=1) [goto HHRESP]
    elseif PX=25 and PCNT=1 and HHSTAT_D[1]=empty [goto SEX]
    elseif PX=25 and PCNT=0 [goto EXIT]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0070.00.1 Variable: USUALSCHOOL Interview Module: Roster Content Type: Annual Core

Question Text:

^AreIs ^youALIAS usually away at school or college?

Fills:

^AreIs	Description	Are/Is
	Instruction	If subject=respondent, fill "Are", else if subject NE respondent, fill "Is"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Person does not usually live in household and usual residence is elsewhere

Skip Instructions:

```
<1> [goto ONOFFCAMPUS]
<2,RF,DK> if (PX < 25) [goto USUALRES for next person in the household]
    else [goto MISPERS_MCHILD]
    elseif PX=25 and PCNT gt 1 or (PCNT=1 and HHSTAT_D[1]=1) [goto HHRESP]
    elseif PX=25 and PCNT=1 and HHSTAT_D[1]=empty [goto SEX]
    elseif PX=25 and PCNT=0 [goto EXIT]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0080.00.1 Variable: ONOFFCAMPUS Interview Module: Roster Content Type: Annual Core

Question Text:

^DoDoes ^youALIAS live in on-campus housing or off-campus housing?

* **Read if necessary:** *On-campus housing includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing.*

Fills:

^DoDoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	On campus
2	Off campus
7	Refused
9	Don't Know

Universe:

Person's usual residence is not in the household and person has a usual residence other than the place of interview and lives away at school or college

Skip Instructions:

```
<1,2,RF,DK> if (PX < 25) [goto USUALRES for next person in the household]
  else [goto MISPERM_MCHILD]
  elseif PX=25 and PCNT gt 1 or (PCNT=1 and HHSTAT_D[1]=1) [goto HHRESP]
  elseif PX=25 and PCNT=1 and HHSTAT_D[1]=empty [goto SEX]
  elseif PX=25 and PCNT=0 [goto EXIT]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0090.00.1 Variable: MISPER_S_MCHILD Interview Module: Roster Content Type: Annual Core

Question Text:

^ROSTEREXCEPTION

^HHROSTERINTRO

^HHROSTER

Have I missed any babies or small children?

Fills:

^ROSTEREXCEPTION	Description	Exception to Roster
	Instruction	If PCNT < TOTPCNT, fill: "Students living in on-campus housing will be included in the interview. Other people who do not usually live here and have another residence elsewhere will not be included in this interview."
^HHROSTERINTRO	Description	I have listed the household members as...
	Instruction	If PCNT ne 0, fill: I have listed the household members as...
^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Less than 25 persons listed on roster

Skip Instructions:

<1>[goto NAME_FNAME to add person to roster]

<2,RF,DK> [goto MISPER_S_SCHOOL]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0140.00.1 Variable: MISPERMSMSCHOOL Interview Module: Roster Content Type: Annual Core

Question Text:

* Read if necessary.

I have listed the household members as...

^HHROSTER

Have I missed anyone who USUALLY lives here, but is away now at school or college?

Fills:

^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Less than 25 persons listed on roster

Skip Instructions:

<1> [goto ERR_MISPERMSMSCHOOL]
 [goto NAME_FNAME to add person to roster]
 <2,RF,DK> [goto MISPERMSMELSE]

Soft Edit:

Check Text	Check Description	Check Text
ERR_MISPERMSMSCHOOL		{signal ERR_MISPERMSMSCHOOL} Do not read to the respondent. After adding the name of the household member who is now away at school or college to the roster, press the END key, enter '2' at USUALRES, enter '1' at ASKURE, and answer the USUALSCHOOL question. Suppress message to continue.

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0160.00.1 Variable: MISPER_S_MELSE Interview Module: Roster Content Type: Annual Core

Question Text:

* Read if necessary.

I have listed the household members as...

^HHROSTER

Have I missed anyone else who USUALLY lives here, including people who are not related to you or people who are away traveling?

Fills:

^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Less than 25 persons listed on roster

Skip Instructions:

```
<1> [goto NAME_FNAME to add person to roster]
<2,RF,DK> if PCNT = 0 [goto EXIT]
    elseif PCNT = 1 [goto SEX]
    elseif PCNT gt 1 or (PCNT=1 and HHSTAT_D[1]=1) [goto HHRESP]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0180.00.1 Variable: HHRESP Interview Module: Roster Content Type: Annual Core

Question Text:

Which adults living here would you say know about the members of this household?

- * Person(s) selected must be over 18.
- * You may select someone who is marked as deleted.
- * Enter all that apply, separate with commas.

Response:

01-25	Person Number
-------	---------------

Universe:

All households with more than one non-deleted person OR there is only one non-deleted person in the household and deleted person is first person on roster and first person on the roster was answering for the household but does not usually live there.

Skip Instructions:

1 not IN HHRESP [goto HHRESPAVAIL]
One Person selected at HHRESP and that person has HHSTAT_D=1 [goto HHRESPPROXY]
else [goto tblSex.bPerson.SEX]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0190.00.1 Variable: HHRESPAVAIL Interview Module: Roster Content Type: Annual Core

Question Text:

^HHRESP_fill

Select the line number of the person who can continue the interview.

* If no one is available press F9 to set up a callback.

Fills:

^HHRESP_fill	Description	Of the people you just mentioned, who can speak with me now?/Can ^ALIASNAME speak with me now?
	Instruction	If multiple people are selected, fill "Of the people you just mentioned, who can speak with me now?" If one person is selected, fill "Can ^ALIASNAME speak with me now?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

01-25	Person Number
-------	---------------

Universe:

Person to whom you are speaking (LNO=1) is not knowledgeable

Skip Instructions:

<1-25> (person selected at HHRESPAVAIL has HHSTAT_D=1) [goto HHRESPROXY]
else [goto tblSex.bPerson.SEX]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0200.00.1 Variable: HHRESPPROXY Interview Module: Roster Content Type: Annual Core

Question Text:

***^ALIASNAME does not usually live here.**

^DoyouDoesALIAS take care of someone who lives here?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^DoyouDoesALIAS	Description	Do you/Does ^ALIASNAME
	Instruction	For person being spoken to (PX=LNO_RESP)fill: "Do you" For all other adults in family fill: "Does ^ALIASNAME"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Person selected at HHRESP or HHRESPAVAIL has been deleted from the roster.

Skip Instructions:

<1> [goto tb1Sex.bPerson.SEX]
<2,RF,DK> [goto ERR_HHRESPPROXY]

Soft Edit:

Check Text	Check Description	Check Text
ERR_HHRESPPROXY		{signal ERR_HHRESPPROXY} Person was deleted from this household.

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0210.00.1 Variable: SEX Interview Module: Roster Content Type: Annual Core

Question Text:

^AreIs ^youALIAS male or female?

Fills:

^AreIs	Description	Are/Is
	Instruction	If subject=respondent, fill "Are", else if subject NE respondent, fill "Is"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Male
2	Female
7	Refused
9	Don't Know

Universe:

All nondeleted persons

Skip Instructions:

If last non-deleted person on roster [goto AGEN0]
else [goto SEX for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0220.01.1 Variable: AGENO Interview Module: Roster Content Type: Annual Core

Question Text:

* 1 of 2

What is ^yourALIAS age?

* Enter number for age.

Fills:

^yourALIAS	Description	your/^ALIASNAME's
	Instruction	If PX=LNO_RESP fill "your"; else fill "^ALIASNAME's"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

001-120	Range of values
997	Refused
999	Don't Know

Universe:

All nondeleted persons

Skip Instructions:

<001-120> [goto AGETP]
<RF,DK> [goto AGE18]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0220.02.1 Variable: AGETP Interview Module: Roster Content Type: Annual Core

Question Text:

* 2 of 2

* Enter number for age time period.

Response:

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)

Universe:

Valid number entered at AGENO[PX]

Skip Instructions:

If last non-deleted person on roster AND ((AGENO = RF, DK and AGE18 =1) or AGE LT 018 for everyone) then [goto Exit]
elseif last non-deleted person on roster [goto NATORG]
else [goto AGENO for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0230.00.1 Variable: AGE18 Interview Module: Roster Content Type: Annual Core

Question Text:

Certain sections of this interview depend on knowing if a person is 18 years or older. Could you please tell me if ^youALIAS ^areis less than 18 years old or 18 years or older?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^areis	Description	Are/Is
	Instruction	If subject=respondent, fill "Are", else if subject NE respondent, fill "Is"

Response:

1	Less than 18
2	18 or older
7	Refused
9	Don't Know

Universe:

Refused or did not know age

Skip Instructions:

<RF,DK> [goto AGE18GUESS]
 <2> [goto AGE65]
 <1> If last non-deleted person on roster AND ((AGENO=RF,DK and AGE18=1) or AGE LT 018 for everyone then [goto Exit]
 Else if last non-deleted person on roster [goto NATORG]
 Else [goto AGENO for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0240.00.1 Variable: AGE65 Interview Module: Roster Content Type: Annual Core

Question Text:

^AreIs ^youALIAS less than 65 years old or 65 years or older?

Fills:

^AreIs	Description	Are/Is
	Instruction	If subject=respondent, fill "Are", else if subject NE respondent, fill "Is"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Less than 65
2	65 or older
7	Refused
9	Don't Know

Universe:

No numerical age provided and person is 18 or over

Skip Instructions:

<1,2,RF,DK> if last non-deleted person on roster [goto NATORG]
else [goto AGENO for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0250.00.1 Variable: AGE GUESS Interview Module: Roster Content Type: Annual Core

Question Text:

* Use your judgement to guess if ^ALIASNAME is less than 18 or 18 or older.

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Less than 18
2	18 or older

Skip Instructions:

If last non-deleted person on roster AND AGE GUESS = 1,2 for everyone then [goto Exit]
 elseif last non-deleted person on roster [goto NATORG]
 else [goto AGENO for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0290.00.1 Variable: NATORG Interview Module: Roster Content Type: Annual Core

Question Text:

^NATORGAGE

Fills:

^NATORGAGE	Description	Is ^ALIASNAME Hispanic or Latino?/^DoyouDoesALIAS consider ^yourhimherself to be Hispanic or Latino?
	Instruction	If person is 17 or younger: "Is ^ALIASNAME Hispanic or Latino?" If person is 18 or older: "^DoyouDoesALIAS consider ^yourhimherself to be Hispanic or Latino?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^DoyouDoesALIAS	Description	Do you/Does ^ALIASNAME
	Instruction	For person being spoken to (PX=LNO_RESP)fill: "Do you" For all other adults in family fill: "Does ^ALIASNAME"
^yourhimherself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else if SEX=1 fill "himself" else if SEX=2 fill "herself" else if SEX=DK or RF fill "themself"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

All nondeleted persons

Skip Instructions:

If last non-deleted person on roster [goto RACE]
else [goto NATORG for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0300.00.1 Variable: RACE Interview Module: Roster Content Type: Annual Core

Question Text:

^RACEAGE

^RACEFILL

* Enter all that apply, separate with commas.

Fills:

^RACEAGE	Description	What race or races is ^ALIASNAME?/What race or races ^dodoes ^youALIAS consider ^yourhimself to be?
	Instruction	If person is 17 or younger: "What race or races is ^ALIASNAME?" If person is 18 or older: "What race or races ^dodoes ^youALIAS consider ^yourhimself to be?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^dodoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^yourhimself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else if SEX=1 fill "himself" else if SEX=2 fill "herself" else if SEX=DK or RF fill "themself"
^RACEFILL	Description	Race list fill
	Instruction	For first or only non-deleted person: Please select 1 or more of these categories: White, Black, African American, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian, or some other race? Else fill: *Read if necessary: Please select 1 or more of these categories: White, Black, African American, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian, or some other race?

Response:

01	White
02	Black/African American
03	American Indian
04	Alaska Native
05	Native Hawaiian
06	Other Pacific Islander
07	Asian
08	Some other race
97	Refused
99	Don't Know

Universe:

All nondeleted persons

Skip Instructions:

```
<8> IN RACE [goto RACE_SP]
<1-7,RF,DK> If last non-deleted person on roster AND at least one person with AGE18=2 or
AGEGUESS=2 or AGE[PX] = 17-64 [goto AFNOW]
elseif last non-deleted person on roster [goto EDUC]
else [goto RACE for next non-deleted person on roster]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0310.00.1 Variable: RACE_SP Interview Module: Roster Content Type: Annual Core

Question Text:

^RACESPAGE

Start typing and then select from list. If race is not on the list, type "ZZ" and enter verbatim.

* If any of the following are mentioned, back up to previous screen and correct the entry.

- White
- Black
- African American
- American Indian
- Alaska Native
- Native Hawaiian
- Pacific Islander
- Asian

* If respondent provides more than one other race, select 'ZZ' from the lookup table. At the next question, enter ALL the other races in the verbatim field.

Fills:

^RACESPAGE	Description	What other race or races is ^ALIASNAME?/What other race or races ^dodoes ^youALIAS consider ^yourhimself to be?
	Instruction	If person is 17 or younger: "What other race or races is ^ALIASNAME?" If person is 18 or older: "What other race or races ^dodoes ^youALIAS consider ^yourhimself to be?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^dodoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^yourhimself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else if SEX=1 fill "himself" else if SEX=2 fill "herself" else if SEX=DK or RF fill "themself"

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Person identifies as some other race

Skip Instructions:

```
<selection from picklist,RF,DK> If last non-deleted person on roster AND at least one person
with AGE18=2 or AGE GUESS=2 or AGE[PX] = 17-64 [goto AFNOW]
elseif last non-deleted person on roster [goto EDUC]
else [goto RACE for next non-deleted person on roster]
<ZZ> [goto RACE_VRBAT]
```


2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0320.00.1 Variable: RACE_VRBAT Interview Module: Roster Content Type: Annual Core

Question Text:

* Read if necessary.

^RACESPAGE

Fills:

^RACESPAGE	Description	What other race or races is ^ALIASNAME?/What other race or races ^dodoes ^youALIAS consider ^yourhimherself to be?
	Instruction	If person is 17 or younger: "What other race or races is ^ALIASNAME?" If person is 18 or older: "What other race or races ^dodoes ^youALIAS consider ^yourhimherself to be?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^dodoes	Description	Do/Does
	Instruction	If subject=respondent, fill "Do", else if subject NE respondent, fill "Does"
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^yourhimherself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else if SEX=1 fill "himself" else if SEX=2 fill "herself" else if SEX=DK or RF fill "themself"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Person identifies as some other race and Interviewer does not use pick-list to select this race

Skip Instructions:

<allow 80> If last non-deleted person on roster AND at least one person with AGE18=2 or AGE GUESS=2 or AGE[PX] = 17-64 [goto AFNOW]
elseif last non-deleted person on roster [goto EDUC]
else [goto RACE for next non-deleted person on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0330.00.1 Variable: AFNOW Interview Module: Roster Content Type: Annual Core

Question Text:

^AreyouIsALIASIsanyone now on full-time active duty with the Armed Forces?

**Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for service in the U.S. or in a foreign country, in support of military or humanitarian operations.*

Fills:

^AreyouIsALIASIsanyone	Description	Are you/Is ^ALIASNAME/Is anyone in the household
	Instruction	If PCNTAGEAF=1 and that person=respondent, fill "Are you", elseif PCNTAGEAF=1 and that person NE respondent, fill "Is ^ALIASNAME" elseif PCNTAGEAF GT 1 fill "Is anyone in the household"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

At least one person in the household is greater than 18 and at least one person's age is not guessed and at least one non-deleted person age 17-64 years old or who is greater than or equal to 18 or whose age was guessed to be greater than or equal to 18

Skip Instructions:

```
<1> if GEN.PCNTAGEAF GT 1 [goto AFNOWWHO]
elseif GEN.PCNTAGEAF=1 and GEN.PCNT=1[goto EXIT]
elseif GEN.PCNTAGEAF=1 and GEN.PCNT GT 1[goto EDUC]
<2,RF,DK> [goto EDUC]
```

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0340.00.1 Variable: AFNOWWHO Interview Module: Roster Content Type: Annual Core

Question Text:

Who is this? (Anyone else?)

* Enter all that apply, separate with commas.

Response:

01-25	Person Number
-------	---------------

Universe:

At least 1 person in the Armed Forces & more than 1 person eligible to be in the Armed Forces

Skip Instructions:

<1-25> if all PX have GEN.HHSTAT_D=1 or GEN.HHSTAT_M = 1 [goto EXIT]
else [goto EDUC]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0350.00.1 Variable: EDUC Interview Module: Roster Content Type: Annual Core

Question Text:

What is the HIGHEST level of school ^youALIAS ^havehas completed or the highest degree ^youALIAS ^havehas received?

* Enter highest level of school completed.

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "you"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^havehas	Description	have/has
	Instruction	If subject=respondent, fill "have", else if subject NE respondent fill "has"

Response:

00	Never attended/kindergarten only
01	Grade 1-11
02	12th grade, no diploma
03	GED or equivalent
04	High School Graduate
05	Some college, no degree
06	Associate degree: occupational, technical, or vocational program
07	Associate degree: academic program
08	Bachelor's degree (Example: BA, AB, BS, BBA)
09	Master's degree (Example: MA, MS, MEng, MEd, MBA)
10	Professional School degree (Example: MD, DDS, DVM, JD)
11	Doctoral degree (Example: PhD, EdD)
97	Refused
99	Don't Know

Universe:

All non-deleted persons flagged as aged 18+

Skip Instructions:

<0-11,RF,DK> If last non-deleted adult on roster [goto next section]
else [goto EDUC for next non-deleted adult on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

HHC: Household Composition

Question ID: HHC.0360.00.1 Variable: EXIT Interview Module: Roster Content Type: Annual Core

Question Text:

Not every household in our survey is asked all questions. I have all the information about your household that I need at this time. Thank you for your assistance.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

All armed forces, all usual residence elsewhere, all under age 18, all where aged is guessed

Skip Instructions:

<1> [goto BCK.WHOREADLTR]

2020 National Health Interview Survey (NHIS) Questionnaire

REL: Relationship of children to parents

Question ID: REL.0010.00.1 Variable: WHOPAR Interview Module: Roster Content Type: Annual Core

Question Text:

Which people living in this household are ^ALIASNAME's parents? Please include biological, step, or adoptive parents, but not foster parents or other relatives who may act as parents.

* If respondent is a foster parent or relative who acts as a parent, probe "Does ^ALIASNAME have any biological, step, or adoptive parents living in this household?"

* Enter '0' if no biological, step, or adoptive parents live in the household.

* Legal guardians who are not biological, step, or adoptive parents should not be selected at this question.

* Enter all that apply, separate with commas.

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

00	No biological, step, or adoptive parents
01	Name of Person 1
02	Name of Person 2
03	Name of Person 3
04	Name of Person 4
05	Name of Person 5
06	Name of Person 6
07	Name of Person 7
08	Name of Person 8
09	Name of Person 9
10	Name of Person 10
11	Name of Person 11
12	Name of Person 12
13	Name of Person 13
14	Name of Person 14
15	Name of Person 15
16	Name of Person 16
17	Name of Person 17
18	Name of Person 18
19	Name of Person 19
20	Name of Person 20
21	Name of Person 21
22	Name of Person 22
23	Name of Person 23
24	Name of Person 24
25	Name of Person 25
97	Refused

99	Don't Know
----	------------

Universe:

All persons with age less than 18 years old or age was guessed or reported to be less than 18

Skip Instructions:

```
If <0> selected with any other value [goto ERR4_WHOPAR]
If AGEDIFF LT 15 [goto ERR1_WHOPAR]
elseif AGEDIFF GE 50 [goto ERR2_WHOPAR]
elseif AGEDIFF LE 0 [goto ERR3_WHOPAR]
<0, RF, DK> [goto FOSTPAR]
<1-25> If last non-deleted child on roster [goto next section]
else [goto WHOPAR for next non-deleted child on roster]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR4_WHOPAR	0 and another entry	{check ERR4_WHOPAR} Invalid entry. Cannot mark 0 and a valid line number. Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR1_WHOPAR	Age difference between parent selected and child less than 15 years	{signal ERR1_WHOPAR} Age difference between parent and child is ^AGEDIFF years. I have recorded the parent ^PARENTNAME is ^PARENTAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.
ERR3_WHOPAR	Parent is younger than child	{signal ERR3_WHOPAR} Please verify. Parent is younger than child. I have recorded the parent ^PARENTNAME is ^PARENTAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.
ERR2_WHOPAR	Age difference GE 50 years	{signal ERR2_WHOPAR} Age difference between parent and child is greater than or equal to 50 years. I have recorded the parent ^PARENTNAME is ^PARENTAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.

2020 National Health Interview Survey (NHIS) Questionnaire

REL: Relationship of children to parents

Question ID: REL.0040.00.1 Variable: WHOFOST Interview Module: Roster Content Type: Annual Core

Question Text:

Which people living in this household are ^ALIASNAME's foster parents?

Read if necessary: Please include grandparents or other family members if they are acting as foster parents under the supervision of a state or county child welfare agency.

* Enter all that apply, separate with commas.

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

01	Name of Person 1
02	Name of Person 2
03	Name of Person 3
04	Name of Person 4
05	Name of Person 5
06	Name of Person 6
07	Name of Person 7
08	Name of Person 8
09	Name of Person 9
10	Name of Person 10
11	Name of Person 11
12	Name of Person 12
13	Name of Person 13
14	Name of Person 14
15	Name of Person 15
16	Name of Person 16
17	Name of Person 17
18	Name of Person 18
19	Name of Person 19
20	Name of Person 20
21	Name of Person 21
22	Name of Person 22
23	Name of Person 23
24	Name of Person 24
25	Name of Person 25
97	Refused
99	Don't Know

Universe:

Child is in foster care

Skip Instructions:

```
If AGEDIFF LT 15 [goto ERR1_WHOFOST]
elseif AGEDIFF GE 50 [goto ERR2_WHOFOST]
elseif AGEDIFF LE 0 [goto ERR3_WHOFOST]
If last non-deleted child on roster [goto next section]
else [goto WHOPAR for next non-deleted child on roster]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR1_WHOFOST	Age difference between foster parent selected and child less than 15 years	<pre>{signal ERR1_WHOFOST} Age difference between parent and child is ^AGEDIFF years. I have recorded the foster parent ^FOSTPARNAME is ^FOSTPARAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.</pre>
ERR3_WHOFOST	Foster parent is younger than child	<pre>{signal ERR3_WHOFOST} Please verify. Parent is younger than child. I have recorded the foster parent ^FOSTPARNAME is ^FOSTPARAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.</pre>
ERR2_WHOFOST	Age difference GE 50 years	<pre>{signal ERR2_WHOFOST} Age difference between parent and child is greater than or equal to 50 years. I have recorded the foster parent ^FOSTPARNAME is ^FOSTPARAGE years old and the child ^CHILDNAME is ^CHILDAGE years old. Are these ages and relationships correct? Please correct relationship code or age.</pre>

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0050.00.1 Variable: ALLFAM Interview Module: Roster Content Type: Annual Core

Question Text:

? [F1]

Is everyone in this household a member of the same family?

**Read if necessary: For this survey, a family is two or more people living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children, and any people living together as a couple and their children.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

The number of unique families as identified in REL section is greater than 1

Skip Instructions:

IF (Roster.PCNTEligibleSA > 1 OR Roster.PCNTEligibleSC > 1) [goto SASCID]
ELSE [goto procSetFAMILY_FLGs]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0060.00.1 Variable: SASCID Interview Module: Roster Content Type: Annual Core

Question Text:

One ^SASCID_fill randomly selected from every household in the survey to be asked a series of health related questions. In this household, ^SASCID_fill2 chosen.

Fills:

^SASCID_fill	Description	adult and child are/adult is/child is
	Instruction	If PX_A gt 0 and PX_C gt 0, fill "adult and child are" elseif PX_A gt 0, fill "adult is" else fill "child is"
^SASCID_fill2	Description	you and ^SCNAME were/^SANAME and ^SCNAME were/you were/^SANAME was/^SCNAME was
	Instruction	If PX_A gt 0 and PX_C gt 0 and HHRESPAVAIL = PX_A, fill "you and ^SCNAME were" elseif PX_A gt 0 and PX_C gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME and ^SCNAME were" elseif PX_A gt 0 and HHRESPAVAIL = PX_A, fill "you were" elseif PX_A gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME was" else fill "^SCNAME was"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Count of all persons eligible to be SA is greater than 1 or count of all persons eligible to be SC is greater than 1 or there are multiple adults or children in the family but only 1 adult or child is eligible to be the SA or SC because the others are in the Armed Forces.

Skip Instructions:

```
IF ALLFAM IN (2,RF,DK) AND PX_A > 0 AND PCNTFX_SA_AfterREL < PCNT {Not everyone in same family, there's a SA, and not everyone's in SA's family} [goto FAMINTRO_SA]
ELSEIF ALLFAM IN (2,RF,DK) {Not everyone in same family (and there's a SC)} [goto procSetFX_RELATE_SA]
ELSE [goto procSetFAMILY_FLGs]
```

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0070.00.1 Variable: FAMINTRO_SA Interview Module: Roster Content Type: Annual Core

Question Text:

^FAMINTRO_fill

I will now ask you some questions about how other people in this household are related to ^you_SA.

Fills:

^FAMINTRO_fill	Description	FAMINTRO_SA Introduction
	Instruction	If PCNTFAMAREL ge 2, fill "Based on questions I asked you earlier, we have that ^SAFAM are in the same family." else leave fill empty.
^SAFAM	Description	List of people in SA's family
	Instruction	For all people with FAMILYA_FLG =1 and are not Household Respondent, fill with their names. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list. Include Sample Adult in this list.
^you_SA	Description	you/^ALIASNAME
	Instruction	If HHRESPAVAIL eq PX_A, fill "you" else fill "^ALIASNAME" of Sample Adult
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Not everyone in same family, there's a SA, and not everyone's in SA's family

Skip Instructions:

<1> [goto tblRelate_SA.bPerson.RELATE for 1st non-deleted person on roster with FX_REL[PX] ne FX_REL[PX_A]]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0140.00.1 Variable: FAMINTRO_SC Interview Module: Roster Content Type: Annual Core

Question Text:

I will now ask you some questions about who in this household is related to ^SCNAME.

Based on questions I asked you earlier, we have that ^SCNames_fill related to ^SCNAME.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^SCNames_fill	Description	List of people in Sample Child's family
	Instruction	<p>For all people with GEN.FAMILYC_FLG=1, fill with their names.</p> <p>Description: Person was identified as being in the SC's family at WHOPAR/WHOFOST OR (Sample Child is related to the Sample Adult and person on roster was placed in Sample Adult's family based on answer provided at RELATE), include their name as part of the list of SC's family.</p> <p>Do not Sample Child on list.</p> <p>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list.</p> <p>If only one person on the list of names and person ne Roster.HHC.HHRESPAVAIL, follow list with "is".</p> <p>If more than one person on the list or only one person on list and person is Household Respondent (Roster.HHC.HHRESPAVAIL), follow list with "are".</p>

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Not everyone in same family and there is a SC, and there is no SA and not everyone in SC's family or SA/SC in separate families and not everyone in SA or SC's families or SA/SC in same family and not everyone in that family

Skip Instructions:

<1> [goto tblRelate_SC.bPerson.RELATE for 1st non-deleted person on roster with FX_RELATESA[PX] ne FX_RELATESA[PX_A] and FX_RELATESA[PX] ne FX_RELATESA[PX_C]]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0240.00.1 Variable: KNOWSC Interview Module: Roster Content Type: Annual Core

Question Text:

Who lives here and is knowledgeable about and responsible for ^SCNAME's health care?

^ANYONEELSE

Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^ANYONEELSE	Description	Anyone else
	Instruction	If PCNT_EligibleKNOWSC > 1 fill: "Read if necessary: Anyone else?"

Response:

00	Not on roster
01-25	Person Number
97	Refused
99	Don't Know

Universe:

There's a SC and either multiple eligible adults or only one eligible adult but that person is not a parent of the SC

Skip Instructions:

<RF,DK> [goto NOFAMSC]
 <1-25> IF Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and (PX_A ne Roster.HHC.HHRESPAVAIL) [goto ONCAMPINTRO_A]
 ELSE [goto CASESTATUS]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0250.00.1 Variable: NOFAMSC Interview Module: Roster Content Type: Annual Core

Question Text:

* Because there are no adults who are related to ^SCNAME living in this household, or respondent refused or did not know who was knowledgeable about and responsible for ^SCNAME's health care, the Sample Child Interview cannot be completed.

Not everyone in our survey is asked all questions. I have all the information that I need from you about ^SCNAME.

* Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

No one is knowledgeable about and responsible for the sample child's health or don't know or refused to identify knowledgeable person

Skip Instructions:

```
<1> if Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and (PX_A ne
Roster.HHC.HHRESPAVAIL) [goto ONCAMPINTRO_A]
elseif PX_A > 0 {there is a Sample Adult} [goto CASESTATUS]
else [goto BCK.THANKS_SUF]
```

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0260.00.1 Variable: ONCAMPINTRO_A Interview Module: Roster Content Type: Annual Core

Question Text:

As I previously mentioned ^SANAME was randomly selected to be asked a series of health related questions. We would like to contact ^himherthem to complete ^hishertheir portion of this interview.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^himherthem	Description	him/her/them
	Instruction	If GEN.SEX_FINAL=1 fill "him"; else if GEN.SEX_FINAL=2 fill "her"; else if GEN.SEX_FINAL IN (DK, RF) fill "them"
^hishertheir	Description	his/her/their
	Instruction	If GEN.SEX_FINAL=1 fill "his"; else if GEN.SEX_FINAL=2 fill "her"; else if GEN.SEX_FINAL IN (DK, RF) fill "their"

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not the Household Respondent

Skip Instructions:

<1>[goto TLNO_FAM_DRM]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0280.00.1 Variable: ONCAMPLNAME Interview Module: Roster Content Type: Annual Core

Question Text:

* **Ask or verify:** What is ^SANAME's last name?

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 20,RF,DK> [goto ONCAMPADD1_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.01.1 Variable: ONCAMPADD1_A Interview Module: Roster Content Type: Annual Core

Question Text:

What is ^SANAME's exact mailing address on campus?

* Enter the house or building number, house or building number suffix and street name.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 54, empty> [goto ONCAMPADD2_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.02.1 Variable: ONCAMPADD2_A Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter the unit description.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 54, empty> [goto ONCAMPPO_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.03.1 Variable: ONCPUNTDDES_A Interview Module: Roster Content Type: Annual Core

Question Text:

Enter the correct unit designation or press "ENTER" if there is none.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 20, empty> [goto ONCAMPP0_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.04.1 Variable: ONCAMPPO_A Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter the city.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 28, empty> [goto ONCAMPST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.05.1 Variable: ONCAMPST_A Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter the state.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<allow 2> [goto ONCAMPZIP5_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.07.1 Variable: ONCAMPZIP5_A Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter the zip code.

Response:

01001-99995	Range of values
99997	Refused
99999	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

```
<01001-99996, RF, DK, empty>
if ONCAMPZIP5_A lt 5 characters [goto ERR1_ONCAMPZIP5_A]
elseif ONCAMPZIP5_A lt 01001 [goto ERR2_ONCAMPZIP5_A]
elseif (ONCAMPZIP5_A gt 99996 and SURVTYPE ne T) or (ONCAMPZIP5_A gt
99997 and SURVTYPE=T) [goto ERR3_ONCAMPZIP5_A]
else [goto ONCAMPZIP4_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_ONCAMPZIP5_A	ONCAMPZIP5_A must have a length of 5	{check ERR1_ONCAMPZIP5_A} The entire zip code must be entered. Please correct.
ERR3_ONCAMPZIP5_A	ONCAMPZIP5_A gt 99996/99997	{check ERR3_ONCAMPZIP5_A} A valid zip code must be entered. Please correct.
ERR2_ONCAMPZIP5_A	ONCAMPZIP5_A must be greater than or equal to 01001	{check ERR2_ONCAMPZIP5_A} A valid zip code must be entered. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0290.08.1 Variable: ONCAMPZIP4_A Interview Module: Roster Content Type: Annual Core

Question Text:

* Enter the zip 4.

Response:

0000-9996	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

```
<0000-9997, RF, DK, empty>
if ONCAMPZIP4_A lt 4 characters [goto ERR1_ONCAMPZIP4_A]
elseif (ONCAMPZIP4_A gt 9996 and SURVTYPE ne T) or (ONCAMPZIP4_A gt 9997 and SURVTYPE=T) [goto
ERR2_ONCAMPZIP4_A]
else [goto ONCAMPADDR_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_ONCAMPZIP4_A	ONCAMPZIP4_A must have a length of 4	{check ERR1_ONCAMPZIP4_A} The entire zip code must be entered. Please correct.
ERR2_ONCAMPZIP4_A	ONCAMPZIP4_A gt 9996/9997	{check ERR2_ONCAMPZIP4_A} A valid zip code must be entered. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

FAM: Family Composition

Question ID: FAM.0300.00.1 Variable: ONCAMPADDR_A Interview Module: Roster Content Type: Annual Core

Question Text:

Please confirm the following information about the Sample Adult living on campus:

Name: ^SANAME

Phone Number: ^ONCAMPPHONE_fill

Address:

^ONCAMPADD1_A_fill

^ONCAMPADD2_A_fill

^ONCAMPPO_A_fill, ^ONCAMPST_A_fill ^ONCAMPZIP5_A_fill - ^ONCAMPZIP4_A_fill

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^ONCAMPPHONE_fill	Description	{Value of DISPLAYSTRING}
	Instruction	Fill the phone number associated with the on-campus SA from bContact.arrayPhones [Roster.FAM.TLNO_FAM_DRM].DisplayString
^ONCAMPADD1_A_fill	Description	{Value of ONCAMPADD1_A}
	Instruction	Fill value from ONCAMPADD1_A
^ONCAMPADD2_A_fill	Description	{Value of ONCAMPADD2_A}
	Instruction	Fill value from ONCAMPADD2_A
^ONCAMPPO_A_fill	Description	{Value of ONCAMPPO_A}
	Instruction	Fill value from ONCAMPPO_A
^ONCAMPST_A_fill	Description	{Value of ONCAMPST_A}
	Instruction	Fill value from ONCAMPST_A
^ONCAMPZIP5_A_fill	Description	{Value of ONCAMPZIP5_A}
	Instruction	Fill value from ONCAMPZIP5_A
^ONCAMPZIP4_A_fill	Description	{Value of ONCAMPZIP4_A}
	Instruction	Fill value from at ONCAMPZIP4_A

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adult lives on campus or don't know or refuse and Sample Adult is not Household Respondent

Skip Instructions:

<1> [goto CASESTATUS]

2020 National Health Interview Survey (NHIS) Questionnaire
VFY: Sample Adult Verification

Question ID: VFY.0010.00.1 Variable: CURRESES_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Enter the line number of the person to whom you are speaking.

Response:

00	Not on roster
01	Name of Person 1
02	Name of Person 2
03	Name of Person 3
04	Name of Person 4
05	Name of Person 5
06	Name of Person 6
07	Name of Person 7
08	Name of Person 8
09	Name of Person 9
10	Name of Person 10
11	Name of Person 11
12	Name of Person 12
13	Name of Person 13
14	Name of Person 14
15	Name of Person 15
16	Name of Person 16
17	Name of Person 17
18	Name of Person 18
19	Name of Person 19
20	Name of Person 20
21	Name of Person 21
22	Name of Person 22
23	Name of Person 23
24	Name of Person 24
25	Name of Person 25
97	Refused
99	Don't Know

Universe:

The Sample Adult section has not been started or completed or has a Sample Adult callback setup

Skip Instructions:

<1-25> [goto AVAIL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0050.00.1 Variable: PROXYLNO_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Select the person in this household who is the proxy for ^SANAME.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

01	^ALIASNAME[1]
02	^ALIASNAME[2]
03	^ALIASNAME[3]
04	^ALIASNAME[4]
05	^ALIASNAME[5]
06	^ALIASNAME[6]
07	^ALIASNAME[7]
08	^ALIASNAME[8]
09	^ALIASNAME[9]
10	^ALIASNAME[10]
11	^ALIASNAME[11]
12	^ALIASNAME[12]
13	^ALIASNAME[13]
14	^ALIASNAME[14]
15	^ALIASNAME[15]
16	^ALIASNAME[16]
17	^ALIASNAME[17]
18	^ALIASNAME[18]
19	^ALIASNAME[19]
20	^ALIASNAME[20]
21	^ALIASNAME[21]
22	^ALIASNAME[22]
23	^ALIASNAME[23]
24	^ALIASNAME[24]
25	^ALIASNAME[25]
97	Refused
99	Don't Know

Universe:

Sample adult proxy is a relative or non relative who lives in the household

Skip Instructions:

```
<1-25> if PROXYLNO_A ne CURRE_A [goto INTMODE_A]
elseif PROXYLNO_A=CURRE_A and Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and
HHRESPSA_FLG ne 1 [goto VFYONCAMP_A]
else [goto VFYALL_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0060.00.1 Variable: PROXYCALL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Can a callback with someone knowledgeable about ^SANAME's health be arranged?

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Knowledgeable proxy is not available.

Skip Instructions:

```

<1> [goto bCallback.CB_POSSIBLE], then
if there is a Sample child and they have not been interviewed [goto Child.VFY.CURRES_C]
else [goto BCK.THANKS_CB]
<2> if there is a Sample child and they have not been interviewed [goto Child.VFY.CURRES_C]
elseif GEN.OUTCOME=203 [goto BCK.THANKS_SUF]
else [goto BCK.THANKS_INSUF]
    
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0070.00.1 Variable: INTMODE_A Interview Module: Adult Content Type: Annual Core

Question Text:

* How are you contacting ^SARESP?

Fills:

^SARESP	Description	Sample Adult respondent's name
	Instruction	Fill Sample Adult respondent's name

Response:

1	Personal visit
2	Telephone

Universe:

Sample Adults 18+ and
 Not initially speaking to the Sample Adult but now speaking to the Sample Adult OR
 Now speaking to a proxy respondent who is not on the roster or refused or don't know if on the roster OR
 Now speaking to a proxy respondent who is on the roster and who wasn't who you were initially speaking to

Skip Instructions:

```
<1> if Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and GEN.HHRESPSA_FLG ne 1 [goto VFYONCAMP_A]
else[goto VFYALL_A]
<2> [goto TINTRO_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0080.00.1 Variable: TINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Hello, my name is (* say your name). I'm calling from the U.S. Census Bureau. We are conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This is a nationwide survey about the health of both adults and children. I have some information from ^HHRESP. Now, I would like to ask you some questions.

* Read if necessary: I believe I am calling you on a cell phone.

Before we continue, I have to ask: Are you currently driving a vehicle?

* Even if the respondent is using a hands-free device while driving, you must enter '1'.

Fills:

^HHRESP	Description	{Value of HHRESPAVAIL}
	Instruction	Display the name of the person selected at Roster.HHC.HHRESPAVAIL

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and interviewer is conducting a telephone interview with new respondent

Skip Instructions:

<1,RF,DK> [goto ATTN_A]
 <2> [goto LETTER_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0090.00.1 Variable: ATTN_A Interview Module: Adult Content Type: Annual Core

Question Text:

For your safety, we will call you back at another time.

* Enter 1 to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ and interviewer is conducting a telephone interview with new respondent who is driving

Skip Instructions:

<1> [goto bCallback.CB_POSSIBLE]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0100.00.1 Variable: LETTER_A Interview Module: Adult Content Type: Annual Core

Question Text:

* If sample adult is a new respondent read question below, otherwise enter 1

* **Read if necessary:** A letter describing the National Health Interview Survey was sent to your home recently. Do you remember seeing the letter?

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ and interviewer is conducting a telephone interview with new respondent who is not driving

Skip Instructions:

<1,2,RF,DK> [goto S_INTRO_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0110.00.1 Variable: S_INTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

* If sample adult is a new respondent read question below, otherwise enter 1

* **Read if necessary:** *There are a few things I need to cover before we continue. I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research. I can describe these laws if you wish. Except for the National Center for Health Statistics and Census Bureau employees and specially designated agents, no one can see your answers until all information that could identify you and/or your family has been removed. Only after that will your data be made available to researchers. For most adults, the survey will take less than ^SATIME minutes. I'd like to continue now unless you have any questions.*

* If respondent asks for more information about the privacy laws, press F1.

Fills:

^SATIME	Description	35/45
	Instruction	If GEN.CSTAT=1 and GEN.SAMEFAM_FLG=1, fill: 35 else, fill: 45

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ and interviewer is conducting a telephone interview with new respondent who is not driving

Skip Instructions:

<1> if Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and GEN.HHRESPSA_FLG ne 1 [goto VFYONCAMP_A]
else [goto VFYALL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0120.00.1 Variable: VFYONCAMP_A Interview Module: Adult Content Type: Annual Core

Question Text:

I want to confirm some information.

Do you live in on-campus housing or off-campus housing?

Read if necessary: *On-campus housing includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing.*

Response:

1	On campus
2	Off campus
7	Refused
9	Don't Know

Universe:

Sample Adults living in on-campus housing and the Sample Adult is not the household respondent

Skip Instructions:

<1,RF,DK> [goto VFYALL_A]
<2> [goto NOMORE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0130.00.1 Variable: VFYALL_A Interview Module: Adult Content Type: Annual Core

Question Text:

^Verifyintro

I have recorded ^yoursexis, you are ^AGE_A, ^NATORG_A, and ^RACE_A. Would you like to make any changes to this ^additionalinfo_A?

^RACEVRBATvalue_A

* If respondent "refuses" or says "don't know", enter "2" for "no."

Fills:

^Verifyintro	Description	I want to confirm some information.
	Instruction	If VFYONCAMP_A=empty "I want to confirm some information." else fill nothing
^yoursexis	Description	your sex is male/your sex is female/you do not know your sex/you do not wish to provide your sex/your sex was not provided
	Instruction	If GEN.SEX_FINAL=1 fill "your sex is male" If GEN.SEX_FINAL=2 fill "your sex is female" If GEN.SEX_FINAL=DK and GEN.HHRESPSA_FLG=1 fill "you do not know your sex" If GEN.SEX_FINAL=RF and GEN.HHRESPSA_FLG=1 fill "you do not wish to provide your sex" If GEN.SEX_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "your sex was not provided"
^AGE_A	Description	{Value of AGE}/65 or older/between 18 and 64/18 and older
	Instruction	if GEN.AGE_FINAL ne RF, DK fill with age elseif GEN.AGE_FINAL IN (RF,DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65=2 fill "65 or older" elseif GEN.AGE_FINAL in (RF,DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65=1 fill "between 18 and 64" elseif GEN.AGE_FINAL IN (RF, DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65 IN (RF,DK,empty) fill "18 and older"
^NATORG_A	Description	Verify Hispanic or Latino origin
	Instruction	If GEN.NATO_FINAL=1 fill: "you are of Hispanic or Latino origin" If GEN.NATO_FINAL=2 fill: "you are not of Hispanic or Latino origin" If GEN.NATO_FINAL=DK and GEN.HHRESPSA_FLG=1 fill: "you do not know if you are of Hispanic or Latino origin" If GEN.NATO_FINAL=RF and GEN.HHRESPSA_FLG=1 fill: "you do not wish to provide information about your Hispanic or Latino origin" If GEN.NATO_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "information about your Hispanic or Latino origin was not provided"
^RACE_A	Description	you are ^RACEFILLAND_A/you do not know your race/you do not wish to provide your race/your race was not provided
	Instruction	If race or races IN GEN.RACE_FINAL[PX_A].RACE_FINAL fill: "you are ^RACEFILLAND_A." If GEN.RACE_FINAL[PX_A].RACE_FINAL=DK and GEN.HHRESPSA_FLG=1 fill "you do not know your race." If GEN.RACE_FINAL[PX_A].RACE_FINAL=RF and GEN.HHRESPSA_FLG=1 fill: "you do not wish to provide your race." If GEN.RACE_FINAL[PX_A].RACE_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "your race was not provided."
^RACEFILLAND_A	Description	Categories selected at the RACE screen

	Instruction	Fill categories stored in GEN.RACE_FINAL[PX_A].RACE_FINAL. If more than two categories separate the categories with commas. Add the word "and" before the last category. When GEN.RACE_FINAL[PX_A].RACE_FINAL=8, if GEN.RACE_FINAL[PX_A].RACE_SP_FINAL not in (ZZ,RF,DK) display picklist selection from GEN.RACE_FINAL[PX_A].RACE_SP_FINAL elseif GEN.HHRESPSA_FLG=1 and GEN.RACE_FINAL [PX_A].RACE_VERBAT_FINAL not in (empty,DK,RF) display GEN.RACE_FINAL[PX_A].RACE_VERBAT_FINAL else display "some other race"
^additionalinfo_A	Description	if any information is missing "or provide additional information about"
	Instruction	See attachment for fill instructions
^RACEVRBATvalue_A	Description	Information collected at RACEVRBAT for Sample Adult
	Instruction	IF GEN.HHRESPSA_FLG ne 1 and GEN.RACE_FINAL [PX_A].RACE_VRBAT_FINAL ne (empty,RF,DK), fill " If respondent wants information on which other race they are listed as, say ^RACE_VRBAT."
^RACE_VRBAT	Description	{Value of RACE_VRBAT_FINAL}
	Instruction	Fill value from GEN.RACE_FINAL[PX].RACE_VRBAT_FINAL

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+ and the Sample Adult or a proxy is available to continue the interview and the Sample Adult is not identified as away at college and living in off-campus housing

Skip Instructions:

```
<1> [goto VFYDEM_A]
<2> if GEN.SEX_FINAL IN (RF,DK) [goto SEXGUESS_A]
    elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
    elseif GEN.RACE_FINAL=6 [goto PITYPE_A]
    elseif GEN.RACE_FINAL=7 [goto ASIANTYPE_A]
    elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bpersonRACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
    else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0140.00.1 Variable: VFYDEM_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * **Read if necessary:** *What should I change?*
- * **Enter all that apply, separate with commas.**

Response:

1	Sex
2	Age
3	Hispanic or Latino Origin
4	Race
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ would like to change demographic information

Skip Instructions:

```

if 1 IN VFYDEM_A [goto NEWSEX_A]
elseif (2,3,4) IN VFYDEM_A and GEN.SEX_FINAL[PX_A] IN (RF,DK) [goto SEXGUESS_A]
elseif 2 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (RF,DK) [goto NEWAGE_A]
elseif 3 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (RF,DK) [goto NEWNATORG_A]
elseif 4 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (RF,DK) [goto NEWRACE_A]
<RF,DK> If GEN.SEX_FINAL[PX_A] IN (RF,DK) [goto SEXGUESS_A]
    elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
    elseif GEN.RACE_FINAL=6 [goto PITYPE_A]
    elseif GEN.RACE_FINAL=7 [goto ASIANTYPE_A]
    elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bpersonRACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
    else [goto BMONTH_A]
    
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0150.00.1 Variable: NEWSEX_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you male or female?

Response:

1	Male
2	Female
7	Refused
9	Don't Know

Universe:

Respondent said his/her sex is not correct

Skip Instructions:

```
if GEN.SEX_FINAL[PX_A]=RF,DK and NEWSEX_A=RF,DK [goto SEXGUESS_A]
elseif 2 IN VFYDEM_A [goto NEWAGE_A]
elseif 3 IN VFYDEM_A [goto NEWNATORG_A]
elseif 4 IN VFYDEM_A [goto NEWRACE_A]
elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bperson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0160.00.1 Variable: SEXGUESS_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Enter your best guess of ^SANAME's sex.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

1	Male
2	Female

Universe:

Sample adults for whom there is no sex provided by the household respondent and did not give a sex when asked to verify information

Skip Instructions:

```
<1,2>
if 2 IN VFYDEM_A [goto NEWAGE_A]
elseif 3 IN VFYDEM_A [goto NEWNATORG_A]
elseif 4 IN VFYDEM_A [goto NEWRACE_A]
elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
elseif GEN.RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bpersonRACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0170.00.1 Variable: NEWAGE_A Interview Module: Adult Content Type: Annual Core

Question Text:

How old are you?

* Enter age.

Response:

000-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adult 18+ said his/her age is not correct

Skip Instructions:

```
<0-120, RF, DK> if 3 IN VFYDEM_A [goto NEWNATORG_A]
elseif 4 IN VFYDEM_A [goto NEWRACE_A]
elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bperson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0190.00.1 Variable: NEWNATORG_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you consider yourself to be Hispanic or Latino?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adult 18+ said his/her Hispanic Origin is not correct

Skip Instructions:

```
<1,2,RF,DK> if 4 IN VFYDEM_A [goto NEWRACE_A]
elseif GEN.NATO_FINAL=1 [goto HISPTYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bpersonRACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0200.00.1 Variable: NEWRACE_A Interview Module: Adult Content Type: Annual Core

Question Text:

What race or races do you consider yourself to be? Please select 1 or more of these categories:

White, Black, African American, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian, or some other race?

Enter all that apply, separate with commas.

Response:

01	White
02	Black/African American
03	American Indian
04	Alaska Native
05	Native Hawaiian
06	Other Pacific Islander
07	Asian
08	Some other race
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ said his/her race is not correct

Skip Instructions:

```
<1-8,RF,DK> if GEN.NATO_FINAL=1 [goto HISPTYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bperson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0210.00.1 Variable: HISPTYPE_A Interview Module: Adult Content Type: Annual Core

Question Text:

What is your Hispanic or Latino ancestry or origin, such as Mexican, Mexican American, ^CHICANOA, Central or South American, Puerto Rican, Cuban, Dominican (Republic), or Other Hispanic, ^LATINOA, or Spanish -- and if you have more than one, tell me all of them.

* Enter all that apply, separate with commas.

Fills:

^CHICANOA	Description	Chicano/Chicano or Chicana
	Instruction	If SEX_FINAL = 1 fill: "Chicano" if SEX_FINAL = 2,DK,RF fill "Chicano or Chicana"
^LATINOA	Description	Latino/Latino or Latina
	Instruction	If SEX_FINAL= 1 fill: "Latino" if SEX_FINAL = 2,DK,RF fill "Latino or Latina"

Response:

01	Mexican, Mexican American, or Chicano(a)
02	Central American
03	South American
04	Puerto Rican
05	Cuban
06	Dominican (Republic)
07	Other Hispanic, Latino(a), or Spanish (specify)
97	Refused
99	Don't Know

Universe:

Respondent is of Hispanic Origin

Skip Instructions:

```
<7> [goto HISPOTHER_A]
<1-6,RF,DK>
if GEN.RACE_FINAL[PX_A]=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A]=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0220.00.1 Variable: HISPOTHER_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What is your Hispanic or Latino ancestry or origin? If you have more than one, tell me all of them.

* Start typing and then select from list. If Hispanic or Latino ancestry is not on the list, type "ZZ" and enter verbatim.

* If any of the following are mentioned, backup to previous screen and correct the entry.

- Mexican
- Mexican American
- Chicano/Chicana
- Central American (REFER TO HELP SCREEN)
- South American (REFER TO HELP SCREEN)
- Puerto Rican (Boricua)
- Cuban/Cuban American
- Dominican (Republic)

* If respondent provides more than one other Hispanic or Latino ancestry or origin, select 'ZZ' from the lookup table. At the next question, enter ALL the other Hispanic or Latino ancestries or origins in the verbatim field.

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Respondent is of Other Hispanic Origin

Skip Instructions:

```
<ZZ> [goto HISPVRBAT_A]
<lookup table selection,RF,DK> if GEN.RACE_FINAL[PX_A]=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A]=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0230.00.1 Variable: HISPVRBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *What is your Hispanic or Latino ancestry or origin? If you have more than one, tell me all of them.*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ who report some other Hispanic Ancestry and this is not chosen from the picklist

Skip Instructions:

```
<allow 80,RF,DK> if GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRAACE_A=8 or (NEWRAACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A].RACE_FINAL in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0240.00.1 Variable: PITYPE_A Interview Module: Adult Content Type: Annual Core

Question Text:

I have recorded that you are Pacific Islander. What specific ethnic group or groups are you-- such as Guamanian or Chamorro, Samoan, or other Pacific Islander? If you are more than one, tell me all of them.

* Enter all that apply, separate with commas.

Response:

1	Guamanian or Chamorro
2	Samoan
3	Other Pacific Islander
7	Refused
9	Don't Know

Universe:

Respondent identifies race as Pacific Islander

Skip Instructions:

```
<3> [goto PIOTHER_A]
<1,2,RF,DK> if GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] IN (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0250.00.1 Variable: PIOTHER_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *I have recorded that you are Pacific Islander. What specific ethnic group or groups are you? If you are more than one, tell me all of them.*

* **Start typing and then select from list. If Pacific Islander ethnic group is not on the list, type "ZZ" and enter verbatim.**

* **If respondent provides more than one ethnic group, select 'ZZ' from the lookup table. At the next question, enter ALL the ethnic groups in the verbatim field.**

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ who identifies as Other Pacific Islander

Skip Instructions:

```
<ZZ> [goto PIVRBAT_A]
<picklist selection, RF, DK>
if GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEW_RACE_A=8 or (NEW_RACE_A=empty and HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] IN (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0260.00.1 Variable: PIVRBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Read if necessary: *I have recorded that you are Pacific Islander. What specific ethnic group or groups are you? If you are more than one, tell me all of them.*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ who report some other group of Pacific Islander not on the picklist

Skip Instructions:

```
<allow 80,RF,DK>  
if GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]  
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and  
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] IN (ZZ,RF,DK))) [goto RACEOTHER_A]  
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0270.00.1 Variable: ASIANTYPE_A Interview Module: Adult Content Type: Annual Core

Question Text:

I have recorded that you are Asian. What specific ethnic group or groups are you-- such as Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian? If you are more than one, tell me all of them.

* Enter all that apply, separate with commas.

Response:

01	Asian Indian
02	Chinese
03	Filipino
04	Japanese
05	Korean
06	Vietnamese
07	Other Asian
97	Refused
99	Don't Know

Universe:

Sample Adult identifies race as Asian

Skip Instructions:

```
<7> [goto ASIANOTHER_A]
<1-6,RF,DK>
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK)))[goto RACEOTHER_A]
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0280.00.1 Variable: ASIANOTHER_A Interview Module: Adult Content Type: Annual Core

Question Text:

What is your specific Asian ethnic group or groups? If you have more than one, tell me all of them.

Start typing and then select from list. If Asian ethnic group is not on the list, type "ZZ" and enter verbatim.

* If any of the following are mentioned, backup to previous screen and correct the entry.

- (Asian) Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

* If respondent provides more than one ethnic group, select 'ZZ' from the lookup table. At the next question, enter ALL the ethnic groups in the verbatim field.

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Respondent identifies as other Asian

Skip Instructions:

<allow 80,RF,DK> (NEWRAACE_A=8 or (NEWRAACE_A=empty and GEN.HHRESPSA_FLG ne 1 and Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A] else [goto BMONTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0290.00.1 Variable: ASIANVRBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Read if necessary: *What is your specific Asian ethnic group or groups? If you have more than one, tell me all of them.*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ who report some other ethnic group of Asian that is not on the picklist

Skip Instructions:

```
<allow 80,RF,DK>  
if (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and  
Roster.HHC.tblRACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]  
else [goto BMONTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0300.00.1 Variable: RACEOTHER_A Interview Module: Adult Content Type: Annual Core

Question Text:

What other race or races do you consider yourself to be?

Start typing and then select from list. If race is not on the list, type "ZZ" and enter verbatim.

* If respondent provides more than one other race, select 'ZZ' from the lookup table. At the next question, enter ALL the other races in the verbatim field.

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ and race was changed to "some other race" in verification section or where the Sample Adult respondent is not the Household respondent and did not report a new race and were identified by the household respondent as being "some other race" not on the roster other race picklist

Skip Instructions:

<ZZ> [goto RACEVRBAT]
<picklist selection,RF,DK> [goto BMONTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0310.00.1 Variable: RACEVRBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Read if necessary: *What other race or races do you consider yourself to be?*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample adults 18+ who are some other race and this is not selected from Sample adult picklist

Skip Instructions:

<verbatim,RF,DK> [goto BMONTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0340.01.1 Variable: BMONTH_A Interview Module: Adult Content Type: Annual Core

Question Text:

* 1 of 3

What is your date of birth?

Please give month, day, and year for the date of birth.

* Enter month of birth.

Response:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't Know

Universe:

Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Skip Instructions:

<1-12,RF,DK> [goto BDAY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0340.02.1 Variable: BDAY_A Interview Module: Adult Content Type: Annual Core

Question Text:

* 2 of 3

* Enter day of birth.

Response:

01-31	Range of values
97	Refused
99	Don't Know

Universe:

Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Skip Instructions:

<1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR_BDAY_A]
else [goto BYEAR_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_BDAY_A	Invalid day for selected month hard edit	{check ERR_BDAY_A} ^BDAY_A is not a valid day for ^BMONTH_A.

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0340.03.1 Variable: BYEAR_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * 3 of 3
- * Enter year of birth.
- * If year of birth is before 1900, enter 1900.

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample adults 18+ and someone is available to continue the interview and date of birth was verified as incorrect fewer than 2 times

Skip Instructions:

```
<1900-current year,RF,DK>
if (BYEAR_A gt current year) or (BYEAR_A=current year and BMONTH_A gt current month) or
(BYEAR_A=current year and BMONTH_A=current month and BDAY_A gt current day) [goto ERR_BYEAR_A]

elseif BDAY_A=29 and BMONTH_A=2 and (BYEAR=2000 or BYEAR_A/4 remainder ne 0) [goto
ERR_BDAYLEAP_A]

elseif GEN.AGE_FINAL IN (RF,DK) [goto AGE_GUESS_A]

elseif ((BYEAR_A not IN (RF,DK) and AGETEMP_A not IN (RF,DK) and AGETEMP_A ne AGE_CALC_A) AND
(AGETEMP_A not IN (RF,DK) and AGETEMP_A ne AGE_CALCMINUS1_A)) and DOB_COUNT_A ne 1 [goto
VFYDOB_A]

elseif (AGETEMP_A eq (AGE_CALC_A or AGE_CALCMINUS1_A)) or DOB_COUNT_A=1
if GEN.AGE_FINAL[PX_A] lt 18 [goto NOMORE_A]

else [goto next section]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR_BYEAR_A	Future date hard edit	{check ERR_BYEAR_A}
		Future date invalid
ERR_BDAYLEAP_A	Invalid day for selected month hard edit	{check ERR_BDAYLEAP_A}
		^BDAY_A is not a valid day for ^BMONTH_A.

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0370.00.1 Variable: AGE GUESS_A Interview Module: Adult Content Type: Annual Core

Question Text:

* An age has not been collected and we are unable to determine an age based upon the date of birth.

What is your best guess at ^ALIASNAME's age?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

018-120	Range of values
---------	-----------------

Universe:

Sample Adult's age is don't know or refused

Skip Instructions:

<18-120> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0380.00.1 Variable: VFYDOB_A Interview Module: Adult Content Type: Annual Core

Question Text:

There is a difference between the age the computer calculated from your date of birth of ^AGEDOB_A_fill and the age I had previously recorded of ^TEMPAGE_A.

I recorded your ^dateofbirth

Fills:

^AGEDOB_A_fill	Description	Age(s) calculated from Date of Birth for SA
	Instruction	Fill one age calculated from AGE_CALC_A as "(age)" Fill two ages calculated from AGE_CALC_A and AGE_CALCMINUS1_A as "(age) or (age)"
^TEMPAGE_A	Description	{Value of AGETEMP_A}
	Instruction	Fill value of AGETEMP_A
^dateofbirth	Description	date of birth when any of BDAY_A, BMONTH_A or BYEAR_A are not valid
	Instruction	If BDAY_A, BMONTH,A and BYEAR_A are all valid, fill: "date of birth as ^BMONTH_A ^BDAY_A, ^BYEAR_A, is that correct?" If only BMONTH_A and BYEAR_A are valid, fill: "date of birth as ^BMONTH_A ^BYEAR_A, is that correct?" If only BDAY_A and BYEAR_A are valid, fill: "year of birth as ^BYEAR_A, is that correct?" If only BYEAR_A is valid, fill: "year of birth as ^BYEAR_A, is that correct?"
^BMONTH_A	Description	{Value of BMONTH_A}
	Instruction	Fill value from Adult.VFY.BMONTH_A
^BDAY_A	Description	{Value of BDAY_A}
	Instruction	Fill value from Adult.VFY.BDAY_A
^BYEAR_A	Description	{Value of BYEAR_A}
	Instruction	Fill value from Adult.VFY.BYEAR_A

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults whose age provided in either HHC or NEWAGE_A does not match either age calculated from date of birth information.

Skip Instructions:

<1,RF,DK> if GEN.AGE_FINAL[PX_A] lt 18 [goto NOMORE_A]
else [goto next section]

<2> if DOB_COUNT_A le 1 [goto BMONTH_A]
else if GEN.AGE_FINAL[PX_A] lt 18 [goto NOMORE_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Sample Adult Verification

Question ID: VFY.0390.00.1 Variable: NOMORE_A Interview Module: Adult Content Type: Annual Core

Question Text:

* ^SANAME is no longer the sample adult for this family. End this interview and begin the Sample Child Interview. If there is no Sample Child or the Sample Child interview has been completed, EXIT

Not everyone in our survey is asked all questions. I have all the information that I need about you at this time.

* Enter '1' to Continue.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample adult whose age is now less than 18 or lives off campus

Skip Instructions:

<1> if there is a Sample Child that has not been interviewed [goto Child.VFY.CURRES_C]
 else if GEN.OUTCOME IN 215 [goto BCK.THANKS_INSUF]
 else [goto BCK.THANKS_SUF]

2020 National Health Interview Survey (NHIS) Questionnaire

HIS: Health Status

Question ID: HIS.0010.00.1 Variable: PHSTAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Would you say your health in general is excellent, very good, good, fair, or poor?

Response:

1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

HYP: Hypertension

Question ID: HYP.0010.00.1 Variable: HYPINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Now I am going to ask you about certain medical conditions.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto HYPEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

HYP: Hypertension

Question ID: HYP.0020.00.1 Variable: HYPEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you EVER been told by a doctor or other health professional that you had
...Hypertension, also called high blood pressure?

* Enter '1' if respondent is taking medication to control his/her high blood pressure.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto HYPDIF_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

HYP: Hypertension

Question ID: HYP.0030.00.1 Variable: HYPDIF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Were you told on two or more DIFFERENT visits that you had hypertension or high blood pressure?

* Enter '1' if respondent is taking medication to control his/her high blood pressure.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had hypertension

Skip Instructions:

<1> [goto HYP12M_A]
<2,RF,DK> [goto HYPMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

HYP: Hypertension

Question ID: HYP.0040.00.1 Variable: HYP12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* Enter '1' if respondent is taking medication to control his/her high blood pressure.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had hypertension (2+ visits)

Skip Instructions:

<1,2,RF,DK> [goto HYPMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

HYP: Hypertension

Question ID: HYP.0050.00.1 Variable: HYPMED_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they have hypertension

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CHL: Cholesterol

Question ID: CHL.0010.00.1 Variable: CHLEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* Enter '1' if respondent is taking medication to control his/her high cholesterol.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto CHL12M_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CHL: Cholesterol

Question ID: CHL.0020.00.1 Variable: CHL12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* Enter '1' if respondent is taking medication to control his/her high cholesterol.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had high cholesterol

Skip Instructions:

<1,2,RF,DK> [goto CHLMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CHL: Cholesterol

Question ID: CHL.0030.00.1 Variable: CHLMED_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had high cholesterol

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire
CVC: Cardiovascular Conditions

Question ID: CVC.0010.00.1 Variable: CHDEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you EVER been told by a doctor or other health professional that you had
...Coronary heart disease?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ANGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire
CVC: Cardiovascular Conditions

Question ID: CVC.0020.00.1 Variable: ANGEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** Have you *EVER* been told by a doctor or other health professional that you had

...Angina, also called angina pectoris?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto MIEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire
CVC: Cardiovascular Conditions

Question ID: CVC.0030.00.1 Variable: MIEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Have you EVER been told by a doctor or other health professional that you had*

...A heart attack, also called myocardial infarction?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto STREV_A]

2020 National Health Interview Survey (NHIS) Questionnaire
CVC: Cardiovascular Conditions

Question ID: CVC.0040.00.1 Variable: STREV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** Have you EVER been told by a doctor or other health professional that you had

...A stroke?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0010.00.1 Variable: ASEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto ASTILL_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0020.00.1 Variable: ASTILL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you still have asthma?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they have asthma

Skip Instructions:

<1,2,RF,DK> [goto ASAT12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0030.00.1 Variable: ASAT12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had asthma

Skip Instructions:

<1,2,RF,DK> [goto ASER12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0040.00.1 Variable: ASER12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were ever told they had asthma

Skip Instructions:

<1,2,RF,DK> if ASTILL_A=1 or ASAT12M_A=1 [goto ASHOSP12M_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0050.00.3 Variable: ASHOSP12M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, have you stayed overnight in a hospital because of your asthma?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto ASDAYS12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0060.00.3 Variable: ASDAYS12M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, how many days were you UNABLE to work or get work done around the house because of your asthma?

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<0-99,RF,DK> [goto ASINHALE3M_A]
 <100-365> [goto ERR_ASDAYS12M_A], then [goto ASINHALE3M]

Soft Edit:

Check Text	Check Description	Check Text
ERR_ASDAYS12M_A	Days of work missed in the past 12 months unusually high	{signal ERR_ASDAYS12M_A} ^ASDAYS12M_A days is unusually high. Please verify. Make corrections if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0070.00.3 Variable: ASINHALE3M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 3 months, have you used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack?

* **Read if necessary:** *Include only medication prescribed by a doctor or health professional.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto ASPREVR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0080.00.3 Variable: ASPREVR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Are you NOW taking a preventive asthma medication every day, most days, some days, or never?

Response:

1	Every day
2	Most days
3	Some days
4	Never
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1-4,RF,DK> [goto ASJOB_A]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0090.00.3 Variable: ASJOB_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms were made worse by, any job you ever had?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0010.00.1 Variable: CANEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto CANKIND1_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0020.00.1 Variable: CANKIND1_A Interview Module: Adult Content Type: Annual Core

Question Text:

What kind of cancer was it?

* Enter code for the first kind of cancer.

Response:

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix/Cervical
07	Colon
08	Esophagus/Esophageal
09	Gallbladder
10	Kidney
11	Larynx-trachea
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary/Ovarian
19	Pancreas/Pancreatic
20	Prostate
21	Rectum/Rectal
22	Skin (melanoma)
23	Skin (non-melanoma)
24	Skin (don't know kind)
25	Stomach
26	Testis/Testicular
27	Throat - pharynx
28	Thyroid
29	Uterus/Uterine
30	Other
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were ever told they had cancer

Skip Instructions:

```
If GEN.SEX_FINAL[PX_A]=1 and CANKIND1_A IN (6,18,29) [goto ERR1_CANKIND_A]
elseif GEN.SEX_FINAL[PX_A]=2 and CANKIND1_A IN (20,26) [goto ERR2_CANKIND_A]
<1-30,RF,DK> [goto CANAGE1_A]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR2_CANKIND_A	CANKIND_A female soft edit	{signal ERR2_CANKIND_A} Verify. Code 20 or 26 is unavailable for females.
ERR1_CANKIND_A	CANKIND_A male soft edit	{signal ERR1_CANKIND_A} Verify. Code 6 or 18 or 29 is unavailable for males.

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0030.00.1 Variable: CANAGE1_A Interview Module: Adult Content Type: Annual Core

Question Text:

How old were you when a doctor or other health professional first told you that you had
^CANKIND1?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND1	Description	{Value of CANKIND1_A}
	Instruction	If CANKIND1_A = RF,DK fill "this cancer"; else fill "bladder cancer" if CANKIND1_A = 1; else fill "blood cancer" if CANKIND1_A = 2; else fill "bone cancer" if CANKIND1_A = 3; else fill "brain cancer" if CANKIND1_A = 4; else fill "breast cancer" if CANKIND1_A = 5; else fill "cervical cancer" if CANKIND1_A = 6; else fill "colon cancer" if CANKIND1_A = 7; else fill "esophageal cancer" if CANKIND1_A = 8; else fill "gallbladder cancer" if CANKIND1_A = 9; else fill "kidney cancer" if CANKIND1_A = 10; else fill "larynx-trachea cancer" if CANKIND1_A = 11; else fill "leukemia" if CANKIND1_A = 12; else fill "liver cancer" if CANKIND1_A = 13; else fill "lung cancer" if CANKIND1_A = 14; else fill "lymphoma" if CANKIND1_A = 15; else fill "melanoma" if CANKIND1_A = 16; else fill "mouth/tongue/lip cancer" if CANKIND1_A = 17; else fill "ovarian cancer" if CANKIND1_A = 18; else fill "pancreatic cancer" if CANKIND1_A = 19; else fill "prostate cancer" if CANKIND1_A = 20; else fill "rectal cancer" if CANKIND1_A = 21; else fill "skin (melanoma) cancer" if CANKIND1_A = 22; else fill "skin (non-melanoma) cancer" if CANKIND1_A = 23; else fill "skin (don't know kind) cancer" if CANKIND1_A = 24; else fill "stomach cancer" if CANKIND1_A = 25; else fill "testicular cancer" if CANKIND1_A = 26; else fill "throat/pharynx cancer" if CANKIND1_A = 27; else fill "thyroid cancer" if CANKIND1_A = 28; else fill "uterine cancer" if CANKIND1_A = 29; else fill "other cancer" if CANKIND1_A = 30

Response:

001-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who were ever told they had cancer

Skip Instructions:

<1-120,DK> [goto CANKIND2_A]
 <RF> if CANKIND1_A=RF [goto next section] else [goto CANKIND2_A]
 If number in CANAGE1_A gt GEN.AGE_FINAL[PX_A] [goto ERR_CANAGE1_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_CANAGE1_A	CANAGE1_A years with cancer greater than age hard edit	{check ERR_CANAGE1_A} ^CANAGE1_A years old is older than age ^SA_AGE. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0040.00.1 Variable: CANKIND2_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you EVER had any other kinds of cancer?

* If yes, ask respondent for second kind of cancer, enter code.

* If no, enter '96' for no more.

Response:

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix/Cervical
07	Colon
08	Esophagus/Esophageal
09	Gallbladder
10	Kidney
11	Larynx-trachea
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary/Ovarian
19	Pancreas/Pancreatic
20	Prostate
21	Rectum/Rectal
22	Skin (melanoma)
23	Skin (non-melanoma)
24	Skin (don't know kind)
25	Stomach
26	Testis/Testicular
27	Throat - pharynx
28	Thyroid
29	Uterus/Uterine
30	Other
96	No more
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were ever told they had cancer and mentioned or didn't know a first type of cancer OR gave a valid age or did not know age for first cancer

Skip Instructions:

```
If GEN.SEX_FINAL[PX_A]=1 and CANKIND2_A IN (6,18,29) [goto ERR1_CANKIND_A]
elseif GEN.SEX_FINAL[PX_A]=2 and CANKIND2_A IN (20,26) [goto ERR2_CANKIND_A]
<1-30,RF,DK> [goto CANAGE2_A]
<96> [goto next section]
```

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0050.00.1 Variable: CANAGE2_A Interview Module: Adult Content Type: Annual Core

Question Text:

How old were you when a doctor or other health professional first told you that you had
^CANKIND2?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND2	Description	{Value of CANKIND2_A}
	Instruction	If CANKIND2_A = R,D fill "this cancer"; else fill "bladder cancer" if CANKIND2_A = 1; else fill "blood cancer" if CANKIND2_A = 2; else fill "bone cancer" if CANKIND2_A = 3; else fill "brain cancer" if CANKIND2_A = 4; else fill "breast cancer" if CANKIND2_A = 5; else fill "cervical cancer" if CANKIND2_A = 6; else fill "colon cancer" if CANKIND2_A = 7; else fill "esophageal cancer" if CANKIND2_A = 8; else fill "gallbladder cancer" if CANKIND2_A = 9; else fill "kidney cancer" if CANKIND2_A = 10; else fill "larynx-trachea cancer" if CANKIND2_A = 11; else fill "leukemia" if CANKIND2_A = 12; else fill "liver cancer" if CANKIND2_A = 13; else fill "lung cancer" if CANKIND2_A = 14; else fill "lymphoma" if CANKIND2_A = 15; else fill "melanoma" if CANKIND2_A = 16; else fill "mouth/tongue/lip cancer" if CANKIND2_A = 17; else fill "ovarian cancer" if CANKIND2_A = 18; else fill "pancreatic cancer" if CANKIND2_A = 19; else fill "prostate cancer" if CANKIND2_A = 20; else fill "rectal cancer" if CANKIND2_A = 21; else fill "skin (melanoma) cancer" if CANKIND2_A = 22; else fill "skin (non-melanoma) cancer" if CANKIND2_A = 23; else fill "skin (don't know kind) cancer" if CANKIND2_A = 24; else fill "stomach cancer" if CANKIND2_A = 25; else fill "testicular cancer" if CANKIND2_A = 26; else fill "throat/pharynx cancer" if CANKIND2_A = 27; else fill "thyroid cancer" if CANKIND2_A = 28; else fill "uterine cancer" if CANKIND2_A = 29; else fill "other cancer" if CANKIND2_A = 30

Response:

001-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who selected a second kind of cancer or don't know the second kind of cancer or refused the second kind of cancer

Skip Instructions:

<1-120,DK> [goto CANKIND3_A]
 <RF> if CANKIND2_A=RF [goto next section] else [goto CANKIND3_A]
 If CANAGE2_A gt GEN.AGE_FINAL[PX_A] [goto ERR_CANAGE2_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_CANAGE2_A	CANAGE2_A age greater than years with cancer hard edit	{check ERR_CANAGE2_A} ^CANAGE2_A years old is older than age ^SA_AGE. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0060.00.1 Variable: CANKIND3_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you EVER had any other kinds of cancer?

* If yes, ask respondent for third kind of cancer, enter code.

* If no, enter '96' for no more.

Response:

01	Bladder
02	Blood
03	Bone
04	Brain
05	Breast
06	Cervix/Cervical
07	Colon
08	Esophagus/Esophageal
09	Gallbladder
10	Kidney
11	Larynx-trachea
12	Leukemia
13	Liver
14	Lung
15	Lymphoma
16	Melanoma
17	Mouth/tongue/lip
18	Ovary/Ovarian
19	Pancreas/Pancreatic
20	Prostate
21	Rectum/Rectal
22	Skin (melanoma)
23	Skin (non-melanoma)
24	Skin (don't know kind)
25	Stomach
26	Testis/Testicular
27	Throat - pharynx
28	Thyroid
29	Uterus/Uterine
30	Other
96	No more
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who selected a second kind of cancer or don't know the second kind of cancer
or gave a valid age for second cancer or did not know age for second cancer

Skip Instructions:

```
If GEN.SEX_FINAL=1 and CANKIND3_A IN (6,18,29) [goto ERR1_CANKIND_A]
elseif GEN.SEX_FINAL=2 and CANKIND3_A IN (20,26) [goto ERR2_CANKIND_A]
<1-30,RF,DK>[goto CANAGE3_A]
<96> [goto next section]
```

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0070.00.1 Variable: CANAGE3_A Interview Module: Adult Content Type: Annual Core

Question Text:

How old were you when a doctor or other health professional first told you that you had
^CANKIND3?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND3	Description	{Value of CANKIND3_A}
	Instruction	If CANKIND3_A = R,D fill "this cancer"; else fill "bladder cancer" if CANKIND3_A = 1; else fill "blood cancer" if CANKIND3_A = 2; else fill "bone cancer" if CANKIND3_A = 3; else fill "brain cancer" if CANKIND3_A = 4; else fill "breast cancer" if CANKIND3_A = 5; else fill "cervical cancer" if CANKIND3_A = 6; else fill "colon cancer" if CANKIND3_A = 7; else fill "esophageal cancer" if CANKIND3_A = 8; else fill "gallbladder cancer" if CANKIND3_A = 9; else fill "kidney cancer" if CANKIND3_A = 10; else fill "larynx-trachea cancer" if CANKIND3_A = 11; else fill "leukemia" if CANKIND3_A = 12; else fill "liver cancer" if CANKIND3_A = 13; else fill "lung cancer" if CANKIND3_A = 14; else fill "lymphoma" if CANKIND3_A = 15; else fill "melanoma" if CANKIND3_A = 16; else fill "mouth/tongue/lip cancer" if CANKIND3_A = 17; else fill "ovarian cancer" if CANKIND3_A = 18; else fill "pancreatic cancer" if CANKIND3_A = 19; else fill "prostate cancer" if CANKIND3_A = 20; else fill "rectal cancer" if CANKIND3_A = 21; else fill "skin (melanoma) cancer" if CANKIND3_A = 22; else fill "skin (non-melanoma) cancer" if CANKIND3_A = 23; else fill "skin (don't know kind) cancer" if CANKIND3_A = 24; else fill "stomach cancer" if CANKIND3_A = 25; else fill "testicular cancer" if CANKIND3_A = 26; else fill "throat/pharynx cancer" if CANKIND3_A = 27; else fill "thyroid cancer" if CANKIND3_A = 28; else fill "uterine cancer" if CANKIND3_A = 29; else fill "other cancer" if CANKIND3_A = 30

Response:

001-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who selected a third kind of cancer or don't know or refused the third kind of cancer

Skip Instructions:

<1-120,DK> [goto CANMORE_A]
 <RF> if CANKIND3_A=RF [goto next section] else [goto CANMORE_A]
 if CANAGE3_A gt GEN.AGE_FINAL[PX_A] [goto ERR_CANAGE3_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_CANAGE3_A	CANAGE3_A age with cancer greater than age	{check ERR_CANAGE3_A} ^CANAGE3_A years old is older than age ^SA_AGE. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

CAN: Cancer

Question ID: CAN.0080.00.1 Variable: CANMORE_A Interview Module: Adult Content Type: Annual Core

Question Text:

Did you have any other kinds of cancer?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who selected a third kind of cancer or don't know the third kind of cancer or selected a valid age for third type of cancer or did not know age for third type of cancer

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0010.00.1 Variable: PREDIB_A Interview Module: Adult Content Type: Annual Core

Question Text:

Has a doctor or other health professional EVER told you that you had prediabetes or borderline diabetes?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> If GEN.SEX_FINAL[PX_A]=2 [goto GESDIB_A]
elseif GEN.SEX_FINAL[PX_A]=1,RF,DK [goto DIBEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0020.00.1 Variable: GESDIB_A Interview Module: Adult Content Type: Annual Core

Question Text:

Has a doctor or other health professional EVER told you that you had gestational diabetes, a type of diabetes that occurs ONLY during pregnancy?

* **Read if necessary:** *Gestational diabetes is diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnant women are usually screened for gestational diabetes during the 24th to 28th week of pregnancy.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Female Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DIBEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0030.00.1 Variable: DIBEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

^NOTPREGDM a doctor or other health professional EVER told you that you had diabetes?

Fills:

^NOTPREGDM	Description	Has/Not including (gestational diabetes, prediabetes), has
	Instruction	If GESDIB_A ne 1 AND PREDIB_A ne 1: "Has" If GESDIB_A=1 AND PREDIB_A ne 1: "Not including gestational diabetes, has" If PREDIB_A=1 AND GESDIB_A ne 1: "Not including prediabetes, has" If GESDIB_A=1 AND PREDIB_A=1: "Not including prediabetes or gestational diabetes, has"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto DIBAGE_A]
 <2,RF,DK> if PREDIB_A=1 [goto DIBPILL_A]
 else if PREDIB_A=2,RF,DK [goto DIBREL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0040.00.1 Variable: DIBAGE_A Interview Module: Adult Content Type: Annual Core

Question Text:

How old were you when a doctor or other health professional FIRST told you that you had diabetes^NOTPREGDM2?

* Enter '1' if reported age is 1 or younger.

Fills:

^NOTPREGDM2	Description	not including (gestational diabetes, prediabetes)
	Instruction	If GESDIB_A ne 1 AND PREDIB_A ne 1: NO FILL If GESDIB_A=1 AND PREDIB_A ne 1: ", not including gestational diabetes" If PREDIB_A=1 AND GESDIB_A ne 1: ", not including prediabetes" If GESDIB_A=1 AND PREDIB_A=1: ", not including prediabetes or gestational diabetes"

Response:

001-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who were told they had diabetes

Skip Instructions:

<1-120> if DIBAGE_A gt GEN.AGE_FINAL [goto ERR_DIBAGE_A]
else [goto DIBPILL_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_DIBAGE_A	DIBAGE_A age greater than SA age hard edit	{check ERR_DIBAGE_A} ^DIBAGE_A years old is older than your age ^SA_AGE. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0050.00.1 Variable: DIBPILL_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were told they had prediabetes and/or diabetes

Skip Instructions:

<1-2,RF,DK> [goto DIBINS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0060.00.1 Variable: DIBINS_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were told they had prediabetes and/or diabetes

Skip Instructions:

```
<1> if DIBEV_A=1 [goto DIBINSTIME_A]
else [goto DIBREL_A]
<2,RF,DK> if DIBEV_A=1 [goto DIBTYPE_A]
else [goto DIBREL_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0070.00.3 Variable: DIBINSTIME_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Thinking back to when you were first diagnosed with diabetes, how long was it before you started taking insulin?

Response:

1	Less than 1 month
2	1 month to less than 6 months
3	6 months to less than 1 year
4	1 year or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have diabetes and currently take insulin

Skip Instructions:

<1-4,RF,DK> [goto DIBINSSTOP_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0080.00.3 Variable: DIBINSSTOP_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Since you started taking insulin, have you ever stopped taking it for more than 6 months?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have diabetes and are taking insulin

Skip Instructions:

```
<1> if DIBINSTIME_A IN (1,2,3) [goto DIBINSSTYR_A]  
else [goto DIBTYPE_A]  
<2,RF,DK> [goto DIBTYPE_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0090.00.3 Variable: DIBINSSTYR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Was this only during the first year after you were diagnosed with diabetes?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1,2,RF,DK> [goto DIBTYPE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0100.00.1 Variable: DIBTYPE_A Interview Module: Adult Content Type: Annual Core

Question Text:

According to your doctor or other health professional, what type of diabetes do you have? Is it type 1, type 2, or some other type? If you don't remember or weren't told, that's OK.

Response:

1	Type 1
2	Type 2
3	Other type of diabetes
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were told they had diabetes

Skip Instructions:

<1-3,RF,DK> [goto DIBREL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0110.00.3 Variable: DIBREL_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Has your mother, father, brother, or sister EVER been told by a doctor or other health professional that they have diabetes?

* **Read if necessary:** *Include only blood relatives. Do not include step-relatives or those unrelated by blood.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DIABLAST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0120.00.3 Variable: DIABLAST_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adult 18+

Skip Instructions:

<0-6,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CON: Other Chronic Conditions

Question ID: CON.0010.00.1 Variable: COPDEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you EVER been told by a doctor or other health professional that you had
...Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ARTHEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CON: Other Chronic Conditions

Question ID: CON.0020.00.1 Variable: ARTHEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** Have you EVER been told by a doctor or other health professional that you had

...Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DEMENEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CON: Other Chronic Conditions

Question ID: CON.0030.00.1 Variable: DEMENEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Have you EVER been told by a doctor or other health professional that you had*

...Dementia, including Alzheimer's disease?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ANXEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CON: Other Chronic Conditions

Question ID: CON.0040.00.1 Variable: ANXEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Have you EVER been told by a doctor or other health professional that you had*

...Any type of anxiety disorder?

* **Read if necessary:** *Some common types of anxiety disorders include generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and phobias.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DEPEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CON: Other Chronic Conditions

Question ID: CON.0050.00.1 Variable: DEPEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Have you EVER been told by a doctor or other health professional that you had*

...Any type of depression?

* **Read if necessary:** *Some common types of depression include major depression (or major depressive disorder), bipolar depression, dysthymia, post-partum depression, and seasonal affective disorder.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

RCN: Rotating Conditions

Question ID: RCN.0010.00.4 Variable: KIDWEAKEV_A Interview Module: Adult Content Type: Emerging Content

Question Text:

* **Read if necessary:** *Have you EVER been told by a doctor or other health professional that you had*

...Weak or failing kidneys?

* **Read if necessary:** *Do not include kidney stones, bladder infections, or incontinence.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto HEPEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

RCN: Rotating Conditions

Question ID: RCN.0020.00.4 Variable: HEPEV_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Read if necessary: *Have you EVER been told by a doctor or other health professional that you had ...Hepatitis?*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto LIVEREV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

RCN: Rotating Conditions

Question ID: RCN.0030.00.4 Variable: LIVEREV_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Read if necessary: *Have you EVER been told by a doctor or other health professional that you had ...Cirrhosis (suh-ROE-siss) or any other kind of long-term liver condition?*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ISN: Immunosuppression

Question ID: ISN.0010.00.4 Variable: MEDRXTRT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

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.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto HLTHCOND_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ISN: Immunosuppression

Question ID: ISN.0020.00.4 Variable: HLTHCOND_A Interview Module: Adult Content Type: Emerging Content

Question Text:

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.*

Fills:

^MEDTRT	Description	, even without related medications or treatments
	Instruction	If MEDRXTRT_A=1, fill: ", even without related medications or treatments"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0010.00.1 Variable: PREGNOW_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you currently pregnant?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Female Sample Adults 18-49 or age is don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto HEIGHTFT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0020.01.1 Variable: HEIGHTFT_A Interview Module: Adult Content Type: Annual Core

Question Text:

How tall are you without shoes?

* Enter M to record metric measurements.

* If ^SANAME's height is less than 2 feet, enter 2. If ^SANAME's height is greater than 7 feet, enter 7.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

02	2 feet
03	3 feet
04	4 feet
05	5 feet
06	6 feet
07	7 feet
M	Answered in Metric
97	Refused
99	Don't Know

Universe:

Sample Adult 18+

Skip Instructions:

If HEIGHTFT_A NE <2-7,RF,DK,M> [goto ERR1_HEIGHTFT_A]
 If HEIGHTFT_A = <2,3> [goto ERR2_HEIGHTFT_A]

<2-7> [goto HEIGHTIN_A]
 <RF,DK> [goto WEIGHTLB_A]
 <M> [goto HEIGHTM_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HEIGHTFT_A	Hard edit for height in feet	{check ERR1_HEIGHTFT_A} Only 2-7, Don't Know/Refused or M allowed in this field. Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_HEIGHTFT_A	Soft edit to verify height in feet	<pre>{signal ERR2_HEIGHTFT_A}</pre> <p>Respondent's height in feet is ^HEIGHTFT?</p> <p>Please verify.</p>

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0020.02.1 Variable: HEIGHTIN_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Enter inches.

* Enter '0' if exactly ^HEIGHTFT feet tall.

Fills:

^HEIGHTFT	Description	{Value of HEIGHTFT_A}
	Instruction	Fill value from Adult.BMI.HEIGHTFT_A

Response:

00	0 inches
01	1 inch
02	2 inches
03	3 inches
04	4 inches
05	5 inches
06	6 inches
07	7 inches
08	8 inches
09	9 inches
10	10 inches
11	11 inches
97	Refused
99	Don't Know

Universe:

Sample Adult 18+ and height is 2-7ft

Skip Instructions:

<0-11,RF,DK> [goto WEIGHTLB_A]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0020.04.1 Variable: HEIGHTM_A Interview Module: Adult Content Type: Annual Core

Question Text:

How tall are you without shoes?

* Enter height in metric.

* If the height is given in centimeters, press '0' at meters and enter the measure in centimeters (241 centimeters maximum).

Response:

0	0 meters
1	1 meter
2	2 meters
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who choose to give their height in metric measurements

Skip Instructions:

<0-2> [goto HEIGHTCM_A]
 <RF,DK> [goto WEIGHTLB_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR_HEIGHTM_A	Height in meters hard edit	{check ERR_HEIGHTM_A} If height is being given in centimeters only, enter "0"; otherwise enter number of meters.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0020.05.1 Variable: HEIGHTCM_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * Enter centimeters.
- * Enter height in metric.
- * If ^SANAME's height is greater than 241 centimeters, enter 241.

Fills:

^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

000-241	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who entered 0 to 2 meters for height

Skip Instructions:

<0-241,RF,DK> [goto WEIGHTLB_A]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0030.01.1 Variable: WEIGHTLB_A Interview Module: Adult Content Type: Annual Core

Question Text:

^PREGWEIGH

* Enter M to record metric measurements.

* If ^SANAME's weight is less than 50 pounds, enter 50. If ^SANAME's weight is greater than 500 pounds, enter 500.

Fills:

^PREGWEIGH	Description	How much did you weigh before your pregnancy?/How much do you weigh?
	Instruction	If GEN.SEX_FINAL=2 AND PREGNOW_A=1: "How much did you weigh before your pregnancy?" else: "How much do you weigh?"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

050-500	Range of values
M	Answered in Metric
997	Refused
999	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

If WEIGHTLB_A lt 50 or WEIGHTLB_A gt 500 [goto ERR1_WEIGHTLB_A]
elseif ((GEN.SEX_FINAL[PX_A]=1 and (WEIGHTLB_A lt 113 or WEIGHTLB_A gt 316)) or (GEN.SEX_FINAL [PX_A]=2 and (WEIGHTLB_A lt 96 or WEIGHTLB_A gt 293)) or (GEN.SEX_FINAL[PX_A] IN (RF,DK) and (WEIGHTLB_A lt 96 or WEIGHTLB_A gt 316))) [goto ERR2_WEIGHTLB_A]

<50-500,RF,DK> [goto next section]

<M> [goto WEIGHTKG_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_WEIGHTLB_A	SA weight pounds hard edit	{check ERR1_WEIGHTLB_A}
		Weight is out of range. Only "50-500" or "M" or "Don't know/Refused" allowed in this field.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_WEIGHTLB_A	SA weight pounds soft edit	{signal ERR2_WEIGHTLB_A}
		Please verify that the weight was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Current pregnant, height, weight

Question ID: BMI.0030.02.1 Variable: WEIGHTKG_A Interview Module: Adult Content Type: Annual Core

Question Text:

^PREGWEIGH

* Enter weight in kilograms.

* If ^SANAME's weight is less than 23 kilograms, enter 23. If ^SANAME's weight is greater than 226 kilograms, enter 226.

Fills:

^PREGWEIGH	Description	How much did you weigh before your pregnancy?/How much do you weigh?
	Instruction	If GEN.SEX_FINAL=2 AND PREGNOW_A=1: "How much did you weigh before your pregnancy?" else: "How much do you weigh?"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name

Response:

023-226	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who chose to give their weight in metric measurements

Skip Instructions:

If WEIGHTKG_A lt 23 or WEIGHTKG_A gt 226 [goto ERR1_WEIGHTKG_A]
elseif ((GEN.SEX_FINAL[PX]=1 and (WEIGHTKG_A lt 51 or WEIGHTKG_A gt 143)) or (GEN.SEX_FINAL [PX]=2 and (WEIGHTKG_A lt 43 or WEIGHTKG_A gt 133)) or (GEN.SEX_FINAL[PX] IN (RF,DK) and (WEIGHTKG_A lt 43 or WEIGHTKG_A gt 143)))[goto ERR2_WEIGHTKG_A]

<23-226,RF,DK> [goto next section]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_WEIGHTKG_A	SA weight KG hard edit	{check ERR1_WEIGHTKG_A} Weight is out of range (23-226). Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_WEIGHTKG_A	SA weight KG soft edit	{signal ERR2_WEIGHTKG_A} Please verify that the weight was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0010.00.1 Variable: VISINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

The next questions ask about difficulties you may have doing certain activities because of a health problem.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto WEARGLSS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0020.00.1 Variable: WEARGLSS_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you wear glasses or contact lenses?

* **Read if necessary:** *Persons who wear glasses to read or to do other occasional tasks should answer yes to this question.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto VISIONDF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0030.00.1 Variable: VISIONDF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty ^AGLASSCNTS? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Fills:

^AGLASSCNTS	Description	seeing, even when wearing glasses or contact lenses/seeing
	Instruction	If WEARGLSS_A=1 fill "seeing, even when wearing glasses or contact lenses"; else fill "seeing"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

HEA: Hearing

Question ID: HEA.0010.00.1 Variable: HEARAIID_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you use a hearing aid?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [HEARAIIDFR_A]
<2,RF,DK> [HEARINGDF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

HEA: Hearing

Question ID: HEA.0020.00.1 Variable: HEARAIIDFR_A Interview Module: Adult Content Type: Annual Core

Question Text:

How often do you use your hearing aid(s)? Would you say all of the time, some of the time, rarely, or never?

Response:

1	All of the time
2	Some of the time
3	Rarely
4	Never
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use a hearing aid

Skip Instructions:

<1-4,RF,DK> [HEARINGDF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

HEA: Hearing

Question ID: HEA.0030.00.1 Variable: HEARINGDF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty hearing^{^HEARAID}? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Fills:

^HEARAID	Description	, even when using your hearing aid(s)
	Instruction	If HEARAID_A=1, fill: ", even when using your hearing aid (s)" else NO FILL

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0010.00.1 Variable: DIFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty walking or climbing steps? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto EQUIP_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0020.00.1 Variable: EQUIP_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you use any equipment or receive help for getting around?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto CANEWLKR_A]
<2,RF,DK> [goto WLK100_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0030.00.1 Variable: WLK100_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who do not use equipment or receive help for getting around or refused or don't know

Skip Instructions:

<1-3,RF,DK> [goto WLK13M_A]
<4> [goto STEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0040.00.1 Variable: WLK13M_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have no difficulty, some difficulty, or a lot of difficulty walking 100 yards or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto STEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0050.00.1 Variable: STEPS_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty walking up or down 12 steps?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who do not use equipment or receive help for getting around or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0060.00.1 Variable: CANEWLKR_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you use any of the following...

...Cane or walker?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around

Skip Instructions:

<1,2,RF,DK> [goto WCHAIR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0070.00.1 Variable: WCHAIR_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Do you use any of the following?*

...Wheelchair or scooter?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around

Skip Instructions:

<1,2,RF,DK> [goto PERASST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0080.00.1 Variable: PERASST_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Do you use any of the following?*

...Someone's assistance?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around

Skip Instructions:

<1,2,RF,DK> [goto NOEQWLK100_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0090.00.1 Variable: NOEQWLK100_A Interview Module: Adult Content Type: Annual Core

Question Text:

WITHOUT THE USE OF YOUR AID, do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around

Skip Instructions:

<1-3,RF,DK> [goto NOEQWLK13M_A]
<4> [goto NOEQSTEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0100.00.1 Variable: NOEQWLK13M_A Interview Module: Adult Content Type: Annual Core

Question Text:

WITHOUT THE USE OF YOUR AID, do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have no difficulty, some difficulty, or a lot of difficulty walking 100 yards without the use of their aid or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto NOEQSTEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0110.00.1 Variable: NOEQSTEPS_A Interview Module: Adult Content Type: Annual Core

Question Text:

WITHOUT THE USE OF YOUR AID, do you have difficulty walking up or down 12 steps?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment

Skip Instructions:

<1-4,RF,DK> if WCHAIR_A ne 1 [goto EQWLK100_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0120.00.1 Variable: EQWLK100_A Interview Module: Adult Content Type: Annual Core

Question Text:

WHEN USING YOUR AID, do you have difficulty walking 100 yards on level ground, that would be about the length of one football field or one city block?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter or refused or don't know

Skip Instructions:

<1-3,RF,DK> [goto EQWLK13M_A]
<4> [goto EQSTEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0130.00.1 Variable: EQWLK13M_A Interview Module: Adult Content Type: Annual Core

Question Text:

WHEN USING YOUR AID, do you have difficulty walking a third of a mile on level ground, that would be the length of five football fields or five city blocks?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have no difficulty, some difficulty, or a lot of difficulty walking 100 yards, when using their aid or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto EQSTEPS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0140.00.1 Variable: EQSTEPS_A Interview Module: Adult Content Type: Annual Core

Question Text:

WHEN USING YOUR AID, do you have difficulty walking up or down 12 steps?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who use equipment or receive help for getting around but do not use a wheelchair or scooter

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COM: Communication

Question ID: COM.0010.00.1 Variable: COMDIFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0010.00.1 Variable: COGMEMDFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty remembering or concentrating?

***Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,RF,DK> [goto next section]
<2-4> [goto COGTYPEDFF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0020.00.1 Variable: COGTYPEDFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is that a difficulty with remembering, concentrating, or both?

Response:

1	Difficulty remembering only
2	Difficulty concentrating only
3	Difficulty with both remembering and concentrating
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have some difficulty, a lot of difficulty, or are unable to remember or concentrate

Skip Instructions:

<1,3> [goto COGFRQDFF_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0030.00.1 Variable: COGFRQDFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

How often do you have difficulty remembering? Would you say sometimes, often or all of the time?

Response:

1	Sometimes
2	Often
3	All of the time
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have difficulty remembering or remembering and concentrating

Skip Instructions:

<1-3,RF,DK> [goto COGAMTDF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0040.00.1 Variable: COGAMTDFDFF_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty remembering a few things, a lot of things, or almost everything?

Response:

1	A few things
2	A lot of things
3	Almost everything
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have difficulty remembering or remembering and concentrating

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

UPP: Self-care and Upper Body

Question ID: UPP.0010.00.1 Variable: UPPSLFCR_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto UPPRAISE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UPP: Self-care and Upper Body

Question ID: UPP.0020.00.1 Variable: UPPRAISE_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level?

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto UPPOBJCT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UPP: Self-care and Upper Body

Question ID: UPP.0030.00.1 Variable: UPPOBJCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?

**Read if necessary: Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SOC: Social Functioning

Question ID: SOC.0010.00.1 Variable: SOCERRNDS_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SOCCLPAR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SOC: Social Functioning

Question ID: SOC.0020.00.1 Variable: SOCSCLPAR_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* **Read if necessary:** *Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?*

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SOCWRKLIM_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SOC: Social Functioning

Question ID: SOC.0030.00.1 Variable: SOCWRKLIM_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you limited in the kind OR amount of work you can do because of a physical, mental or emotional problem?

* **Read if necessary:** *Work includes paid work, volunteer work, school work, and homework.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ADO: Age of Disability Onset

Question ID: ADO.0010.00.3 Variable: DEVDONSET_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

You said that you have difficulty with ^DIFF. Did ^THISDIFF begin before age 22?

Fills:

^DIFF	Description	walking/climbing steps/walking or climbing steps/communicating/remembering/concentrating/remembering or concentrating/self-care/doing errands alone
	Instruction	<p>if (MOB.WLK100_A IN (3,4) or MOB.WLK13M_A IN (3,4) or MOB.NOEQWLK100_A IN (3,4) or MOB.NOEQWLK13M_A IN (3,4)), then fill "walking" if (MOB.STEPS_A IN (3,4) or MOB.NOEQSTEPS_A IN (3,4)), then fill "climbing steps" if none of MOB.WLK100_A, MOB.WLK13M_A, MOB.NOEQWLK100_A, MOB.NOEQWLK13M_A, MOB.STEPS_A, or MOB.NOEQSTEPS_A = 3 or 4, but MOB.DIFF_A = 3 or 4, then fill "walking or climbing steps"</p> <p>If COM.COMDIFF_A IN (3,4), then fill "communicating"</p> <p>If COG.COGMEMDFF_A IN (3,4), If COG.COGTYPEDFF_A IN (1,3), then fill "remembering" If COG.COGTYPEDFF_A IN (2,3), then fill "concentrating" If COG.COGTYPEDFF_A IN (DK,RF), then fill "remembering or concentrating"</p> <p>If UPP.UPPSLFCR_A = 3 or 4, then fill "self-care"</p> <p>If SOC.SOCERRNDS_A = 3 or 4, then fill "doing errands alone"</p> <p>If more than two of the above are true, then separate the fills with commas and place an "and" before the last item. If two of the above are true, separate them with "and"</p>
^THISDIFF	Description	this difficulty/any of these difficulties
	Instruction	<p>if ADO.countDIFF=1, fill "this difficulty"</p> <p>elseif ADO.countDIFF gt 1, fill "any of these difficulties"</p>

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0010.00.1 Variable: HICOV_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program that provide medical care or help pay medical bills. Are you covered by any kind of health insurance or some other kind of health care plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

```
<1,RF,DK> [goto HIKIND_A]  
<2> if (GEN.AGE_FINAL[PX_A] ge 65 or Roster.HHC.tb1AGE.blkPerson[PX_A].AGE65=2) [goto  
MCAREPRB_A]  
else [goto MCAIDPRB_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0020.00.1 Variable: HIKIND_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What kinds of health insurance or health care coverage do you have? Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or an other government program?

* Enter all that apply, separate with commas.

Response:

01	Private health insurance
02	Medicare
03	Medigap
04	Medicaid
05	Children's Health Insurance Program (CHIP)
06	Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	No coverage of any type
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

Skip Instructions:

```
if more than 1 answer selected and (10 IN HIKIND_A) [goto ERR1_HIKIND_A]
elseif (GEN.AGE_FINAL[PX_A] ge 65 or (GEN.AGE_FINAL[PX_A] IN (RF,DK) and
Roster.HHC.tblAGE.blkPerson[PX_A]=2) and 2 NOT IN HIKIND_A [goto MCAREPRB_A]
elseif (GEN.AGE_FINAL[PX_A] lt 65 or (GEN.AGE_FINAL[PX_A] IN (RF,DK) and
Roster.HHC.tblAGE.blkPerson[PX_A].AGE65 IN (1,RF,DK,empty)) and HIKIND_A IN (10,RF,DK) [goto
MCAIDPRB_A]
else [goto SINCOVDE_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HIKIND_A	Selecting no coverage and other categories hard edit	{check ERR1_HIKIND_A} Cannot mark "no coverage of any kind" and another type. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0030.00.1 Variable: MCAREPRB_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you covered by Medicare?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 65+ who have not indicated they had Medicare in HIKIND_A

Skip Instructions:

<1,2,RF,DK> [goto SINCOVDE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0040.00.1 Variable: MCAIDPRB_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

There is a program called Medicaid that pays for health care for persons in need. ^STATEMA Are you covered by Medicaid?

Fills:

^STATEMA	Description	In ^STATENAME it is also called ^STMEDICAID.
	Instruction	if STMEDICAID ne empty, fill: "In ^STATENAME it is also called ^STMEDICAID." else fill: blank
^STATENAME	Description	State name
	Instruction	If ST=AL, fill: Alabama else if ST=AK, fill: Alaska else if ST=AR, fill: Arkansas else if ST=AZ, fill: Arizona else if ST=CA, fill: California else if ST=CO, fill: Colorado else if ST=CT, fill: Connecticut else if ST=DE, fill: Delaware else if ST=DC, fill: District of Columbia else if ST=FL, fill: Florida else if ST=GA, fill: Georgia else if ST=HI, fill: Hawaii else if ST=ID, fill: Idaho else if ST=IL, fill: Illinois else if ST=IN, fill: Indiana else if ST=IA, fill: Iowa else if ST=KS, fill: Kansas else if ST=KY, fill: Kentucky else if ST=LA, fill: Louisiana else if ST=ME, fill: Maine else if ST=MD, fill: Maryland else if ST=MA, fill: Massachusetts else if ST=MI, fill: Michigan else if ST=MN, fill: Minnesota else if ST=MS, fill: Mississippi else if ST=MO, fill: Missouri else if ST=MT, fill: Montana else if ST=NE, fill: Nebraska else if ST=NV, fill: Nevada else if ST=NH, fill: New Hampshire else if ST=NJ, fill: New Jersey else if ST=NM, fill: New Mexico else if ST=NY, fill: New York else if ST=NC, fill: North Carolina else if ST=ND, fill: North Dakota else if ST=OH, fill: Ohio else if ST=OK, fill: Oklahoma else if ST=OR, fill: Oregon else if ST=PA, fill: Pennsylvania else if ST=RI, fill: Rhode Island else if ST=SC, fill: South Carolina else if ST=SD, fill: South Dakota else if ST=TN, fill: Tennessee else if ST=TX, fill: Texas else if ST=UT, fill: Utah else if ST=VT, fill: Vermont else if ST=VA, fill: Virginia else if ST=WA, fill: Washington else if ST=WV, fill: West Virginia else if ST=WI, fill: Wisconsin else if ST=WY, fill: Wyoming
^STMEDICAID	Description	State Medicaid name

	<p>Instruction</p> <p>If AL then fill "Patient 1st, Alabama Coordinated Health Network"</p> <p>If AK then fill "DenaliCare"</p> <p>If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)"</p> <p>If AR then fill "ARKids First; Arkansas Works; PASSE"</p> <p>If CA then fill "Medi-Cal"</p> <p>If CO then fill "Health First Colorado"</p> <p>If CT then fill "HUSKY"</p> <p>If DE then fill "Diamond State Health Plan"</p> <p>If FL then fill "Medically Needy Program"</p> <p>If GA then fill "Georgia Families"</p> <p>If HI then fill "QUEST"</p> <p>If IL then fill "Medical Assistance"</p> <p>If IN then fill "Healthy Indiana Plan (HIP); Hoosier Healthwise"</p> <p>If IA then fill "IA Health Link; Iowa Health and Wellness Plan"</p> <p>If KS then fill "KanCare; Kansas Medical Assistance Program (KMAP); OneCare Kansas"</p> <p>If LA then fill "Healthy Louisiana"</p> <p>If ME then fill "MaineCare"</p> <p>If MD then fill "HealthChoice"</p> <p>If MA then fill "MassHealth"</p> <p>If MI then fill "Healthy Michigan Plan (HMP)"</p> <p>If MN then fill "Medical Assistance (MA)"</p> <p>If MS then fill "MississippiCAN"</p> <p>If MO then fill "MO Healthnet"</p> <p>If MT then fill "Passport to Health; Healthy Montana Kids Plus (HMK Plus)"</p> <p>If NE then fill "Heritage Health"</p> <p>If NH then fill "Granite Advantage Health Care Program"</p> <p>If NJ then fill "NJ Family Care"</p> <p>If NM then fill "Centennial Care"</p> <p>If OH then fill "Ohio Medicaid State Plan; Healthy Families; Healthy Start; Alternative Benefit Plan"</p> <p>If OK then fill "SoonerCare"</p> <p>If OR then fill "Oregon Health Plan (OHP)"</p> <p>If PA then fill "Medical Assistance"</p> <p>If RI then fill "RIte Care; Affordable Care Coverage (ACC); Medical Assistance"</p> <p>If SC then fill "Healthy Connections"</p> <p>If TN then fill "TennCare"</p> <p>If TX then fill "State of Texas Access Reform (STAR)"</p> <p>If VT then fill "Green Mountain Care"</p> <p>If VA then fill "Medallion 4.0"</p> <p>If WA then fill "Apple Health"</p> <p>If WV then fill "Mountain Health Trust (MHT)"</p> <p>If WI then fill "ForwardHealth; BadgerCare Plus"</p> <p>If WY then fill "WYhealth"</p>
--	---

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18-64 who have indicated they are uninsured, refused, or don't know their type of health insurance

Skip Instructions:

<1,2,RF,DK> [goto SINCOVDE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0050.00.1 Variable: SINCOVDE_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

^INADDITIONARE you covered by a SEPARATE plan that only pays for dental services?

Fills:

^INADDITIONARE	Description	In addition to ^HITYPEANOSS, are/Are
	Instruction	If (HIKIND_A=1-9 or MCAREPRB_A=1 or MCAIDPRB_A=1), fill "In addition to ^HITYPEANOSS, are" else fill "Are"
^HITYPEANOSS	Description	Type of health care plans without single service plans
	Instruction	fill coverage types from HIKIND_A, except HIKIND_A=10, HIKIND_A=1 fill: "private health insurance" HIKIND_A=2 fill: "Medicare" HIKIND_A=3 fill: "Medicare Supplement or Medigap" HIKIND_A=4 fill: "Medicaid" HIKIND_A=5 fill: "Children's Health Insurance Program (CHIP)" HIKIND_A=6 fill: "military related health care" HIKIND_A=7 fill: "Indian Health Service" HIKIND_A=8 fill: "a state-sponsored health plan" HIKIND_A=9 fill: "an other government program" if MCAREPRB_A=1, fill "Medicare" if MCAIDPRB_A=1, fill "Medicaid" separate choices with a comma and seperate the last two choices with "and"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto SINCOVVS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0060.00.1 Variable: SINCOVVS_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you covered by a SEPARATE plan that only pays for vision services?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto SINCOVRX_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0070.00.1 Variable: SINCOVRX_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you covered by a SEPARATE plan that only pays for prescriptions?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto HICHANGE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0080.00.1 Variable: HICHANGE_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

I have recorded you are ^COVEREDA. Is this correct?

Fills:

^COVEREDA	Description	not covered by health insurance/covered by ^HITYPEA
	Instruction	if HIKIND_A=10,R,D and (MCAIDPRB_A=2,R,D or MCAREPRB_A=2,R,D) and SINCOVDE_A=2,R,D and SINCOVVS_A=2,R,D and SINCOVRX_A=2,R,D fill: "not covered by health insurance" else fill: "covered by ^HITYPEA"
^HITYPEA	Description	Type of health care plans with single service plans
	Instruction	fill coverage types from HIKIND_A, except HIKIND_A=10, HIKIND_A=1 fill: "private health insurance" HIKIND_A=2 fill: "Medicare" HIKIND_A=3 fill: "Medicare Supplement or Medigap" HIKIND_A=4 fill: "Medicaid" HIKIND_A=5 fill: "Children's Health Insurance Program (CHIP)" HIKIND_A=6 fill: "military related health care" HIKIND_A=7 fill: "Indian Health Service" HIKIND_A=8 fill: "a state-sponsored health plan" HIKIND_A=9 fill: "an other government program" if MCAREPRB_A=1, fill "Medicare"; if MCAIDPRB_A=1, fill "Medicaid" If SINCOVDE_A=1 and SINCOVRX_A=2,RF,DK and SINCOVVS_A=2,RF,DK, fill: "a single service dental plan" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and SINCOVVS_A=2,RF,DK, fill: "a single service prescription plan" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=2,RF,DK and SINCOVVS_A=1, fill: "a single service vision plan" If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=2,RF,DK, fill: "single service dental and prescription plans" If SINCOVDE_A=1 and SINCOVRX_A=2,RF,DK and SINCOVVS_A=1, fill: "single service dental and vision plans" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and SINCOVVS_A=1, fill: "single service vision and prescription plans" If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=1, fill: "single service dental, vision and prescription plans" separate choices with a comma and separate the last two choices with "and"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

```

<1,RF,DK>
if 02 in HIKIND_A or MCAREPRB_A=1[goto MCPART_A]
else if 04 in HIKIND_A or MCAIDPRB_A=1[goto MACHMN_A]
else if 01 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 05 in HIKIND_A [goto CHNAME_A]
else if 08 in HIKIND_A [goto OPNAME_A]
else if 09 in HIKIND_A [goto OGNAME_A]
else if 06 in HIKIND_A [goto MILSPC_A]
else if 07 in HIKIND_A [goto HINOTYR_A]
else if 10 in HIKIND_A and (MCAIDPRB_A IN (2,RF,DK) or MCAREPRB_A IN (2,RF,DK))[goto HILAST_A]
else [goto FINISH_A]
<2> [goto ERR1_HICHANGE_A]

```

Soft Edit:

Check Text	Check Description	Check Text
ERR1_HICHANGE_A	Answered health insurance coverage is incorrect	{signal ERR1_HICHANGE_A} Suppress this error to go back to HIKIND_A and update coverage. Close this error to change your answer to HICHANGE_A.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0090.00.1 Variable: MCPART_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

Response:

1	Part A- hospital only
2	Part B- medical only
3	Both Part A and Part B
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicare

Skip Instructions:

<1> [goto MCPARTD_A]
<2-3,RF,DK> [goto MCCHOICE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0100.00.1 Variable: MCCHOICE_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you enrolled in a Medicare Advantage plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicare that have part B Medicare or don't know or refused if they have part B Medicare

Skip Instructions:

<1,2,RF,DK> [goto MCHMO_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0110.00.1 Variable: MCHMO_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicare that have part B Medicare or don't know or refused if they have part B Medicare

Skip Instructions:

```
<1> [goto MCANAME_A]  
<2,RF,DK> if MCCHOICE_A=1 [goto MCANAME_A]  
elseif MCCHOICE_A IN (2,RF,DK) [goto MCPARTD_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0120.00.1 Variable: MCANAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What is the name of your Medicare Advantage or Medicare HMO plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with a Medicare Advantage plan or a Medicare managed care arrangement

Skip Instructions:

<allow 80,RF,DK> [goto MCPARTD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0130.00.1 Variable: MCPARTD_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicare

Skip Instructions:

```
<1,2,RF,DK>
if 04 in HIKIND_A or MCAIDPRB_A=1 [goto MACHMN_A]
elseif 01 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 03 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0140.00.1 Variable: MACHMN_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

The next questions are about Medicaid coverage. What is the name of your Medicaid health plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with Medicaid coverage

Skip Instructions:

<allow 80,RF,DK> [goto MAXCHNG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0150.00.1 Variable: MAXCHNG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Was your Medicaid obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsurance" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicaid coverage

Skip Instructions:

<1,2,RF,DK> [goto MAPREM_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0160.00.1 Variable: MAPREM_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount you or a family member pay each month for health care coverage. Do you or a family member pay a premium for this Medicaid plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicaid coverage

Skip Instructions:

<1,2,RF,DK> [goto MADEDUC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0170.00.1 Variable: MADEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your Medicaid plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicaid coverage

Skip Instructions:

```
<1> [goto MAHDHP_A]
<2,RF,DK>
if 01 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 05 in HIKIND_A [goto CHNAME_A]
else if 08 in HIKIND_A [goto OPNAME_A]
else if 09 in HIKIND_A [goto OGNAM_A]
else if 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0180.00.1 Variable: MAHDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with Medicaid coverage who have a deductible

Skip Instructions:

```
<1,2,RF,DK>
if 01 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 03 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0270.00.1 Variable: PLANNAME1_A Interview Module: Adult Content Type: Annual Core

Question Text:

Earlier I recorded that ^SCNAME was covered by ^HIPNAM1_C. Are you covered by this same plan as ^SCNAME?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Skip Instructions:

```
<1> if Child.INS.bPlan[1].POLHLD_C ne 1 [goto POLHLDA1_A]
elseif Child.INS.bPlan[1].POLHLD_C=1 [goto PRPOLHP1_A]
<2,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 and
INSPRI_FLG=1 and SAMEFAM_FLG=1 and CHILD.INS.PLANNAME2_C=empty [goto PLANNAME2_A] else [goto
HIPNAM1_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0280.00.1 Variable: POLHLDA1_A Interview Module: Adult Content Type: Annual Core

Question Text:

^[F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for ^HIPNAM1_C?

Fills:

^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their first private plan or refused or don't know.

Skip Instructions:

```
<1> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 [goto PLANNAME2_A]
else [goto MORPLAN_A]
<2,RF,DK> [goto PRPOLHP1_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0290.00.1 Variable: PRPOLHP1_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

How are you related to the policyholder for ^HIPNAM1_C? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

Fills:

^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C

Response:

1	Child
2	Spouse
3	Former spouse
4	Some other relationship
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a shared private health plan with the Sample Child, where the Child is the policy holder or where the Sample Adult is not the policyholder for the first plan or refused or don't know.

Skip Instructions:

<1-4,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1
 [goto PLANNAME2_A]
 else [goto MORPLAN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0300.00.1 Variable: PLANNAME2_A Interview Module: Adult Content Type: Annual Core

Question Text:

Earlier I recorded that ^SCNAME was covered by a second plan: ^HIPNAM2_C. Are you covered by this same plan as ^SCNAME?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Skip Instructions:

```
<1> if Child.INS.bPlan[2].POLHLD_C ne 1 [goto POLHLDA2_A],
if Child.INS.bPlan[2].POLHLD_C=1 [goto PRPOLHP2_A]
<2,RF,DK> if PLANNAME1_A IN(2,RF,DK,empty) [goto HIPNAM1_A]
else [goto MORPLAN_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0310.00.1 Variable: POLHLDA2_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

* **Read if necessary:** Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder.

Are you the policyholder for ^HIPNAM2_C?

Fills:

^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their second private plan or refused or don't know.

Skip Instructions:

```
<1> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]

<2,RF,DK>[goto PRPOLHP2_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0320.00.1 Variable: PRPOLHP2_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

How are you related to the policyholder for ^HIPNAM2_C? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

Fills:

^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C

Response:

1	Child
2	Spouse
3	Former spouse
4	Some other relationship
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a shared private health plan with the Sample Child, where the Sample Child is the policy holder for the second plan or the Sample Adult is not the policyholder for the second plan or refused or don't know.

Skip Instructions:

```
<1-4,RF,DK> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0330.00.1 Variable: HIPNAM1_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of your plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as long term care, accidents, or dental care.

* **Read if necessary:** *Do you have a health plan card or something with the plan name on it?*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ enrolled in a Medigap plan or private health insurance and the sample adult did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample child

Skip Instructions:

<allow 80,RF,DK> [goto MORPLAN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0340.00.1 Variable: MORPLAN_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Are you covered by any other private health insurance plans?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample adult only shared one private plan with the Sample Child.

Skip Instructions:

```
<1> [goto HIPNAM2_A]
<2,RF,DK>
if (PLANNAME1_A=1 or PLANNAME2_A=1) then
  if 05 in HIKIND_A [goto CHNAME_A]
  elseif 08 in HIKIND_A [goto OPNAME_A]
  elseif 09 in HIKIND_A [goto OGNAME_A]
  elseif 06 in HIKIND_A [goto MILSPC_A]
  else [goto HINOTYR_A]

else [goto bPlan[1].POLHLD_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0350.00.1 Variable: HIPNAM2_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What is the name of that private health insurance plan?

* **Read if necessary:** *Do you have a health plan card or something with the plan name on it?*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with a second private health insurance plan

Skip Instructions:

<allow 80,RF,DK> [goto bPlan[1].POLHLD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0370.00.1 Variable: POLHLD_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

I am going to ask you some questions about ^FIRSTPLANA. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for ^THISPLANA?

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A
^THISPLANA	Description	this plan/^HIPNAM1_A/^HIPNAM2_A
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) fill: "this plan" else fill: "^HIPNAM1_A" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this plan" Else fill: "^HIPNAM2_A"

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

<1,RF,DK> [goto PRPLCOV_A]
<2> [goto PRPOLH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0380.00.1 Variable: PRPLCOV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does this plan cover someone other than yourself?

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know and where the Sample Adult is the policyholder or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto PLNWRK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0390.00.1 Variable: PRPOLH_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

How are you related to the policyholder? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

Response:

1	Child
2	Spouse
3	Former spouse
4	Some other relationship

Universe:

Sample Adults 18+ with private health insurance who are not the policyholder

Skip Instructions:

<1-4,RF,DK> [goto PLNWRK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0400.00.1 Variable: PLNWRK_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state or local government or community program or obtained in some other way?

Response:

1	Through an employer, union, or professional association
2	Purchased directly
3	Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
4	Through a state or local government or community program
5	Other

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know

Skip Instructions:

<1,3> [goto PLNPAY_A]
<2,4,RF,DK> [goto PLNEXCHG_A]
<5> [goto PLNWKSP_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0410.00.1 Variable: PLNWKSP_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *How was this plan obtained?*

Response:

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know and private health insurance coverage was obtained from an other source

Skip Instructions:

<allow 80,RF,DK> [goto PLNEXCHG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0420.00.1 Variable: PLNEXCHG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Was the plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsurance" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

Skip Instructions:

<1,2,RF,DK> [goto PLNPAY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0430.00.1 Variable: PLNPAY_A Interview Module: Adult Content Type: Annual Core

Question Text:

Who pays for this health insurance plan?

* Enter all that apply, separate with commas.

Response:

1	Self or family (living in the household)
2	Employer or union
3	Someone outside the household
4	Medicare
5	Medicaid
6	Other government program

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

```
if <1> IN PLNPAY_A [goto HICOSTN_A]  
else if <2-6> IN PLNPAY_A or PLNPAY_A IN (RF,DK)[goto PRDEDUC_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0440.01.1 Variable: HICOSTN_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

How much ^DOYOUFAM currently spend for health insurance premiums for ^FIRSTPLANA? Please include payroll deductions for premiums.

Fills:

^DOYOUFAM	Description	do you/does your family
	Instruction	if PCNT_A=1 fill "do you", else fill "does your family"
^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know who paid for by self or family

Skip Instructions:

<20000-99995> [goto ERR1_HICOSTN_A]
 <1-19999> [goto HICOSTT_A]
 <RF,DK> [goto PRDEDUC_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_HICOSTN_A		{signal ERR1_HICOSTN_A} [^HICOSTN_A] is unusually high. Please verify. Make corrections if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0440.02.1 Variable: HICOSTT_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

* Enter time period for premium payments.

Response:

1	Once a week
2	Once every 2 weeks
3	Once a month
4	Twice a month
5	Every two months
6	Quarterly (every 3 months)
7	Once a year

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know who gave a premium amount.

Skip Instructions:

<1-8,RF,DK> [goto PRDEDUC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0450.00.1 Variable: PRDEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does this health plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance plans where a plan name was given or refused or don't know.

Skip Instructions:

<1> [goto PRHDHP_A]
<2,RF,DK> [goto INTROCOV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0460.00.1 Variable: PRHDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Is the ^FAM_A annual deductible for medical care for this plan less than ^HDHPAMT_A, or ^HDHPAMT_A or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^FAM_A	Description	family
	Instruction	if POLHLD_A=2 or PRPLCOV_A=1, fill 'family'. Else no fill.
^HDHPAMT_A	Description	^HDHPDED_family/^HDHPDED
	Instruction	if POLHLD_A=2 or PRPLCOV_A=1, fill "^HDHPDED_family" Else fill "^HDHPDED"
^HDHPDED_family	Description	Family deductible threshold (may change in future year)
	Instruction	Fill: \$2,800
^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Less than ^HDHPAMT_A
2	^HDHPAMT_A or more

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know with a deductible

Skip Instructions:

<1> [goto INTROCOV_A]
<2,RF,DK> [goto HSAHRA_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0470.00.1 Variable: HSAHRA_A Interview Module: Adult Content Type: Annual Core

Question Text:

There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts or FSAs. Is there one of these accounts or funds with this plan?

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know with a high deductible

Skip Instructions:

<1,2,RF,DK> [goto INTROCOV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0475.00.1 Variable: INTROCOV_A Interview Module: Adult Content Type:

Question Text:

The next three questions are about services ^FIRSTPLANA may cover.

* Enter '1' to continue.

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know

Skip Instructions:

<1> [goto PRRXCOV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0480.00.1 Variable: PRRXCOV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does ^FIRSTPLANA pay for any of the costs for medications prescribed by a doctor?

* **Read if necessary:** *Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you were prescribed medications.*

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where the name of the plan was given or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto PRDNCOV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0490.00.1 Variable: PRDNCOV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does ^FIRSTPLANA pay for any of the costs for dental care?

* **Read if necessary:** *Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you did have dental care.*

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where the plan name was given or refused or don't know.

Skip Instructions:

<1,2,RF,DK> [goto PRVSCOV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0500.00.1 Variable: PRVSCOV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does ^FIRSTPLANA pay for any of the costs for routine vision care, such as glasses and contact lenses?

* **Read if necessary:** *Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you did have vision care.*

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	if PlanNum=1 then if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill: "this plan" elseif HIPNAM1_A IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then if HIPNAM2_A IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_A plan"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

1	Yes
2	No

Universe:

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

```
<1,2,RF,DK> If there is another plan [goto bPlan for next plan]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0510.00.1 Variable: CHNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that you are covered by the Children's Health Insurance Program or CHIP. What is the name of the plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with a CHIP plan

Skip Instructions:

<allow 80,RF,DK> [goto CHXCHNG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0520.00.1 Variable: CHXCHNG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Was your CHIP plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsurance" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a CHIP plan

Skip Instructions:

<1,2,RF,DK> [goto CHPREM_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0530.00.1 Variable: CHPREM_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a CHIP plan

Skip Instructions:

<1,2,RF,DK> [goto CHDEDUC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0540.00.1 Variable: CHDEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your CHIP plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a CHIP plan

Skip Instructions:

```
<1> [goto CHHDHP_A]
<2,RF,DK> if 08 in HIKIND_A [goto OPNAME_A]
  elseif 09 in HIKIND_A [goto OGNAME_A]
  elseif 06 in HIKIND_A [goto MILSPC_A]
  else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0550.00.1 Variable: CHHDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have a CHIP plan deductible

Skip Instructions:

```
<1,2,RF,DK> if 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0560.00.1 Variable: OPNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that you are covered by a state-sponsored plan. What is the name of the plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with a state-sponsored plan

Skip Instructions:

<allow 80,RF,DK> [goto OPXCHNG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0570.00.1 Variable: OPXCHNG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Was your state-sponsored plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsurance" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a state-sponsored plan

Skip Instructions:

<1,2,RF,DK> [goto OPPREM_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0580.00.1 Variable: OPPREM_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this state-sponsored plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a state-sponsored plan

Skip Instructions:

<1,2,RF,DK> [goto OPDEDUC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0590.00.1 Variable: OPDEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your state-sponsored plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a state-sponsored plan

Skip Instructions:

```
<1>[goto OPHDHP_A]
<2,RF,DK> if 09 in HIKIND_A [goto OGNAM_A]
  elseif 06 in HIKIND_A [goto MILSPC_A]
  else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0600.00.1 Variable: OPHDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a state-sponsored plan with a deductible

Skip Instructions:

```
<1,2,RF,DK> if 09 in HIKIND_A [goto OGNAM_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0610.00.1 Variable: OGNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that you are covered by an other government program. What is the name of the plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have an other government plan

Skip Instructions:

<allow 80,RF,DK> [goto OGXCHNG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0620.00.1 Variable: OGXCHNG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Was your other government plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsurance" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have an other government plan

Skip Instructions:

<1,2,RF,DK> [goto OGPREM_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0630.00.1 Variable: OGPREM_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for your other government plan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have an other government plan

Skip Instructions:

<1,2,RF,DK> [goto OGDEDUC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0640.00.1 Variable: OGDDEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your other government plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with an other government plan

Skip Instructions:

```
<1> [goto OGDHP_A]
<2,RF,DK> if 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0650.00.1 Variable: OGDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with an other government plan with a deductible

Skip Instructions:

<1,2,RF,DK> if 06 in HIKIND_A [goto MILSPC_A]
 else [goto HINOTYR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0660.00.1 Variable: MILSPC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that you are covered by military related health care. What types of military related health care are you covered by?

* Enter all that apply, separate with commas.

Response:

1	VA health care
2	TRICARE (CHAMPUS)
3	CHAMP-VA (do not include CHAMPUS)
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with military related health care

Skip Instructions:

<1-3,RF,DK> [goto HINOTYR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0670.00.1 Variable: HILAST_A Interview Module: Adult Content Type: Annual Core

Question Text:

How long has it been since you last had health care coverage that paid for doctor's visits or hospital stays?

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe.

Skip Instructions:

<1> [goto HILASTMY_A]
<2,3> [goto HISTOPJOB_A]
<4,5,6,0,RF,DK> [goto RSNHICOST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0680.00.1 Variable: HILASTMY_A Interview Module: Adult Content Type: Annual Core

Question Text:

In the past 12 months, how many months were you without coverage?

* If less than 1 month, enter '1'.

Response:

01-12	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ without known health insurance who last had insurance at some time within the last 12 months

Skip Instructions:

<1-12,RF,DK> [goto HISTOPJOB_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0690.00.1 Variable: HISTOPJOB_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Think about the last time that you did have health care coverage that paid for doctor's visits or hospital stays. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why you are no longer enrolled in your last health care plan.

You or the policyholder retired, lost a job, or changed employers?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPMISS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0700.00.1 Variable: HISTOPMISS_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Are you no longer enrolled in your last health care plan because...*

You missed a deadline for signing up or paying for the coverage?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPAGE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0710.00.1 Variable: HISTOPAGE_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Are you no longer enrolled in your last health care plan because...*

You became ineligible because of your age or because you left school?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPCOST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0720.00.1 Variable: HISTOPCOST_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *Are you no longer enrolled in your last health care plan because...*

The cost for your coverage increased?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPELIG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0730.00.1 Variable: HISTOPELIG_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

* **Read if necessary:** *Are you no longer enrolled in your last health care plan because...*

You had Medicaid or other public coverage, but were no longer eligible?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto RSNHICOST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0740.00.1 Variable: RSNHICOST_A Interview Module: Adult Content Type: Annual Core

Question Text:

^INSREASONS Are you currently uninsured because coverage is not affordable?

Fills:

^INSREASONS	Description	RSNHICOST_A Introduction
	Instruction	If HILAST_A IN (0,4,5,6,RF,DK) fill: "There are many reasons why people do not have health insurance coverage." If HILAST_A IN (1,2,3) fill: "We just discussed reasons you lost coverage. Now I am going to ask you some questions about why you haven't obtained coverage."

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

Skip Instructions:

<1,2,RF,DK> [goto RSNHIWANT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0750.00.1 Variable: RSNHIWANT_A Interview Module: Adult Content Type: Annual Core

Question Text:

There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...

...you do not need or want coverage?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill "In addition to cost, are" Else fill "Are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

Skip Instructions:

<1,2,RF,DK> [goto RSNHIELIG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0760.00.1 Variable: RSNHIELIG_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...*

...you are not eligible for coverage?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill "In addition to cost, are" Else fill "Are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHICONF_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0770.00.1 Variable: RSNHICONF_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...*

...the process of signing up for coverage is too difficult or confusing?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill "In addition to cost, are" Else fill "Are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIMEET_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0780.00.1 Variable: RSNHIMEET_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...*

...you cannot find a plan that meets your needs?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill "In addition to cost, are" Else fill "Are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIWAIT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0790.00.1 Variable: RSNHIWAIT_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...*

...you applied for coverage but it has not started yet?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill "In addition to cost, are" Else fill "Are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIOTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0800.00.1 Variable: RSNHIOTH_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is there another reason that you currently do not have health insurance coverage?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

Skip Instructions:

<1> [goto RSNHIOTHSP_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0810.00.1 Variable: RSNHIOTHSP_A Interview Module: Adult Content Type: Annual Core

Question Text:

What is your other reason for not having coverage?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have another reason for not having coverage

Skip Instructions:

<allow 80,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0820.00.1 Variable: HINOTYR_A Interview Module: Adult Content Type: Annual Core

Question Text:

In the past 12 months, was there any time when you did NOT have ANY health insurance or coverage?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with known health insurance coverage or responded yes to the medicare probe or medicaid probe

Skip Instructions:

<1> [goto HINOTMYR_A]
<2,RF,DK> [goto FINISH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0830.00.1 Variable: HINOTMYR_A Interview Module: Adult Content Type: Annual Core

Question Text:

In the past 12 months, about how many months were you without coverage?

* If less than 1 month, enter '1'.

Response:

01-12	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

Skip Instructions:

<1-12,RF,DK> [goto FINISH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0840.00.1 Variable: FINISH_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * The Sample Adult health insurance section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0010.00.1 Variable: PAYINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Now I am going to ask you about your medical bills. Include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care.

^Dormfill

* Enter '1' to continue.

Fills:

^Dormfill	Description	think about family living in family home
	Instruction	If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "When I ask about your family, please think about your family living at ^HNO ^HNOSUF ^STRNAME." else leave blank
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ living in same family as the Sample Child when the Sample Child PAY section has not been completed
 or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBLL12M_C and PAYNOBLLNW_C
 or Sample adults living in different families than the Sample Child

Skip Instructions:

<1> [goto PAYBLL12M_A]

Replicate To:

PAYINTRO_C

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0020.00.1 Variable: PAYBLL12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

In the past 12 months did ^youanyone have problems paying or were unable to pay any medical bills?

* **Read if necessary:** *Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.*

Fills:

^youanyone	Description	you/anyone in the family
	Instruction	If GEN.PCNT_A=1 fill "you"; else fill "anyone in the family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ living in same family as the Sample Child when the Sample Child PAY section has not been completed
 or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M_C and PAYNOBLLNW_C
 or Sample adults living in different families than the Sample Child

Skip Instructions:

<1,RF,DK> [goto PAYNOBLLNW_A]
 <2> [goto PAYWORRY_A]

Replicate To:

PAYBLL12M_C

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0030.00.1 Variable: PAYNOBLLNW_A Interview Module: Adult Content Type: Annual Core

Question Text:

^DoyouDoesanyoneinfam currently have any medical bills that you are unable to pay at all?

Fills:

^DoyouDoesanyoneinfam	Description	Do you/Does anyone in your family
	Instruction	If GEN.PCNT_A=1 fill "Do you"; else fill "Does anyone in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ where anyone in the family has difficulty playing medical bills or don't know or refused and Sample Adult is living in same family as the Sample Child when the Sample Child PAY section has not been completed
 or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M_C and PAYNOBLLNW_C
 or Sample adults living in different families than the Sample Child AND who said they/anyone in their family has problems paying their medical bills or don't know or refuse to answer if they/anyone in their family has problems paying bills

Skip Instructions:

<1,2,RF,DK> [goto PAYWORRY_A]

Replicate To:

PAYNOBLLNW_C

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0040.00.1 Variable: PAYWORRY_A Interview Module: Adult Content Type: Annual Core

Question Text:

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

Response:

1	Very worried
2	Somewhat worried
3	Not at all worried
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0010.00.4 Variable: CVDINTRO_A Interview Module: Adult Content Type: Emerging Content

Question Text:

The next set of questions are about coronavirus or COVID-19.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto CVDDIAG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0020.00.4 Variable: CVDDIAG_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Has a doctor or other health professional ever told you that you had or likely had coronavirus or COVID-19?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto COVIDTEST_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0030.00.4 Variable: COVIDTEST_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Have you ever been tested for coronavirus or COVID-19?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto CVDRSLT_A]
<2,RF,DK> if CVDDIAG_A=1 [goto CVDSEV_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0040.00.4 Variable: CVDRSLT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Did the test find that you had coronavirus or COVID-19?

* If any test has shown they have COVID-19, enter '1' for yes.

* If the respondent indicates they are waiting for their results, enter '3' for Did not receive results.

* If the respondent indicates the test was inconclusive, enter 'CTRL-D' for Don't Know.

Response:

1	Yes
2	No
3	Did not receive results
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been tested for COVID-19

Skip Instructions:

<1> [goto CVDSEV_A]
<2-3,RF,DK> if CVDDIAG_A=1 [goto CVDSEV_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0050.00.4 Variable: CVDSEV_A Interview Module: Adult Content Type: Emerging Content

Question Text:

How would you describe your coronavirus symptoms when they were at their worst? Would you say no symptoms, mild symptoms, moderate symptoms, or severe symptoms?

Response:

1	No symptoms
2	Mild symptoms
3	Moderate symptoms
4	Severe symptoms
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have been told by a doctor or other health professional that they had or likely had coronavirus or COVID-19 or tested positive for COVID-19

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care

Question ID: DNC.0010.00.2 Variable: DNCINTRO_A Interview Module: Adult Content Type: Rotating Core

Question Text:

These next questions ask about your dental care.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto DENPREV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care

Question ID: DNC.0020.00.2 Variable: DENPREV_A Interview Module: Adult Content Type: Rotating Core

Question Text:

About how long has it been since you last had a dental examination or cleaning?

* **Read if necessary:** *Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.*

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<0-6,RF,DK> [goto DENDL12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care

Question ID: DNC.0030.00.2 Variable: DENDL12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DENNG12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care

Question ID: DNC.0040.00.2 Variable: DENNG12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0010.00.1 Variable: UTZINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Now that we finished talking about dental care, I would like to ask you about other health care.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto LASTDR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0020.00.1 Variable: LASTDR_A Interview Module: Adult Content Type: Annual Core

Question Text:

About how long has it been since you last saw a doctor or other health professional about your health?

* **Read if necessary:** *Include doctors seen while a patient in a hospital.*

* **Read if necessary:** *Do not include dental care.*

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6> [goto WELLNESS_A]
 <0,RF,DK> [goto USUALPL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0030.00.1 Variable: WELLNESS_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was this a wellness visit, physical, or general purpose check-up?

* **Read if necessary:** *This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.*

* **Read if necessary:** *If a wellness exam was combined with a sick care visit, include this visit.*

* **Read if necessary:** *An obstetrician/gynecologist (OB/GYN) may perform this visit.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have seen a doctor

Skip Instructions:

<1> [goto USUALPL_A]
<2,RF,DK> [goto WELLVIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0040.00.1 Variable: WELLVIS_A Interview Module: Adult Content Type: Annual Core

Question Text:

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?

* **Read if necessary:** *This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.*

* **Read if necessary:** *If a wellness exam was combined with a sick care visit, include this visit.*

* **Read if necessary:** *An obstetrician/gynecologist (OB/GYN) may perform this visit.*

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have seen a doctor, but the last visit was not a wellness visit or they didn't know or refused whether it was a wellness visit

Skip Instructions:

<0-6,RF,DK> [goto USUALPL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0050.00.1 Variable: USUALPL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is there a place that you USUALLY go to if you are sick and need health care?

Response:

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,3,RF,DK> [goto USPLKIND_A]
<2> [goto URGENT12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0060.00.1 Variable: USPLKIND_A Interview Module: Adult Content Type: Annual Core

Question Text:

What kind of place ^ISITGOMSTOFT - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

* **Read if necessary:** *A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.*

* **Read if necessary:** *Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.*

Fills:

^ISITGOMSTOFT	Description	is it/do you go to most often
	Instruction	If USUALPL_A=1 fill "is it"; else fill "do you go to most often"

Response:

1	A doctor's office or health center
2	Urgent care center or clinic in a drug store or grocery store
3	Hospital emergency room
4	A VA Medical Center or VA outpatient clinic
5	Some other place
6	Does not go to one place most often
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

Skip Instructions:

<1-6,RF,DK> [goto URGENT12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0070.00.1 Variable: URGENT12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?

* Enter 96 if number is 96 or greater.

* Read if necessary: Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

* Read if necessary: This is different from a hospital emergency room.

Response:

00-95	0-95 times
96	96+ times
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<0-39,RF,DK> [goto EMERGE12M_A]
 <40-96> [goto ERR1_URGENT12M_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_URGENT12M_A	Urgent care 40-96 times	{signal ERR1_URGENT12M_A} ^URGENT12M_A is an unusually large number. Did you visit an urgent care center or clinic in a drug store or grocery store about your health ^URGENT12M_A times in the past 12 months? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0080.00.1 Variable: EMERGE12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, how many times have you gone to a hospital emergency room about your health?

* **Read if necessary:** *This includes emergency room visits that resulted in a hospital admission.*

* **Enter 96 if number of times is 96 or more.**

Response:

00-95	0-95 times
96	96+ times
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<0-39,RF,DK> [goto HOSPONGT_A]
 <40-96> [goto ERR1_EMERGE12M_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_EMERGE12M_A	ER 40-96 times	{signal ERR1_EMERGE12M_A} ^EMERGE12M_A is an unusually large number. Did you visit a hospital emergency room about your health ^EMERGE12M_A times in the past 12 months? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0090.00.1 Variable: HOSPONGT_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, have you been hospitalized overnight? ^PAST12MER_A

Fills:

^PAST12MER_A	Description	Do not include an overnight stay in the emergency room.
	Instruction	If ((EMERGE12M_A ge 01 and EMERGE12M_A le 96) or EMERGE12M_A IN (RF,DK): Fill: "Do not include an overnight stay in the emergency room."

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto MEDDL12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0100.00.1 Variable: MEDDL12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto MEDNG12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0110.00.1 Variable: MEDNG12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0010.00.4 Variable: DLYCARE_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Was there any time when you DELAYED getting medical care because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto DNGCARE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0020.00.4 Variable: DNGCARE_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Was there any time when you needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto VIRAPP12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0030.00.4 Variable: VIRAPP12M_A Interview Module: Adult Content Type: Emerging Content

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto VIRAPPCVD_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0040.00.4 Variable: VIRAPPCVD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Were any of your appointments done by video or by phone because of reasons related to the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have had a virtual medical appointment

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CNV: Cancer COVID-19

Question ID: CNV.0010.00.3 Variable: CANCOVTREA_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

The next question refers to treatments for cancer such as surgery, radiation therapy, chemotherapy, bone marrow transplants, stem cell transplants, or hormone therapy.

At any time since the start of the coronavirus pandemic, were you in treatment or supposed to receive treatment for your cancer?

* **Read if necessary:** *Hormone therapy includes Tamoxifen, Fulvestrant (full-VESS-trant) or Aromatase (uh-ROH-muh-tayz) inhibitors for breast cancer and androgen therapy, such as Eligard or Zoladex for prostate cancer.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever had cancer

Skip Instructions:

<1> [goto CANCOVCHG_A]
<2,RF,DK> [goto CANCOVOTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CNV: Cancer COVID-19

Question ID: CNV.0020.00.3 Variable: CANCOVCHG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Were any of your treatments for cancer changed, delayed, or cancelled because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had treatment or were supposed to receive treatment for cancer during the coronavirus pandemic

Skip Instructions:

<1,2,RF,DK> [goto CANCOVOTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CNV: Cancer COVID-19

Question ID: CNV.0030.00.3 Variable: CANCOVOTH_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

As a cancer patient or cancer survivor, you may need OTHER medical care related to your cancer such as lab visits, imaging, monitoring visits, rehabilitation, physical therapy, care for side-effects, or visits with medical specialists.

At any time since the start of the coronavirus pandemic, did you need any of this OTHER medical care related to your cancer?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever had cancer

Skip Instructions:

<1> [goto CANCOVCARE_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CNV: Cancer COVID-19

Question ID: CNV.0040.00.3 Variable: CANCOVCARE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Was any of this OTHER medical care related to your cancer changed, delayed, or cancelled because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who needed other medical care related to cancer during coronavirus pandemic

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription Medication

Question ID: PMD.0010.00.1 Variable: RX12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto RXSK12M_A]
<2,RF,DK> [goto RXDG12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription Medication

Question ID: PMD.0020.00.1 Variable: RXSK12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, were any of the following true for you?

...You skipped medication doses to save money.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto RXLS12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription Medication

Question ID: PMD.0030.00.1 Variable: RXLS12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *During the past 12 months, were any of the following true for you?*

...You took less medication to save money.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto RXDL12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription Medication

Question ID: PMD.0040.00.1 Variable: RXDL12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** *During the past 12 months, were any of the following true for you?*

...You DELAYED filling a prescription to save money.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto RXDG12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription Medication

Question ID: PMD.0050.00.1 Variable: RXDG12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OPD: Opioid Use - ALL

Question ID: OPD.0010.00.3 Variable: OPD12M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

?[F1]

These next questions are about the use of prescription pain relievers called opioids. When answering these questions, please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional? Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan. If you are not sure, please tell me the name of the drug and I can look it up.

- * Press F1 to pull up list of prescription opioids.
- * Enter '1' for yes, if any medications provided are on the list.
- * Enter '2' for no, if no medications provided are on the list.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months and OPIODALL_FLG=1

Skip Instructions:

<1> [goto OPD3M_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OPD: Opioid Use - ALL

Question ID: OPD.0020.00.3 Variable: OPD3M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 3 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months and also have taken any opioids prescribed by a doctor in the past 12 months

Skip Instructions:

<1> [goto OPDACUTE_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OPD: Opioid Use - ALL

Question ID: OPD.0030.00.3 Variable: OPDACUTE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 3 months, did you take a prescription opioid to treat short-term or acute pain, such as pain due to a broken bone or muscle sprain, pain from dental work, or pain following surgery?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months

Skip Instructions:

<1,2,RF,DK> [goto OPDCHRONIC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OPD: Opioid Use - ALL

Question ID: OPD.0040.00.3 Variable: OPDCHRONIC_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 3 months, did you take a prescription opioid to treat long-term or chronic pain, such as low back pain or neck pain, frequent headaches or migraines, or joint pain or arthritis?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months

Skip Instructions:

<1> [goto OPDFREQ_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OPD: Opioid Use - ALL

Question ID: OPD.0050.00.3 Variable: OPDFREQ_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 3 months, how often did you take a prescription opioid? Would you say some days, most days, or every day?

Response:

1	Some days
2	Most days
3	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months for chronic pain

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0010.00.3 Variable: PREGFLUYR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Were you pregnant any time ^AUGUSTYEAR?

Fills:

^AUGUSTYEAR	Description	period of pregnancy
	Instruction	If INTERVIEW_MONTH=1-3 "since August 1st, ^LASTYEAR" If INTERVIEW_MONTH=4-7 "from August ^LASTYEAR through March ^YEAR" If INTERVIEW_MONTH=8-12 "since August 1st, ^YEAR"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YEAR	Description	Year of Interview
	Instruction	Current Year

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Female sample adults 18-49 years or age is don't know or refused 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

Skip Instructions:

<1,2,DK> [goto LIVEBIRTH_A]
<RF> [goto SHTFLU12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0020.00.3 Variable: LIVEBIRTH_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, did you have a pregnancy that ended in a live birth?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Female sample adults aged 18-49 of age or age is don't know or refused who did not refuse to answer if they are currently pregnant or if they were pregnant in between August and March

Skip Instructions:

<1,2,RF,DK> [goto SHTFLU12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0030.00.1 Variable: SHTFLU12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

* **Read if necessary:** *A flu vaccination is usually given in the fall and protects against influenza for the flu season.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SHTFLUM_A]
<2,RF,DK> [goto SHTPNUEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0040.01.1 Variable: SHTFLUM_A Interview Module: Adult Content Type: Annual Core

Question Text:

* 1 of 2

During what month and year did you receive your most recent flu vaccine?

Response:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who had a flu shot in the past 12 months

Skip Instructions:

```
<1-12,DK> [goto SHTFLUY_A]  
<RF> if Adult.BMI.PREGNOW_A=1 and GEN.INTERVIEW_MONTH IN (1,2,3,8,9,10,11,12) [goto FLUPREG_A]  
elseif PREGFLUYR_A=1 [goto FLUPREG2_A]  
else [goto SHTPNUEV_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0040.02.1 Variable: SHTFLUY_A Interview Module: Adult Content Type: Annual Core

Question Text:

* 2 of 2

* Enter year of most recent flu vaccine.

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Adults 18+ who gave a month for their last flu shot or who didn't know the month

Skip Instructions:

```
<valid year,RF,DK>
if SHTFLUM_A and SHTFLUY_A = a future date [goto ERR1_SHTFLUY_A]
elseif SHTFLUM_A and SHTFLUY_A = a date before 12 months ago [goto ERR2_SHTFLUY_A]
elseif PREGNOW_A=1 and GEN.INTERVIEW_MONTH IN (1,2,3,8,9,10,11,12) [goto FLUPREG_A]
elseif PREGFLUYR_A=1 [goto FLUPREG2_A]
else [goto SHTPNUEV_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SHTFLUY_A	Date > 12 months ago hard edit	{check ERR2_SHTFLUY_A} Date more than 12 months ago. Please correct.
ERR1_SHTFLUY_A	Future date hard edit	{check ERR1_SHTFLUY_A} Future date invalid. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0050.00.3 Variable: FLUPREG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Did you get a flu vaccination before or during your current pregnancy?

Response:

1	Before pregnancy
2	During pregnancy
7	Refused
9	Don't Know

Universe:

Female Sample Adults 18-49 (or don't know or refuse 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

Skip Instructions:

<1,2,RF,DK> [goto SHTPNUEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0060.00.3 Variable: FLUPREG2_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Earlier you said you were pregnant sometime ^AUGUSTYEAR. Did you get a flu vaccination before, during, or after your pregnancy?

Fills:

^AUGUSTYEAR	Description	period of pregnancy
	Instruction	If INTERVIEW_MONTH=1-3 "since August 1st, ^LASTYEAR" If INTERVIEW_MONTH=4-7 "from August ^LASTYEAR through March ^YEAR" If INTERVIEW_MONTH=8-12 "since August 1st, ^YEAR"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YEAR	Description	Year of Interview
	Instruction	Current Year

Response:

1	Before pregnancy
2	During pregnancy
3	After pregnancy
7	Refused
9	Don't Know

Universe:

Female sample adults 18-49 years of age who reported a pregnancy during August-March and received a flu vaccination in the past 12 months

Skip Instructions:

<1-3,RF,DK> [goto SHTPNUEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0070.00.1 Variable: SHTPNUEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

A pneumonia shot is also known as a pneumococcal vaccine. Have you ever had a pneumonia shot?

* **Read if necessary:** *There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®, and conjugate, also known as Prevnar®.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

```
<1> [goto SHTPNEUNB_A]
<2,RF,DK> if GEN.AGE_FINAL[PX_A] ge 50 [goto SHTSHINGLE_A]
else if (GEN.AGE_FINAL[PX_A] le 49 or GEN.AGE_FINAL[PX_A] IN (RF,DK)) and LIVEBIRTH_A=1 [goto
TDAPPREG_A]
else [goto WORKHEALTH_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0080.00.1 Variable: SHTPNEUNB_A Interview Module: Adult Content Type: Annual Core

Question Text:

How many pneumonia shots have you ever had?

Response:

1	One pneumonia shot
2	Two pneumonia shots
3	More than two pneumonia shots
7	Refused
9	Don't Know

Universe:

Sample Adults who ever had a pneumonia shot

Skip Instructions:

```
<1-3,RF,DK> if GEN.AGE_FINAL[PX_A] ge 50 [goto SHTSHINGLE_A]  
elseif LIVEBIRTH_A=1 [goto TDAPPREG_A]  
else [goto WORKHEALTH_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0090.00.3 Variable: SHTSHINGLE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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 now available for shingles. The first is Zostavax®, which requires 1 shot and has been available since 2006. The other is Shingrix®, a new vaccine which requires 2 shots and has been available since 2017.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 50+

Skip Instructions:

<1> [goto ZOSTAVAX_A]
<2,RF,DK> [goto WORKHEALTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0100.00.3 Variable: ZOSTAVAX_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

There are two vaccines now available for shingles. The first is Zostavax®, which requires one shot and has been available since 2006. The other is Shingrix®, a new vaccine which requires 2 shots and has been available since 2017.

Have you ever had Zostavax®, the shingles vaccine that requires one shot?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults age 50 or older who ever had a vaccine for shingles

Skip Instructions:

<1> [goto ZOSTAVAXYR_A]
<2,RF,DK> [goto SHINGRIX_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0110.00.3 Variable: ZOSTAVAXYR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

What year did you get your most recent Zostavax® shot?

* **Read if necessary:** *The Zostavax® vaccine has been available since 2006.*

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Adults age 50 or older who had Zostavax vaccine

Skip Instructions:

```
<1900-2030> if future date [goto ERR1_ZOSTAVAXYR_A]
elseif date before birth [goto ERR2_ZOSTAVAXYR_A]
else [goto SHINGRIX_A]
<RF,DK> [goto ZOSTAWHEN_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_ZOSTAVAXYR_A	Future date hard edit	{check ERR1_ZOSTAVAXYR_A} Future date invalid. Please correct.
ERR2_ZOSTAVAXYR_A	Date of most recent Zostavax shot is prior to Sample Adult's birth - hard edit	{check ERR2_ZOSTAVAXYR_A} Date of most recent Zostavax® shot is prior to Sample Adult's birth. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0120.00.3 Variable: ZOSTAWHEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Was it before 2018?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults aged 50 and older who don't know or refused the year they had a Zostavax vaccination

Skip Instructions:

<1,2,RF,DK> [goto SHINGRIX_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0130.00.3 Variable: SHINGRIX_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Have you ever had Shingrix®, the new shingles vaccine which requires 2 shots and has been available since 2017?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 50+ who had a shingles vaccine

Skip Instructions:

<1> [goto SHINGRIXNB_A]
<2,RF,DK> else [goto WORKHEALTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0140.00.3 Variable: SHINGRIXNB_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

How many Shingrix® shots have you ever had?

Response:

1	One Shingrix shot
2	Two Shingrix shots
7	Refused
9	Don't Know

Universe:

Sample Adults aged 50 or older who had a Shingrix vaccine

Skip Instructions:

<1,2,RF,DK> [goto SHINGRIXR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0150.00.3 Variable: SHINGRIXR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

What year did you get your most recent Shingrix® shot?

* **Read if necessary:** *The Shingrix® vaccine has been available since 2017.*

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Adults aged 50 or older who had a Shingrix vaccine

Skip Instructions:

```
<1900-2030> if future date [goto ERR1_SHINGRIXR_A]
elseif date prior to birth [goto ERR2_SHINGRIXR_A]
else [goto WORKHEALTH_A]
<RF,DK> [goto SHINGWHEN_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SHINGRIXR_A	Date of most recent Shingrix shot is prior to Sample Adult's birth - hard edit	{check ERR2_SHINGRIXR_A} Date of most recent Shingrix® shot is prior to Sample Adult's birth. Please correct.
ERR1_SHINGRIXR_A	Future date hard edit	{check ERR1_SHINGRIXR_A} Future date invalid. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0160.00.3 Variable: SHINGWHEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Was it before 2018?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults aged 50 and older who had a Shingrix vaccination and don't know or refused the year they had it.

Skip Instructions:

<1,2,RF,DK> [goto WORKHEALTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0170.00.03 Variable: TDAPPREG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Female Sample Adults less than 49 years old or who don't know or refused their age who had a live birth in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto WORKHEALTH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0180.00.3 Variable: WORKHEALTH_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto next section]
<2,RF,DK> [goto WRKHLTHFC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

IMS: Immunization

Question ID: IMS.0190.00.3 Variable: WRKHLTHFC_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who do not provide medical care to patients or don't know or refused if they do

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care

Question ID: PTC.0010.00.2 Variable: EYEEX12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto THERA12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care

Question ID: PTC.0020.00.1 Variable: THERA12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 12 months, did you receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

* **Read if necessary:** Do not include mental health therapy.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto HOMEHC12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care

Question ID: PTC.0030.00.1 Variable: HOMEHC12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 12 months, did you receive care at home from a nurse or other health professional?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CGR: Caregiving Received

Question ID: CGR.0010.00.4 Variable: HOMECAREDG_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Was there any time when you needed care at home from a nurse or other health professional but DID NOT GET IT because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto FAMCARE12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CGR: Caregiving Received

Question ID: CGR.0020.00.4 Variable: FAMCARE12M_A Interview Module: Adult Content Type: Emerging Content

Question Text:

During the past 12 months, did you receive care at home from a friend or family member?

* If the respondent asks what is meant by the term "care," say: "A wide range of activities that a person may need help with can be considered care. For example, care at home can include personal tasks such as giving medications or helping with eating, dressing, or bathing or household tasks such as cleaning, managing money, or preparing meals."

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto FAMCAREDNG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CGR: Caregiving Received

Question ID: CGR.0030.00.4 Variable: FAMCAREDNG_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Was there any time when you needed care at home from a friend or family member but DID NOT GET IT because of the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> if HOMECAREDG_A=1 and FAMCARE12M_A=1[goto FAMCARECVD_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CGR: Caregiving Received

Question ID: CGR.0040.00.4 Variable: FAMCARECVD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Did a friend or family member provide some or all of the care that a nurse or other health professional did not provide due to the coronavirus pandemic?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who did not get home care from nurse/health professional due to COVID-19 and received home care from friend/family

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ANX: Anxiety

Question ID: ANX.0010.00.1 Variable: ANXFREQ_A Interview Module: Adult Content Type: Annual Core

Question Text:

How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

Response:

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF,DK> [goto ANXMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ANX: Anxiety

Question ID: ANX.0020.00.1 Variable: ANXMED_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you take prescription medication for these feelings?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

```
<1,RF,DK> [goto ANXLEVEL_A]
<2> if ANXFREQ_A=5 [goto next section]
    else [goto ANXLEVEL_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

ANX: Anxiety

Question ID: ANX.0030.00.1 Variable: ANXLEVEL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

Response:

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DEP: Depression

Question ID: DEP.0010.00.1 Variable: DEPFREQ_A Interview Module: Adult Content Type: Annual Core

Question Text:

How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

Response:

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF,DK> [goto DEPMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DEP: Depression

Question ID: DEP.0020.00.1 Variable: DEPMED_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you take prescription medication for depression?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,RF,DK> [goto DEPLEVEL_A]
<2> if DEPFREQ_A=5 [goto next section]
else [goto DEPLEVEL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DEP: Depression

Question ID: DEP.0030.00.1 Variable: DEPLEVEL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

Response:

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0010.00.2 Variable: MHRX_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have not taken medication for worry or don't know or refused if they have and have not taken medication for depression or don't know or refused if they have

Skip Instructions:

<1,2,RF,DK> [goto MHTHRPY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0020.00.2 Variable: MHTRPY_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,RF,DK> [goto MHTPYNOW_A]
<2> [goto MHTHDLY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0030.00.2 Variable: MHTPYNOW_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you currently receiving counseling or therapy from a mental health professional?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have received, or refused to answer or don't know if they have received counseling or therapy from a mental health professional in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto MHTHDLY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0040.00.2 Variable: MHTHDLY_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, have you DELAYED getting counseling or therapy from a mental health professional because of the cost?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto MHTHND_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0050.00.2 Variable: MTHND_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0010.00.2 Variable: PAINTRO_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

The next question is about pain you may have had in the past three months.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto PAIFRQ3M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0020.00.2 Variable: PAIFRQ3M_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the past three months, how often did you have pain? Would you say never, some days, most days, or every day?

* If respondent asks whether they are to answer about their pain when taking their medications, say: "Please answer based on your usual use of medication."

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,RF,DK> [goto next section]
<2,3,4> [goto PAIAMNT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0030.00.2 Variable: PAIAMNT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

Response:

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip Instructions:

<1-3,RF,DK> [goto PAIOTCMEDS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0040.00.2 Variable: PAIWKLM3M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Over the past three months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip Instructions:

<1-4,RF,DK> [goto PAIAFFM3M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0050.00.2 Variable: PAIAFFM3M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Over the past three months, how often did YOUR pain affect your family and significant others?
Would you say never, some days, most days, or every day?

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

Skip Instructions:

<1-4,RF,DK> if PAINMNG_FLG=1 [goto PAIOTCMEDS_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0060.00.3 Variable: PAIOTCMEDS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Over the past three months, did you use any of the following to manage your pain?

...Over-the-counter medications such as aspirin, Tylenol, Advil, or Aleve?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months

Skip Instructions:

<1,2,RF,DK> [goto PAIPRSMEDS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0070.00.3 Variable: PAIPRSMEDS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...A pain reliever ^opioid prescribed by a doctor, dentist, or other health professional?

Fills:

^opioid	Description	other than an opioid
	Instruction	If OPD.OPD3M_A=1, then fill "other than an opioid"; otherwise, leave blank

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months

Skip Instructions:

<1,2,RF,DK> [goto PAIPHYSTPY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0080.00.3 Variable: PAIPHYSTPY_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Physical therapy, rehabilitative therapy, or occupational therapy?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months

Skip Instructions:

<1,2,RF,DK> [goto PAICHIRO_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0090.00.3 Variable: PAICHIRO_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Spinal manipulation or other forms of chiropractic care?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAITALKTPY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0100.00.3 Variable: PAITALKTPY_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Talk therapies such as cognitive-behavioral therapy (CBT)?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAIYOGA_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0110.00.3 Variable: PAIYOGA_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Yoga, Tai Chi, or Qi Gong (chee-GONG)?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAIEXRCISE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0120.00.3 Variable: PAIEXRCISE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Other forms of exercise, such as walking, swimming, bike riding, stretching, or strength training?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAIMASSAGE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0130.00.3 Variable: PAIMASSAGE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Massage?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAIMEDITAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0140.00.3 Variable: PAIMEDITAT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Over the past three months, did you use any of the following to manage your pain?*

...Meditation, guided imagery, or other relaxation techniques?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto PAIMOTHER_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PAI: Chronic Pain

Question ID: PAI.0150.00.3 Variable: PAIMOTHER_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Over the past three months, did you use any other approaches to manage your pain?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

LNG: Lung Cancer Screening

Question ID: LNG.0010.00.3 Variable: CTSCANEV_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

The following questions are about CT scans. During this test, you lie down on your back and are moved through an open, donut-shaped x-ray machine.

Have you EVER HAD a CT scan?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 40+

Skip Instructions:

<1> [goto CTSCANCHST_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

LNG: Lung Cancer Screening

Question ID: LNG.0020.00.3 Variable: CTSCANCHST_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Were any of the CT scans of your chest area?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 40+ who have ever had a CT scan

Skip Instructions:

<1,DK> [goto CTLNGCAN_A]
<2,RF> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

LNG: Lung Cancer Screening

Question ID: LNG.0030.00.3 Variable: CTLNGCAN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

The next question is only about CT scans to check or screen for lung cancer, sometimes called low-dose CT scans.

Were any of the CT scans of your chest area done mainly to check or screen for lung cancer?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 40+ who had a CT scan of their chest area or don't know

Skip Instructions:

<1> [goto CTLNGWHEN_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

LNG: Lung Cancer Screening

Question ID: LNG.0040.00.3 Variable: CTLNGWHEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When did you have your MOST RECENT CT scan of your chest area done mainly to check or screen for lung cancer?

Response:

1	Within the past year (anytime less than 12 months ago)
2	Within the past 2 years (1 year but less than 2 years ago)
3	Within the past 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	Within the past 10 years (5 years but less than 10 year ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Adults 40+ who had a CT scan to check for lung cancer

Skip Instructions:

<1-6,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0010.00.2 Variable: REPSTRAIN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

The next set of questions asks about injuries.

The first question is about repetitive strain injuries. By this, we mean injuries caused by repeating the same movement over an extended period. Examples include carpal tunnel syndrome, tennis elbow, or tendonitis.

During the past 3 months, did you have any injuries due to repetitive strain?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto REPLIMIT_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0020.00.2 Variable: REPLIMIT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Were any repetitive strain injuries serious enough to limit your usual activities for at least 24 hours?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a repetitive strain injury in the past 3 months

Skip Instructions:

<1> [goto REPSAWDOC_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0030.00.2 Variable: REPSAWDOC_A Interview Module: Adult Content Type: Rotating Core

Question Text:

For the next questions, please think only about the repetitive strain injuries that limited your usual activities for at least 24 hours after the injury occurred.

During the past 3 months, did you talk to or see a doctor or other health professional about your repetitive strain injuries?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

Skip Instructions:

<1,2,RF,DK> [goto REPWRKDAY5_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0040.00.2 Variable: REPWRKDAY5_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, how many days of work did you miss because of your repetitive strain injuries?

* If respondent says none, no, or 0 days, ask: *Did you work at all the past 3 months?*

* Enter '90' if respondent says they missed every day of work in the past 3 months.

* Enter '91' if respondent says they did not work in the past 3 months.

Response:

00-90	Range of values
91	Did not work
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

Skip Instructions:

<1-90,DK> [goto REPFUTWORK_A]
<0,RF> [goto REPSTOPCHG_A]
<91> [goto REPWRKCAUS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0050.00.2 Variable: REPFUTWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Do you expect to miss any more days of work because of your repetitive strain injuries?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who missed at least one day of work due to repetitive strain injury in past 3 months or don't know

Skip Instructions:

<1,2,RF,DK> [goto REPSTOPCHG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0060.00.2 Variable: REPSTOPCHG_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you stop working or change jobs because of your repetitive strain injuries?

Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who missed 0 or more days of work due to repetitive strain injury in past 3 months or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto REPREDUCE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0070.00.2 Variable: REPREDUCE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you make a major change in your work activities, such as taking on fewer hours or lighter duties, because of your repetitive strain injuries?

* Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who missed 0 or more days of work due to repetitive strain injury in past 3 months or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto REPWRKCAUS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0080.00.2 Variable: REPWRKCAUS_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Have you ever been told by a doctor or other health professional that any of your repetitive strain injuries were likely to be work-related?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0010.00.2 Variable: INJINTRO_A Interview Module: Adult Content Type: Rotating Core

Question Text:

The next set of questions asks about SUDDEN injuries. People can be injured accidentally or on purpose. They may hurt themselves or others may cause them to be hurt.

Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto ANYINJURY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0020.00.2 Variable: ANYINJURY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^NOTREPS the past 3 months, did you have an accident or an injury where any part of your body was hurt?

Fills:

^NOTREPS	Description	NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during/During
	Instruction	If REP.REPSTRAIN_A=1, fill: "NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during" If REP.REPSTRAIN_A=2,RF,DK, "During"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto INJLIMIT_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0030.00.2 Variable: INJLIMIT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Did any of these injuries limit your usual activities for at least 24 hours after the injury occurred?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months

Skip Instructions:

<1> [goto NUMINJ_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0040.00.2 Variable: NUMINJ_A Interview Module: Adult Content Type: Rotating Core

Question Text:

For the next questions, please think only about the significant injuries that occurred during the past 3 months. By significant, I mean those injuries that limited your usual activities for at least 24 hours after the injury occurred.

^NOTREPS the past 3 months, how many times did these accidents or injury events occur?

* Enter '96' if number is 96 or greater.

Fills:

^NOTREPS	Description	NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during/During
	Instruction	If REP.REPSTRAIN_A=1, fill: "NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during" If REP.REPSTRAIN_A=2,RF,DK, "During"

Response:

01-96	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1-9,RF,DK> [goto INJHOME_A]
<10-96> [goto ERR1_NUMINJ_A], then [goto INJHOME_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_NUMINJ_A	High number of injuries	{signal ERR1_NUMINJ_A} ^NUMINJ_A is an unusually large number. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0050.00.2 Variable: INJHOME_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^siginj_A occur while you were at your home?

* **Read if necessary:** *Include the yards, garage, basement, and other places on the home property.*

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if NUMINJ_A=1 [goto INJSPORTS_A]
elseif NUMINJ_A=2-96,RF,DK [goto INJWORK_A]
<2,RF,DK> [goto INJWORK_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0060.00.2 Variable: INJWORK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signinj_A occur while you were working at a job or business?

Enter 'no' if respondent says they did not work in the past 3 months.

Fills:

^signinj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported more than 1 injury in the past 3 months or don't know or who reported 1 injury in the past 3 months but did not report an injury at home

Skip Instructions:

<1,2,RF,DK> [goto INJSPORTS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0070.00.2 Variable: INJSPORTS_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signinj_A occur while you were playing sports or exercising, including walking, biking, or running, playing baseball, basketball, football or doing any other physical activity?

* **Read if necessary:** Include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing.

Fills:

^signinj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1,2,RF,DK> [goto INJFALL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0080.00.2 Variable: INJFALL_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signinj_A occur as a result of a fall or falling?

Fills:

^signinj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if NUMINJ_A=1 [goto INJMOTOR_A]
elseif NUMINJ_A IN (2-96,RF,DK) and INJHOME_A=1 [goto INJFALLHOM_A]
elseif NUMINJ_A IN (2-96,RF,DK) and INJWORK_A=1 [goto INJFALLWRK_A]
else [goto INJMOTOR_A]
<2,RF,DK> [goto INJMOTOR_A]
```


2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0090.00.2 Variable: INJFALLHOM_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Did any fall occur while you were at your home?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had more than 1 significant injury or don't know or refused, and were injured as a result of a fall or falling, and who were injured at home

Skip Instructions:

<1,2,RF,DK> if INJWORK_A=1 [goto INJFALLWRK_A]
else [goto INJMOTOR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0100.00.2 Variable: INJFALLWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Did any fall occur while you were working at a job or business?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had more than 1 injury or don't know or refused, and were injured as a result of a fall or falling, and who were injured at work

Skip Instructions:

<1,2,RF,DK> [goto INJMOTOR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0110.00.2 Variable: INJMOTOR_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^siginj_A occur as a result of being in a motor vehicle crash or being hit by a motor vehicle while walking or biking?

* **Read if necessary:** Motor vehicles include cars, trucks, vans, buses, motorcycles, motorized scooters, motorized wheelchairs, motorized carts, tractors, ATVs, snowmobiles, dune buggies, and other motorized vehicles.

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1> [goto INJMVTYPE_A]
<2,RF,DK> [goto INJCHORES_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0120.00.2 Variable: INJMVTYPE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Were you a driver, passenger, bicyclist, pedestrian, or doing something else when this occurred?

* Enter all that apply, separate with commas.

Response:

1	Driver
2	Passenger
3	Bicyclist
4	Pedestrian
5	Something else
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported a significant injury from a motor vehicle accident

Skip Instructions:

<1-5,RF,DK> [goto INJCHORES_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0130.00.2 Variable: INJCHORES_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did ^siginj_A occur while you were doing household activities, such as housework, cooking, home maintenance, or yardwork?

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1,2,RF,DK> [goto INJSAWDOC_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0140.00.2 Variable: INJSAWDOC_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you see or talk to a doctor or other health professional about ^siginj_A?

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if UTZ.EMERGE12M_A IN (1-96,RF,DK) [goto INJER_A]
elseif UTZ.HOSPONGT_A IN (1,RF,DK) [goto INJHOSP_A]
else [goto INJBONES_A]
<2,RF,DK> [goto INJWRKDAY_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0150.00.2 Variable: INJER_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you go to an emergency room because of ^siginj_A?

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who saw doctor about their injuries and went to the ER at least once in the past 12 months or don't know or refused

Skip Instructions:

<1,2,RF,DK> if UTZ.HOSPONGT_A IN (1,RF,DK) [goto INJHOSP_A]
else [goto INJBONES_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0160.00.2 Variable: INJHOSP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, were you hospitalized overnight because of ^siginj_A?

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who saw doctor about their injuries and reported being hospitalized at least once in the past 12 months or don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto INJBONES_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0170.00.2 Variable: INJBONES_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you have any broken bones as a result of ^signinj_A?

Fills:

^signinj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who saw a doctor about an injury

Skip Instructions:

<1,2,RF,DK> [goto INJSTITCH_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0180.00.2 Variable: INJSTITCH_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you get any stitches or staples because of ^signinj_A?

Fills:

^signinj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who saw a doctor about an injury

Skip Instructions:

<1,2,RF,DK> [goto INJWRKDAY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0190.00.2 Variable: INJWRKDAY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, how many days of work did you miss because of ^signj_A?

* If respondent says none, no, or 0 days, ask: *Did you work at all the past 3 months?*

* Enter '90' if respondent says they missed every day of work in the past 3 months.

* Enter '91' if respondent says they did not work in the past 3 months.

Fills:

^signj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

00-90	Range of values
91	Did not work
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who had a significant non-repetitive strain injury in the past 3 months that limited their usual activities for at least 24 hours

Skip Instructions:

<1-90,DK> [goto INJFUTWRK_A]
 <0,RF> [goto INJSTOPCHG_A]
 <91> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0200.00.2 Variable: INJFUTWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Do you expect to miss any more days of work because of ^siginj_A that occurred during the past 3 months?

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have missed at least one day of work due to injury in past 3 months or don't know

Skip Instructions:

<1,2,RF,DK> [goto INJSTOPCHG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0210.00.2 Variable: INJSTOPCHG_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you stop working or change jobs because of ^siginj_A?

Enter 'no' if respondent says they did not work in the past 3 months.

Fills:

^siginj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have missed 0 or more days of work due to injury in past 3 months or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto INJREDUCE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0220.00.2 Variable: INJREDUCE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 3 months, did you make a major change in your work activities, such as taking on fewer hours or lighter duties, because of ^signj_A?

Enter 'no' if respondent says they did not work in the past 3 months.

Fills:

^signj_A	Description	your significant injury/any of your significant injuries
	Instruction	If INJ.NUMINJ_A=1, fill: "your significant injury" If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have missed 0 or more days of work due to injury in past 3 months or refused or don't know

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

FGE: Fatigue

Question ID: FGE.0010.00.2 Variable: FGEFRQTRD_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto next section]
<2-4,RF,DK> [goto FGELNGTRD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FGE: Fatigue

Question ID: FGE.0020.00.2 Variable: FGELNGTRD_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

Response:

1	Some of the day
2	Most of the day
3	All of the day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know

Skip Instructions:

<1-3,RF,DK> [goto FGELEVTRD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

FGE: Fatigue

Question ID: FGE.0030.00.2 Variable: FGELEVTRD_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Thinking about the last time you felt this way, how would you describe the level of tiredness?
Would you say a little, a lot, or somewhere in between?

Response:

1	A little
2	A lot
3	Somewhere in between a little and a lot
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0010.00.1 Variable: CIGINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

These next questions are about cigarette smoking.

*Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SMKEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0020.00.1 Variable: SMKEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SMKAGE_A]
<2,RF,DK> [goto ECIGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0030.00.2 Variable: SMKAGE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

How old were you when you FIRST started to smoke fairly regularly?

* Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."

- * Enter '6' if less than 6 years old.
- * Enter '95' if 95 years old or older.
- * Enter '96' if never smoked regularly.

Response:

06-95	Range of values
96	Never smoked regularly
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who ever smoked 100 cigarettes

Skip Instructions:

<6-95,96,RF,DK> if SMKAGE_A gt GEN.AGE_FINAL and SMKAGE_A ne 96 [goto ERR1_SMKAGE_A]
 else [goto SMKNOW_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_SMKAGE_A	Age starting smoking exceeds current age	{check ERR1_SMKAGE_A} Starting age exceeds current age. Please correct

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0040.00.1 Variable: SMKNOW_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who ever smoked 100 cigarettes

Skip Instructions:

<1> [goto CIGNOW_A]
<2> [goto SMK30D_A]
<3> [goto SMKQTN_A]
<RF,DK> [goto ECIGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0050.00.1 Variable: CIGNOW_A Interview Module: Adult Content Type: Annual Core

Question Text:

On average, about how many cigarettes do you NOW smoke a day?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

Response:

00-95	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who are current every day smokers

Skip Instructions:

<1-95,RF,DK> [goto SMKQT12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0060.00.1 Variable: SMK30D_A Interview Module: Adult Content Type: Annual Core

Question Text:

On how many of the past 30 days did you smoke a cigarette?

* Enter '0' for None.

Response:

00-30	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who are current some day smokers

Skip Instructions:

<0> [goto SMKQT12M_A]
<1-30,RF,DK> [goto CIG30D_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0070.00.1 Variable: CIG30D_A Interview Module: Adult Content Type: Annual Core

Question Text:

On average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

Response:

00-95	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have smoked any time in the past 30 days or refused or don't know

Skip Instructions:

<1-95,RF,DK> [goto SMKQT12M_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0080.00.2 Variable: SMKQT12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 12 months, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are every day or someday smokers

Skip Instructions:

<1,2,RF,DK> if UTZ.LASTDR_A=1 [goto SMKTLK_A]
else [goto ECIGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0090.01.2 Variable: SMKQTN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

How long has it been since you quit smoking cigarettes?

* Enter number for time since quit smoking.

Response:

001-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who quit smoking

Skip Instructions:

```
<1-365> [goto SMKQTP_A]  
<RF,DK> if SMKAGE_A ne 96 [goto FORNUMCIG_A]  
else [goto FORVARCIG_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0090.02.2 Variable: SMKQTPP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for time since quit smoking.

Response:

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)

Universe:

Sample Adults 18+ who gave a number for how long ago they quit smoking

Skip Instructions:

```
<1-3,RF,DK> if SMKAGE_A ne 96 [goto FORNUMCIG_A]
else [goto FORVARCIG_A]
<4> if SMKERR1_CALC_A lt 15 [goto ERR1_SMKQTPP_A]
elseif SMKERR2_CALC_A gt GEN.AGE_FINAL[PX_A] [goto ERR2_SMKQTPP_A]
elseif SMKAGE_A ne 96 [goto FORNUMCIG_A]
else [goto FORVARCIG_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SMKQTPP_A	Age started smoking plus years since quitting is greater than current age	{check ERR2_SMKQTPP_A} Age started smoking (^SMKAGE_A years) + years since quitting (^SMKQTN_A) exceeds current age. Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SMKQTPP_A	Former smokers who quit before the age of 15	{signal ERR1_SMKQTPP_A} Respondent quit smoking before age 15? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0120.00.3 Variable: FORNUMCIG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

* **Smoking regularly is respondent defined. If asked about what this means, say that** "It is whatever you consider was the last time you were smoking fairly regularly."

Enter '94' if 94 or more cigarettes.

Enter '95' if varied.

Enter '96' if never smoked cigarettes regularly.

Response:

01-94	Range of values
95	Varied
96	Never smoked regularly
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who are former smokers

Skip Instructions:

```
<95,96,DK> [goto FORVARCIG_A]
<1-94,RF> if UTZ.LASTDR_A=1 and ((SMKQTN_A le 365 and SMKQTP_A=1) or (SMKQTN_A le 52 and
SMKQTP_A=2) or (SMKQTN_A le 12 and SMKQTP_A=3) or (SMKQTN_A le 1 and SMKQTP_A=4)) [goto
SMKTLK_A]
else [goto ECIGEV_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0130.00.3 Variable: FORVARCIG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

* Read if necessary: 1 pack equals 20 cigarettes.

* Enter '95' if 95 or more.

Response:

01-95	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who answered varied, never, don't know to when they last smoked fairly regularly or said they never smoked regularly and now don't smoke at all

Skip Instructions:

<1-95,RF,DK> if UTZ.LASTDR_A=1 and ((SMKQTN_A LE 365 and SMKQTP_A=1) or (SMKQTN_A le 52 and SMKQTP_A=2) or (SMKQTN_A le 12 and SMKQTP_A=3) or (SMKQTN_A le 1 and SMKQTP_A=4)) [goto SMKTLK_A]
else [goto ECIGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0140.00.2 Variable: SMKTLK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In the past 12 months, has a doctor, dentist, or other health professional ADVISED you about ways to stop smoking or prescribed medication to help you quit?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette smokers or former cigarette smokers who have quit in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto ECIGEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0150.00.1 Variable: ECIGEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

* **Read if necessary:** *Electronic cigarettes (e-cigarettes) and other electronic vaping products include JUULs, vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.*

* **These questions concern electronic vaping products for nicotine use.**

* **Do not include marijuana use.**

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto ECIGNOW_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CIG: Cigarettes and E-cigarettes w/ Cigarette History

Question ID: CIG.0160.00.1 Variable: ECIGNOW_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you NOW use e-cigarettes or other electronic vaping products every day, some days, or not at all?

* These questions concern electronic vaping products for nicotine use.

* Do not include marijuana use.

Response:

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever used e-cigarettes

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0010.00.3 Variable: CIGAREV_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+

Skip Instructions:

<1> [goto CIGARCUR_A]
<2,RF,DK> [goto PIPEEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0020.00.3 Variable: CIGARCUR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Do you NOW smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

Response:

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't Know

Universe:

Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

Skip Instructions:

<1,RF,DK> [goto PIPEEV_A]
<2,3> [goto CIGAR30D_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0030.00.3 Variable: CIGAR30D_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

On how many of the past 30 days have you smoked a regular cigar, cigarillo, or little filtered cigar?

Response:

00-30	Range of values
97	Refused
99	Don't Know

Universe:

Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

Skip Instructions:

<0-30,RF,DK> [goto PIPEEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0040.00.3 Variable: PIPEEV_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+

Skip Instructions:

<1> [goto PIPECUR_A]
 <2,RF,DK> [goto SMOKEELSEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0050.00.3 Variable: PIPECUR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.*

Response:

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't Know

Universe:

Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

Skip Instructions:

<1-3,RF,DK> [goto SMOKEELSEV_A]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0060.00.3 Variable: SMOKELSEV_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+

Skip Instructions:

<1> [goto SMOKELSCUR_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

OTB: Other Tobacco

Question ID: OTB.0070.00.3 Variable: SMOKELSCUR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Do you NOW use smokeless tobacco products every day, some days, or not at all?

Response:

1	Every day
2	Some days
3	Not at all
7	Refused
9	Don't Know

Universe:

Sample adults 18+ who have ever used smokeless tobacco products

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0010.00.2 Variable: DRKLIFE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

These next questions are about drinking alcoholic beverages.

Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink.

In your ENTIRE LIFE, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto DRK12MN_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0020.01.2 Variable: DRK12MN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

During the past 12 months, how many days per week, per month or per year did you drink any type of alcoholic beverage?

* **Read if necessary:** *Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink.*

* **Enter number for how often alcoholic beverages were consumed in the past 12 months. Then enter category of response (week, month, year).**

* **Enter '0' for Never.**

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who have had at least 1 drink in their entire life

Skip Instructions:

<0> [goto DRK12ANYR_A]
<1-365> [goto DRK12MTP_A]
<DK> [goto DRKAVG12M_A]
<RF> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0020.02.2 Variable: DRK12MTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for how often alcoholic beverages were consumed in the past year.

Response:

1	Per week
2	Per month
3	Per year

Universe:

Sample Adults 18+ who gave a number for number of days drank per week/month/year

Skip Instructions:

```
<1-3> if ((DRK12MN_A gt 7 and DRK12MTP_A=1) or (DRK12MN_A gt 31 and DRK12MTP_A=2))[goto  
ERR1_DRINK12MTP_A] then [goto DRKAVG12M_A]  
<RF,DK> [goto DRKAVG12M_A]
```

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0030.00.2 Variable: DRKAVG12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

When counting number of drinks, one drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or one shot or 1.5 ounces of liquor. A larger 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

During the past 12 months, on those days that you drank alcoholic beverages, on average, how many DRINKS did you have?

* Enter '0' if never drank in the past 12 months.

* Enter '1' if 1 or fewer drinks.

* Enter '95' if 95 or more drinks.

Response:

00-95	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who drank at least once in the past year or don't know

Skip Instructions:

```
<0> [goto DRK12ANYR_A]
<1-3,RF,DK> [goto DRKBNG12M_A]
<4> if GEN.SEX_FINAL=2 [goto DRKANY30D_A]
elseif GEN.SEX_FINAL IN (1,RF,DK) [goto DRKBNG12M_A]
<5-95> [goto DRKANY30D_A]
<10-95> [goto ERR1_DRKAVG12M_A]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR1_DRKAVG12M_A	10 or more daily drinks	{signal ERR1_DRKAVG12M_A} ^DRKAVG12M_A drinks is an usually high number. Please verify. Do not probe.

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0040.00.2 Variable: DRK12ANYR_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

* **Read if necessary:** *One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot (1.5 ounces) of liquor. A 40-ounce beer would count as 3 drinks or a cocktail drink with 2 shots would count as 2 drinks.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have not had a drink in the past 12 months

Skip Instructions:

<1,2,RF,DK> if DRK12MN_A ne 0 and UTZ.LASTDR_A=1 [goto DRKADVISE_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0050.00.2 Variable: DRKBNG12M_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 12 months, did you ever have ^BINGE drinks in a day?

Fills:

^BINGE	Description	5 or more/4 or more
	Instruction	If GEN.SEX_FINAL IN (1,RF,DK) fill: "5 or more" If GEN.SEX_FINAL=2, fill: "4 or more"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who drank less than 4(female)/5(male, refused, don't know sex) drinks a day on average

Skip Instructions:

```
<1> [goto DRKANY30D_A]
<2,RF,DK> if (DRKAVG12M_A IN (RF,DK) and DRK12MN_A GE 1) [goto DRKANY30D_A]
elseif UTZ.LASTDR_A=1 and (DRK12MN_A GE 1 or DRKAVG12M_A GE 1)[goto DRKADVISE_A]
elseif (UTZ.LASTDR_A NE 1 or (DRKAVG12M_A IN (RF,DK) AND DRK12MN_A=DK))[goto next section]
```

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0060.00.2 Variable: DRKANY30D_A Interview Module: Adult Content Type: Rotating Core

Question Text:

The next question will ask you about ONLY the past 30 days.

During the past 30 days, did you have at least one drink of any type of alcoholic beverage?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who drank 4+(female)/5+(male, refused, don't know sex) drinks in a day in the last year or refused or don't know

Skip Instructions:

<1,RF,DK> [goto DRKBNG30D_A]
<2> if UTZ.LASTDR_A=1[goto DRKADVISE_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0070.00.2 Variable: DRKBNG30D_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 30 days, how many times did you have ^BINGE drinks on an occasion?

* **Read if necessary:** A drinking occasion is considered to be approximately two hours.

* **Enter '0' if none.**

* **Enter '60' if 60 or more times.**

Fills:

^BINGE	Description	5 or more/4 or more
	Instruction	If GEN.SEX_FINAL IN (1,RF,DK) fill: "5 or more" If GEN.SEX_FINAL=2, fill: "4 or more"

Response:

00-60	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who drank in the past 30 days or refused or don't know

Skip Instructions:

<0-60,RF,DK> if UTZ.LASTDR_A=1 and (DRK12MN_A ge 1 or DRKAVG12M_A ge 1) [goto DRKADVISE_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ALC: Alcohol Use

Question ID: ALC.0080.00.2 Variable: DRKADVISE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In the past 12 months, has a doctor, dentist, or other health professional ADVISED you to stop or cut down on your drinking?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have seen a doctor or other health professional in the past year and have had 1 or more drinks in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0010.01.2 Variable: MODN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your LEISURE time. We are interested in two types of physical activity --- moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate.

How often do you do MODERATE-INTENSITY LEISURE-TIME physical activities?

* **If necessary, prompt with:** *How many times per day, per week, per month, or per year do you do these activities?*

* Enter number for moderate leisure-time physical activities.

* Enter '0' for Never.

* Enter '996' if unable to do this type of activity.

Response:

000-995	Range of values
996	Unable to do this type of activity
997	Refused
999	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-995> [goto MODTP_A]
 <0,996,RF,DK> [goto VIGN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0010.02.2 Variable: MODTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for moderate leisure-time physical activities.

Response:

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who do moderate physical activities

Skip Instructions:

<1-4> if ((MODN_A gt 4 and MODTP_A=1) or (MODN_A gt 28 and MODTP_A=2) or (MODN_A gt 31 and MODTP_A=3) or (MODN_A gt 365 and MODTP_A=4)) [goto ERR1_MODTP_A]
 else [goto MODLN_A]
 <RF,DK> [goto VIGN_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_MODTP_A	Unusually high soft edit	{signal ERR1_MODTP_A} ^MODN_A times per ^MODTP_A is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0020.01.2 Variable: MODLN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

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

Read if necessary: *Moderate-intensity activities cause moderate increases in breathing or heart rate.*

* Enter number for length of moderate leisure-time physical activities.

Response:

000-995	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who do moderate physical activities

Skip Instructions:

<1-995> [goto MODLTP_A]
<RF,DK> [goto VIGN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0020.02.2 Variable: MODLTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for length of moderate leisure-time physical activities.

Response:

1	Minutes
2	Hours
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who do moderate physical activities

Skip Instructions:

<1,2> if ((MODLN_A ge 120 and MODLTP_A=1) or (MODLN_A ge 2 and MODLTP_A=2)) [goto ERR1_MODLTP_A]
 else [goto VIGN_A]
 <RF,DK> [goto VIGN_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_MODLTP_A	Unusually high soft edit	{signal ERR1_MODLTP_A} ^MODLN_A ^MODLTP_A is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0030.01.2 Variable: VIGN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

How often do you do VIGOROUS-INTENSITY LEISURE-TIME physical activities?

* **Read if necessary:** *Vigorous-intensity activities cause large increases in breathing or heart rate.*

* **Read if necessary:** *How many times per day, per week, per month, or per year do you do these activities?*

* **Enter number for vigorous leisure-time physical activities.**

* **Enter '0' for Never.**

* **Enter '996' if unable to do this type of activity.**

Response:

000-995	Range of values
996	Unable to do this type of activity
997	Refused
999	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<0,996,RF,DK> [goto STRN_A]

<1-995> [goto VIGTP_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0030.02.2 Variable: VIGTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for vigorous leisure-time physical activities.

Response:

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who do vigorous physical activities

Skip Instructions:

<1-4> if (VIGN_A gt 4 and VIGTP_A=1) or (VIGN_A gt 28 and VIGTP_A=2) or (VIGN_A gt 31 and VIGTP_A=3) or (VIGN_A gt 365 and VIGTP_A=4) [goto ERR1_VIGTP_A]
 else [goto VIGLN_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_VIGTP_A	Unusually high soft edit	{signal ERR1_VIGTP_A} ^VIGN_A times per ^VIGTP_A is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0040.01.2 Variable: VIGLN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

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

* **Read if necessary:** *Vigorous-intensity activities cause large increases in breathing or heart rate.*

* **Enter number for length of vigorous leisure-time physical activities.**

Response:

000-995	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who do vigorous physical activities

Skip Instructions:

<1-995>[goto VIGLTP_A]
<RF,DK>[goto STRN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0040.02.2 Variable: VIGLTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for length of vigorous leisure-time physical activities.

Response:

1	Minutes
2	Hours
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who do vigorous physical activities

Skip Instructions:

<1,2> if (VIGLN_A ge 120 and VIGLTP_A=1) or (VIGLN_A ge 2 and VIGLTP_A=2) [goto ERR1_VIGLTP_A]
 else [goto STRN_A]
 <RF,DK> [goto STRN_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_VIGLTP_A	Unusually high soft edit	{signal ERR1_VIGLTP_A} ^VIGLN_A ^VIGLNTP_A is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0050.01.2 Variable: STRN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

Including activities that you mentioned earlier, how often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as sit-ups, push-ups, or lifting weights?

* **Read if necessary:** *How many times per day, per week, per month, or per year do you do these activities?*

* Enter number for strengthening activities.

* Enter '0' for Never.

* Enter '996' for Unable to do this type of activity.

Response:

000-995	Range of values
996	Unable to do this type of activity
997	Refused
999	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-995> [goto STRTP_A]

<0,996,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0050.02.2 Variable: STRTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for strengthening activities.

Response:

1	Per day
2	Per week
3	Per month
4	Per year
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who do strengthening activities

Skip Instructions:

<1-4> if (STRN_A gt 4 and STRTP_A=1) or (STRN_A gt 28 and STRTP_A=2) or (STRN_A gt 31 and STRTP_A=3) or (STRN_A gt 365 and STRTP_A=4) [goto ERR1_STRTP_A]
 else [goto next section]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_STRTP_A	Unusually high soft edit	{signal ERR1_STRTP_A} ^STRN_A times per ^STRT_P_A is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0010.00.2 Variable: WLKTRAN_A Interview Module: Adult Content Type: Rotating Core

Question Text:

The next questions are about walking for transportation. This is walking you might have done to travel to and from work, to do errands, or to go from place to place. I will ask you separately about walking for other reasons like relaxation, exercise, or walking the dog.

In the past 7 days, did you walk for transportation?

* **Read if necessary:** *Include walking to or from a bus, train, or rail stop.*

* **Read if necessary:** *Do not include walking for relaxation or exercise.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are able to walk

Skip Instructions:

<1> [goto WLKTRANDAY_A]
<2,RF,DK> [goto WLKLEIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0020.00.2 Variable: WLKTRANDAY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In the past 7 days, how many days did you walk for transportation?

Response:

01-07	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have walked for transportation in the past 7 days

Skip Instructions:

<1-7> [goto WLKTRANTPD_A]
<RF,DK> [goto WLKLEIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0030.00.2 Variable: WLKTRANTPD_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^WLKDAYT

Fills:

^WLKDAYT	Description	How many times did you walk for transportation that day?/On average, how many times per day did you walk for transportation?
	Instruction	If WLKTRANDAY_A=1, fill: "How many times did you walk for transportation that day?" elseif WLKTRANDAY_A IN (2-7), fill: "On average, how many times per day did you walk for transportation?"

Response:

01-94	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have walked for transportation at least one day in the past 7 days

Skip Instructions:

<1-94> [goto WLKTRANLGT_A]
<RF,DK> [goto WLKLEIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0040.01.2 Variable: WLKTRANLGT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

^WALKTIMETP

* Enter number for length of walk for transportation.

Fills:

^WALKTIMETP	Description	How long did that walk take?/On average, how long did those walks take?
	Instruction	If WLKTRANDAY_A=1 and WLKTRANTPD_A=1, fill: "How long did that walk take?" else fill "On average, how long did those walks take?"

Response:

000-995	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who have walked for transportation at least one time in the past 7 days

Skip Instructions:

<1-995> [goto WLKTRANTP_A]
<RF,DK> [goto WLKLEIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0040.02.2 Variable: WLKTRANTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for length of walking for transportation.

Response:

1	Minutes
2	Hours
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who entered a number for how long they walked for transportation in the past 7 days

Skip Instructions:

```
<1,2> if ((WLKTRANLGT_A GT 119 and WLKTRANTP_A=1) or (WLKTRANLGT_A GT 1 and WLKTRANTP_A=2))[goto ERR1_WLKTRANLGT_A]
else [goto WLKLEIS_A]
<RF,DK> [goto WLKLEIS_A]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR1_WLKTRANLGT_A	Amount of time walking is over 2 hours on average	{signal ERR1_WLKTRANLGT_A} Amount of time walking is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0050.00.2 Variable: WLKLEIS_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. In the past 7 days, did you walk for any of these reasons?

* **Read if necessary:** Do not include walking for transportation.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are able to walk

Skip Instructions:

<1> [goto WLKLEISDAY_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0060.00.2 Variable: WLKLEISDAY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

In the past 7 days, how many days did you walk for leisure or exercise?

* **Read if necessary:** *Walked for fun, relaxation, exercise, or to walk the dog.*

* **Read if necessary:** *Do not include walking for transportation.*

Response:

01-07	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have walked for leisure in the past 7 days

Skip Instructions:

<1-7> [goto WLKLEISTPD_A]
<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0070.00.2 Variable: WLKLEISTPD_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^WLKDAYL

Fills:

^WLKDAYL	Description	How many times did you walk for leisure or exercise that day?/On average, how many times per day did you walk for leisure or exercise?
	Instruction	If WLKLEISDAY_A=1, fill: "How many times did you walk for leisure or exercise that day?" elseif WLKLEISDAY_A IN (2-7), fill: "On average, how many times per day did you walk for leisure or exercise?"

Response:

01-94	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who have walked for leisure at least one day in the past 7 days

Skip Instructions:

<1-94> [goto WLKLEISLGT_A]
<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0080.01.2 Variable: WLKLEISLGT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 1 of 2

^WALKTIMELE

* Enter number for length of walk for fun, relaxation, or exercise.

Fills:

^WALKTIMELE	Description	How long did that walk take?/On average, how long did those walks take?
	Instruction	If WLKLEISDAY_A=1 and WLKLEISTPD_A=1, fill: "How long did that walk take?" else, fill: "On average, how long did those walks take?"

Response:

000-995	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who have walked for leisure at least once in the past 7 days

Skip Instructions:

<1-995> [goto WLKLEISTP_A]
<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

WLK: Walking

Question ID: WLK.0080.02.2 Variable: WLKLEISTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for length of walking for fun, relaxation, or exercise.

Response:

1	Minutes
2	Hours
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who gave a number for amount of time walked for leisure in the past 7 days

Skip Instructions:

<1,2> if ((WLKLEISLGT_A GT 119 and WLKLEISTP_A=1) or (WLKLEISLGT_A GT 1 and WLKLEISTP_A=2))
 [goto ERR1_WLKLEISLGT_A], then [goto next section]
 <RF,DK>[goto next section]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_WLKLEISLGT_A	Amount of time walking is over 2 hours on average	{signal ERR1_WLKLEISLGT_A} Amount of time walking is unusually high. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0010.00.3 Variable: HOMEWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Fills:

^TLwalking	Description	walking for leisure and transportation/walking for leisure/walking for transportation
	Instruction	If WLK.WLKLEIS_A=1 and WLK.WLKTRAN_A=1, fill: "walking for leisure and transportation" elseif WLK.WLKLEIS_A=1, fill: "walking for leisure" elseif WLK.WLKTRAN_A=1, fill: "walking for transportation"
^HOME	Description	your home at ^HNO ^HNOSUF ^STRNAME/your home
	Instruction	If Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "your home at ^HNO ^HNOSUF ^STRNAME" else fill "your home"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Almost always
2	Most of the time
3	Some of the time
4	Never
7	Refused
9	Don't know

Universe:

Sample Adults 18+ who report walking for transportation or leisure

Skip Instructions:

<1-4,RF,DK> [goto ROADSWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0020.00.3 Variable: ROADSWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Fills:

^HOME	Description	your home at ^HNO ^HNOSUF ^STRNAME/your home
	Instruction	If Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "your home at ^HNO ^HNOSUF ^STRNAME" else fill "your home"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto SHOPSWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0030.00.3 Variable: SHOPSWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you live...*

Are there shops, stores, or markets that you can walk to?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto TRANSITWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0040.00.3 Variable: TRANSITWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you Live...*

Are there bus or transit stops that you can walk to?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto FUNWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0050.00.3 Variable: FUNWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you Live...*

Are there places like movies, libraries, or places of worship that you can walk to?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto RELAXWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0060.00.3 Variable: RELAXWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* Read if necessary: *Where you Live...*

Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto SIDEWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0070.00.3 Variable: SIDEWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Where you live, do most streets have sidewalks?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto TRAFFICWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0080.00.3 Variable: TRAFFICWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you Live...*

Does traffic make it unsafe for you to walk?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto CRIMEWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0090.00.3 Variable: CRIMEWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you live...*

Does crime make it unsafe for you to walk?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ANIMALWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0100.00.3 Variable: ANIMALWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *Where you Live...*

Do dogs or other animals make it unsafe for you to walk?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto WEATHERWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0110.00.3 Variable: WEATHERWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.

Response:

1	Almost always
2	Most of the time
3	Some of the time
4	Never
7	Refused
9	Don't know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto PEOPLEWLK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ENV: Perceptions of the Walking Environment

Question ID: ENV.0120.00.3 Variable: PEOPLEWLK_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Fills:

^HOME	Description	your home at ^HNO ^HNOSUF ^STRNAME/your home
	Instruction	If Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "your home at ^HNO ^HNOSUF ^STRNAME" else fill "your home"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Every day
2	Every 2 to 3 days
3	About once a week
4	Less than once a week
7	Don't know
9	Refused

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0010.00.3 Variable: SUNINTRO_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

The next questions are about sun exposure.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SUNSKIN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0020.00.3 Variable: SUNSKIN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

After several months of not being in the sun, if you THEN went out into 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 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 did not go out in the sun, what would happen if you did? Use the most recent experience. If not, then think about the past.*

* **Read if necessary:** *By "sunburn" we mean 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.**

Response:

01	Get a severe sunburn with blisters
02	Have a moderate sunburn with peeling
03	Burn mildly with some or no darkening/tanning
04	Turn darker without sunburn
05	Nothing would happen to my skin
06	Do not go out in the sun
07	Other
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-7,RF,DK> [goto SUNSHADE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0030.00.3 Variable: SUNSHADE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When you go outside on a sunny day, for more than one hour, how often do you...

...Stay in the shade?

Would you say always, most of the time, sometimes, rarely, or never stay in the shade?

* Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.

Response:

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go outside on a sunny day for more than one hour
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6,RF,DK> [goto SUNHAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0040.00.3 Variable: SUNHAT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When you go outside on a sunny day, for more than one hour, how often do you...

...Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around?

Would you say always, most of the time, sometimes, rarely, or never wear a hat?

* Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.

Response:

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go outside on a sunny day for more than one hour
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6,RF,DK> [goto SUNSHIRT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0050.00.3 Variable: SUNSHIRT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Read if necessary: *When you go outside on a sunny day, for more than one hour, how often do you...*

...Wear a long-sleeved shirt?

*** Read if necessary:** *Would you say always, most of the time, sometimes, rarely, or never wear a long-sleeved shirt?*

Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.

Response:

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go outside on a sunny day for more than one hour
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6,RF,DK> [goto SUNSCREEN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0060.00.3 Variable: SUNSCREEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Read if necessary: *When you go outside on a sunny day, for more than one hour, how often do you...*

...Use sunscreen?

*** Read if necessary:** *Would you say always, most of the time, sometimes, rarely, or never use sunscreen?*

Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.

Response:

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't go outside on a sunny day for more than one hour
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6,RF,DK> [goto SUNTAN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0070.00.3 Variable: SUNTAN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When spending time outdoors, how often do you try to get some sun for the purpose of developing a tan?

* **Read if necessary:** *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.

Response:

1	Always
2	Most of the time
3	Sometimes
4	Rarely
5	Never
6	Don't spend time outdoors
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-6,RF,DK> [goto ANYSBURN_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0080.00.3 Variable: ANYSBURN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, did you ever have a sunburn?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto NUMSBURNS_A]
<2,RF,DK> [goto SUNBED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0090.00.3 Variable: NUMSBURNS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, how many times have you had a sunburn?

Response:

001-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who have had a sunburn in the past 12 months

Skip Instructions:

<1-39,RF,DK> [goto SUNBED_A]
 <40-365> [goto ERR1_NUMSBURNS_A], then [goto SUNBED_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_NUMSBURNS_A	Unusually high number of sunburns	{signal ERR1_NUMSBURNS_A} ^NUMSBURNS is an unusually high number. Please confirm.

2020 National Health Interview Survey (NHIS) Questionnaire

SUN: Sun Care and Protection

Question ID: SUN.0130.00.3 Variable: SUNBED_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do NOT include times you have gotten a spray tan.

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<0-99,RF,DK> [goto next section]
 <100-365> [goto ERR1_SUNBED_A], then [goto next section]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SUNBED_A	Unusually high number of tanning bed uses	{signal ERR1_SUNBED_A} ^SUNBED is an unusually high number. Please confirm.

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0010.00.2 Variable: ADVACTIVE_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 12 months, has a doctor or other health professional ADVISED you to
...Increase the amount of physical activity or exercise you get?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ADVEAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0020.00.3 Variable: ADVEAT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

During the past 12 months, has a doctor or other health professional ADVISED you to
...Reduce the amount of fat or calories in your diet?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto ADVWGTPRG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0030.00.3 Variable: ADVWGTPRG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

* **Read if necessary:** *During the past 12 months, has a doctor or other health professional ADVISED you to*

...Participate in a weight loss program?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto NOWACTIVE_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0040.00.3 Variable: NOWACTIVE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Are you NOW

...Increasing your physical activity or exercise?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto NOWEAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0050.00.3 Variable: NOWEAT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Are you NOW

...Reducing the amount of fat or calories in your diet?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adult 18+

Skip Instructions:

<1,2,RF,DK> [goto NOWWGTPRG_A]

2020 National Health Interview Survey (NHIS) Questionnaire

DPV: Diabetes Prevention

Question ID: DPV.0060.00.3 Variable: NOWWGTPRG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Read if necessary: *Are you NOW*

...Participating in a weight loss program?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep

Question ID: SLP.0010.01.2 Variable: SLPHOURS_A Interview Module: Adult Content Type: Rotating Core

Question Text:

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

* Enter hours in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.

* Enter 1 if the respondent reports less than 1 hour of sleep.

Response:

01-24	Range of values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5> [goto ERR1_SLPHOURS_A]
 <6-24,RF,DK> [goto SLPREST_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SLPHOURS_A	Soft error for few sleep hours	{signal ERR1_SLPHOURS_A} Average number of hours of sleep is ^SLPHOURS. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep

Question ID: SLP.0020.00.2 Variable: SLPREST_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 30 days, how often did you wake up feeling well-rested?

Would you say never, some days, most days, or every day?

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SLPFLL_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep

Question ID: SLP.0030.00.2 Variable: SLPFLL_A Interview Module: Adult Content Type: Rotating Core

Question Text:

During the past 30 days, how often did you have trouble falling asleep?

Would you say never, some days, most days, or every day?

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SLPSTY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep

Question ID: SLP.0040.00.2 Variable: SLPSTY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Read if necessary: *During the past 30 days...*

How often did you have trouble staying asleep?

Read if necessary: *Would you say never, some days, most days, or every day?*

* **Include waking up too early.**

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SLPMED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep

Question ID: SLP.0050.00.2 Variable: SLPMED_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Read if necessary: *During the past 30 days...*

How often did you take any medication to help you fall asleep or stay asleep? Include both prescribed and over-the-counter medications.

Read if necessary: *would you say never, some days, most days, or every day?*

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SOS: Social Support

Question ID: SOS.0010.00.4 Variable: SUPPORT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?

Response:

1	Always
2	Usually
3	Sometimes
4	Rarely
5	Never
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF,DK> [goto CMPSUPPORT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SOS: Social Support

Question ID: SOS.0020.00.4 Variable: CMPSUPPORT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Compared with 12 months ago, would you say that you now receive more social and emotional support, less social and emotional support, or about the same?

Response:

1	More social and emotional support
2	Less social and emotional support
3	About the same
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ORN: Sexual Orientation

Question ID: ORN.0010.00.1 Variable: ORNINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Next we have some questions about your demographic characteristics, including sexual orientation, income, employment, and veteran status. Like all your answers, these will be used to understand the health of different groups in the population and will be kept confidential.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto ORIENT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

ORN: Sexual Orientation

Question ID: ORN.0020.00.1 Variable: ORIENT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you think of yourself as ^gaylesbian; straight, that is, not ^gaylesbian; bisexual; something else; or you don't know the answer?

Fills:

^gaylesbian	Description	Gay/Lesbian or gay
	Instruction	If SEX=1 fill "Gay"; else if SEX='2',RF,DK fill "Lesbian or gay"

Response:

1	^GayLesbian
2	Straight, that is, not ^gaylesbian
3	Bisexual
4	Something else
5	I don't know the answer
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0010.00.1 Variable: MARITAL_A Interview Module: Adult Content Type: Annual Core

Question Text:

The next questions are about marriage and cohabitation. Are you now married, living with a partner together as an unmarried couple, or neither?

* If respondent answers both married and living with a different partner together as an unmarried couple, enter living with partner.

Response:

1	Married
2	Living with a partner together as an unmarried couple
3	Neither
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and the Child PAR section has not been completed for the Sample Adult or the Child PAR section has been completed for the Sample Adult and the Sample Adult is not the Sample Child respondent

Skip Instructions:

<1> [goto SPOUSLIV_A]
 <2> if GEN.PCNT16PLUS=1 [got ERR1_MARITAL_A] else [goto PARTNERWHO_A]
 <3,RF,DK> [goto EVRMARRIED_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_MARITAL_A	One person eligible to be living with a partner in household soft edit	{signal ERR1_MARITAL_A} Respondent is the only person 16 or older on the household roster. There is no one else eligible to select.

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0020.00.1 Variable: SPOUSLIV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does your spouse live here?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are married

Skip Instructions:

<1> if GEN.PCNT16PLUS=1 [goto ERR1_SPOUSLIV_C] else [goto SPOUSWHO_A]
 <2> [goto SPOUSEP_A]
 <RF,DK> [goto next section]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SPOUSLIV_C	Only one person eligible to be married in household soft edit	{signal ERR1_SPOUSLIV_C} Respondent is the only person 16 or older on the household roster. There is no one else eligible to select.

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0030.00.1 Variable: SPOUSWHO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Which person is your spouse?

* Enter line number of spouse.

* Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

Response:

00	Not on roster
01-25	Person Number
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with spouse in household

Skip Instructions:

<0-25> [goto SPOUSSEX_A]

<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0040.00.1 Variable: SPOUSSEX_A Interview Module: Adult Content Type: Annual Core

Question Text:

I previously recorded ^SPOUSENAME's ^spousesex. Is this correct?

Fills:

^SPOUSENAME	Description	Name of spouse
	Instruction	Fill name of spouse selected at SPOUSWHO_A
^spousesex	Description	sex is male/sex is female/sex was not provided
	Instruction	if GEN.SEX_FINAL[person selected at SPOUSWHO_A]=1, fill "sex is male" if GEN.SEX_FINAL[person selected at SPOUSWHO_A]=2, fill "sex is female" if GEN.SEX_FINAL[person selected at SPOUSWHO_A] IN (DK,RF), fill "sex was not provided"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with spouse in household who entered a line number for their spouse

Skip Instructions:

<1,RF,DK> [goto next section]
<2> [goto SPOUNWSEX_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0050.00.1 Variable: SPOUNWSEX_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is ^SPOUSENAME male or female?

Fills:

^SPOUSENAME	Description	Name of spouse
	Instruction	Fill name of spouse selected at SPOUSWHO_A

Response:

1	Male
2	Female
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with spouse with incorrect sex

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0060.00.1 Variable: SPOUSEP_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does your spouse not live here because you and your spouse are legally separated?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ whose spouse does not live in the household

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0070.00.1 Variable: PARTNERWHO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Which person is your partner?

* Enter line number of partner.

* Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

Response:

00	Not on roster
01-25	Person Number
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who are living with unmarried partner in household

Skip Instructions:

<0-25> [goto PARTNERSEX_A]

<RF,DK> [goto EVRMARRIED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0080.00.1 Variable: PARTNERSEX_A Interview Module: Adult Content Type: Annual Core

Question Text:

I previously recorded ^PARTNERNAME's ^partnersex. Is this correct?

Fills:

^PARTNERNAME	Description	Name of partner
	Instruction	Fill name of partner selected at PARTNERWHO_A
^partnersex	Description	sex is male/sex is female/sex was not provided
	Instruction	if GEN.SEX_FINAL[person selected at PARTNERWHO_A]=1, fill "sex is male" if GEN.SEX_FINAL[person selected at PARTNERWHO_A]=2, fill "sex is female" if GEN.SEX_FINAL[person selected at PARTNERWHO_A] IN (DK,RF), fill "sex was not provided"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with partner in household who entered a line number for their partner

Skip Instructions:

<1,RF,DK> [goto EVRMARRIED_A]
<2> [goto PARTNEWSEX_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0090.00.1 Variable: PARTNEWSEX_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is ^PARTNERNAME male or female?

Fills:

^PARTNERNAME	Description	Name of partner
	Instruction	Fill name of partner selected at PARTNERWHO_A

Response:

1	Male
2	Female
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with partner with incorrect sex

Skip Instructions:

<1,2,RF,DK> [goto EVRMARRIED_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0100.00.1 Variable: EVRMARRIED_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you ever been married?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are living with unmarried partner or who are not married or living with an unmarried partner or refused or don't know

Skip Instructions:

```
<1> if MARITAL_A=2 [goto LEGALSTAT_A]
elseif MARITAL_A=3 [goto WIDIVSEP_A]
else [goto next section]
<2,RF,DK> [goto next section]
```

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0110.00.1 Variable: LEGALSTAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

What is your current legal marital status? Are you married, widowed, divorced, or separated?

Response:

1	Married
2	Widowed
3	Divorced
4	Separated
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are living with a partner but have been married

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0120.00.1 Variable: WIDIVSEP_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you widowed, divorced, or separated?

Response:

1	Widowed
2	Divorced
3	Separated
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who are neither living with a partner nor married, but have been married

Skip Instructions:

<1-3,RF,DK> [goto FINISH_MAR_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MAR: Marital Status

Question ID: MAR.0130.00.1 Variable: FINISH_MAR_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * The Sample Adult MAR section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ and the Child PAR section has not been completed for the Sample Adult or the Child PAR section has been completed for the Sample Adult and the Sample Adult is not the Sample Child respondent

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0010.00.1 Variable: AFVET_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto AFVETTRN_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0020.00.1 Variable: AFVETTRN_A Interview Module: Adult Content Type: Annual Core

Question Text:

Were you on active duty ONLY for training in the Reserves or National Guard?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever served in the armed forces

Skip Instructions:

<1> [goto VADISB_A]
<2,RF,DK> [goto COMBAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0030.001 Variable: COMBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever served in the armed forces and who were not only activated for training in the Reserves or National Guard

Skip Instructions:

<1,2,RF,DK> [goto VADISB_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0040.00.1 Variable: VADISB_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have a VA service-connected disability rating?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever served in the armed forces

Skip Instructions:

<1,2,RF,DK> [goto VAHOSP_A]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0050.00.1 Variable: VAHOSP_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, did you receive any care at a Veteran's Health Administration facility or receive any other health care paid for by the VA?

* **Read if necessary:** *Veteran's Health Administration facilities include VA hospitals, VA medical centers, VA outpatient clinics, and VA nursing homes.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever served in the armed forces

Skip Instructions:

<1> [goto next section]
<2,RF,DK> if 1 IN Adult.INS.MILSPC_A [goto next section]
else [goto VACAREEV]

2020 National Health Interview Survey (NHIS) Questionnaire

VET: Veterans Status

Question ID: VET.0060.00.1 Variable: VACAREEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Have you ever enrolled in or used VA health care?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have ever served in the armed forces and did not receive care at a VHA facility or other health care paid for by the VA in the past 12 months and did not report VA health care when asked about insurance

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0010.00.1 Variable: NATUSBORN_A Interview Module: Adult Content Type: Annual Core

Question Text:

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

Fills:

^Askverify_A	Description	FR Instruction
	Instruction	If GEN.SARESPSC_FLG=1, fill "* Ask or verify:"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto NATSTBORN_A]
 <2> [goto NATUSYR_A]
 <RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0020.00.1 Variable: NATSTBORN_A Interview Module: Adult Content Type: Annual Core

Question Text:

In what state or U.S. territory were you born?

Response:

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina

ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
VI	U.S. Virgin Islands
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AS	American Samoa
MP	Northern Mariana Islands
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ born in the United States or U.S. territory

Skip Instructions:

<American Samoa> [goto CITIZEN_A]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0040.00.1 Variable: NATUSYR_A Interview Module: Adult Content Type: Annual Core

Question Text:

In what year did you come to the United States to stay?

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Adults 18+ not born in the United States or U.S. territory

Skip Instructions:

<1900-Current Year,RF,DK> if NATUSYR_A is a future year [goto ERR1_NATUSYR_A]
 if NATUSYR_A lt VFY.BYEAR_A [goto ERR2_NATUSYR_A]
 else [goto CITIZEN_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR2_NATUSYR_A	Year prior to birth hard edit	{check ERR2_NATUSYR_A} Year is prior to date of birth. Please correct.
ERR1_NATUSYR_A	Future year hard edit	{check ERR1_NATUSYR_A} Future year invalid. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0050.00.1 Variable: CITIZEN_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you a citizen of the United States?

Response:

1	Yes, born in one of the 50 United States or the District of Columbia
2	Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3	Yes, born abroad to American parent(s)
4	Yes, U.S. citizen by naturalization
5	No, not a citizen of the United States
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ not born in the United States or U.S. territory or born in American Samoa

Skip Instructions:

<1> [goto NATCTZN_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0060.00.1 Variable: NATCTZN_A Interview Module: Adult Content Type: Annual Core

Question Text:

Were you born abroad to an American parent, born abroad and adopted by an American parent, or did you become a U.S. citizen by naturalization?

Response:

1	Born abroad to American parent
2	Born abroad and adopted by an American parent
3	Became U.S. citizen by naturalization
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ not born in the United States or a United States territory or born in the U.S. territory of American Samoa but are U.S. citizens

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0010.00.1 Variable: SCHCURENR_A Interview Module: Adult Content Type: Annual Core

Question Text:

Are you currently enrolled in or attending school?

* **Read if necessary:** School includes high school, college, trade school, and professional school. Students may be enrolled part-time or full-time.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SCHDYSMSS_A]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0020.00.1 Variable: SCHEDYSMSS_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, about how many days of school did you miss because you had an illness, injury, or disability?

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who are currently enrolled in school

Skip Instructions:

<0-99,RF,DK> [goto next section]
 <100-365> [goto ERR1_SCHDYSMSS_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SCHDYSMSS_A	Missed 100-365 days	{signal ERR1_SCHDYSMSS_A} ^SCHEDYSMSS_A is an unusually large number. Did you miss ^SCHEDYSMSS_A days of school because of illness, injury, or disability? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0010.00.1 Variable: EMPLASTWK_A Interview Module: Adult Content Type: Annual Core

Question Text:

LAST WEEK, did you work for pay at a job or business?

* If the respondent says ^heshetheywork, but not for pay, at a family-owned job or business, enter '1' for yes.

Fills:

^heshetheywork	Description	he works/she works/they work
	Instruction	elseif GEN.SEX_FINAL=1 fill "he works" elseif GEN.SEX_FINAL=2 fill "she works" elseif GEN.SEX_FINAL=DK,RF fill "they work"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto EMPWRKHRS_A]
<2> [goto EMPNOWRK_A]
<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0020.00.1 Variable: EMPNOWRK_A Interview Module: Adult Content Type: Annual Core

Question Text:

Did you have a job or business LAST WEEK, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were not working for pay at a job or business last week

Skip Instructions:

<1> [goto EMPWRKHS_A]
<2> [goto EMPRSNOWK_A]
<RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0030.00.1 Variable: EMPWRKHSR_A Interview Module: Adult Content Type: Annual Core

Question Text:

How many hours ^LASTUSUAL in total at ALL jobs or businesses?

Fills:

^LASTUSUAL	Description	did you work LAST WEEK/do you USUALLY work per week
	Instruction	If EMPLASTWK_A=1 fill "did you work LAST WEEK" else if EMPNOWRK_A=1 fill "do you USUALLY work per week"

Response:

001-168	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week

Skip Instructions:

```
<1-34> if EMPNOWRK_A =1 [goto EMDWHOWRK_A]
elseif EMPLASTWK_A =1 [goto EMPWKFT_A]
<35-94> [goto EMDWHOWRK_A]
<95-168> [goto ERR_EMPWRKHRS_A], then [goto EMDWHOWRK_A]
<RF,DK> [goto EMPWKFT_A]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR_EMPWRKHRS_A	Hours worked last week/usually work per week unusually high	{signal ERR_EMPWRKHRS_A} ^EMPWRKHRS_A hours is unusually high. Please verify. Make corrections if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0040.00.1 Variable: EMPWKFT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who refused or didn't know how many hours they worked last week or who were working for pay at a job or business last week and who worked less than 35 hours last week

Skip Instructions:

<1,2,RF,DK> [goto EMDWHOWRK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0050.00.1 Variable: EMPRSNOWK_A Interview Module: Adult Content Type: Annual Core

Question Text:

What is the MAIN reason you were not working for pay at a job or business last week?

* Probe if necessary.

Response:

01	Unemployed, laid off, looking for work
02	Seasonal/contract work
03	Retired
04	Unable to work for health reasons/disabled
05	Taking care of house or family
06	Going to school
07	Working at job or business but not for pay
08	Other
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were not working for pay and were not on temporary leave from a job or business last week

Skip Instructions:

<1,3,4,5,6,8,RF,DK> [goto EMPLSTWRK_A]
 <2,7> [goto EMDWHOWRK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0060.00.1 Variable: EMPLSTWRK_A Interview Module: Adult Content Type: Annual Core

Question Text:

When was the last time you worked for pay at a job or business, even if only for a few days?

Response:

1	Within the past 12 months
2	1-5 years ago
3	Over 5 years ago
4	Never worked
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ whose main reason for not working last week was because they couldn't find work, were retired, unable to work for health reasons, taking care of the house/family, going to school, or some other reason, or refused or didn't know

Skip Instructions:

<1> [goto EMDWHOWRK_A]
<2-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0070.00.2 Variable: EMDHOWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^JOBFOR whom ^dodid you work ^job?

* Enter the name of the company, business or employer.

* Read if necessary for those with more than one MAIN job or business: Where ^dodid you work for the most amount of time?

Fills:

^JOBFOR	Description	For/Thinking about the MAIN job you held in the past 12 months, for
	Instruction	If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7) fill: "For" elseif EMPLSTWRK_A=1 fill: "Thinking about the MAIN job you held in the past 12 months, for"
^dodid	Description	Do/Did
	Instruction	If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7), fill: "Do" If EMPLSTWRK_A=1, fill: "Did"
^job	Description	at your MAIN job or business
	Instruction	if (EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7)) fill: "at your MAIN job or business" else no fill

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<verbatim,RF,DK> [goto EMDKINDIND_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0080.00.2 Variable: EMDKINDIND_A Interview Module: Adult Content Type: Rotating Core

Question Text:

What kind of business or industry ^iswas this?

* **Read if necessary:** For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.

Fills:

^iswas	Description	is/was
	Instruction	If EMPLASTWK_A=1 OR EMPNOWRK_A=1 OR EMPRSNOWK_A IN (2,7) fill: "is" If EMPLSTWRK_A=1, fill: "was"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<verbatim,RF,DK> [goto EMDKINDWRK_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0090.00.2 Variable: EMDKINDWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

What kind of work ^arewere you doing?

* **Read if necessary:** For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.

Fills:

^arewere	Description	are/were
	Instruction	If EMP.EMPLASTWK_A=1 or EMP.EMPNOWRK_A=1 or EMP.EMPRSNOWK_A IN (2,7), fill: "are" If EMP.EMPLSTWRK_A=1, fill: "were"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<verbatim,RF,DK> [goto EMDIMPACT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0100.00.2 Variable: EMDIMPACT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

What ^arewere your most important activities or duties on this job or business?

* **Read if necessary:** For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.

Fills:

^arewere	Description	are/were
	Instruction	If EMP.EMPLASTWK_A=1 or EMP.EMPNOWRK_A=1 or EMP.EMPRSNOWK_A IN (2,7), fill: "are" If EMP.EMPLSTWRK_A=1, fill: "were"

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<verbatim,RF,DK> [goto EMDSPRVIS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0110.00.2 Variable: EMDSRVIS_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^DoDid you supervise other employees as part of your job?

Fills:

^DoDid	Description	Do/Did
	Instruction	If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7), fill: "Do" If EMPLSTWRK_A=1, fill: "Did"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto EMDWRKCAT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0120.00.2 Variable: EMDWRKCAT_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Which of these BEST describes your MAIN job or ^WRKCAT?

* Read answer choices.

Fills:

^WRKCAT	Description	work situation/business in the past 12 months
	Instruction	If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7), fill: "work situation" If EMPLSTWRK_A=1, fill: "business in the past 12 months"

Response:

1	Employee of a PRIVATE company for wages
2	A FEDERAL government employee
3	A STATE government employee
4	A LOCAL government employee
5	Self-employed in OWN business, professional practice or farm
6	Working WITHOUT PAY in a family-owned business or farm
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

Skip Instructions:

<1-6,RF,DK> if (EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPRSNOWK_A IN (2,7)) [goto EMPPDSKLV_A]
else [goto EMPDYSMSS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0130.00.1 Variable: EMPPDSKLV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Regarding your job or work ^LASTWK, is paid sick leave available if you need it?

Fills:

^LASTWK	Description	last week
	Instruction	if EMPWRKHRS_A IN (1-168,RF,DK) fill: "last week" else fill: blank

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay

Skip Instructions:

<1,2,RF,DK> [goto EMPOFFHI_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0140.00.1 Variable: EMPOFFHI_A Interview Module: Adult Content Type: Annual Core

Question Text:

Regarding your job or work ^LASTWK, was health insurance offered to you through your workplace?

Fills:

^LASTWK	Description	last week
	Instruction	if EMPWRKHRS_A IN (1-168,RF,DK) fill: "last week" else fill: blank

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay

Skip Instructions:

<1,2,RF,DK> [goto EMPDYSMSS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

EMP: Employment

Question ID: EMP.0150.00.1 Variable: EMPDYSMSS_A Interview Module: Adult Content Type: Annual Core

Question Text:

During the past 12 months, about how many days of work did you miss because you had an illness, injury, or disability?

* **Read if necessary:** Do not include family or ^paternitymaternity leave.

Fills:

^paternitymaternity	Description	paternity/maternity/maternity or paternity
	Instruction	If GEN.SEX_FINAL=1 fill "paternity" else if GEN.SEX_FINAL=2 fill "maternity" else if GEN.SEX_FINAL=DK,RF fill "maternity or paternity"

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay or who are not currently working but who had some period of employment in the past 12 months

Skip Instructions:

<0-99,RF,DK> [goto next section]
<100-365> [goto ERR_EMPDYSMSS_A], then [goto next section]

Soft Edit:

Check Text	Check Description	Check Text
ERR_EMPDYSMSS_A	Days of work missed in the past 12 months unusually high	{signal ERR_EMPDYSMSS_A} ^EMPDYSMSS_A days is unusually high. Please verify. Make corrections if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0010.00.3 Variable: CURJOBSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Thinking about your MAIN job or business, are there currently social distancing measures in effect to help keep people apart?

* If this person is working from home full-time because of COVID-19, answer '1' for yes.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay

Skip Instructions:

<1> [goto WRKCLSSD_A]
<2,RF,DK> [goto WRKCLSOFT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0020.00.3 Variable: WRKCLSSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Currently, at your MAIN job or business, how often do you still need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

* If person works from home full-time and does not know how to answer, ask, "Does your job require you to be face-to-face with any people you don't live with?"

* If no, answer '4' for "none of the time."

* If yes, ask, "How much of your time at work is spent with people who are closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have social distancing measures currently in effect at their main job or business

Skip Instructions:

<1-4,RF,DK> [goto WRKCLSNOSD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0030.00.3 Variable: WRKCLSNOSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

* Enter '5' if respondent only worked at main job when social distancing measures were in effect.

If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
5	Only worked at main job when social distancing measures were in effect
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have social distancing measures currently in effect at their main job or business

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0040.00.3 Variable: WRKCLSOFT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Currently, at your MAIN job or business, how often do you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

If person works from home full-time and does not know how to answer, ask, "Does your job require you to be face-to-face with any people you don't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work is spent with people who are closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who do not have social distancing measures currently in effect at their main job or business or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto SDMSRS_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0050.00.3 Variable: SDMSRS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

At any time since the start of the coronavirus pandemic, did your MAIN job or business put social distancing measures into effect?

- * If this person was working from home full-time because of COVID-19, answer '1' for yes.
- * If person started job while social distancing measures were in effect, answer '1' for yes.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who do not have social distancing measures currently in effect at their main job or business or refused or don't know

Skip Instructions:

- <1> [goto SDMSRSOFT_A]
- <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0060.00.3 Variable: SDMSRSOFT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When social distancing measures were in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

* Enter '5' if respondent did not work at main job when social distancing measures were in effect.

If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
5	Did not work at main job when social distancing measures were in effect
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ whose main job or business put social distancing measures into effect since the start of the coronavirus pandemic

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0070.00.3 Variable: RECJOBSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Thinking about the MAIN job you held in the past 12 months, were there ever any social distancing measures in effect while you worked there? That is, were there ever practices in place to help keep people apart?

* If this person was working from home full-time because of COVID-19, answer '1' for yes.

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who last worked in the past 12 months

Skip Instructions:

<1> [goto RJWRKCLSSD_A]
<2,RF,DK> [goto RJWKCLSOF A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0080.00.3 Variable: RJWRKCLSSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When social distancing measures were in effect, how often did you still need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had social distancing measures in effect at their main job or business they held in the past 12 months

Skip Instructions:

<1-4,RF,DK> [goto RJWCLSNOSD_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0090.00.3 Variable: RJWCLSNOSD_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

When social distancing measures were NOT in effect, how often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

* Enter '5' if respondent only worked at main job when social distancing measures were in effect.

If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
5	Only worked at main job when social distancing measures were in effect
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had social distancing measures in effect at their main job or business they held in the past 12 months

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0100.00.3 Variable: RJWKCLSOFT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

How often did you need to work closer than 6 feet to other people? Would you say all of the time, most of the time, some of the time, or none of the time?

If person worked from home full-time and does not know how to answer, ask, "Did your job require you to be face-to-face with any people you didn't live with?"

If no, answer '4' for "none of the time."

If yes, ask, "How much of your time at work was spent with people who were closer than 6 feet?"

Response:

1	All of the time
2	Most of the time
3	Some of the time
4	None of the time
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who did not have social distancing measures in effect at the job they held in the past 12 months or refused or don't know

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0010.00.1 Variable: FEMINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

Now I'm going to ask you about some of the other members of your family.

Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

If Sample Adult lives in a family with at least one other adult AND
(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 FEM 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 FEM section was answered with RF/DK and the person answering the SC interview and
the SA are different people.

Skip Instructions:

<1>[goto tblFEM_A]

Replicate To:

FEMINTRO_C

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0030.00.1 Variable: FEMWORK_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does ^ALIASNAME work for pay at a job or business?

* If the respondent says ^heshetheywork, but not for pay, at a family-owned job or business, enter '1' for yes.

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^heshetheywork	Description	he works/she works/they work
	Instruction	elseif GEN.SEX_FINAL=1 fill "he works" elseif GEN.SEX_FINAL=2 fill "she works" elseif GEN.SEX_FINAL=DK,RF fill "they work"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

If Sample Adult lives in a family with at least one other adult AND
 (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 FEM 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 FEM section was answered with RF/DK and the person answering the SC interview and
 the SA are different people.

Skip Instructions:

<1> [goto FEMWKFT_A]
 <2,RF,DK> if there is another adult in the family [goto FEMWORK_A] for the next adult 18+
 else [goto next section]

Replicate To:

FEMWORK_C

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0040.00.1 Variable: FEMWKFT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Does ^ALIASNAME usually work 35 hours or more per week in total at ^hishertheir job or jobs?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^hishertheir	Description	his/her/their
	Instruction	If GEN.SEX_FINAL=1 fill "his"; else if GEN.SEX_FINAL=2 fill "her"; else if GEN.SEX_FINAL IN (DK, RF) fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

If Sample Adult lives in a family with at least one other adult AND
 (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 FEM 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 FEM section was answered with RF/DK and the person answering the SC interview and
 the SA are different people.

Skip Instructions:

<1,2,RF,DK> if another adult in the family [goto FEMWORK_A] for the next adult 18+
 else [goto next section]

Replicate To:

FEMWKFT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0010.00.1 Variable: INCINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

The next questions are about your total ^FAMILY income in ^LASTYEAR BEFORE TAXES. ^INCSAFAM

* **Read if necessary:** *Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will remain confidential.*

* **Enter '1' to continue.**

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^INCSAFAM	Description	Based on questions asked earlier we have that your family consists of ^SAFAM.
	Instruction	If more than one person in the Sample Adult's family, fill "Based on questions asked earlier we have that your family consists of ^SAFAM." else no fill
^SAFAM	Description	List of people in SA's family
	Instruction	For all people with FAMILYA_FLG =1 and are not Household Respondent, fill with their names. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list. Include Sample Adult in this list.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed
 OR the Sample Adult and Sample Child are not in the same family
 OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1> [goto INCWRKO_A]

Replicate To:

INCINTRO_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0020.00.1 Variable: INCWRKO_A Interview Module: Adult Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ^YOUFAM18YRS receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

^INCSAFAMoptional

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAM18YRS	Description	you/you or any family members 18 or older
	Instruction	If PCNT18UP_A=1 fill "you" else if PCNT18UP_A GT 1 fill "you or any family members 18 or older"
^INCSAFAMoptional	Description	Read if necessary: For the purpose of this survey, your family includes ^FAMVERSA_fill
	Instruction	If more than one person in the Sample Adult's family, fill "* Read if necessary: For the purpose of this survey, your family includes ^FAMVERSA_fill." else no fill
^FAMVERSA_fill	Description	List of all people in Sample Adult's family
	Instruction	Loop through all persons on roster and add to list of names if: -people related via REL (FAMA_REL_FLG = 1) or -people who are related to the SA (RELATE = 1-13) or -people in SC's family and the 1st person in HH in SC's family are related to the SA (RELATE = 1-13) Do not include Sample Adult on list. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list. If only one person on the list of names and person ne Roster.HHC.HHRESPAVAIL, follow list with "is". If more than one person on the list or only one person on list and person is Household Respondent (Roster.HHC.HHRESPAVAIL), follow list with "are".

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed
OR the Sample Adult and Sample Child are not in the same family
OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1,2,RF,DK> [goto INCINTER_A]

Replicate To:

INCWRKO_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0030.00.1 Variable: INCINTER_A Interview Module: Adult Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ^YOUFAMHERE receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1,2,DK> [goto INCSSRR_A]
<RF> if INCWRKO_A IN (1,2,DK) [goto INCSSRR_A]
else [goto next section]

Replicate To:

INCINTER_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0040.00.1 Variable: INCSSRR_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Income from Social Security or Railroad Retirement?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<1,2,RF,DK> [goto INCSSISSDI_A]

Replicate To:

INCSSRR_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0050.00.1 Variable: INCSSISSDI_A Interview Module: Adult Content Type: Annual Core

Question Text:

*Read if necessary: In ^LASTYEAR, did ^YOUFAMHERE receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<1> [goto SSISSDIBTH_A]
<2,RF,DK> [goto INCWELF_A]

Replicate To:

INCSSISSDI_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0060.00.1 Variable: SSISSDIBTH_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was this Supplemental Security Income, SSI, Social Security Disability Income, SSDI, or both?

Response:

1	SSI
2	SSDI
3	Both SSI and SSDI
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ where someone in the family gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1-3,RF,DK> [goto SSISSDIBTH_A]

Replicate To:

SSISSDIBTH_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0070.00.1 Variable: SSISSDIDSB_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was this received as a disability benefit?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+ where someone in the family gets SSI or SSDI and Sample Child and Sample Adult are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

```
<1> if GEN.PCNT_A gt 1 [goto SSISSDIP_A]
elseif GEN.PCNT_A=1 [goto INCWELF_A]
<2,RF,DK> [goto INCWELF_A]
```

Replicate To:

SSISSDIDSB_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0090.00.1 Variable: SSISSDIP_A Interview Module: Adult Content Type: Annual Core

Question Text:

In ^LASTYEAR, who received this disability benefit?

* **Read if necessary:** Do NOT include a benefit received on behalf of someone else.

* **Enter all that apply, separate with commas.**

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

00	Not on roster
01-25	Person Number
97	Refused
99	Don't Know

Universe:

Sample Adults 18+ with more than one person in the family where someone in the family gets SSI or SSDI and SSI/SSDI was received as a disability benefit and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1-25,RF,DK> [goto INCWELF_A]

Replicate To:

SSISSDIP_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0100.00.1 Variable: INCWELF_A Interview Module: Adult Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ^YOUFAMHERE receive...

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

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<1,2,RF,DK> [goto INCRETIRE_A]

Replicate To:

INCWELF_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0110.00.1 Variable: INCRETIRE_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Income from retirement, survivor, or disability pensions?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<1,2,RF,DK> [goto INCOTHR_A]

Replicate To:

INCRETIRE_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0120.00.1 Variable: INCOTHR_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Any other sources of income such as VA payments from the Veterans Benefits Administration, unemployment compensation, child support, or alimony?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "you" else if PCNT_A GT 1 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<1,2,RF,DK> [goto INCTOTAL_A]

Replicate To:

INCOTHR_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0130.00.1 Variable: INCTOTAL_A Interview Module: Adult Content Type: Annual Core

Question Text:

^INCALLFAM

What is your best estimate of ^TOTALINCOME from all sources, before taxes, in ^LASTYEAR?

* Enter '999995' if the reported income \$999,995 or greater.

Fills:

^INCALLFAM	Description	INCTOTAL_A Introduction
	Instruction	IF PCNT_A GT 1 fill "When answering this next question, please remember to include your income PLUS the income of all family members living in this household."
^TOTALINCOME	Description	your total income/the total income of all family members
	Instruction	If PCNT_A=1 fill "your total income" else if PCNT_A GT 1 fill "the total income of all family members"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

000000-999995	Range of values
999997	Refused
999999	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

Skip Instructions:

<0-999> [goto ERR1_INCTOTAL_A]
 <250001-999995> [goto ERR2_INCTOTAL_A]
 <1000-250000> [goto next section]
 <RF,DK> [goto INC250PCT_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR2_INCTOTAL_A	Income high soft edit	{signal ERR2_INCTOTAL_A} Do not read to the respondent. ^INCTOTAL_A is unusually high. Make corrections if necessary.
ERR1_INCTOTAL_A	Income low soft edit	{signal ERR1_INCTOTAL_A} Do not read to the respondent. ^INCTOTAL_A is unusually low. Make corrections if necessary.

Replicate To:

INCTOTAL_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0150.00.1 Variable: INC250PCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than ^250POVERTY_A or ^250POVERTY_A or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^250POVERTY_A	Description	250% of poverty threshold
	Instruction	Fill value stored in Adult.INC.INC250FILL_A

Response:

1	Less than ^250POVERTY_A
2	^250POVERTY_A or more
7	Refused
9	Don't Know

Universe:

Sample Adult 18+ who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

```
<1> [goto INC138PCT_A]
<2> if GEN.PCNT_A IN (1,2) [goto INC75K_A]
else if GEN.PCNT_A=4 or GEN.PCNT_A ge 7 [goto INC400PCT_A]
else if GEN.PCNT_A IN (3,5,6) [goto INC100K_A]
<RF,DK> [goto next section]
```

Replicate To:

INC250PCT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0160.01.1 Variable: INC138PCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than ^138POVERTY_A or ^138POVERTY_A or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^138POVERTY_A	Description	138% of poverty threshold
	Instruction	Fill value stored in Adult.INC.INC138FILL_A

Response:

1	Less than ^138POVERTY_A
2	^138POVERTY_A or more
7	Refused
9	Don't Know

Universe:

Sample Adult 18+ answered less than 250% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1> [goto INC100PCT_A]
 <2> [goto INC200PCT_A]
 <RF,DK> [goto next section]

Replicate To:

INC138PCT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0170.01.1 Variable: INC100PCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than ^100POVERTY_A or ^100POVERTY_A or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^100POVERTY_A	Description	100% of poverty threshold
	Instruction	Fill value stored in Adult.INC.INC100FILL_A

Response:

1	Less than ^100POVERTY_A
2	^100POVERTY_A or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who answered less than 138% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC100PCT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0180.01.1 Variable: INC200PCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than ^200POVERTY_A or ^200POVERTY_A or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^200POVERTY_A	Description	200% of poverty threshold
	Instruction	Fill value stored in Adult.INC.INC200FILL_A

Response:

1	Less than ^200POVERTY_A
2	^200POVERTY_A or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who answered 138% of poverty or more and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC200PCT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0190.00.1 Variable: INC75K_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than \$75,000 or \$75,000 or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"

Response:

1	Less than \$75,000
2	\$75,000 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who answered 250% of poverty threshold or more and is from a 1 or 2 person family and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1> [goto INC400PCT_A]
 <2> [goto INC100K_A]
 <RF,DK> [goto next section]

Replicate To:

INC75K_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0200.00.1 Variable: INC100K_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than \$100,000 or \$100,000 or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"

Response:

1	Less than \$100,000
2	\$100,000 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who answered \$75,000 or more OR answered 250% of poverty threshold or more and is from a 3,5, or 6 person family and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

```
<1> if GEN.PCNT_A IN (1,2,5,6) [goto next section]
    elseif GEN.PCNT_A=3 [goto INC400PCT_A]
<2> if GEN.PCNT_A IN (1,2,3) [goto INC150K_A]
    elseif GEN.PCNT_A IN (5,6) [goto INC400PCT_A]
<RF,DK> [goto next section]
```

Replicate To:

INC100K_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0210.01.1 Variable: INC400PCT_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than ^400POVERTY_A or ^400POVERTY_A or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"
^400POVERTY_A	Description	400% of poverty threshold
	Instruction	Fill value stored in Adult.INC.INC400FILL_A

Response:

1	Less than ^400POVERTY_A
2	^400POVERTY_A or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and answered less than \$75,000
 OR
 answered less than \$100,000 and is from a 3 person family
 OR
 answered \$100,000 or more and is from a 5 or 6 person family or answered 250% of poverty threshold or more and is from a 4 or 7+ person family
 and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

```
<1> if GEN.PCNT_A ge 8 [goto INC150K_A]
else [goto next section]
<2> if GEN.PCNT_A IN (1,2,3) or GEN.PCNT_A ge 6 [goto next section]
else if GEN.PCNT IN (4,5) [goto INC150K_A]
<RF,DK> [goto next section]
```

Replicate To:

INC400PCT_C

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0220.00.1 Variable: INC150K_A Interview Module: Adult Content Type: Annual Core

Question Text:

Was your total ^FAMILY income from all sources less than \$150,000 or \$150,000 or more?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "family"

Response:

1	Less than \$150,000
2	\$150,000 or more
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ answered \$100,000 or more and is from 1,2 or 3 person family OR respondent answered 400% of poverty or more and is from 4 or 5 person family OR respondent answered less than 400% of poverty and is from a family of 8 or more persons and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC150K_C

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0010.00.1 Variable: FSNAP12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

At any time in the last 12 months did ^YOUFAMLVHERE_A receive ^FSSNAPNM?

* **Read if necessary:** *This program puts money on a SNAP EBT card that you can only use to buy food.*

Fills:

^YOUFAMLVHERE_A	Description	you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME
	Instruction	If GEN.PCNT_A=1, fill: "you"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here" elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME
^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]

Instruction	If AL then fill "Food Assistance Program or food stamp benefits" If AK then fill "Food Stamp Program (FSP) or food stamp benefits" If AZ then fill "Nutrition Assistance or food stamp benefits" If AR then fill "SNAP or food stamp benefits" If CA then fill "CalFresh or food stamp benefits" If CO then fill "SNAP or food stamp benefits" If CT then fill "SNAP or food stamp benefits" If DE then fill "Food Supplement Program or food stamp benefits" If DC then fill "SNAP or food stamp benefits" If FL then fill "Food Assistance Program or food stamp benefits" If GA then fill "Food Stamp Program (FSP) or food stamp benefits" If HI then fill "SNAP or food stamp benefits" If ID then fill "Food Stamp Program (FSP) or food stamp benefits" If IL then fill "SNAP or food stamp benefits" If IN then fill "SNAP or food stamp benefits" If IA then fill "Food Assistance Program or food stamp benefits" If KS then fill "Food Assistance Program or food stamp benefits" If KY then fill "SNAP or food stamp benefits" If LA then fill "SNAP or food stamp benefits" If ME then fill "Food Supplement Program or food stamp benefits" If MD then fill "Food Supplement Program or food stamp benefits" If MA then fill "SNAP or food stamp benefits" If MI then fill "Food Assistance Program (FSP) or food stamp benefits" If MN then fill "SNAP or food stamp benefits" If MS then fill "SNAP or food stamp benefits" If MO then fill "Food Stamp Program (FSP) or food stamp benefits" If MT then fill "SNAP or food stamp benefits" If NE then fill "SNAP or food stamp benefits" If NV then fill "SNAP or food stamp benefits" If NH then fill "SNAP or food stamp benefits" If NJ then fill "NJ SNAP or food stamp benefits" If NM then fill "SNAP or food stamp benefits" If NY then fill "SNAP or food stamp benefits" If NC then fill "Food and Nutrition Services or food stamp benefits" If ND then fill "SNAP or food stamp benefits" If OH then fill "Food Assistance Program or food stamp benefits" If OK then fill "SNAP or food stamp benefits" If OR then fill "SNAP or food stamp benefits" If PA then fill "SNAP or food stamp benefits" If RI then fill "SNAP or food stamp benefits" If SC then fill "SNAP or food stamp benefits" If SD then fill "SNAP or food stamp benefits" If TN then fill "SNAP or food stamp benefits" If TX then fill "SNAP or food stamp benefits" If UT then fill "SNAP or food stamp benefits" If VT then fill "3SquaresVT or food stamp benefits" If VA then fill "SNAP or food stamp benefits" If WA then fill "Basic Food or food stamp benefits" If WV then fill "SNAP or food stamp benefits" If WI then fill "FoodShare Wisconsin or food stamp benefits" If WY then fill "SNAP or food stamp benefits"
-------------	---

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ where the Sample Adult and Sample Child are in the same family and the Sample Child F00 section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and all questions in the Sample Child F00 section was answered with refused or don't know and the Sample Adult is not the Sample Child respondent

Skip Instructions:

```
<1> [goto FSNAP30D_A]  
<2,RF,DK> if PCNTF1255_A ge 1 or PCNTC05_A ge 1 [goto FWIC12M_A]  
else if PCNTC517_A ge 1 [goto FLUNCH12M_A]  
else [goto FINISH_F00_A]
```

Replicate To:

FSNAP12M_C

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0020.00.3 Variable: FSNAP30D_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.*

Fills:

^YOUFAMLVHERE_A	Description	you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME
	Instruction	If GEN.PCNT_A=1, fill: "you"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here" elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME
^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]

Instruction	If AL then fill "Food Assistance Program or food stamp benefits" If AK then fill "Food Stamp Program (FSP) or food stamp benefits" If AZ then fill "Nutrition Assistance or food stamp benefits" If AR then fill "SNAP or food stamp benefits" If CA then fill "CalFresh or food stamp benefits" If CO then fill "SNAP or food stamp benefits" If CT then fill "SNAP or food stamp benefits" If DE then fill "Food Supplement Program or food stamp benefits" If DC then fill "SNAP or food stamp benefits" If FL then fill "Food Assistance Program or food stamp benefits" If GA then fill "Food Stamp Program (FSP) or food stamp benefits" If HI then fill "SNAP or food stamp benefits" If ID then fill "Food Stamp Program (FSP) or food stamp benefits" If IL then fill "SNAP or food stamp benefits" If IN then fill "SNAP or food stamp benefits" If IA then fill "Food Assistance Program or food stamp benefits" If KS then fill "Food Assistance Program or food stamp benefits" If KY then fill "SNAP or food stamp benefits" If LA then fill "SNAP or food stamp benefits" If ME then fill "Food Supplement Program or food stamp benefits" If MD then fill "Food Supplement Program or food stamp benefits" If MA then fill "SNAP or food stamp benefits" If MI then fill "Food Assistance Program (FSP) or food stamp benefits" If MN then fill "SNAP or food stamp benefits" If MS then fill "SNAP or food stamp benefits" If MO then fill "Food Stamp Program (FSP) or food stamp benefits" If MT then fill "SNAP or food stamp benefits" If NE then fill "SNAP or food stamp benefits" If NV then fill "SNAP or food stamp benefits" If NH then fill "SNAP or food stamp benefits" If NJ then fill "NJ SNAP or food stamp benefits" If NM then fill "SNAP or food stamp benefits" If NY then fill "SNAP or food stamp benefits" If NC then fill "Food and Nutrition Services or food stamp benefits" If ND then fill "SNAP or food stamp benefits" If OH then fill "Food Assistance Program or food stamp benefits" If OK then fill "SNAP or food stamp benefits" If OR then fill "SNAP or food stamp benefits" If PA then fill "SNAP or food stamp benefits" If RI then fill "SNAP or food stamp benefits" If SC then fill "SNAP or food stamp benefits" If SD then fill "SNAP or food stamp benefits" If TN then fill "SNAP or food stamp benefits" If TX then fill "SNAP or food stamp benefits" If UT then fill "SNAP or food stamp benefits" If VT then fill "3SquaresVT or food stamp benefits" If VA then fill "SNAP or food stamp benefits" If WA then fill "Basic Food or food stamp benefits" If WV then fill "SNAP or food stamp benefits" If WI then fill "FoodShare Wisconsin or food stamp benefits" If WY then fill "SNAP or food stamp benefits"
-------------	---

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ living in families where someone received food stamps in the last 12 months

Skip Instructions:

```
<1,2,RF,DK> if PCNTF1255_A ge 1 or PCNTC05_A ge 1 [goto FWIC12M_A]  
else if PCNTC517_A ge 1 [goto FLUNCH12M_A];  
else [goto FINISH_F00_A]
```

Replicate To:

FSNAP30D_C

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: F00.0030.00.1 Variable: FWIC12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

At any time in the last 12 months did ^YOUFAMLVHERE_A receive benefits from the WIC program, that is, the Women, Infants, and Children program?

Fills:

^YOUFAMLVHERE_A	Description	you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME
	Instruction	If GEN.PCNT_A=1, fill: "you"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here" elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ living in families with females 12-55 years of age or children 0-5 years of age AND the Sample Adult and Sample Child are in the same family and the Sample Child FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and all questions in the Sample Child FOO section was answered with refused or don't know and the Sample Adult is not the sample child respondent OR the Sample Adult and Sample Child are in the same family and at least one question asked in Sample Child FOO section has a valid answer (not dk/rf) and the received WIC benefits question was not asked in the Sample Child FOO section

Skip Instructions:

<1,2,RF,DK> if PCNTC517_A ge 1 [goto FLUNCH12M_A]
else [goto FINISH_FOO_A]

Replicate To:

FWIC12M_C

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0040.00.1 Variable: FLUNCH12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

At any time in the last 12 months, did ^SCCHILD FAM_A receive free or reduced-cost breakfasts or lunches at school?

* **Read if necessary:** *The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.*

Fills:

^SCCHILD FAM_A	Description	^ALIASNAME/any child in your family
	Instruction	if PCNT517_A=1, fill: ^ALIASNAME of child in Sample Adult family, elseif PCNT517_A gt 1, fill "any child in your family",
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ living in families with children between the ages of 5-17 and the Sample Adult and Sample Child are in the same family and the Sample Child F00 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 all questions in the Sample Child F00 section was answered with refused or don't know and the sample adult is not the sample child respondent

Skip Instructions:

<1,2,RF,DK> [goto FINISH_F00_A]

Replicate To:

FLUNCH12M_C

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: F00.0050.00.1 Variable: FINISH_FOO_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * The Sample Adult food related programs section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+ where the Sample Adult FOO section has not been completed AND the Sample Adult and Sample Child are in the same family and the Sample Child FOO section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and all questions in the Sample Child FOO section was answered with refused or don't know and the sample adult is not the sample child respondent the OR Sample Adult and Sample Child are in the same family and at least one question asked in Sample Child FOO section has a valid answer (not dk/rf) and the received WIC benefits question was not asked in the Sample Child FOO section and within the family exist at least one female 12-55 years of age or child 0-5 years of age

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0010.00.3 Variable: FDSINTRO_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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.

Fills:

^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "you" else "your family"
^waswere	Description	were/was
	Instruction	If PCNT_A=1 "were" else "was"

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

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.

Skip Instructions:

<1> [goto FDSRUNOUT_A]

Replicate To:

FDSINTRO_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0020.00.3 Variable: FDSRUNOUT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Fills:

^Iwe_A	Description	I/We
	Instruction	If PCNT_A=1 fill: "I" else fill: "We"
^myour_A	Description	my/our
	Instruction	If PCNT_A=1 fill: "my" else fill: "our"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "you" else "your family"

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1-3,RF,DK> [goto FDSLAST_A]

Replicate To:

FDSRUNOUT_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0030.00.3 Variable: FDSLAST_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

"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?

Fills:

^Iwe_A	Description	I/We
	Instruction	If PCNT_A=1 fill: "I" else fill: "We"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "you" else "your family"

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1-3,RF,DK> [goto FDSBALANCE_A]

Replicate To:

FDSLAST_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0040.00.3 Variable: FDSBALANCE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

^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?

Fills:

^IWe_A	Description	I/We
	Instruction	If PCNT_A=1 fill: "I" else fill: "We"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "you" else "your family"

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1-2> [goto FDSSKIP_A]
 <3,RF,DK> if FDSRUNOUT_A IN (1,2) OR FDSLAST_A IN (1,2) [goto FDSSKIP_A];
 else [goto next section]

Replicate To:

FDSBALANCE_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0050.00.3 Variable: FDSSKIP_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

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?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "you" else "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1> [goto FDSSKIPDYS_A]
 <2,RF,DK> [goto FDSLESS_A]

Replicate To:

FDSSKIP_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0060.00.3 Variable: FDSSKIPDYS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, how many days did this happen?

Response:

01-30	Range of values
97	Refused
99	Don't Know

Universe:

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.

Skip Instructions:

<1-30,RF,DK> [goto FDSLESS_A]

Replicate To:

FDSSKIPDYS_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0070.00.3 Variable: FDSLESS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_A ever eat less than you felt you should because there wasn't enough money for food?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "you" else "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1,2,RF,DK> [goto FDSHUNGRY_A]

Replicate To:

FDSLESS_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0080.00.3 Variable: FDSHUNGRY_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, were ^youorother_A ever hungry but didn't eat because there wasn't enough money for food?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "you" else "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1,2,RF,DK> [goto FDSWEIGHT_A]

Replicate To:

FDSHUNGRY_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0090.00.3 Variable: FDSWEIGHT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_A lose weight because there wasn't enough money for food?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "you" else "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1> [goto FDSNOTEAT_A]
 <2,RF,DK> if FDSSKIP_A=1 or FDSLESS_A=1 or FDSHUNGRY_A=1 [goto FDSNOTEAT_A]; else [goto next section]

Replicate To:

FDSWEIGHT_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0100.00.3 Variable: FDSNOTEAT_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_A ever not eat for a whole day because there wasn't enough money for food?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "you" else "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1> [goto FDSNEDAYS_A]
 <2,RF,DK> [goto next section]

Replicate To:

FDSNOTEAT_C

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0110.00.3 Variable: FDSNEDAYS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

In the last 30 days, how many days did this happen?

Response:

01-30	Range of values
97	Refused
99	Don't Know

Universe:

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

Skip Instructions:

<1-30,RF,DK> [goto next section]

Replicate To:

FDSNEDAYS_C

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0010.00.1 Variable: HOUYRSLIV_A Interview Module: Adult Content Type: Annual Core

Question Text:

About how long ^YRSLIV?

Fills:

^YRSLIV	Description	have you lived at ^HNO ^HNOSUF ^STRNAME/have you lived in this house/apartment
	Instruction	If Roster.HHC.tblname.bPerson[PX_A]ONOFFCAMPUS=1 fill "have you lived at ^HNO ^HNOSUF ^STRNAME" else fill "have you lived in this house/apartment"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Less than 1 year
2	1 to 3 years
3	4 to 10 years
4	11 to 20 years
5	More than 20 years
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-5,RF,DK> if ((GEN.SAMEFAM_FLG=1 and GEN.HOU_FLG_C=empty) or (GEN.SAMEFAM_FLG ne 1) or (GEN.SAMEFAM_FLG=1 and GEN.HOU_FLG_C=2 and GEN.SARESPSC_FLG ne 1))[goto HOUTENURE_A] else [goto next section]

If GEN.AGE_FINAL[PX_A] lt 21 and HOUYRSLIV_A=5 [goto ERR1_HOUYRSLIV_A]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HOUYRSLIV_A	Hard check when years lived in home exceeds age	{check ERR1_HOUYRSLIV_A} Years in house/apartment exceed ^SANAME's age. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0020.00.1 Variable: HOUTENURE_A Interview Module: Adult Content Type: Annual Core

Question Text:

^HOUTEN owned or rented by you ^SOMEFAM_A?

* If house has a mortgage, record as owned.

Fills:

^HOUTEN	Description	Is this house/apartment at ^HNO ^HNOSUF ^STRNAME/Is this house/apartment
	Instruction	If Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS=1, fill "Is the house/apartment at ^HNO ^HNOSUF ^STRNAME" else fill "Is this house/apartment"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME
^SOMEFAM_A	Description	or someone in your family
	Instruction	If PCNT18UP_A=1 fill: blank If PCNT18UP_A gt 1 fill: "or someone in your family"

Response:

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don't know to all questions in the sample child HOU section and the sample child respondent is not the sample adult respondent.

Skip Instructions:

<1,3,RF,DK> [goto next section]

<2> [goto HOUVASST_A]

Replicate To:

HOUTENURE_C

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0030.00.1 Variable: HOUGVASST_A Interview Module: Adult Content Type: Annual Core

Question Text:

^HOUGVT paying lower rent because the Federal, State, or local government is paying part of the cost?

* **Read if necessary:** Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to Landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

Fills:

^HOUGVT	Description	Are you/Are you or anyone in your family/Is your family at ^HNO ^HNOSUF ^STRNAME
	Instruction	If Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS ne 1 and GEN.PCNT18UP_A=1, fill "Are you" elseif Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS ne 1 and PCNT18UP_A gt 1, fill "Are you or anyone in your family" elseif Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "Is your family at ^HNO ^HNOSUF ^STRNAME"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with a house/apartment that is being rented AND Sample Adult and Sample Child are in the same family and the house/apartment is being owned/rented and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family section

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

HOUGVASST_C

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Person's name

Question ID: REC.0010.00.1 Variable: LNKFNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

* **Ask or verify:** What is your full name?

* **Enter first name.**

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<allow 20,RF,DK> [goto LNKMNAME_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Person's name

Question ID: REC.0020.00.1 Variable: LNKMNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

- * Enter middle name.
- * Press "Enter" to skip to last name if respondent has no middle name.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<allow 20,RF,DK> [goto LNKNAME_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Person's name

Question ID: REC.0030.00.1 Variable: LNKLNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Enter last name.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<allow 20,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone Use

Question ID: TEL.0010.00.1 Variable: TELCURWRK_A Interview Module: Adult Content Type: Annual Core

Question Text:

Is there at least one telephone INSIDE ^HOME that is currently working and is not a cell phone?

Fills:

^HOME	Description	your home at ^HNO ^HNOSUF ^STRNAME/your home
	Instruction	If Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "your home at ^HNO ^HNOSUF ^STRNAME" else fill "your home"
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ where the Sample Adult and Sample Child are in the same family but TELCURWRK_C has not been asked OR Sample Adult and Sample Child are in the same family, TELCURWRK_C was answered don't know or refused and the Sample Adult is not the Sample Child Respondent or where the Sample Adult does not live in same family as Sample Child

Skip Instructions:

<1,2,RF,DK> [goto TELCEL_A]

Replicate To:

TELCURWRK_C

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone Use

Question ID: TEL.0020.00.1 Variable: TELCEL_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you have a working cell phone?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1> if TELCURWRK_A=1 or (TELCURWRK_C=1 and GEN.SAMEFAM_FLG=1)[goto PHONEUSE_A]
else[goto TLNO_TEL_SA]

<2,RF,DK> if (GEN.SAMEFAM_FLG=1 and PHONELIVE_C=empty) or (GEN.SAMEFAM_FLG=1 and PHONELIVE_C IN
(RF,DK) and GEN.SARESPSC_A ne 1) or (GEN.SAMEFAM_FLG ne 1)) and GEN.PCNT_A gt 1 [goto
PHONELIVE_A]
else [goto TLNO_TEL_SA]

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone Use

Question ID: TEL.0030.00.1 Variable: PHONELIVE_A Interview Module: Adult Content Type: Annual Core

Question Text:

Do you live with anyone ^ATHOME who has a working cell phone?

Fills:

^ATHOME	Description	at your home at {Value of HNO} {Value of HNOSUF} {Value of STRNAME}
	Instruction	If Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "at your home at ^HNO ^HNOSUF ^STRNAME" else leave blank
^HNO	Description	{Value of HNO}
	Instruction	Fill GEN.HNO
^HNOSUF	Description	{Value of HNOSUF}
	Instruction	Fill GEN.HNOSUF
^STRNAME	Description	{Value of STRNAME}
	Instruction	Fill GEN.STRNAME

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ in a family with at least one other person without working cell phones where Sample Adult does not live in same family as Sample Child or Sample Adult and Sample Child are in the same family but PHONELIVE_C has not been asked OR Sample Adult and Sample Child are in the same family, PHONELIVE_C was answered dk/rf and the Sample Adult is not the Sample Child Respondent.

Skip Instructions:

<1,2,RF,DK> [goto TLNO_TEL_SA]

Replicate To:

PHONELIVE_C

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone Use

Question ID: TEL.0040.00.1 Variable: PHONEUSE_A Interview Module: Adult Content Type: Annual Core

Question Text:

Of all the telephone calls that you answer, are all or almost all on your cell phones, some on your cell phone and some on your home phone, or very few or none on your cell phones?

Response:

1	All or almost all calls on cell phone
2	Some on cell phone and some on home phone
3	Very few or none on cell phone
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ with working personal cell phone and who said they have a working land-line in household or in the same family as sample child respondent who said they have a working landline in the household.

Skip Instructions:

<1-3,RF,DK> [goto TLNO_TEL_SA]

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0010.00.1 Variable: LNKINTRO_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

We would like the last four digits of your Social Security Number^medicarenum. This information will help us link your survey data with health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics (NCHS) uses this information for research purposes only. Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other answers you have provided, this information will remain confidential.

** Read if necessary: The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act (Title 42, U.S.C., Section 242m(d)), the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III, Public Law No. 115-435), and the Privacy Act of 1974 (5 U.S.C. § 552a).*

** Read if necessary: NCHS collects health-related data from other government agencies, including records from Medicare and Medicaid Services, Social Security, housing, and death certificates. If you agree, NCHS will attempt to link records such as these with your survey data to give a fuller picture of the kinds of things that affect health. NCHS does this linkage. Your name and your information are not given to these agencies.*

** Read if necessary: If asked: Your data will not be linked to records from the IRS (Internal Revenue Service) or ICE (Immigration and Customs Enforcement).*

** Enter '1' to continue.*

Fills:

^medicarenum	Description	, and the last four characters of your Medicare number
	Instruction	If INS.HIKIND_A=2 or INS.MCAREPRB_A=1, fill ", and the last four characters of your Medicare number" else, fill nothing

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto SSN4_A]

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0020.00.1 Variable: SSN4_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

What are the last four digits of your Social Security Number?

* **Read if necessary:** *Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.*

* **Read if asked about specific laws:** *The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.*

* **Enter 'N' for no Social Security Number.**

Response:

0001-9999	Range of values
N	No Social Security Number
99997	Refused
99999	Don't Know

Skip Instructions:

```
if SSN4_A=000-999 [goto ERR2_SSN4_A]
elseif SSN4_A NOT IN (N,RF,DK,000-999,0001-9999) [goto ERR3_SSN4_A]
<0001-9999> if Adult.INS.HIKIND_A=2 or Adult.INS.MCAREPRB_A=1 [goto LAST4C_A]
else [goto next section]
<N,RF,DK> if Adult.INS.HIKIND_A=2 or Adult.INS.MCAREPRB_A=1 [goto LAST4C_A]

else [goto RLINK_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR3_SSN4_A	SSN last four digits are 0000 or a letter other than N hard edit	{check ERR3_SSN4_A} The last 4 digits of a SSN should be between 0001-9999. For a respondent who does not want to provide the SSN, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused.' If a respondent does not have a SSN, enter 'N'. Please correct.
ERR2_SSN4_A	Entered less than four digits hard edit	{check ERR2_SSN4_A} You must enter all four of the last four digits of the Social Security Number. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0040.00.1 Variable: LAST4C_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]
* 1 of 2

What are the last four characters of your Medicare or Health Insurance Claim Number?

* **Read if necessary:** *Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal Laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.*

* **Read if asked about specific laws:** *The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.*

* **Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available.**

* **Enter the last four characters, which should be letter-letter-number-number.**

Response:

Verbatim	Verbatim values
9997	Refused
9999	Don't Know

Universe:

Sample adults 18+ who have Medicare

Skip Instructions:

if anything lt 4 alphanumeric characters [goto ERR1_LAST4C_A]
elseif SSN4_A IN (N,RF,DK) or LAST4C_A IN (RF,DK) [goto RLINK_A]
else [goto next section]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_LAST4C_A	Medicare number less than 4 characters	{check ERR1_LAST4C_A} You must enter all four of the last four alphanumeric characters of the Medicare number. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0060.00.1 Variable: RLINK_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

May we try to link your survey data without a ^SSNMEDNUM?

* **Read if necessary:** Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

Fills:

^SSNMEDNUM	Description	consent by SSN or Medicare number
	Instruction	if (SSN4_A IN (N,RF,DK) and ((Adult.INS.HIKIND_A ne 2 and Adult.INS.MCAREPRB_A ne 1) or (MCNO4_A ge 001 and MCNO4_A le 9999) or (LAST4C_A NOT IN (empty,RF, DK)))) fill="social security number" elseif ((SSN4_A ge 0001 and SSN4_A le 9999) and (Adult.INS.HIKIND_A = 2 or Adult.INS.MCAREPRB_A =1) and (MCNO4_A IN (RF, DK) or (LAST4C_A IN (RF,DK)))) fill = "Medicare or Health Insurance Claim Number" else fill = "social security number, Medicare or Health Insurance Claim Number"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+ who answered no SSN or refused or don't know last 4 digits of SSN or who answered refused or don't know at last 4 of Medicare number

Skip Instructions:

<1,2,RF,DK>[goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

THX: Thanks

Question ID: THX.0080.001 Variable: THANKS_A Interview Module: Adult Content Type: Annual Core

Question Text:

* Thank respondent for answering these questions. If there is a Sample Child interview to complete, ask for appropriate person to respond to these questions.

Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0040.00.1 Variable: CURREC_C Interview Module: Child Content Type: Annual Core

Question Text:

The next questions are about ^SCNAME.

* Enter the line number of the person to whom you are speaking.

* If Sample Child respondent refuses to participate enter CTRL-R.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	Name of Person 1
02	Name of Person 2
03	Name of Person 3
04	Name of Person 4
05	Name of Person 5
06	Name of Person 6
07	Name of Person 7
08	Name of Person 8
09	Name of Person 9
10	Name of Person 10
11	Name of Person 11
12	Name of Person 12
13	Name of Person 13
14	Name of Person 14
15	Name of Person 15
16	Name of Person 16
17	Name of Person 17
18	Name of Person 18
19	Name of Person 19
20	Name of Person 20
21	Name of Person 21
22	Name of Person 22
23	Name of Person 23
24	Name of Person 24
25	Name of Person 25
97	Refused

Universe:

Sample Children 0-17

Skip Instructions:

```
<RF> if CBSTAT_A=1[goto BCK.THANKS_CB]
else if OUTCOME=215 [goto BCK.THANKS_INSUF]
else [goto BCK.THANKS_SUF]
If CURRE_C not in Roster.FAM.KNOWSC [goto KNOAVAIL_C]
Else if CURRE_C ne LNO_HHRESP AND CURRE_C in Roster.FAM.KNOWSC [goto AVAIL_C]
Else if CURRE_C = LNO_HHRESP AND CURRE_C in Roster.FAM.KNOWSC AND CURRE_C not in
Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
Else if CURRE_C = LNO_HHRESP AND CURRE_C in Roster.FAM.KNOWSC AND CURRE_C in
Roster.bREL.bPerson[PX_C].PARENTS[goto VFYALL_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0060.00.1 Variable: KNOAVAIL_C Interview Module: Child Content Type: Annual Core

Question Text:

^KNOAVAIL_C_fill

* Enter the line number of available respondent from list or press F9 to set up a callback if no one is available or refused.

^KNOAVAIL_C_fill_2

Fills:

^KNOAVAIL_C_fill	Description	FR Instruction/I have recorded that ^KNOWSC ^areis_c knowledgeable about and responsible for ^SCNAME's health care. ^WHOIS currently available and willing to answer these questions?
	Instruction	If (KnowSC_Count = ActiveNotKnow_Count) fill : "* If there are no other knowledgeable people to select then press the end key." ELSE fill : "I have recorded that ^KNOWSC ^areis_c knowledgeable about and responsible for ^SCNAME's health care. ^WHOIS currently available and willing to answer these questions?"
^KNOWSC	Description	List of household members who are knowledgeable about and responsible for the Sample Child
	Instruction	KNOWSC = list of people identified as being knowledge about and responsible for ^SCNAME's health as selected in Roster.FAM.KNOWSC. Add "and" before last name if list > 1.
^areis_c	Description	is/are
	Instruction	If KNOAVAIL_Count = 1, fill 'is', else fill 'are'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^WHOIS	Description	Is {Value of ALIAS}/Who is
	Instruction	If KNOAVAIL_Count = 1, fill "Is Alias[I]" else fill "Who is"
^KNOAVAIL_C_fill_2	Description	FR Instruction
	Instruction	If (ActiveNotKnow_Count > 0) fill : "* People listed in gray have said that they are not knowledgeable about the SC. If you incorrectly set someone as not knowledgeable then you may select that person and continue the interview."

Response:

01	Name of Person 1
02	Name of Person 2
03	Name of Person 3
04	Name of Person 4
05	Name of Person 5
06	Name of Person 6
07	Name of Person 7
08	Name of Person 8
09	Name of Person 9
10	Name of Person 10
11	Name of Person 11

12	Name of Person 12
13	Name of Person 13
14	Name of Person 14
15	Name of Person 15
16	Name of Person 16
17	Name of Person 17
18	Name of Person 18
19	Name of Person 19
20	Name of Person 20
21	Name of Person 21
22	Name of Person 22
23	Name of Person 23
24	Name of Person 24
25	Name of Person 25
97	Refused

Universe:

Sample Children 0-17 and at least one knowledgeable person is still eligible for selection and speaking to the initial respondent and they are not knowledgeable OR speaking to a new respondent

Skip Instructions:

```
<01-25> [goto INTMODE_C]
<RF> if CBSTAT_A=1[goto BCK.THANKS_CB]
else if OUTCOME=215 [goto BCK.THANKS_INSUF]
else [goto BCK.THANKS_SUF]
<F9> [goto bCallback.ARRANGE_CALLBACK]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0080.00.1 Variable: INTMODE_C Interview Module: Child Content Type: Annual Core

Question Text:

*How are you contacting ^KNOAVAIL_C?

Fills:

^KNOAVAIL_C	Description	Name of person selected at KNOAVAIL_C
	Instruction	Display name of person whose line number was selected at KNOAVAIL_C

Response:

1	Personal visit
2	Telephone

Universe:

Sample Children 0-17 and interviewer is speaking to a new respondent

Skip Instructions:

```
<1> if HHRESPSC_FLG ne 1 [goto AVAIL_C]
else if HHRESPSC_FLG=1 and LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
else [goto VFYALL_C]
<2> [goto TINTRO_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0090.00.1 Variable: TINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

Hello, my name is (* say your name). I'm calling from the U.S. Census Bureau. We are conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This is a nationwide survey about the health of both adults and children. I have some information from ^HHRESP. ^HHSEX told me that you would be a good person to talk to about the health of ^SCNAME.

* Read if necessary: I believe I am calling you on a cell phone.

Before we continue, I have to ask: Are you currently driving a vehicle?

* Even if the respondent is using a hands-free device while driving, you must enter '1'.

Fills:

^HHRESP	Description	{Value of HHRESPAVAIL}
	Instruction	Display the name of the person selected at Roster.HHC.HHRESPAVAIL
^HHSEX	Description	He/She/They
	Instruction	If GEN.SEX_FINAL[LNO_HHRESP]=1, fill: He elseif GEN.SEX_FINAL[LNO_HHRESP]=2, fill: She elseif GEN.SEX_FINAL[LNO_HHRESP] in (DK,RF), fill: They
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent

Skip Instructions:

<1,RF,DK> [goto ATTN_C]
<2> [goto LETTER_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0100.00.1 Variable: ATTN_C Interview Module: Child Content Type: Annual Core

Question Text:

For your safety, we will call you back at another time.

* Enter 1 to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent who is driving

Skip Instructions:

<1> [goto bCallback.CB_POSSIBLE]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0110.00.1 Variable: LETTER_C Interview Module: Child Content Type: Annual Core

Question Text:

* If sample child respondent is a new respondent read question below, otherwise enter 1

* **Read if necessary:** A letter describing the National Health Interview Survey was sent to your home recently. Do you remember seeing the letter?

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent who is not driving

Skip Instructions:

<1,2,RF,DK> [goto S_INTRO_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0120.00.1 Variable: S_INTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

* If sample child respondent is a new respondent read question below, otherwise enter 1

* **Read if necessary:** *There are a few things I need to cover before we continue. I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time without penalty. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research. I can describe these laws if you wish. Except for the National Center for Health Statistics and Census Bureau employees and specially designated agents, no one can see your answers until all information that could identify you and/or your family has been removed. Only after that will your data be made available to researchers. For most children, the survey will take less than ^SCTIME minutes. I'd like to continue now unless you have any questions.*

* If respondent asks for more information about the privacy laws, press F1.

Fills:

^SCTIME	Description	20/30
	Instruction	If ASTAT=1 and SAMEFAM_FLG=1, fill: 20 Else, fill: 30

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent who is not driving

Skip Instructions:

```
<1> if HHRESPSC_FLG ne 1 [goto AVAIL_C]
else if HHRESPSC_FLG=1 and LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
else [goto VFYALL_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0130.00.1 Variable: AVAIL_C Interview Module: Child Content Type: Annual Core

Question Text:

I have recorded that you are knowledgeable about and responsible for ^SCNAME's health care. Is that correct?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused

Universe:

Sample Children 0-17 and at least one knowledgeable person is still eligible for section AND initial respondent wasn't the HH Resp and is knowledgeable OR picked a new respondent and respondent is not driving

Skip Instructions:

```
<1>If (LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS) {respondent is not a parent} [goto RELTIV_C]
Else If Roster.tblName.bPerson[PX_C].ONOFFCAMPUS in (1,RF,DK) {Sample Child is on campus} [goto VFYONCAMP_C]
Else [goto VFYALL_C]
<2> if KNOAVAIL_Count gt 0 [goto KNOAVAIL_C]
Else [goto NOMORE_C]
<RF> if CBSTAT_A=1[goto BCK.THANKS_CB]
else if OUTCOME=215 [goto BCK.THANKS_INSUF]
else [goto BCK.THANKS_SUF]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0150.00.1 Variable: RELTIV_C Interview Module: Child Content Type: Annual Core

Question Text:

What is your relationship to ^SCNAME?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	Parent (Biological, adoptive, or step)
02	Grandparent
03	Aunt/Uncle
04	Brother/Sister
05	Other relative
06	Legal guardian
07	Foster parent
08	Other non-relative
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 where the current respondent has not refused AND at least one person is knowledgeable about and responsible for the sample child AND the respondent is not driving while on the telephone AND the respondent has not refused or said he/she is not available AND the respondent was not identified as a parent in the roster section

Skip Instructions:

```
<9> [goto ERR_RELTIV_C]
<4,5,8,RF,DK> [goto VFYRESP_C]
<1,2,3,6,7> if Roster.tblNAME.bPerson.[PX.C].ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG ne 1
[goto VFYONCAMP_C]
Else [goto VFYALL_C]
```

Soft Edit:

Check Text	Check Description	Check Text
ERR_RELTIV_C	RELTIV_C soft edit	{signal ERR_RELTIV_C} The spouse or partner of the Sample Child cannot answer questions about him/her.

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0180.00.1 Variable: VFYRESP_C Interview Module: Child Content Type: Annual Core

Question Text:

To confirm, are you RESPONSIBLE FOR ^SCNAME's health care?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 where person identified as Child respondent is Brother/Sister, Other Relative, Other Non-relative, refused or don't know

Skip Instructions:

```
<2,RF,DK>if KNOAVAIL_Count > 0 [goto KNOAVAIL_C]
else [goto NOMORE_C]
<1> if Roster.tblName.bPerson[PX_C].ONOFFCAMPUS in (1,RF,DK) [goto VFYONCAMP_C]
Else [goto VFYALL_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0190.00.1 Variable: VFYONCAMP_C Interview Module: Child Content Type: Annual Core

Question Text:

I want to confirm some information.

Does ^SCNAME live in on-campus housing or off-campus housing?

***Read if necessary:** *On-campus housing includes residence halls and dorms where students live together. It also includes buildings that are owned, leased, or managed by the school. Fraternities and sororities are on-campus housing.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	On campus
2	Off campus
7	Refused
9	Don't Know

Universe:

A person who is knowledgeable or responsible for the sample child's health is available and the Sample Child is living in on-campus housing and the Sample Child respondent is not the household respondent and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

<1,RF,DK> [goto VFYALL_C]
 <2> [goto NOMORE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0200.00.1 Variable: VFYALL_C Interview Module: Child Content Type: Annual Core

Question Text:

* Please verify the following information about the sample child before proceeding:

I have recorded ^childvsex, ^AGE_C, ^NATORG_C, and ^RACE_C. Would you like to make any changes to this ^additionalinfo_C?

^RACEVRBATvalue_C

* If respondent "refuses" or says "don't know", enter "2" for "no."

Fills:

^childvsex	Description	^SCNAME is male/^SCNAME is female/^SCNAME's sex is not known/^SCNAME's sex was not provided
	Instruction	If SEX_FINAL=1, fill: "^SCNAME is male" If SEX_FINAL=2, fill: "^SCNAME is female" If SEX_FINAL=DK, fill: "^SCNAME's sex is not known" If SEX_FINAL=RF, fill: "^SCNAME's sex was not provided"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^AGE_C	Description	^SCNAME is ^AGENO_C ^AGETP_C old/^SCNAME is under 18
	Instruction	If AGE_FINAL NE ('RF', 'DK'), fill: "^SCNAME is ^AGENO_C ^AGETP_C old" If AGE_FINAL IN ('RF', 'DK'), fill: "^SCNAME is under 18"
^AGENO_C	Description	{Value of AGENO}
	Instruction	Fill value from Roster.HHC.AGENO[PX]
^AGETP_C	Description	{Value of AGETP}
	Instruction	Fill value from Roster.HHC.AGETP[PX]
^NATORG_C	Description	Verify Hispanic or Latino origin
	Instruction	If NATO_FINAL=1 fill: "^SCNAME is of Hispanic or Latino Origin" If NATO_FINAL=2 fill: "^SCNAME is not of Hispanic or Latino Origin" If NATO_FINAL=DK fill: "whether ^SCNAME is of Hispanic or Latino Origin is not known" If NATO_FINAL=RF fill: "information about whether ^SCNAME is of Hispanic or Latino Origin was not provided"
^RACE_C	Description	^SCNAME is ^RACEFILLAND_C/^SCNAME's race is not known/^SCNAME's race was not provided
	Instruction	If GEN.RACE_FINAL[PX_C].RACE_FINAL NE 'RF' OR 'DK', fill: "^SCNAME is ^RACEFILLAND_C." If GEN.RACE_FINAL[PX_C].RACE_FINAL='DK', fill: ^SCNAME's race is not known" If GEN.RACE_FINAL[PX_C].RACE_FINAL='RF', fill: ^SCNAME's race was not provided"
^RACEFILLAND_C	Description	Categories selected at the RACE screen
	Instruction	Fill categories selected at the GEN.RACE_FINAL [PX_C].RACE_FINAL screen. If more than two categories separate the categories with commas. Add the word "and" before the last category. For category 8 (GEN.RACE_FINAL[PX_C].RACE_FINAL=8), if GEN.RACE_FINAL[PX_C].RACE_SP_FINAL not in ['ZZ',RF,DK] display picklist selection from GEN.RACE_FINAL[PX_C].RACE_SP_FINAL elseif HHRESPSC_FLG=1 display GEN.RACE_FINAL [PX_C].RACE_VRBAT_FINAL else display "some other race"
^additionalinfo_C	Description	if any information is missing "or provide additional information about"
	Instruction	See attachment for fill instructions
^RACEVRBATvalue_C	Description	Information collected at RACE_VRBAT for Sample Child

	Instruction	IF GEN.HHRESPSC_FLG ne 1 and GEN.RACE_FINAL [PX_C].RACE_VRBAT_FINAL ne (empty,RF,DK), fill "*" If respondent wants information on which other race ^SCNAME is listed as, say ^RACE_VRBAT."
^RACE_VRBAT	Description	{Value of RACE_VRBAT_FINAL}
	Instruction	Fill value from GEN.RACE_FINAL[PX].RACE_VRBAT_FINAL

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 where a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<1> [goto VFYDEM_C]
<2> if GEN.SEX_FINAL[PX_C] IN (RF,DK) [goto SEXGUESS_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0210.00.1 Variable: VFYDEM_C Interview Module: Child Content Type: Annual Core

Question Text:

- * **Read if necessary:** *What should I change?*
- * **Enter all that apply, separate with commas.**

Response:

1	Sex
2	Age
3	Hispanic or Latino Origin
4	Race
7	Refused
9	Don't Know

Universe:

Sample children 0-17 would like to change demographic information

Skip Instructions:

```

If 1 NOT IN VFYDEM_C and GEN.SEX_FINAL[PX_C] IN (DK,RF) [goto SEXGUESS_C]
elseif 1 IN VFYDEM_C [goto NEWSEX_C]
elseif 2 IN VFYDEM_C [goto NEWAGENO_C]
elseif 3 IN VFYDEM_C [goto NEWNATORG_C]
elseif 4 IN VFYDEM_C [goto NEWRACE_C]
<RF,DK> If GEN.SEX_FINAL[PX_C] IN (DK,RF) [goto SEXGUESS_C]

elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
    
```


2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0220.00.1 Variable: NEWSEX_C Interview Module: Child Content Type: Annual Core

Question Text:

Is ^SCNAME male or female?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Male
2	Female
7	Refused
9	Don't Know

Universe:

Respondent said sample child's sex is not correct

Skip Instructions:

```

if GEN.SEX_FINAL[PX_C]=RF,DK and NEWSEX_C=RF,DK [goto SEXGUESS_C]
elseif 2 IN VFYDEM_C [goto NEWAGENO_C]
elseif 3 IN VFYDEM_C [goto NEWNATORG_C]
elseif 4 IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
    
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0230.00.1 Variable: SEXGUESS_C Interview Module: Child Content Type: Annual Core

Question Text:

*Enter your best guess of ^SCNAME's sex

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Male
2	Female

Universe:

Sample children for whom there is no sex provided by the household respondent and did not give a sex when asked to verify information and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<1,2>
if 2 IN VFYDEM_C [goto NEWAGENO_C]
elseif 3 IN VFYDEM_C [goto NEWNATORG_C]
elseif 4 IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0240.01.1 Variable: NEWAGENO_C Interview Module: Child Content Type: Annual Core

Question Text:

* 1 of 2

How old is ^SCNAME?

* Enter number for age.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

000-120	Range of values
997	Refused
999	Don't Know

Universe:

Sample Children 0-17 whose age is not correct

Skip Instructions:

goto [NEWAGETP_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0240.02.1 Variable: NEWAGETP_C Interview Module: Child Content Type: Annual Core

Question Text:

* 2 of 2

* Enter number for age time period.

Response:

1	Day(s)
2	Week(s)
3	Month(s)
4	Year(s)

Universe:

Valid number entered at NEWAGENO_C

Skip Instructions:

```
<1,2,3,4> if 3 IN VFYDEM_C [goto NEWNATORG_C]  
elseif 4 IN VFYDEM_C [goto NEWRACE_C]  
elseif NATO_FINAL=1 [goto HISPTYPE_C]  
elseif RACE_FINAL=6 [goto PITYPE_C]  
elseif RACE_FINAL=7 [goto ASIANTYPE_C]  
elseif RACE_FINAL=8 [goto RACEOTHER_C]  
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0260.00.1 Variable: NEWNATORG_C Interview Module: Child Content Type: Annual Core

Question Text:

Is ^SCNAME Hispanic or Latino?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 whose Hispanic Origin is not correct

Skip Instructions:

```
<1,2,RF,DK> if 4 IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0270.00.1 Variable: NEWRACE_C Interview Module: Child Content Type: Annual Core

Question Text:

What race or races is ^SCNAME? Please select 1 or more of these categories:

White, Black, African American, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Asian, or some other race?

Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	White
02	Black/African American
03	American Indian
04	Alaska Native
05	Native Hawaiian
06	Other Pacific Islander
07	Asian
08	Some other race
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 whose race is not correct

Skip Instructions:

```
if NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0280.00.1 Variable: HISPTYPE_C Interview Module: Child Content Type: Annual Core

Question Text:

What is ^SCNAME's Hispanic or Latino ancestry or origin, such as Mexican, Mexican American, ^CHICANOA, Central or South American, Puerto Rican, Cuban, Dominican (Republic), or Other Hispanic, ^LATINOA, or Spanish -- and if ^SCNAME has more than one, tell me all of them.

* Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^CHICANOA	Description	Chicano/Chicano or Chicana
	Instruction	If SEX_FINAL = 1 fill: "Chicano" if SEX_FINAL = 2,DK,RF fill "Chicano or Chicana"
^LATINOA	Description	Latino/Latino or Latina
	Instruction	If SEX_FINAL= 1 fill: "Latino" if SEX_FINAL = 2,DK,RF fill "Latino or Latina"

Response:

01	Mexican, Mexican American, or Chicano(a)
02	Central American
03	South American
04	Puerto Rican
05	Cuban
06	Dominican (Republic)
07	Other Hispanic, Latino(a), or Spanish (specify)
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 are of Hispanic Origin and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<7> [goto HISPOTHER_C]
<1-6,RF,DK>
if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]
elseif GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (HHRESPSC_FLG ne 1 and RACE_SP[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0290.00.1 Variable: HISPOTHER_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What is ^SCNAME's Hispanic or Latino ancestry or origin? If ^SCNAME has more than one, tell me all of them.

Start typing and then select from list. If Hispanic or Latino ancestry is not on the list, type "ZZ" and enter verbatim.

If any of the following are mentioned, backup to previous screen and correct the entry.

- Mexican
- Mexican American
- Chicano/Chicana
- Central American (REFER TO HELP SCREEN)
- South American (REFER TO HELP SCREEN)
- Puerto Rican (Boricua)
- Cuban/Cuban American
- Dominican (Republic)

* If respondent provides more than one other Hispanic or Latino ancestry or origin, select 'ZZ' from the lookup table. At the next question, enter ALL the other Hispanic or Latino ancestries or origins in the verbatim field.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Child is of Other Hispanic Origin

Skip Instructions:

```
<ZZ> [goto HISPVRBAT_C]
<lookup table selection,RF,DK>
if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]
elseif GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```


2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0300.00.1 Variable: HISPVRBAT_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** What is ^SCNAME's Hispanic or Latino ancestry or origin? If ^SCNAME has more than one, tell me all of them.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Child 0-17 where some other Hispanic Ancestry is reported and this is not chosen from the picklist

Skip Instructions:

```
<allow 80,RF,DK> if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]
elseif GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0310.00.1 Variable: PITYPE_C Interview Module: Child Content Type: Annual Core

Question Text:

I have recorded that ^SCNAME is Pacific Islander. What specific ethnic group or groups is ^SCNAME-- such as Guamanian or Chamorro, Samoan, or other Pacific Islander? If ^SCNAME is more than one, tell me all of them.

Enter all that apply, separate with comma

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Guamanian or Chamorro
2	Samoan
3	Other Pacific Islander
7	Refused
9	Don't Know

Universe:

Sample children 0-17 identified as Pacific Islanders and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<3> [goto PIOTHER_C]
<1,2,RF,DK> if GEN.RACE_FINAL[PX_C]=7 [goto ASIAN_TTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0320.00.1 Variable: PIOTHER_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** *I have recorded that ^SCNAME is Pacific Islander. What specific ethnic group or groups is ^SCNAME? If ^SCNAME is more than one, tell me all of them.*

* **Start typing and then select from list. If Pacific Islander ethnic group is not on the list, type "ZZ" and enter verbatim.**

* **If respondent provides more than one ethnic group, select 'ZZ' from the lookup table. At the next question, enter ALL the ethnic groups in the verbatim field.**

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Child who is "Other Pacific Islander"

Skip Instructions:

```
<ZZ> [goto PIVRBAT_C]
<lookup table selection, RF, DK>
if GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0330.00.1 Variable: PIVRBAT_C Interview Module: Child Content Type: Annual Core

Question Text:

Read if necessary: I have recorded that ^SCNAME is Pacific Islander. What specific ethnic group or groups is ^SCNAME? If ^SCNAME is more than one, tell me all of them.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Child are some other group of Pacific Islander and this is not chosen from the picklist

Skip Instructions:

```
<allow 80,RF,DK>
if GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRAACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0340.00.1 Variable: ASIANTYPE_C Interview Module: Child Content Type: Annual Core

Question Text:

I have recorded that ^SCNAME is Asian. What specific ethnic group or groups is ^SCNAME-- such as Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian? If ^SCNAME is more than one, tell me all of them.

Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	Asian Indian
02	Chinese
03	Filipino
04	Japanese
05	Korean
06	Vietnamese
07	Other Asian
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 identified as Asian and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<7> [goto ASIANOTHER_C]
<1-6,RF,DK>
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0350.00.1 Variable: ASIANOTHER_C Interview Module: Child Content Type: Annual Core

Question Text:

What is ^SCNAME's specific Asian ethnic group or groups? If ^SCNAME has more than one, tell me all of them.

Start typing and then select from list. If Asian ethnic group is not on the list, type "ZZ" and enter verbatim.

If any of the following are mentioned, backup to previous screen and correct the entry.

- (Asian) Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

* If respondent provides more than one ethnic group, select 'ZZ' from the lookup table. At the next question, enter ALL the ethnic groups in the verbatim field.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Child who is "other Asian"

Skip Instructions:

```
<ZZ> [goto ASIANVRBAT_C]
<lookup table selection,RF,DK>
if GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (NEWRACE_C=EMPTY and GEN.HHRESPSC_FLG ne 1 and ROSTER.HHC.RACE_SP[PX_C] IN (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0360.00.1 Variable: ASIANVRBAT_C Interview Module: Child Content Type: Annual Core

Question Text:

Read if necessary: What is ^SCNAME's specific Asian ethnic group or groups? If ^SCNAME has more than one, tell me all of them.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Child is some other ethnic group of Asian and this is not chosen from the picklist

Skip Instructions:

```
<allow 80,RF,DK>
if GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (NEWRACE_C=EMPTY and GEN.HHRESPSC_FLG ne 1 and
ROSTER.HHC.RACE_SP[PX_C] IN (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0370.00.1 Variable: RACEOTHER_C Interview Module: Child Content Type: Annual Core

Question Text:

What other race or races is ^SCNAME?

Start typing and then select from list. If race is not on the list, type "ZZ" and enter verbatim.

* If respondent provides more than one other race, select 'ZZ' from the lookup table. At the next question, enter ALL the other races in the verbatim field.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

	Verbatim values
ZZ	Other
97	Refused
99	Don't Know

Universe:

Sample Child's race was changed to "some other race" in verification section or where the Sample Child respondent is not the Household respondent and were identified by the household respondent as being "some other race" not on the roster other race picklist and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

<ZZ> [goto RACEVRBAT_C]
 <lookup table selection, RF,DK> [goto BMONTH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0380.00.1 Variable: RACEVRBAT_C Interview Module: Child Content Type: Annual Core

Question Text:

Read if necessary: *What other race or races is ^SCNAME?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Child's race was change to include "some other race" in verification section or where the Sample Child respondent is not the Household respondent and were identified by the household respondent as being "some other race" not on the roster other race picklist and the Sample Child Respondent did not select it from the Sample Adult other race picklist.

Skip Instructions:

<verbatim,RF,DK> [goto BMONTH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0410.01.1 Variable: BMONTH_C Interview Module: Child Content Type: Annual Core

Question Text:

* 1 of 3

What is ^SCNAME's date of birth?
Please give month, day, and year for the date of birth.

* Enter month of birth.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't Know

Universe:

A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

<1-12,RF,DK> [goto BDAY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0410.02.1 Variable: BDAY_C Interview Module: Child Content Type: Annual Core

Question Text:

* 2 of 3

* Enter day of birth.

Response:

01-31	Range of values
97	Refused
99	Don't Know

Universe:

A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

<1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR_BDAY_C]
else [goto BYEAR_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR_BDAY_C	Invalid day for selected month hard edit	{check ERR_BDAY_C} ^BDAY_C is not a valid day for ^BMONTH_C.

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0410.03.1 Variable: BYEAR_C Interview Module: Child Content Type: Annual Core

Question Text:

- * 3 of 3
- * Enter year of birth.

Response:

1900-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL_C AND date of birth was verified as incorrect fewer than 2 times and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

```
<1900-current year,RF,DK>
if (BYEAR_C gt current year) or (BYEAR_C=current year and BMONTH_C gt current month) or
(BYEAR_C=current year and BMONTH_C=current month and BDAY_C gt current day) [goto ERR_BYEAR_C]

elseif BDAY_C=29 and BMONTH_C=2 and (BYEAR=2000 or BYEAR_C/4 remainder ne 0) [goto
ERR_BDAYLEAP_C]

elseif AGETEMP_C in (RF,DK) AND BYEAR_C in (RF,DK) [goto NOMORE_C]

elseif ((BYEAR_C not IN (RF,DK) and AGETEMP_C not IN (RF,DK) and AGETEMP_C ne AGE_CALC_C) AND
(AGETEMP_C not IN (RF,DK) and AGETEMP_C ne AGE_CALCMINUS1_C)) and DOB_COUNT_C ne 1 [goto
VFYDOB_C]

elseif (AGETEMP_C eq AGE_CALC_C or AGE_CALCMINUS1_C) or DOB_COUNT_C=1
  if AGE_FINAL ge 18 [goto NOMORE_C]
  else [goto next section]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR_BYEAR_C		{check ERR_BYEAR_C} Future date invalid.
ERR_BDAYLEAP_C	Invalid day for selected month hard edit	{check ERR_BDAYLEAP_C} ^BDAY_C is not a valid day for ^BMONTH_C.

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0430.00.1 Variable: VFYDOB_C Interview Module: Child Content Type: Annual Core

Question Text:

There is a difference between the age the computer calculated from ^SCNAME's date of birth of ^AGEDOB_C_fill and the age I had previously recorded of ^TEMPAGE_C.

I recorded ^SCNAME's ^dateofbirth_C

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^AGEDOB_C_fill	Description	Age(s) calculated from Date of Birth for SC
	Instruction	Fill one age calculated from AGE_CALC_C as "(age) year(s) old" Fill two ages calculated from AGE_CALC_C and AGE_CALCMINUS1_C as "(age) or (age) year(s) old" If AGE_CALC_C or AGE_CALCMINUS1_C is equal to 0, then display as "less than 1"
^TEMPAGE_C	Description	{Value of AGETEMP_C} year(s) old/less than 1
	Instruction	fill value of AGETEMP_C as "(age) year(s) old" If AGETEMP_C is equal to 0, then display as "less than 1"
^dateofbirth_C	Description	date of birth when any of BDAY_C, BMONTH_C or BYEAR_C are not valid
	Instruction	If BDAY_C, BMONTH_C and BYEAR_C are all valid, fill: "date of birth as ^BMONTH_C ^BDAY_C, ^BYEAR_C, is that correct?" If only BMONTH_C and BYEAR_C are valid, fill: "date of birth as ^BMONTH_C ^BYEAR_C, is that correct?" If only BDAY_C and BYEAR_C are valid, fill: "year of birth as ^BYEAR_C, is that correct?" If only BYEAR_C is valid, fill: "year of birth as ^BYEAR_C, is that correct?"
^BMONTH_C	Description	{Value of BMONTH_C}
	Instruction	Fill value from Child.VFY.BMONTH_C
^BDAY_C	Description	{Value of BDAY_C}
	Instruction	Fill value from Child.VFY.BDAY_C
^BYEAR_C	Description	{Value of BYEAR_C}
	Instruction	Fill value from Child.VFY.BYEAR_C

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children whose age provided in either HHC or NEWAGE_C does not match either age calculated from date of birth information and the Sample Child's spouse or partner is not the respondent

Skip Instructions:

<1,RF,DK> if GEN.AGE_FINAL[PX_C] gt 18 [goto NOMORE_C]
else [goto next section]

<2> if DOB_COUNT_C le 1 [goto BMONTH_C]
elseif GEN.AGE_FINAL[PX_C] gt 18 [goto NOMORE_C]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

VFY: Verification and demographic details

Question ID: VFY.0440.00.1 Variable: NOMORE_C Interview Module: Child Content Type: Annual Core

Question Text:

* ^SCNAME no longer meets the requirements to be sample child for this family. End this interview and begin the Sample Adult Interview. If there is no Sample Adult or the Sample Adult interview has been completed, EXIT

^auxNoMore

Not everyone in our survey is asked all questions. I have all the information that I need from you about ^SCNAME.

* Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^auxNoMore	Description	If there is still a knowledgeable respondent available, back up and select that person.
	Instruction	IF KNOAVAIL_Count = 0, fill "*" If there is still a knowledgeable respondent available, back up and select that person."

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample child whose age is now over 17 or whose age is refused or don't know or who lives off-campus or there is no knowledgeable sample child respondent

Skip Instructions:

If there is a callback set for Sample Adult [goto BCK.THANKS_CB]
 else if GEN.OUTCOME IN 215 [goto BCK.THANKS_INSUF]
 else [goto BCK.THANKS_SUF]

2020 National Health Interview Survey (NHIS) Questionnaire

HIS: Health Status

Question ID: HIS.0010.00.1 Variable: PHSTAT_C Interview Module: Child Content Type: Annual Core

Question Text:

Would you say ^SCNAME's health in general is excellent, very good, good, fair, or poor?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0010.00.1 Variable: ASTINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

Now I am going to ask you about certain medical conditions.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto ASEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0020.00.1 Variable: ASEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a doctor or other health professional EVER told you that ^SCNAME had asthma?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto ASTILL_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0030.00.1 Variable: ASTILL_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME still have asthma?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who were ever told they have asthma

Skip Instructions:

<1,2,RF,DK> [goto ASAT12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0040.00.1 Variable: ASAT12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, has ^SCNAME had an episode of asthma or an asthma attack?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who were ever told they had asthma

Skip Instructions:

<1,2,RF,DK> [goto ASER12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0050.00.1 Variable: ASER12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, did ^SCNAME have to visit an emergency room or urgent care center because of ^hisher_C asthma?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who were ever told they had asthma

Skip Instructions:

<1,2,RF,DK> if ASTILL_C=1 or ASAT12M_C=1 [goto ASHOSP12M_C]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0060.00.3 Variable: ASHOSP12M_C Interview Module: Child Content Type: Sponsored Content

Question Text:

During the past 12 months, has ^SCNAME stayed overnight in a hospital because of ^hisher_C asthma?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto ASDAYS12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0070.00.3 Variable: ASDAYS12M_C Interview Module: Child Content Type: Sponsored Content

Question Text:

During the past 12 months, how many days of ^DAYCARESCHOOL did ^SCNAME miss because of ^hisher_C asthma?

Fills:

^DAYCARESCHOOL	Description	daycare/school or daycare/school
	Instruction	If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare" If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare" if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

000-365	Range of values
997	Refused
999	Don't Know

Universe:

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<0-99,RF,DK> [goto ASINHALE3M_C]
<100-365> [goto ERR1_ASDAYS12M_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_ASDAYS12M_C	Soft edit for 100-365 days of missed school	{signal ERR1_ASDAYS12M_C} ^ASDAYS12M_C is an unusually large number, did ^SCNAME miss ^ASDAYS12M_C days of school because of illness, injury, or disability? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0080.00.3 Variable: ASINHALE3M_C Interview Module: Child Content Type: Sponsored Content

Question Text:

During the past 3 months, has ^SCNAME used the kind of PRESCRIPTION asthma inhaler that gives QUICK relief from asthma symptoms during an attack?

**Read if necessary: Include only medication prescribed by a doctor or health professional.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto ASPREVR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

AST: Asthma

Question ID: AST.0090.00.3 Variable: ASPREVR_C Interview Module: Child Content Type: Sponsored Content

Question Text:

Is ^SCNAME NOW taking a preventive asthma medication every day, some days, most days, or never?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Every day
2	Most days
3	Some days
4	Never
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0010.00.1 Variable: PREDIB_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a doctor or other health professional EVER told you that ^SCNAME had prediabetes or borderline diabetes?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17

Skip Instructions:

<1,2,RF,DK> [goto DIBEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DIB: Diabetes

Question ID: DIB.0020.00.1 Variable: DIBEV_C Interview Module: Child Content Type: Annual Core

Question Text:

^NOTPRED a doctor or other health professional EVER told you that ^SCNAME had diabetes?

Fills:

^NOTPRED	Description	Not including prediabetes, has/Has
	Instruction	If PREDIB_C=1: "Not including prediabetes, has" If PREDIB_C IN ('2','DK','RF'): "Has"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0010.00.1 Variable: ADHDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a doctor or other health professional ever told you that ^SCNAME had Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

* **Read if necessary:** *Health professionals can include school psychologists and school nurses.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1> [goto ADHDNW_C]
 <2,RF,DK> [goto IDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0020.00.1 Variable: ADHDNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME currently have Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17 who had an ADHD diagnosis

Skip Instructions:

<1,2,RF,DK> [goto IDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0030.00.1 Variable: IDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a doctor or other health professional ever told you that ^SCNAME had an intellectual disability, also known as mental retardation?

* **Read if necessary:** *Health professionals can include school psychologists and school nurses.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto IDNW_C]
 <2,RF,DK> [goto ASDEV_C] if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17, else [goto DDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0040.00.1 Variable: IDNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME currently have an intellectual disability, also known as mental retardation?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who had an intellectual disability diagnosis

Skip Instructions:

<1,2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto ASDEV_C]
else [goto DDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0050.00.1 Variable: ASDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a doctor or other health professional ever told you that ^SCNAME had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

* **Read if necessary:** *Health professionals can include school psychologists and school nurses.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1> [goto ASDNW_C]
 <2,RF,DK> [goto DDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0060.00.1 Variable: ASDNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17 who had an autism spectrum disorder diagnosis

Skip Instructions:

<1,2,RF,DK> [goto DDEV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0070.00.1 Variable: DDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

^NOTEVER a doctor or other health professional ever told you that ^SCNAME had any other developmental delay?

* **Read if necessary:** Health professionals can include school psychologists and school nurses.

* **Read if necessary:** Developmental delays are significant delays in a child's development. Examples include cognitive, motor, speech, social, emotional and behavioral delays.

Fills:

^NOTEVER	Description	Has/Not including (ADHD, intellectual disability, autism spectrum disorder), has
	Instruction	If ADHDEV_C ne 1 AND IDEV_C ne 1 and ASDEV_C ne 1 fill: "Has" If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C ne 1 fill: "Not including ADHD, has" If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C ne 1 fill: "Not including an intellectual disability, has" If ADHDEV_C ne 1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Not including autism spectrum disorder, has" If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C ne fill: "Not including ADHD or an intellectual disability, has" If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Not including ADHD or autism spectrum disorder, has" If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C=1 fill: "Not including an intellectual disability or autism spectrum disorder, has" If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C=1 fill: "Not including ADHD, an intellectual disability or autism spectrum disorder, has"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto DDNW_C]
<2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto LDEV_C]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0080.00.1 Variable: DDNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME still have this other developmental delay?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who had any other developmental delay diagnosis

Skip Instructions:

<1,2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto LDEV_C]
 else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0090.00.1 Variable: LDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has a representative from a school or a health professional ever told you that ^SCNAME had a learning disability?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1> [goto LDNW_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DLD: Developmental and Learning Disabilities

Question ID: DLD.0100.00.1 Variable: LDNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME currently have a learning disability?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17 who had a learning disability diagnosis

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0010.01.2 Variable: HEIGHTFT_C Interview Module: Child Content Type: Rotating Core

Question Text:

How tall is ^SCNAME without shoes?

* Enter feet.

* If the child's height is given in inches, press '0' at feet and enter the measure in inches (36 inches maximum).

* Enter 'M' to record metric measurements.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

00	0 feet
01	1 foot
02	2 feet
03	3 feet
04	4 feet
05	5 feet
06	6 feet
07	7 feet
M	Answered in Metric
97	Refused
99	Don't Know

Universe:

Sample Children 10-17

Skip Instructions:

if HEIGHTFT_C ne <0-7,RF,DK,M> [goto ERR1_HEIGHTFT_C]
 <0-7> [goto HEIGHTIN_C]
 <RF,DK> [goto WEIGHTLB_C]
 <M> [goto HEIGHTM_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HEIGHTFT_C	Hard edit for height in feet	{check ERR1_HEIGHTFT_C} Only 0-7, Don't know/Refused, or M allowed in this field. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0010.02.2 Variable: HEIGHTIN_C Interview Module: Child Content Type: Rotating Core

Question Text:

- * Enter inches.
- * Enter '0' if exactly ^HEIGHTFT_C feet tall.

Fills:

^HEIGHTFT_C	Description	{Value of HEIGHTFT_C}
	Instruction	Fill value from Child.BMI.HEIGHTFT_C

Response:

00-36	Range of values
97	Refused
99	Don't Know

Universe:

Sample Children 10-17 whose height in feet is 0-7

Skip Instructions:

```
If (HEIGHTFT_C=0) and (HEIGHTIN_C=0) [goto ERR1_HEIGHTIN_C]
elseif HEIGHTFT_C=1-7 and HEIGHTIN_C ge 12 [goto ERR2_HEIGHTIN_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (CHTINCH_C lt 50 or CHTINCH_C gt 60)) or
(GEN.AGE_FINAL=011 and (CHTINCH_C lt 52 or CHTINCH_C gt 62)) or
(GEN.AGE_FINAL=012 and (CHTINCH_C lt 53 or CHTINCH_C gt 64)) or
(GEN.AGE_FINAL=013 and (CHTINCH_C lt 56 or CHTINCH_C gt 67)) or
(GEN.AGE_FINAL=014 and (CHTINCH_C lt 58 or CHTINCH_C gt 70)) or
(GEN.AGE_FINAL=015 and (CHTINCH_C lt 61 or CHTINCH_C gt 72)) or
(GEN.AGE_FINAL=016 and (CHTINCH_C lt 63 or CHTINCH_C gt 74)) or
(GEN.AGE_FINAL=017 and (CHTINCH_C lt 63 or CHTINCH_C gt 74))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (CHTINCH_C lt 50 or CHTINCH_C gt 60)) or
(GEN.AGE_FINAL=011 and (CHTINCH_C lt 51 or CHTINCH_C gt 62)) or
(GEN.AGE_FINAL=012 and (CHTINCH_C lt 54 or CHTINCH_C gt 65)) or
(GEN.AGE_FINAL=013 and (CHTINCH_C lt 57 or CHTINCH_C gt 67)) or
(GEN.AGE_FINAL=014 and (CHTINCH_C lt 58 or CHTINCH_C gt 68)) or
(GEN.AGE_FINAL=015 and (CHTINCH_C lt 59 or CHTINCH_C gt 69)) or
(GEN.AGE_FINAL=016 and (CHTINCH_C lt 59 or CHTINCH_C gt 69)) or
(GEN.AGE_FINAL=017 and (CHTINCH_C lt 59 or CHTINCH_C gt 69))) [goto ERR3_HEIGHTIN_C]
else <0-36,RF,DK> [goto WEIGHTLB_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HEIGHTIN_C	Hard edit for height in inches	{check ERR1_HEIGHTIN_C} Must enter an answer in at least the inches item. Please correct.
ERR2_HEIGHTIN_C	Hard edit for height in inches	{check ERR2_HEIGHTIN_C} Number of inches exceeds maximum allowed. Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR3_HEIGHTIN_C	Soft edit for height in inches	{signal ERR3_HEIGHTIN_C} Please verify that the height was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0010.04.2 Variable: HEIGHTM_C Interview Module: Child Content Type: Rotating Core

Question Text:

How tall is ^SCNAME without shoes?

* Enter height in metric.

* If the child's height is given in centimeters, press '0' at meters and enter the measure in centimeters (241 centimeters maximum).

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

0	0 meters
1	1 meter
2	2 meters
7	Refused
9	Don't Know

Universe:

Sample Children 10-17 whose current height will be entered in metric

Skip Instructions:

<0-2> [goto HEIGHTM_C]
 <RF,DK> [goto WEIGHTLB_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0010.05.2 Variable: HEIGHTCM_C Interview Module: Child Content Type: Rotating Core

Question Text:

* Enter height in centimeters.

Response:

000-241	Range of values
997	Refused
999	Don't Know

Universe:

Sample Children 10-17 whose height will be entered in metric, and who entered 0-2 for height in meters

Skip Instructions:

```
If (HEIGHTM_C IN (0)) and (HEIGHTCM_C IN (0)) [goto ERR1_HEIGHTCM_C]
elseif (HEIGHTM_C=2 and HEIGHTCM_C gt 41) or (HEIGHTM_C=1 and HEIGHTCM_C gt 141) [goto
ERR2_HEIGHTCM_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (CHTCM_C lt 127 or CHTCM_C gt 152)) or
(GEN.AGE_FINAL=011 and (CHTCM_C lt 131 or CHTCM_C gt 157)) or
(GEN.AGE_FINAL=012 and (CHTCM_C lt 136 or CHTCM_C gt 164)) or
(GEN.AGE_FINAL=013 and (CHTCM_C lt 142 or CHTCM_C gt 171)) or
(GEN.AGE_FINAL=014 and (CHTCM_C lt 149 or CHTCM_C gt 179)) or
(GEN.AGE_FINAL=015 and (CHTCM_C lt 155 or CHTCM_C gt 184)) or
(GEN.AGE_FINAL=016 and (CHTCM_C lt 159 or CHTCM_C gt 187)) or
(GEN.AGE_FINAL=017 and (CHTCM_C lt 161 or CHTCM_C gt 189))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (CHTCM_C lt 126 or CHTCM_C gt 151)) or
(GEN.AGE_FINAL=011 and (CHTCM_C lt 131 or CHTCM_C gt 158)) or
(GEN.AGE_FINAL=012 and (CHTCM_C lt 137 or CHTCM_C gt 165)) or
(GEN.AGE_FINAL=013 and (CHTCM_C lt 144 or CHTCM_C gt 170)) or
(GEN.AGE_FINAL=014 and (CHTCM_C lt 148 or CHTCM_C gt 173)) or
(GEN.AGE_FINAL=015 and (CHTCM_C lt 150 or CHTCM_C gt 174)) or
(GEN.AGE_FINAL=016 and (CHTCM_C lt 150 or CHTCM_C gt 175)) or
(GEN.AGE_FINAL=017 and (CHTCM_C lt 151 or CHTCM_C gt 175))) [goto ERR3_HEIGHTCM_C]
<0-241,RK,DK> [goto WEIGHTLB_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_HEIGHTCM_C	Hard edit for height in centimeters	{check ERR2_HEIGHTCM_C} Total height exceeds maximum allowed. Please correct.
ERR1_HEIGHTCM_C	Hard edit for height in centimeters	{check ERR1_HEIGHTCM_C} Must enter an answer at least in centimeters item. Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR3_HEIGHTCM_C	Soft edit for height in centimeters	{signal ERR3_HEIGHTCM_C} Please verify that the height was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0020.01.2 Variable: WEIGHTLB_C Interview Module: Child Content Type: Rotating Core

Question Text:

How much does ^SCNAME weigh now?

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

001-500	Range of values
M	Answered in Metric
997	Refused
999	Don't Know

Universe:

Sample Children 10-17

Skip Instructions:

```

if WEIGHTLB_C lt 1 or WEIGHTLB_C gt 500 [goto ERR1_WEIGHTLB_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (WEIGHTLB_C lt 53 or WEIGHTLB_C gt 109)) or
(GEN.AGE_FINAL=011 and (WEIGHTLB_C lt 59 or WEIGHTLB_C gt 124)) or
(GEN.AGE_FINAL=012 and (WEIGHTLB_C lt 65 or WEIGHTLB_C gt 140)) or
(GEN.AGE_FINAL=013 and (WEIGHTLB_C lt 73 or WEIGHTLB_C gt 155)) or
(GEN.AGE_FINAL=014 and (WEIGHTLB_C lt 82 or WEIGHTLB_C gt 170)) or
(GEN.AGE_FINAL=015 and (WEIGHTLB_C lt 92 or WEIGHTLB_C gt 184)) or
(GEN.AGE_FINAL=016 and (WEIGHTLB_C lt 101 or WEIGHTLB_C gt 196)) or
(GEN.AGE_FINAL=017 and (WEIGHTLB_C lt 109 or WEIGHTLB_C gt 207))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (WEIGHTLB_C lt 53 or WEIGHTLB_C gt 113)) or
(GEN.AGE_FINAL=011 and (WEIGHTLB_C lt 59 or WEIGHTLB_C gt 129)) or
(GEN.AGE_FINAL=012 and (WEIGHTLB_C lt 66 or WEIGHTLB_C gt 145)) or
(GEN.AGE_FINAL=013 and (WEIGHTLB_C lt 74 or WEIGHTLB_C gt 160)) or
(GEN.AGE_FINAL=014 and (WEIGHTLB_C lt 81 or WEIGHTLB_C gt 171)) or
(GEN.AGE_FINAL=015 and (WEIGHTLB_C lt 87 or WEIGHTLB_C gt 180)) or
(GEN.AGE_FINAL=016 and (WEIGHTLB_C lt 92 or WEIGHTLB_C gt 186)) or
(GEN.AGE_FINAL=017 and (WEIGHTLB_C lt 96 or WEIGHTLB_C gt 190))) [goto ERR2_WEIGHTLB_C]
<1-500,RF,DK> [goto next section]
<M> [goto WEIGHTKG_C]
    
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_WEIGHTLB_C	Hard error for weight in pounds	{check ERR1_WEIGHTLB_C} Weight is out of range (1-500). Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_WEIGHTLB_C	Soft edit for weight in pounds	{signal ERR2_WEIGHTLB_C} Please verify that the weight was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

BMI: Height and Weight - Rotate

Question ID: BMI.0020.02.2 Variable: WEIGHTKG_C Interview Module: Child Content Type: Rotating Core

Question Text:

How much does ^SCNAME weigh now?

* Enter weight in kilograms.

* Enter '226' if 226 kilograms or more.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

001-226	Range of values
997	Refused
999	Don't Know

Universe:

Sample Children 10-17 whose weight will be entered in metric

Skip Instructions:

```
if WEIGHTKG_C lt 1 or WEIGHTKG_C gt 226 [goto ERR1_WEIGHTKG_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (WEIGHTKG_C lt 24 or WEIGHTKG_C gt 49)) or
(GEN.AGE_FINAL=011 and (WEIGHTKG_C lt 27 or WEIGHTKG_C gt 56)) or
(GEN.AGE_FINAL=012 and (WEIGHTKG_C lt 29 or WEIGHTKG_C gt 63)) or
(GEN.AGE_FINAL=013 and (WEIGHTKG_C lt 33 or WEIGHTKG_C gt 70)) or
(GEN.AGE_FINAL=014 and (WEIGHTKG_C lt 37 or WEIGHTKG_C gt 77)) or
(GEN.AGE_FINAL=015 and (WEIGHTKG_C lt 42 or WEIGHTKG_C gt 83)) or
(GEN.AGE_FINAL=016 and (WEIGHTKG_C lt 46 or WEIGHTKG_C gt 89)) or
(GEN.AGE_FINAL=017 and (WEIGHTKG_C lt 49 or WEIGHTKG_C gt 94))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (WEIGHTKG_C lt 24 or WEIGHTKG_C gt 51)) or
(GEN.AGE_FINAL=011 and (WEIGHTKG_C lt 27 or WEIGHTKG_C gt 59)) or
(GEN.AGE_FINAL=012 and (WEIGHTKG_C lt 30 or WEIGHTKG_C gt 66)) or
(GEN.AGE_FINAL=013 and (WEIGHTKG_C lt 33 or WEIGHTKG_C gt 72)) or
(GEN.AGE_FINAL=014 and (WEIGHTKG_C lt 37 or WEIGHTKG_C gt 78)) or
(GEN.AGE_FINAL=015 and (WEIGHTKG_C lt 40 or WEIGHTKG_C gt 82)) or
(GEN.AGE_FINAL=016 and (WEIGHTKG_C lt 42 or WEIGHTKG_C gt 84)) or
(GEN.AGE_FINAL=017 and (WEIGHTKG_C lt 43 or WEIGHTKG_C gt 86))) [goto ERR2_WEIGHTKG_C]
<1-226,RF,DK> [goto next section]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_WEIGHTKG_C	Hard edit for weight in kilograms	{check ERR1_WEIGHTKG_C} Weight is out of range (1-226). Please correct.

Soft Edit:

Check Text	Check Description	Check Text
ERR2_WEIGHTKG_C	Soft edit for weight in kilograms	{signal ERR2_WEIGHTKG_C} Please verify that the weight was entered correctly. Probe only if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0010.00.1 Variable: VISINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

I would like to ask you some questions about difficulties ^SCNAME may have.

* Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 2-17

Skip Instructions:

<1> [goto WEARGLSS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0020.00.1 Variable: WEARGLSS_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME wear glasses ^CONTACTS?

* **Read if necessary:** *Persons who wear glasses to read or to do other occasional tasks should answer yes to this question.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^CONTACTS	Description	or contact lenses
	Instruction	If AGE=5-17 fill "or contact lenses"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto VISIONDF_C]

2020 National Health Interview Survey (NHIS) Questionnaire

VIS: Vision

Question ID: VIS.0030.00.1 Variable: VISIONDF_C Interview Module: Child Content Type: Annual Core

Question Text:

^GLASSCONTACT ^SCNAME have difficulty seeing? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^GLASSCONTACT	Description	When wearing glasses ^CONTACTS does/Does
	Instruction	If WEARGLSS_C=1 fill "When wearing glasses ^CONTACTS does" else if WEARGLSS_C ne 1 "Does"
^CONTACTS	Description	or contact lenses
	Instruction	If AGE=5-17 fill "or contact lenses"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

HEA: Hearing

Question ID: HEA.0010.00.1 Variable: HEARAIID_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME use a hearing aid?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto HEARINGDF_C]

2020 National Health Interview Survey (NHIS) Questionnaire

HEA: Hearing

Question ID: HEA.0020.00.1 Variable: HEARINGDF_C Interview Module: Child Content Type: Annual Core

Question Text:

^USEHRAID_C ^SCNAME have difficulty hearing sounds like people's voices or music? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^USEHRAID_C	Description	When using ^hisher_C hearing aid(s) does/Does
	Instruction	If HEARAID_C=1 fill "When using ^hisher_C hearing aid(s) does " else fill "Does "
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0010.00.1 Variable: EQUIP_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME use any equipment or receive assistance for walking?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

```
<1> if GEN.AGE_FINAL[PX_C]=2-4 [goto NOEQWLKDF_C]
else if GEN.AGE_FINAL[PX_C] ge 5 [goto NOEQWLK100_C]
<2,RF,DK> if GEN.AGE_FINAL[PX_C]=2-4 [goto WLKDF_C]
else if GEN.AGE_FINAL[PX_C] ge 5 [goto WLK100_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0020.00.1 Variable: NOEQWLKDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Without using ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4 who use equipment or assistance for walking

Skip Instructions:

<1-4,RF,DK> [goto EQWLKDF_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0030.00.1 Variable: EQWLKDF_C Interview Module: Child Content Type: Annual Core

Question Text:

When using ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking?

***Read if necessary:** *Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4 who use equipment or assistance for walking

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0040.00.1 Variable: WLKDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty walking? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4 who do not use equipment or assistance for walking or Refused or Don't Know

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0050.00.1 Variable: NOEQWLK100_C Interview Module: Child Content Type: Annual Core

Question Text:

WITHOUT USING ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who use equipment or assistance for walking

Skip Instructions:

<1-3,RF,DK> [goto NOEQWLK13M_C]
<4> [goto EQWLK100_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0060.00.1 Variable: NOEQWLK13M_C Interview Module: Child Content Type: Annual Core

Question Text:

WITHOUT USING ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot difficulty walking 100 yards when not using their equipment/assistance or Refused or Don't Know

Skip Instructions:

<1-4,RF,DK> [goto EQWLK100_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0070.00.1 Variable: EQWLK100_C Interview Module: Child Content Type: Annual Core

Question Text:

WHEN USING ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block.

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who use equipment or assistance for walking.

Skip Instructions:

<1-3,RF,DK> [goto EQWLK13M_C]
<4> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0080.00.1 Variable: EQWLK13M_C Interview Module: Child Content Type: Annual Core

Question Text:

WHEN USING ^hisher_C equipment or assistance, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot of difficulty walking 100 yards when using their equipment/assistance or Refused or Don't Know

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0090.00.1 Variable: WLK100_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who do not use equipment or assistance for walking or Refused or Don't Know

Skip Instructions:

<1-3,RF,DK> [goto WLK13M_C]
<4> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MOB: Mobility

Question ID: MOB.0100.00.1 Variable: WLK13M_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17 who do not use equipment or assistance for walking and have no difficulty, some difficulty, or a lot of difficulty walking 100 yards or Refused or Don't Know

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

UPP: Upper Body, Motor skills and self care

Question ID: UPP.0010.00.1 Variable: PICKUPDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty picking up small objects with ^hisher_C hands?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

UPP: Upper Body, Motor skills and self care

Question ID: UPP.0020.00.1 Variable: SELFCAREDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have difficulty with self care, such as eating or dressing?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COM: Communication

Question ID: COM.0010.00.1 Variable: UNDRSTYOU_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have difficulty understanding you?

***Read if necessary:** *Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4

Skip Instructions:

<1-4,RF,DK> [goto UNDRSTCHD_C]

2020 National Health Interview Survey (NHIS) Questionnaire

COM: Communication

Question ID: COM.0020.00.1 Variable: UNDRSTCHD_C Interview Module: Child Content Type: Annual Core

Question Text:

When ^SCNAME speaks, do you have difficulty understanding ^himherthem_C?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^himherthem_C	Description	him/her/them
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "him"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "them"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COM: Communication

Question ID: COM.0030.00.1 Variable: UNDRSTIHH_C Interview Module: Child Content Type: Annual Core

Question Text:

When ^SCNAME speaks, ^doesheshedothey_C have difficulty being understood by people inside of this household?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^doesheshedothey_C	Description	does he/does she/do they
	Instruction	If SEX=1 fill: "does he" If SEX=2 fill: "does she" If SEX IN ('RF','DK') fill: "do they"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto UNDRSTOHH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

COM: Communication

Question ID: COM.0040.00.1 Variable: UNDRSTOHH_C Interview Module: Child Content Type: Annual Core

Question Text:

When ^SCNAME speaks, ^doesheshedothey_C have difficulty being understood by people outside of this household?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^doesheshedothey_C	Description	does he/does she/do they
	Instruction	If SEX=1 fill: "does he" If SEX=2 fill: "does she" If SEX IN ('RF','DK') fill: "do they"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0010.00.1 Variable: LEARNDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty learning things?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto REMEMBERDF_C]

2020 National Health Interview Survey (NHIS) Questionnaire

COG: Cognition

Question ID: COG.0020.00.1 Variable: REMEMBERDF_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty remembering things?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ANX: Anxiety

Question ID: ANX.0010.00.1 Variable: ANXFREQ_C Interview Module: Child Content Type: Annual Core

Question Text:

How often does ^SCNAME seem very anxious, nervous, or worried? Would you say: daily, weekly, monthly, a few times a year, or never?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DEP: Depression

Question ID: DEP.0010.00.1 Variable: DEPFREQ_C Interview Module: Child Content Type: Annual Core

Question Text:

How often does ^SCNAME seem very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Daily
2	Weekly
3	Monthly
4	A few times a year
5	Never
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-5,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0010.00.1 Variable: BEHDFPLYG_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty playing? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 2-4

Skip Instructions:

<1-4,RF,DK> [goto BEHKBHYG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0020.00.1 Variable: BEHKBHYG_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, how much does ^SCNAME kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	The same or less
3	More
4	A lot more
7	Refused
9	Don't Know

Universe:

Sample Children 2-4

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0030.00.1 Variable: BEHDFCNTR_C Interview Module: Child Content Type: Annual Core

Question Text:

Compared with children of the same age, does ^SCNAME have difficulty controlling ^hisher_C behavior?

Read if necessary: *Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto BEHDFCS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0040.00.1 Variable: BEHDFCS_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have difficulty concentrating on an activity that ^heshe_C enjoy^s doing?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"
^s	Description	s
	Instruction	if SEX_FINAL[PX_C]=1,2 fill "s" else fill blank

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto BEHDFCHG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0050.00.1 Variable: BEHDFCHG_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have difficulty accepting changes in ^hisher_C routine?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto BEHDFMKFR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BEH: Behavior

Question ID: BEH.0060.00.1 Variable: BEHDFMKFR_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have difficulty making friends?

**Read if necessary: Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe_C cannot do this at all?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	No difficulty
2	Some difficulty
3	A lot of difficulty
4	Cannot do at all
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0010.00.1 Variable: BSCINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

* The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

* The Baby Pediatric Symptom Checklist is part of the larger Survey of Well-being of Young Children, copyrighted by Tufts Medical Center. For more information go to <https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx>

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children under 2 years

Skip Instructions:

<1> [goto BSCNWPPPL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0020.00.1 Variable: BSCNWPL_C Interview Module: Child Content Type: Annual Core

Question Text:

These next questions are about ^SCNAME's behavior. Think about what you would expect of other children the same age, and tell me how much each statement applies to ^SCNAME.

Does ^SCNAME have a hard time being with new people? Would you say not at all, somewhat, or very much?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCNWPLCS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0030.00.1 Variable: BSCNWPLCS_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have a hard time in new places? Would you say not at all, somewhat, or very much?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCCHG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0040.00.1 Variable: BSCCHG_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have a hard time with change?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCHLOPPL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0050.00.1 Variable: BSCHLOPPL_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME mind being held by other people?

Read if necessary: *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCCRYALT_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0060.00.1 Variable: BSCCRYALT_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME cry a lot?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCCLMDWN_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0070.00.1 Variable: BSCCLMDWN_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have a hard time calming down?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCFUSSY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0080.00.1 Variable: BSCFUSSY_C Interview Module: Child Content Type: Annual Core

Question Text:

Is ^SCNAME fussy or irritable?

Read if necessary: *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCSTHE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0090.00.1 Variable: BSCSTHE_C Interview Module: Child Content Type: Annual Core

Question Text:

Is it hard to comfort ^SCNAME?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCSCHD_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0100.00.1 Variable: BSCSCHD_C Interview Module: Child Content Type: Annual Core

Question Text:

Is it hard to keep ^SCNAME on a schedule or routine?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCPTSLP_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0110.00.1 Variable: BSCPTSLP_C Interview Module: Child Content Type: Annual Core

Question Text:

Is it hard to put ^SCNAME to sleep?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCSTYSLP_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0120.00.1 Variable: BSCSTYSLP_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME have trouble staying asleep?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCPRLKSL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

BSC: Baby Pediatric Symptom Checklist

Question ID: BSC.0130.00.1 Variable: BSCPRLKSL_C Interview Module: Child Content Type: Annual Core

Question Text:

Is it hard for ^youmembersoffamily to get enough sleep because of ^SCNAME?

* **Read if necessary:** *Would you say not at all, somewhat, or very much?*

Fills:

^youmembersoffamily	Description	you/members of your family
	Instruction	If PCNT='2' fill "you" else fill "members of your family"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Not at all
2	Somewhat
3	Very much
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0010.00.1 Variable: SCHEDYSMSS_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, about how many days of school did ^SCNAME miss because ^HeShe_C had an illness, injury, or disability?

* Enter '996' if child did not go to school in the past 12 months.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^HeShe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

000-365	Range of values
996	No school in past 12 months
997	Refused
999	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<0-99,996,RF,DK> [goto SCHSPEDEV_C]
<100-365> [goto ERR1_SCHDYSMSS_C]
<366-995> [goto ERR2_SCHDYSMSS_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SCHDYSMSS_C	hard check for days of missed school	{check ERR2_SCHDYSMSS_C} "366-995" days not allowed in this field.

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SCHDYSMSS_C	soft edit for 100-365 days of missed school	{signal ERR1_SCHDYSMSS_C} ^SCHEDYSMSS_C is an unusually large number, did ^SCNAME miss ^SCHEDYSMSS_C days of school because of illness, injury, or disability? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0020.00.1 Variable: SCHSPEDEV_C Interview Module: Child Content Type: Annual Core

Question Text:

Has ^SCNAME ever had a special education or early intervention plan, such as an Individualized Education Plan, an IEP, or an Individualized Family Service Plan, an IFSP?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto SCHSPED_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0030.00.1 Variable: SCHSPED_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME currently have a special education or early intervention plan?

**Read if necessary: Consider special education or early intervention plans received during the past school year.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who ever received special education services

Skip Instructions:

<1> [goto SCHSPEDEM_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCH: Schooling

Question ID: SCH.0040.00.1 Variable: SCHSPEDEM_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME receive these services to help with ^hisher_C emotions, concentration, behavior, or mental health?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have received services in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0010.00.1 Variable: HICOV_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program that provide medical care or help pay medical bills. Is ^SCNAME covered by any kind of health insurance or some other kind of health care plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,R,D> [goto HIKIND_C]
 <2> [goto MCAIDPRB_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0020.00.1 Variable: HIKIND_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What kinds of health insurance or health care coverage does ^SCNAME have? Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, state-sponsored health plan, or an other government program?

* Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	Private health insurance
02	Medicare
03	Medigap
04	Medicaid
05	Children's Health Insurance Program (CHIP)
06	Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
07	Indian Health Service
08	State-sponsored health plan
09	Other government program
10	No coverage of any type
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

Skip Instructions:

if > 1 answer selected and (<10> in HIKIND_C) [goto ERR1_HIKIND_C]
 else if HIKIND_C=RF,DK or (<10> in HIKIND_C) [goto MCAIDPRB_C]
 else [goto SINCOVDE_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HIKIND_C	Selecting no coverage and other categories hard edit	{check ERR1_HIKIND_C} Cannot mark "no coverage of any kind" and another type. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0030.00.1 Variable: MCAIDPRB_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

There is a program called Medicaid that pays for health care for persons in need. ^STATEMA Is ^SCNAME covered by Medicaid?

Fills:

^STATEMA	Description	In ^STATENAME it is also called ^STMEDICAID.
	Instruction	if STMEDICAID ne empty, fill: "In ^STATENAME it is also called ^STMEDICAID." else fill: blank
^STATENAME	Description	State name
	Instruction	If ST=AL, fill: Alabama else if ST=AK, fill: Alaska else if ST=AR, fill: Arkansas else if ST=AZ, fill: Arizona else if ST=CA, fill: California else if ST=CO, fill: Colorado else if ST=CT, fill: Connecticut else if ST=DE, fill: Delaware else if ST=DC, fill: District of Columbia else if ST=FL, fill: Florida else if ST=GA, fill: Georgia else if ST=HI, fill: Hawaii else if ST=ID, fill: Idaho else if ST=IL, fill: Illinois else if ST=IN, fill: Indiana else if ST=IA, fill: Iowa else if ST=KS, fill: Kansas else if ST=KY, fill: Kentucky else if ST=LA, fill: Louisiana else if ST=ME, fill: Maine else if ST=MD, fill: Maryland else if ST=MA, fill: Massachusetts else if ST=MI, fill: Michigan else if ST=MN, fill: Minnesota else if ST=MS, fill: Mississippi else if ST=MO, fill: Missouri else if ST=MT, fill: Montana else if ST=NE, fill: Nebraska else if ST=NV, fill: Nevada else if ST=NH, fill: New Hampshire else if ST=NJ, fill: New Jersey else if ST=NM, fill: New Mexico else if ST=NY, fill: New York else if ST=NC, fill: North Carolina else if ST=ND, fill: North Dakota else if ST=OH, fill: Ohio else if ST=OK, fill: Oklahoma else if ST=OR, fill: Oregon else if ST=PA, fill: Pennsylvania else if ST=RI, fill: Rhode Island else if ST=SC, fill: South Carolina else if ST=SD, fill: South Dakota else if ST=TN, fill: Tennessee else if ST=TX, fill: Texas else if ST=UT, fill: Utah else if ST=VT, fill: Vermont else if ST=VA, fill: Virginia else if ST=WA, fill: Washington else if ST=WV, fill: West Virginia else if ST=WI, fill: Wisconsin else if ST=WY, fill: Wyoming
^STMEDICAID	Description	State Medicaid name

	Instruction	If AL then fill "Patient 1st, Alabama Coordinated Health Network" If AK then fill "DenaliCare" If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)" If AR then fill "ARKids First; Arkansas Works; PASSE" If CA then fill "Medi-Cal" If CO then fill "Health First Colorado" If CT then fill "HUSKY" If DE then fill "Diamond State Health Plan" If FL then fill "Medically Needy Program" If GA then fill "Georgia Families" If HI then fill "QUEST" If IL then fill "Medical Assistance" If IN then fill "Healthy Indiana Plan (HIP); Hoosier Healthwise" If IA then fill "IA Health Link; Iowa Health and Wellness Plan" If KS then fill "KanCare; Kansas Medical Assistance Program (KMAP); OneCare Kansas" If LA then fill "Healthy Louisiana" If ME then fill "MaineCare" If MD then fill "HealthChoice" If MA then fill "MassHealth" If MI then fill "Healthy Michigan Plan (HMP)" If MN then fill "Medical Assistance (MA)" If MS then fill "MississippiCAN" If MO then fill "MO Healthnet" If MT then fill "Passport to Health; Healthy Montana Kids Plus (HMK Plus)" If NE then fill "Heritage Health" If NH then fill "Granite Advantage Health Care Program" If NJ then fill "NJ Family Care" If NM then fill "Centennial Care" If OH then fill "Ohio Medicaid State Plan; Healthy Families; Healthy Start; Alternative Benefit Plan" If OK then fill "SoonerCare" If OR then fill "Oregon Health Plan (OHP)" If PA then fill "Medical Assistance" If RI then fill "RIte Care; Affordable Care Coverage (ACC); Medical Assistance" If SC then fill "Healthy Connections" If TN then fill "TennCare" If TX then fill "State of Texas Access Reform (STAR)" If VT then fill "Green Mountain Care" If VA then fill "Medallion 4.0" If WA then fill "Apple Health" If WV then fill "Mountain Health Trust (MHT)" If WI then fill "ForwardHealth; BadgerCare Plus" If WY then fill "WYhealth"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have indicated they are uninsured, refused, or don't know if they are insured

Skip Instructions:

<1,2,RF,DK> [goto SINC OVDE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0040.00.1 Variable: SINCOVDE_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

^INADDITIONIS ^SCNAME covered by a SEPARATE plan that only pays for dental services?

Fills:

^INADDITIONIS	Description	In addition to ^HITYPECNOSS, is/Is
	Instruction	If (HIKIND_C=1-9 or MCAIDPRB_C=1), fill "In addition to ^HITYPECNOSS, is" else fill "Is"
^HITYPECNOSS	Description	Type of health care plans without single service plans
	Instruction	fill coverage types from HIKIND_C, except HIKIND_C=10, HIKIND_C=1 fill: "private health insurance" HIKIND_C=2 fill: "Medicare" HIKIND_C=3 fill: "Medicare Supplement or Medigap" HIKIND_C=4 fill: "Medicaid" HIKIND_C=5 fill: "Children's Health Insurance Program (CHIP)" HIKIND_C=6 fill: "military related health care" HIKIND_C=7 fill: "Indian Health Service" HIKIND_C=8 fill: "a state-sponsored health plan" HIKIND_C=9 fill: "an other government program" if MCAIDPRB_C=1, fill "Medicaid" separate choices with a comma and seperate the last two choices with "and"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto SINCOVVS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0050.00.1 Variable: SINCOVVS_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME covered by a SEPARATE plan that only pays for vision services?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto SINCOVRX_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0060.00.1 Variable: SINCOVRX_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME covered by a SEPARATE plan that only pays for prescriptions?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto HICHANGE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0070.00.1 Variable: HICHANGE_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

I have recorded ^SCNAME is ^COVEREDC. Is this correct?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^COVEREDC	Description	not covered by health insurance/covered by ^HITYPEC
	Instruction	if HIKIND_C=10,R,D and MCAIDPRB_C=2,R,D and SINCOVDE_C=2,R,D and SINCOVVS_C=2,R,D and SINCOVRX_C=2,R,D fill: "not covered by health insurance" else fill: "covered by ^HITYPEC"
^HITYPEC	Description	Type of health care plans with single service plans
	Instruction	fill coverage types from HIKIND_C, except HIKIND_C=10, HIKIND_C=1 fill: "private health insurance" HIKIND_C=2 fill: "Medicare" HIKIND_C=3 fill: "Medicare Supplement or Medigap" HIKIND_C=4 fill: "Medicaid" HIKIND_C=5 fill: "Children's Health Insurance Program (CHIP)" HIKIND_C=6 fill: "military related health care" HIKIND_C=7 fill: "Indian Health Service" HIKIND_C=8 fill: "a state-sponsored health plan" HIKIND_C=9 fill: "an other government program" if MCAIDPRB_C=1, fill "Medicaid" If SINCOVDE_C=1 and SINCOVRX_C=2,RF,DK and SINCOVVS_C=2,RF,DK, fill: "a single service dental plan" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "a single service prescription plan" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=2,RF,DK and SINCOVVS_C=1, fill: "a single service vision plan" If SINCOVDE_C=1 and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "single service dental and prescription plans" If SINCOVDE_C=1 and SINCOVRX_C=2,RF,DK and SINCOVVS_C=1, fill: "single service dental and vision plans" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=1 and SINCOVVS_C=1, fill: "single service vision and prescription plans" If SINCOVDE_C=1 and SINCOVRX_C=1 and SINCOVVS_C=1, fill: "single service dental, vision, and prescription plans" separate choices with a comma and separate the last two choices with "and"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

```
<1,RF,DK>  
if 2 in HIKIND_C [goto MCPART_C]  
else if 4 in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]  
else if 1 in HIKIND_C [goto SET_INSPRI_FLAG]  
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]  
else if 5 in HIKIND_C [goto CHNAME_C]  
else if 8 in HIKIND_C [goto OPNAME_C]  
else if 9 in HIKIND_C [goto OGNAMC_C]  
else if 6 in HIKIND_C [goto MILSPC_C]  
else if 7 in HIKIND_C [goto HINOTYR_C]  
else if 10 in HIKIND_C and MCAIDPRB_C IN (2,RF,DK) [goto HILAST_C]  
else [goto FINISH_C]  
<2> [goto ERR1_HICHANGE_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HICHANGE_C		{check ERR1_HICHANGE_C} Press Enter to go back to HIKIND_C and update coverage.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0080.00.1 Variable: MCPART_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What type of Medicare coverage does ^SCNAME have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Part A- hospital only
2	Part B- medical only
3	Both Part A and Part B
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicare

Skip Instructions:

<2,3,RF,DK> [goto MCCHOICE_C] <1> [goto MCPARTD_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0090.00.1 Variable: MCCHOICE_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME enrolled in a Medicare Advantage plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicare part B only or both parts A and B

Skip Instructions:

<1,2,RF,DK> [goto MCHMO_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0100.00.1 Variable: MCHMO_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicare part B only or both parts A and B

Skip Instructions:

```
<1> [goto MCANAME_C]
<2,RF,DK> if MCCHOICE_C=1 [goto MCANAME_C]
    else if MCCHOICE_C=2,RF,DK, [goto MCPARTD_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0110.00.1 Variable: MCANAME_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What is the name of ^SCNAME's Medicare Advantage or Medicare HMO plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with a Medicare Advantage plan or a Medicare managed care arrangement

Skip Instructions:

<verbatim, RF, DK> [goto MCPARTD_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0120.00.1 Variable: MCPARTD_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicare

Skip Instructions:

```

<1,2,RF,DK>
if 4 in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]
else if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAMC_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
    
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0130.00.1 Variable: MACHMN_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

The next questions are about Medicaid coverage. What is the name of ^SCNAME's Medicaid health plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with Medicaid coverage

Skip Instructions:

<allow 80, RF, DK> [goto MAXCHNG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0140.00.1 Variable: MAXCHNG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Was ^SCNAME's Medicaid obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	<p>If no state specified below, fill "Health Insurance Marketplace"</p> <p>If state specified below fill:</p> <p>If CA then fill "Health Insurance Marketplace, such as Covered California"</p> <p>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"</p> <p>If CT then fill "Health Insurance Marketplace, such as Access Health CT"</p> <p>If DC then fill "Health Insurance Marketplace, such as DC Health Link"</p> <p>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"</p> <p>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"</p> <p>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"</p> <p>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"</p> <p>If MN then fill "Health Insurance Marketplace, such as MNSure"</p> <p>If NM then fill "Health Insurance Marketplace, such as BeWellNM"</p> <p>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"</p> <p>If NY then fill "Health Insurance Marketplace, such as New York State of Health"</p> <p>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"</p> <p>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"</p> <p>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"</p>

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicaid coverage

Skip Instructions:

<1,2,RF,DK> [goto MAPREM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0150.00.1 Variable: MAPREM_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this Medicaid plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicaid coverage

Skip Instructions:

<1,2,RF,DK> [goto MADEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0160.00.1 Variable: MADEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's Medicaid plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicaid coverage

Skip Instructions:

```
<1> [goto MAHDHP_C]
<2,RF,DK>
if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0170.00.1 Variable: MAHDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with Medicaid coverage who have a deductible

Skip Instructions:

```
<1,2,RF,DK>
if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0260.00.1 Variable: PLANNAME1_C Interview Module: Child Content Type: Annual Core

Question Text:

Earlier I recorded that ^YOUSANAME ^WEREWAS covered by ^HIPNAM1_A. Is ^SCNAME covered by this same plan as ^YOUSANAME?

Fills:

^YOUSANAME	Description	you/^SANAME
	Instruction	If GEN.SARESPSC_FLG=1, fill "you" else fill "^SANAME"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^WEREWAS	Description	were/was
	Instruction	If SARESPSC_FLG=1, fill "were", else "was"
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Skip Instructions:

```
<1> if Adult.INS.bPlan[1].POLHLD_A ne 1 [goto POLHLDA1_C],
if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1 [goto
PLANNAME2_C] else [goto MORPLAN_C]
<2,RF,DK> if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1
[goto PLANNAME2_C] else [goto HIPNAM1_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0270.00.1 Variable: POLHLDA1_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Is ^SCNAME the policyholder for ^HIPNAM1_A?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a shared private health plan with the Sample Adult, where the Sample Adult is not the policyholder for their first private plan or refused or don't know.

Skip Instructions:

<1,2,RF,DK> if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1
 [goto PLANNAME2_C]
 else [goto MORPLAN_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0280.00.1 Variable: PLANNAME2_C Interview Module: Child Content Type: Annual Core

Question Text:

Earlier I recorded that ^YOUSANAME ^WEREWAS covered by a second plan ^HIPNAM2_A. Is ^SCNAME covered by this same plan as ^YOUSANAME?

Fills:

^YOUSANAME	Description	you/^SANAME
	Instruction	If GEN.SARESPSC_FLG=1, fill "you" else fill "^SANAME"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^WEREWAS	Description	were/was
	Instruction	If SARESPSC_FLG=1, fill "were", else "was"
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

Skip Instructions:

```
<1> if Adult.INS.bPlan[2].POLHLD_A ne 1 [goto POLHLDA2_C],
else if PLANNAME1_C IN(2,RF,DK) [goto MORPLAN_C]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
<2,RF,DK> if PLANNAME1_C IN (2,RF,DK,empty) [goto HIPNAM1_C]
else [goto MORPLAN_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0290.00.1 Variable: POLHLDA2_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

* **Read if necessary:** Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder.

Is ^SCNAME the policyholder for ^HIPNAM2_A?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a shared private health plan with the Sample Adult, where the adult is not the policyholder for their second private plan or refused or don't know

Skip Instructions:

```
<1,2,RF,DK> if PLANNAME1_C IN(2,RF,DK,empty) [goto MORPLAN_C]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0300.00.1 Variable: HIPNAM1_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of ^SCNAME's plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as long term care, accidents, or dental care.

**Read if necessary: Do you have a health plan card or something with the plan name on it?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 enrolled in a Medigap plan or private health insurance and the sample child did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample adult

Skip Instructions:

<allow 80,RF,DK> [goto MORPLAN_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0310.00.1 Variable: MORPLAN_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is ^SCNAME covered by any other private health insurance plans?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample child only shared one private plan with the Sample Adult

Skip Instructions:

```
<1> [goto HIPNAM2_C]
<2,RF,DK>
if (PLANNAME1_C = 1 or PLANNAME2_C = 1) then
  if 5 in HIKIND_C [goto CHNAME_C]
  else if 8 in HIKIND_C [goto OPNAME_C]
  else if 9 in HIKIND_C [goto OGNAME_C]
  else if 6 in HIKIND_C [goto MILSPC_C]
  else [goto HINOTYR_C]

else [goto bPlan[1].POLHLD_C]
```


2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0320.00.1 Variable: HIPNAM2_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What is the name of that private health insurance plan?

* **Read if necessary:** *Do you have a health plan card or something with the plan name on it?*

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with a second private health insurance plan

Skip Instructions:

<allow 80,RF,DK> [goto bPlan[1].POLHLD_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0340.00.1 Variable: POLHLD_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

I am going to ask you some questions about ^FIRSTPLANC. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Is ^SCNAME the policyholder for ^THISPLANC?

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^THISPLANC	Description	this plan/^HIPNAM1_C/^HIPNAM2_C
	Instruction	if PlanNum=1 then if HIPNAM1_C IN('RF','DK') fill: "this plan" Else fill: "^HIPNAM1_C" if PlanNum=2 then if HIPNAM2_C IN('RF','DK') fill: "this plan" Else fill: "^HIPNAM2_C"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

<1,RF,DK> [goto PRPLCOV_C]
<2> [goto PLNWRK_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0350.00.1 Variable: PRPLCOV_C Interview Module: Child Content Type: Annual Core

Question Text:

Does this plan cover someone other than ^SCNAME?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and where the Sample Child is the policyholder or refused or don't know.

Skip Instructions:

<1,2,RF,DK> [goto PLNWRK_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0360.00.1 Variable: PLNWRK_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state or local government or community program or obtained in some other way?

Response:

1	Through an employer, union, or professional association
2	Purchased directly
3	Through Healthcare.gov or the Affordable Care Act, also known as Obamacare
4	Through a state or local government or community program
5	Other

Universe:

Sample Children with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

<1,3> [goto PLNPAY_C]
<2,4,RF,DK> [goto PLNEXCHG_C]
<5> [goto PLNWKSP_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0370.00.1 Variable: PLNWKSP_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** *How was this plan obtained?*

Response:

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and private health insurance coverage was obtained from an other source

Skip Instructions:

<allow 80,RF,DK> [goto PLNEXCHG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0380.00.1 Variable: PLNEXCHG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Was the plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	If no state specified below, fill "Health Insurance Marketplace" If state specified below fill: If CA then fill "Health Insurance Marketplace, such as Covered California" If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado" If CT then fill "Health Insurance Marketplace, such as Access Health CT" If DC then fill "Health Insurance Marketplace, such as DC Health Link" If ID then fill "Health Insurance Marketplace, such as Your Health Idaho" If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange" If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector" If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection" If MN then fill "Health Insurance Marketplace, such as MNsure" If NM then fill "Health Insurance Marketplace, such as BeWellNM" If NV then fill "Health Insurance Marketplace, such as Nevada Health Link" If NY then fill "Health Insurance Marketplace, such as New York State of Health" If RI then fill "Health Insurance Marketplace, such as HealthSource RI" If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect" If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and who have private coverage that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

Skip Instructions:

<1,2,RF,DK> [goto PLNPAY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0390.00.1 Variable: PLNPAY_C Interview Module: Child Content Type: Annual Core

Question Text:

Who pays for this health insurance plan?

* Enter all that apply, separate with commas.

Response:

1	^SCNAME or family (living in the household)
2	Employer or union
3	Someone outside the household
4	Medicare
5	Medicaid
6	Other government program

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and were enrolled in a private health plan where a plan name was given or refused or don't know.

Skip Instructions:

<1-6,RF,DK> if 1 IN PLNPAY_C [goto HICOSTN_C]
else [goto PRDEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0400.01.1 Variable: HICOSTN_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

How much does ^SCNAME's family currently spend for health insurance premiums for ^FIRSTPLANC?
Please include payroll deductions for premiums.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C

Response:

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know who paid for by self or family

Skip Instructions:

<20000-99995> [goto ERR1_HICOSTN_C]
<1-19999> [goto HICOSTT_C]
<RF,DK> [goto PRDEDUC_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_HICOSTN_C	Premium unusually high soft edit	{signal ERR1_HICOSTN_C} [^HICOSTN_C] is unusually high. Please verify. Make corrections if necessary.

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0400.02.1 Variable: HICOSTT_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

* Enter time period for premium payments.

Response:

1	Once a week
2	Once every 2 weeks
3	Once a month
4	Twice a month
5	Every two months
6	Quarterly (every 3 months)
7	Once a year

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know who gave a premium amount.

Skip Instructions:

<1-8,RF,DK> [goto PRDEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0410.00.1 Variable: PRDEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does this health plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance plans where a plan name was given or refused or don't know.

Skip Instructions:

<1> [goto PRHDHP_C]
<2,RF,DK> [goto INTROCOV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0420.00.1 Variable: PRHDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is the ^FAM_C annual deductible for medical care for this plan less than ^HDHPAMT_C, or ^HDHPAMT_C or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^FAM_C	Description	family
	Instruction	if POLHLD_C=2 or PRPLCOV_C=1, fill 'family'. Else no fill.
^HDHPAMT_C	Description	^HDHPDED_family/^HDHPDED
	Instruction	if POLHLD_C=2 or PRPLCOV_C=1, fill "^HDHPDED_family" Else fill "^HDHPDED"
^HDHPDED_family	Description	Family deductible threshold (may change in future year)
	Instruction	Fill: \$2,800
^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Less than ^HDHPAMT_C
2	^HDHPAMT_C or more

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know with a deductible

Skip Instructions:

<1> [goto INTROCOV_C]
<2,RF,DK> [goto HSAHRA_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0430.00.1 Variable: HSAHRA_C Interview Module: Child Content Type: Annual Core

Question Text:

There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts or FSAs. Is there one of these accounts or funds with this plan?

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know with a high deductible

Skip Instructions:

<1,2,RF,DK> [goto INTROCOV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0435.00.1 Variable: INTROCOV_C Interview Module: Child Content Type:

Question Text:

The next three questions are about services ^FIRSTPLANC may cover.

Enter '1' to continue.

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know

Skip Instructions:

<1> [goto PRRXCOV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0440.00.1 Variable: PRRXCOV_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^FIRSTPLANC pay for any of the costs for medications prescribed by a doctor?

* **Read if necessary:** *Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME were prescribed medications.*

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where the name of the plan was given or refused or don't know.

Skip Instructions:

<1,2,RF,DK> [goto PRDNCOV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0450.00.1 Variable: PRDNCOV_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^FIRSTPLANC pay for any of the costs for dental care?

* **Read if necessary:** *Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME did have dental care.*

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where the plan name was given or refused or don't know.

Skip Instructions:

<1,2,RF,DK> [goto PRVSCOV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0460.00.1 Variable: PRVSCOV_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^FIRSTPLANC pay for any of the costs for routine vision care, such as glasses and contact lenses?

* **Read if necessary:** Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME did have vision care.

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	If PlanNum = 1 then if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan" elseif HIPNAM1_C IN (RF,DK) fill: "this first plan" else fill: "this ^HIPNAM1_C plan" if PlanNum = 2 then if HIPNAM2_C IN (RF,DK) fill: "this second plan" else fill: "this ^HIPNAM2_C plan"
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	Fill value from Child.INS.HIPNAM1_C
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	Fill value from Child.INS.HIPNAM2_C
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

Skip Instructions:

<1,2,RF,DK> If there is another plan [goto bPlan for next plan]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0470.00.1 Variable: CHNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that ^SCNAME is covered by the Children's Health Insurance Program or CHIP. What is the name of the plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with a CHIP plan

Skip Instructions:

<allow 80,RF,DK> [goto CHXCHNG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0480.00.1 Variable: CHXCHNG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Was ^SCNAME's CHIP plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	<p>If no state specified below, fill "Health Insurance Marketplace"</p> <p>If state specified below fill:</p> <p>If CA then fill "Health Insurance Marketplace, such as Covered California"</p> <p>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"</p> <p>If CT then fill "Health Insurance Marketplace, such as Access Health CT"</p> <p>If DC then fill "Health Insurance Marketplace, such as DC Health Link"</p> <p>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"</p> <p>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"</p> <p>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"</p> <p>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"</p> <p>If MN then fill "Health Insurance Marketplace, such as MNSure"</p> <p>If NM then fill "Health Insurance Marketplace, such as BeWellNM"</p> <p>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"</p> <p>If NY then fill "Health Insurance Marketplace, such as New York State of Health"</p> <p>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"</p> <p>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"</p> <p>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"</p>

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a CHIP plan

Skip Instructions:

<1,2,RF,DK> [goto CHPREM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0490.00.1 Variable: CHPREM_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this CHIP plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a CHIP plan

Skip Instructions:

<1,2,RF,DK> [goto CHDEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0500.00.1 Variable: CHDEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's CHIP plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a CHIP plan

Skip Instructions:

```
<1> [goto CHDHP_C]
<2,RF,DK> if 8 in HIKIND_C [goto OPNAME_C]
  else if 9 in HIKIND_C [goto OGNAME_C]
  else if 6 in HIKIND_C [goto MILSPC_C]
  else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0510.00.1 Variable: CHHDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Children with a CHIP plan who have a deductible

Skip Instructions:

```
<1,2,RF,DK> if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0520.00.1 Variable: OPNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that ^SCNAME is covered by a state-sponsored plan. What is the name of the plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with a state-sponsored plan

Skip Instructions:

<verbatim,RF,DK> [goto OPXCHNG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0530.00.1 Variable: OPXCHNG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Was ^SCNAME's state-sponsored plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	<p>If no state specified below, fill "Health Insurance Marketplace"</p> <p>If state specified below fill:</p> <p>If CA then fill "Health Insurance Marketplace, such as Covered California"</p> <p>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"</p> <p>If CT then fill "Health Insurance Marketplace, such as Access Health CT"</p> <p>If DC then fill "Health Insurance Marketplace, such as DC Health Link"</p> <p>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"</p> <p>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"</p> <p>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"</p> <p>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"</p> <p>If MN then fill "Health Insurance Marketplace, such as Mnsure"</p> <p>If NM then fill "Health Insurance Marketplace, such as BeWellNM"</p> <p>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"</p> <p>If NY then fill "Health Insurance Marketplace, such as New York State of Health"</p> <p>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"</p> <p>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"</p> <p>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"</p>

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a state-sponsored plan

Skip Instructions:

<1,2,RF,DK> [goto OPPREM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0540.00.1 Variable: OPPREM_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this state-sponsored plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a state-sponsored plan

Skip Instructions:

<1,2,RF,DK> [goto OPDEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0550.00.1 Variable: OPDEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's state-sponsored plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a state-sponsored plan

Skip Instructions:

```
<1>[goto OPHDHP_C]
<2,RF,DK> if 9 in HIKIND_C [goto OGNAMC_C]
  else if 6 in HIKIND_C [goto MILSPC_C]
  else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0560.00.1 Variable: OPHDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a state-sponsored plan with a deductible

Skip Instructions:

```
<1,2,RF,DK> if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0570.00.1 Variable: OGNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that ^SCNAME is covered by an other government program. What is the name of the plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 who have an other government plan

Skip Instructions:

<allow 80,RF,DK> [goto OGXCHNG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0580.00.1 Variable: OGXCHNG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Was ^SCNAME's other government plan obtained through Healthcare.gov or the ^MARKETPLACE?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^MARKETPLACE	Description	Health Insurance marketplace names
	Instruction	<p>If no state specified below, fill "Health Insurance Marketplace"</p> <p>If state specified below fill:</p> <p>If CA then fill "Health Insurance Marketplace, such as Covered California"</p> <p>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"</p> <p>If CT then fill "Health Insurance Marketplace, such as Access Health CT"</p> <p>If DC then fill "Health Insurance Marketplace, such as DC Health Link"</p> <p>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"</p> <p>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"</p> <p>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"</p> <p>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"</p> <p>If MN then fill "Health Insurance Marketplace, such as MNsured"</p> <p>If NM then fill "Health Insurance Marketplace, such as BeWellNM"</p> <p>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"</p> <p>If NY then fill "Health Insurance Marketplace, such as New York State of Health"</p> <p>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"</p> <p>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"</p> <p>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder"</p>

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have an other government plan

Skip Instructions:

<1,2,RF,DK> [goto OGPREM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0590.00.1 Variable: OGPREM_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this other government plan?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have an other government plan

Skip Instructions:

<1,2,RF,DK> [goto OGD EDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0600.00.1 Variable: OGDDEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's other government plan have an annual deductible?

* **Read if necessary:** *A deductible is different from a copay (copayment).*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with an other government plan

Skip Instructions:

```
<1> [goto OGDHDP_C]
<2,RF,DK> if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0610.00.1 Variable: OGDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?
 If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	Fill: \$1,400

Response:

1	Deductible is less than \$1,350
2	Deductible is \$1,350 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with an other government plan with a deductible

Skip Instructions:

<1,2,RF,DK> if 6 in HIKIND_C [goto MILSPC_C]
 else [goto HINOTYR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0620.00.1 Variable: MILSPC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Earlier I recorded that ^SCNAME is covered by military related health care. What types of military related health care ^areisSEX_C ^heshe_C covered by?

* Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^areisSEX_C	Description	is/are
	Instruction	if GEN.SEX_FINAL[PX_C] in (1,2) fill: "is" elseif GEN.SEX_FINAL[PX_C] in (DK,RF) fill: "are"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

2	TRICARE (CHAMPUS)
3	CHAMP-VA (do not include CHAMPUS)
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with military related health care

Skip Instructions:

<2-3,RF,DK> [goto HINOTYR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0630.00.1 Variable: HILAST_C Interview Module: Child Content Type: Annual Core

Question Text:

How long has it been since ^SCNAME last had health care coverage that paid for doctor's visits or hospital stays?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Skip Instructions:

<1> [goto HILASTMY_C]
 <2,3> [goto HISTOPJOB_C]
 <4,5,6,0,RF,DK> [goto RSNHICOST_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0640.00.1 Variable: HILASTMY_C Interview Module: Child Content Type: Annual Core

Question Text:

In the past 12 months, how many months was ^SCNAME without coverage?

* If less than 1 month, enter '1'.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01-12	Range of values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 without known health insurance who last had insurance at some time within the last 12 months

Skip Instructions:

<1-12,RF,DK> [goto HISTOPJOB_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0650.00.1 Variable: HISTOPJOB_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Think about the last time that ^SCNAME did have health care coverage. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why ^SCNAME is no longer enrolled in ^hisher_C last health care plan.

The policyholder retired, lost a job, or changed employer?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPMISS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0660.00.1 Variable: HISTOPMISS_C Interview Module: Child Content Type: Annual Core

Question Text:

***Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher_C last health care plan because...

A deadline was missed for signing up or paying for ^hisher_C coverage?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPAGE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0670.00.1 Variable: HISTOPAGE_C Interview Module: Child Content Type: Annual Core

Question Text:

***Read if necessary:** Is ^SCNAME no longer enrolled in ^hishe_C last health care plan because...

^HeShe_C became ineligible because of ^hishe_C age or because ^heshe_C left school?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hishe_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^HeShe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPCOST_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0680.00.1 Variable: HISTOPCOST_C Interview Module: Child Content Type: Annual Core

Question Text:

Read if necessary: *Is ^SCNAME no longer enrolled in ^hisher_C last health care plan because...*

The cost for the coverage increased?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto HISTOPELIG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0690.00.1 Variable: HISTOPELIG_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

* **Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher_C last health care plan because...

^HeShe_C had Medicaid, CHIP, or other public coverage, but ^werewas_C no longer eligible?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^HeShe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"
^werewas_C	Description	was/were
	Instruction	If SEX_FINAL_C=1,2 fill "was" else if SEX_FINAL_C=DK, RF fill "were"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been uninsured for less than 3 years

Skip Instructions:

<1,2,RF,DK> [goto RSNHICOST_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0700.00.1 Variable: RSNHICOST_C Interview Module: Child Content Type: Annual Core

Question Text:

^INSREASONS_C Is ^SCNAME currently uninsured because coverage is not affordable?

Fills:

^INSREASONS_C	Description	RSNHICOST_C Introduction
	Instruction	If HILAST_C=0,4,5,6,RF,DK, fill: "There are many reasons why people do not have health insurance coverage." If HILAST_C=1,2,3, fill: "We just discussed reasons you lost coverage, now I am going to ask you some questions about why ^SCNAME hasn't obtained coverage."
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Skip Instructions:

<1,2,RF,DK> [goto RSNHIWANT_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0710.00.1 Variable: RSNHIWANT_C Interview Module: Child Content Type: Annual Core

Question Text:

There are other reasons that people do not have health insurance coverage. ^PLUSCOSTC ^SCNAME currently uninsured because...

...your family does not need or want coverage for ^SCNAME?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if REASNHCOST_C = 1 then fill "In addition to cost, is" Else fill "Is"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

Skip Instructions:

<1,2,RF,DK> [goto RSNHIELIG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0720.00.1 Variable: RSNHIELIG_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage.*
^PLUSCOSTC ^SCNAME currently uninsured because...

...^heshe_C ^areisSEX_C not eligible for coverage?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if REASNHCOST_C = 1 then fill "In addition to cost, is" Else fill "Is"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"
^areisSEX_C	Description	is/are
	Instruction	if GEN.SEX_FINAL[PX_C] in (1,2) fill: "is" elseif GEN.SEX_FINAL[PX_C] in (DK,RF) fill: "are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHICONF_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0730.00.1 Variable: RSNHICONF_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** *There are other reasons that people do not have health insurance coverage.*
^PLUSCOSTC ^SCNAME currently uninsured because...

...the process of signing up for coverage for ^SCNAME is too difficult or confusing?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if REASNHCOST_C = 1 then fill "In addition to cost, is" Else fill "Is"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIMEET_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0740.00.1 Variable: RSNHIMEET_C Interview Module: Child Content Type: Annual Core

Question Text:

***Read if necessary:** *There are other reasons that people do not have health insurance coverage. ^PLUSCOSTC ^SCNAME currently uninsured because...*

...your family cannot find a plan that meets ^SCNAME's needs?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if REASNHCOST_C = 1 then fill "In addition to cost, is" Else fill "Is"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIWAIT_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0750.00.1 Variable: RSNHIWAIT_C Interview Module: Child Content Type: Annual Core

Question Text:

***Read if necessary:** *There are other reasons that people do not have health insurance coverage.*
^PLUSCOSTC ^SCNAME currently uninsured because...

...you applied for coverage for ^SCNAME but it has not started yet?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if REASNHCOST_C = 1 then fill "In addition to cost, is" Else fill "Is"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Skip Instructions:

<1,2,RF,DK> [goto RSNHIOTH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0760.00.1 Variable: RSNHIOTH_C Interview Module: Child Content Type: Annual Core

Question Text:

Is there another reason that ^SCNAME currently does not have health insurance coverage?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

Skip Instructions:

<1> [goto RSNHIOTHSP_C]
 <2,RF,DK> [goto FINISH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0770.00.1 Variable: RSNHIOTHSP_C Interview Module: Child Content Type: Annual Core

Question Text:

What is the other reason for not having coverage?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 who have another reason for not having coverage

Skip Instructions:

<allow 80,RF,DK> [goto FINISH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0780.00.1 Variable: HINOTYR_C Interview Module: Child Content Type: Annual Core

Question Text:

In the past 12 months, was there any time when ^SCNAME did NOT have ANY health insurance or coverage?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with known health insurance coverage or responded yes to the medicaid probe

Skip Instructions:

<1> [goto HINOTMYR_C]
 <2,RF,DK> [goto FINISH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0790.00.1 Variable: HINOTMYR_C Interview Module: Child Content Type: Annual Core

Question Text:

In the past 12 months, about how many months was ^SCNAME without coverage?

* If less than 1 month, enter '1'.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01-12	Range of values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

Skip Instructions:

<1-12,RF,DK> [goto FINISH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0800.00.1 Variable: FINISH_C Interview Module: Child Content Type: Annual Core

Question Text:

- * The Sample Child health insurance section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0010.00.1 Variable: PAYINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Now I am going to ask you about your family's medical bills. Include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 living in same family as the Sample Adult when the PAY section of the Sample Adult has not been completed
or Sample Children living in same family as Sample Adult when the Sample Child respondent is not the Sample Adult and the Sample Adult answered don't or refused to PAYBLL12M_A and PAYNOBLLNW_A
or Sample children living in different families than the Sample Adult.

Skip Instructions:

<1> [goto PAYBILL12M_C]

Replicate To:

PAYINTRO_A

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0020.00.1 Variable: PAYBLL12M_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

In the past 12 months did anyone in your family have problems paying or were unable to pay any medical bills?

* **Read if necessary:** *Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 living in same family as the Sample Adult when the PAY section of the Sample Adult has not been completed
or Sample Children living in same family as Sample Adult when the Sample Child respondent is not the Sample Adult and the Sample Adult answered don't or refused to PAYBILL12M_A and PAYNOBLLNW_A
or Sample children living in different families than the Sample Adult.

Skip Instructions:

<1,RF,DK> [goto PAYNOBLLNW_C]
<2> [goto PAYWORRY_C]

Replicate To:

PAYBLL12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0030.00.1 Variable: PAYNOBLLNW_C Interview Module: Child Content Type: Annual Core

Question Text:

Does anyone in your family currently have any medical bills that you are unable to pay at all?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who said someone in their family had trouble paying bills and Sample Adult and Sample Child are in the same family and Sample Adult PAY section has not been completed OR the Sample Child and Sample Adult are not in the same family AND said anyone in the their family had problems paying medical bills in the past 12 months or refused or didn't know if they had problems paying medical bills.

Skip Instructions:

<1,2,RF,DK> [goto PAYWORRY_C]

Replicate To:

PAYNOBLLNW_A

2020 National Health Interview Survey (NHIS) Questionnaire

PAY: Difficulty Paying for Health Care

Question ID: PAY.0040.00.1 Variable: PAYWORRY_C Interview Module: Child Content Type: Annual Core

Question Text:

If ^SCNAME gets sick or has an accident, how worried are you that your family will be able to pay ^hisher_C medical bills? Are you very worried, somewhat worried, or not at all worried?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Very worried
2	Somewhat worried
3	Not at all worried
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0010.00.4 Variable: CVDINTRO_C Interview Module: Child Content Type: Emerging Content

Question Text:

The next set of questions are about coronavirus or COVID-19.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto CVDDIAG_C]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0020.00.4 Variable: CVDDIAG_C Interview Module: Child Content Type: Emerging Content

Question Text:

Has a doctor or other health professional ever told you that ^SCNAME had or likely had coronavirus or COVID-19?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto COVIDTEST_C]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0030.00.4 Variable: COVIDTEST_C Interview Module: Child Content Type: Emerging Content

Question Text:

Has ^SCNAME ever been tested for coronavirus or COVID-19?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto CVDRSLT_C]
 <2,RF,DK> if CVDDIAG_C=1 [goto CVDSEV_C]
 else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0040.00.4 Variable: CVDRSLT_C Interview Module: Child Content Type: Emerging Content

Question Text:

Did the test find that ^SCNAME had coronavirus or COVID-19?

* If any test has shown that ^SCNAME had COVID-19, enter '1' for yes.

* If the respondent indicates they are waiting for ^SCNAME's results, enter '3' for Did not receive results.

* If the respondent indicates the test was inconclusive, enter 'CTRL-D' for Don't Know.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
3	Did not receive results
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been tested for COVID-19

Skip Instructions:

<1> [goto CVDSEV_C]
 <2-3,RF,DK> if CVDDIAG_C=1 [goto CVDSEV_C]
 else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

CVD: Positive COVID-19 Diagnosis

Question ID: CVD.0050.00.4 Variable: CVDSEV_C Interview Module: Child Content Type: Emerging Content

Question Text:

How would you describe ^SCNAME's coronavirus symptoms when they were at their worst? Would you say no symptoms, mild symptoms, moderate symptoms, or severe symptoms?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	No symptoms
2	Mild symptoms
3	Moderate symptoms
4	Severe symptoms
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have been told by a doctor or other health professional that they had or likely had coronavirus or COVID-19 or tested positive for COVID-19

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care - Rotate

Question ID: DNC.0010.00.2 Variable: DNCINTRO_C Interview Module: Child Content Type: Rotating Core

Question Text:

These next questions ask about ^SCNAME's dental care.

* Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample children 1-17

Skip Instructions:

<1> [goto DENPREV_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care - Rotate

Question ID: DNC.0020.00.2 Variable: DENPREV_C Interview Module: Child Content Type: Rotating Core

Question Text:

About how long has it been since ^SCNAME last had a dental examination or cleaning?

* **Read if necessary:** Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Children 1-17

Skip Instructions:

<0-6,RF,DK> [goto DENDL12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care - Rotate

Question ID: DNC.0030.00.2 Variable: DENDL12M_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, has ^SCNAME been DELAYED in getting dental care because of the cost?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 1-17

Skip Instructions:

<1,2,RF,DK> [goto DENNG12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

DNC: Dental Care - Rotate

Question ID: DNC.0040.00.2 Variable: DENNG12M_C Interview Module: Child Content Type: Rotating Core

Question Text:

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

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 1-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0010.00.1 Variable: UTZINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

^UTZINTRO_C

* Enter '1' to continue.

Fills:

^UTZINTRO_C	Description	UTZ Introduction
	Instruction	If AGE LT 1 fill "I would like to ask you about ^SCNAME's health care." else fill "Now that we finished talking about dental care, I would like to ask you about ^SCNAME's other health care."
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto LASTDR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0020.00.1 Variable: LASTDR_C Interview Module: Child Content Type: Annual Core

Question Text:

About how long has it been since ^SCNAME last saw a doctor or other health professional about ^hisher_C health?

* **Read if necessary:** *Include doctors seen while a patient in a hospital.*

* **Read if necessary:** *Do not include dental care.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1-6> [goto WELLNESS_C]
<0,RF,DK> [goto USUALPL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0030.00.1 Variable: WELLNESS_C Interview Module: Child Content Type: Annual Core

Question Text:

Was this a well ^babychild visit, physical, or general purpose check-up?

* **Read if necessary:** This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to ^SCNAME's health such as ^hisher_C growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when ^hesheistheyare_C not sick.

* **Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

* **Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

Fills:

^babychild	Description	baby/child
	Instruction	If AGE LE 2 fill "baby"; else if AGE GE 3 or AGE IN ('DK','RF') fill "child"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^hesheistheyare_C	Description	he is/she is/they are
	Instruction	If SEX_FINAL_C=1 fill: "he is" If SEX_FINAL_C=2 fill: "she is" If SEX_FINAL_C =blank fill: "they are"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who have seen a doctor

Skip Instructions:

<1> [goto USUALPL_C]
<2,RF,DK> [goto WELLVIS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0040.00.1 Variable: WELLVIS_C Interview Module: Child Content Type: Annual Core

Question Text:

About how long has it been since ^SCNAME last saw a doctor or other health professional for a well ^babychild visit, physical, or general purpose check-up?

* **Read if necessary:** This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to ^SCNAME's health such as ^hisher_C growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when ^hesheistheyare_C not sick.

* **Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

* **Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^babychild	Description	baby/child
	Instruction	If AGE LE 2 fill "baby"; else if AGE GE 3 or AGE IN ('DK','RF') fill "child"
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"
^hesheistheyare_C	Description	he is/she is/they are
	Instruction	If SEX_FINAL_C=1 fill: "he is" If SEX_FINAL_C=2 fill: "she is" If SEX_FINAL_C =blank fill: "they are"

Response:

0	Never
1	Within the past year (anytime less than 12 months ago)
2	Within the last 2 years (1 year but less than 2 years ago)
3	Within the last 3 years (2 years but less than 3 years ago)
4	Within the last 5 years (3 years but less than 5 years ago)
5	Within the last 10 years (5 years but less than 10 years ago)
6	10 years ago or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who did not have a baby/child visit, physical, or general purpose check-up, or who dont' know or refused.

Skip Instructions:

<0,1,2,3,4,5,6,RF,DK> [goto USUALPL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0050.00.1 Variable: USUALPL_C Interview Module: Child Content Type: Annual Core

Question Text:

Is there a place that ^SCNAME USUALLY goes to if ^hesheistheyare_C sick and needs health care?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hesheistheyare_C	Description	he is/she is/they are
	Instruction	If SEX_FINAL_C=1 fill: "he is" If SEX_FINAL_C=2 fill: "she is" If SEX_FINAL_C =blank fill: "they are"

Response:

1	Yes
2	There is NO place
3	There is MORE THAN ONE place
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,3,RF,DK> [goto USPLKIND_C]
<2>[goto URGENT12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0060.00.1 Variable: USPLKIND_C Interview Module: Child Content Type: Annual Core

Question Text:

What kind of place ^isitgomostoften - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; or some other place?

* **Read if necessary:** A doctor's office or health center is a place where ^heshe_C see^s the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where ^hisher_C medical records are on file.

* **Read if necessary:** Urgent care centers, and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

Fills:

^isitgomostoften	Description	is it/^doesheshedothey go to most often
	Instruction	If USUALPL_C=1, fill: "is it" else fill: "^doesheshedothey go to most often"
^doesheshedothey	Description	does he/does she/do they
	Instruction	If SEX=1 fill: "does he" If SEX=2 fill: "does she" If SEX IN ('DK','RF') fill: "do they"
^heshe_C	Description	He/She/They
	Instruction	If SEX_FINAL_C=1 fill "He" else if SEX_FINAL_C=2 fill "She" elseif SEX_FINAL_C =blank: fill "They"
^s	Description	s
	Instruction	if SEX_FINAL[PX_C]=1,2 fill "s" else fill blank
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	A doctor's office or health center
2	Urgent care center or clinic in a drug store or grocery store
3	Hospital emergency room
4	Some other place
5	Does not go to one place most often
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

Skip Instructions:

<1-5,RF,DK> [goto URGENT12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0070.00.1 Variable: URGENT12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, how many times has ^SCNAME gone to an urgent care center or clinic in a drug store or grocery store about ^hisher_C health?

* Enter '96' if number is 96 or greater.

* Read if necessary: Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

* Read if necessary: This is different from a hospital emergency room.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

00-95	0-95 times
96	96+ times
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<0-39,RF,DK> [goto EMERGE12M_C]
<40-96> [goto ERR1_URGENT12M_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_URGENT12M_C	Urgent care 40-96 times	{signal ERR1_URGENT12M_C} ^URGENT12M_C is an unusually large number. Did ^SCNAME visit an urgent care center or clinic in a drug store or grocery store about ^hishertheir health ^URGENT12M_C times in the past 12 months? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0080.00.1 Variable: EMERGE12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, how many times has ^SCNAME gone to a hospital emergency room about ^hisher_C health?

* **Read if necessary:** *This includes emergency room visits that resulted in a hospital admission.*

* **Enter '96' if number is 96 or more.**

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

00-95	0-95 times
96	96+ times
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<0-39,RF,DK> if GEN.AGE_FINAL GE 001 [goto HOSPONGT_C]
else [goto MEDDL12M_C]
<40-96> [goto ERR1_EMERGE12M_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_EMERGE12M_C	ER 40-96 times	{signal ERR1_EMERGE12M_C} ^EMERGE12M_C is an unusually large number. Did ^SCNAME visit a hospital emergency room about ^hishertheir health ^EMERGE12M_C times in the past 12 months? Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0090.00.1 Variable: HOSPONGT_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, has ^SCNAME been hospitalized overnight? ^PAST12MER_C

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^PAST12MER_C	Description	Do not include an overnight stay in the emergency room.
	Instruction	If ((EMERGE12M_C GE '01' and EMERGE12M_C LE '96') or EMERGE12M_C='RF','DK'): Fill: "Do not include an overnight stay in the emergency room."

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 1-17

Skip Instructions:

<1,2,RF,DK> [goto MEDDL12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0100.00.1 Variable: MEDDL12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, has medical care BEEN DELAYED for ^SCNAME because of the cost?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto MEDNG12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

UTZ: Utilization

Question ID: UTZ.0110.00.1 Variable: MEDNG12M_C Interview Module: Child Content Type: Annual Core

Question Text:

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

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0010.00.4 Variable: DLYCARE_C Interview Module: Child Content Type: Emerging Content

Question Text:

Was there any time when ^SCNAME DELAYED getting medical care because of the coronavirus pandemic?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto DNGCARE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0020.00.4 Variable: DNGCARE_C Interview Module: Child Content Type: Emerging Content

Question Text:

Was there any time when ^SCNAME needed medical care for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto VIRAPP12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0030.00.4 Variable: VIRAPP12M_C Interview Module: Child Content Type: Emerging Content

Question Text:

In the past 12 months, has ^SCNAME had an appointment with a doctor, nurse, or other health professional by video or by phone?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto VIRAPPCVD_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

ACC: Access to Care

Question ID: ACC.0040.00.4 Variable: VIRAPPCVD_C Interview Module: Child Content Type: Emerging Content

Question Text:

Were any of ^SCNAME's appointments done by video or by phone because of reasons related to the coronavirus pandemic?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have had a virtual medical appointment

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription medications

Question ID: PMD.0010.00.1 Variable: RX12M_C Interview Module: Child Content Type: Annual Core

Question Text:

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

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto RXDL12M_C]
 <2,RF,DK> [goto RXDG12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription medications

Question ID: PMD.0020.00.1 Variable: RXDL12M_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, did you DELAY filling a prescription for ^SCNAME to save money?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who had been prescribed medication in the past 12 months

Skip Instructions:

<1,2,RF,DK> [goto RXDG12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PMD: Prescription medications

Question ID: PMD.0030.00.1 Variable: RXDG12M_C Interview Module: Child Content Type: Annual Core

Question Text:

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

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0010.00.1 Variable: SHTFLU12M_C Interview Module: Child Content Type: Annual Core

Question Text:

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, has ^SCNAME had a flu vaccination?

* **Read if necessary:** *A flu vaccination is usually given in the fall and protects against influenza for the flu season.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto SHTFLUNUM_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0020.00.1 Variable: SHTFLUNUM_C Interview Module: Child Content Type: Annual Core

Question Text:

During the past 12 months, how many flu vaccinations has ^SCNAME received?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	1 vaccination
2	2 or more vaccinations
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have had a flu shot in the past 12 months

Skip Instructions:

<1,2> [goto FLUVAC1M_C]
 <RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0030.01.1 Variable: FLUVAC1M_C Interview Module: Child Content Type: Annual Core

Question Text:

* 1 of 2

During what month and year did ^SCNAME receive ^hisher_C most recent flu vaccine?

* Enter month of most recent flu vaccine.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 who have had one or more shots in the past 12 months

Skip Instructions:

<1-12,DK> [goto FLUVAC1Y_C]
 <RF> if SHTFLUNUM_C=2 [goto FLUVAC2M_C]
 else if SHTFLUNUM_C=1 [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0030.02.1 Variable: FLUVAC1Y_C Interview Module: Child Content Type: Annual Core

Question Text:

* 2 of 2

* Enter year of most recent flu vaccine.

Response:

2000-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Children 0-17 who have had one or more shots in the past 12 months and gave month/don't know month of flu shot

Skip Instructions:

```
<current year, current year-1,RF,DK> and SHTFLUNUM_C = 2 [goto FLUVAC2M_C]
else [goto next section]
if FLUVAC1M_C and FLUVAC1Y_C = a future date [goto ERR1_FLUVAC1Y_C];
if FLUVAC1M_C and FLUVAC1Y_C = a date prior to birth [goto ERR2_FLUVAC1Y_C];
if FLUVAC1M_C and FLUVAC1Y_C = a date prior to 12 months ago [goto ERR3_FLUVAC1Y_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_FLUVAC1Y_C	1st flu vaccine in future	{check ERR1_FLUVAC1Y_C} Future date invalid
ERR2_FLUVAC1Y_C	1st flu vaccine before dob	{check ERR2_FLUVAC1Y_C} Date prior to birth
ERR3_FLUVAC1Y_C	1st flu vaccine before 12 mos	{check ERR3_FLUVAC1Y_C} Date before 12 months ago

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0040.01.1 Variable: FLUVAC2M_C Interview Module: Child Content Type: Annual Core

Question Text:

* 1 of 2

During what month and year did ^SCNAME receive the flu vaccine before that one?

* Enter month of the flu vaccine.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 who have had two or more flu shots in the past 12 months

Skip Instructions:

<1-12,DK> [goto FLUVAC2Y_C]
 <RF> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

IMM: Immunization

Question ID: IMM.0040.02.1 Variable: FLUVAC2Y_C Interview Module: Child Content Type: Annual Core

Question Text:

* 2 of 2

* Enter year of next most recent flu vaccine.

Response:

2000-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Children 0-17 who have had two or more flu shots and gave month/don't know month of 2nd vaccine dose

Skip Instructions:

<current year, current year-1,RF,DK> [goto next section]
 If FLUVAC2M_C and FLUVAC2Y_C = a date in the future [goto ERR1_FLUVAC2Y_C]
 If FLUVAC2M_C and FLUVAC2Y_C = a date prior to birth [goto ERR2_FLUVAC2Y_C]
 If FLUVAC2M_C and FLUVAC2Y_C = a date prior to 12 months ago [goto ERR3_FLUVAC2Y_C]
 If FLUVAC2M_C and FLUVAC2Y_C = a date more recent than answer given in (FLUVAC1M_C and FLUVA1Y_C) [goto ERR4_FLUVAC2Y_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_FLUVAC2Y_C	2nd flu vaccine in future	{check ERR1_FLUVAC2Y_C} Future date invalid
ERR3_FLUVAC2Y_C	2nd flu vaccine before 12 mos	{check ERR3_FLUVAC2Y_C} Date before 12 months ago
ERR2_FLUVAC2Y_C	2nd flu vaccine before dob	{check ERR2_FLUVAC2Y_C} Date prior to birth

Soft Edit:

Check Text	Check Description	Check Text
ERR4_FLUVAC2Y_C	2nd flu vaccine after 1st flu vaccine	{check ERR4_FLUVAC2Y_C} The date entered for the second most recent flu vaccine is after the date of the most recent flu vaccine. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care - Rotate

Question ID: PTC.0010.00.2 Variable: EYEEX12M_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, has ^SCNAME had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto THERA12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care - Rotate

Question ID: PTC.0020.00.2 Variable: THERA12M_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, did ^SCNAME receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

***Do not include mental health therapy**

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto HOMEHC12M_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PTC: Physical and other therapeutic care - Rotate

Question ID: PTC.0030.00.2 Variable: HOMEHC12M_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, did ^SCNAME receive care at home from a nurse or other health professional?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental health care - Rotate

Question ID: MHC.0010.00.2 Variable: MHRX_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, did ^SCNAME take any prescription medication to help with ^hisher_C emotions, concentration, behavior or mental health?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto MHTHRPY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental health care - Rotate

Question ID: MHC.0020.00.2 Variable: MHTRPY_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, did ^SCNAME receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto MHTHDLY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental health care - Rotate

Question ID: MHC.0030.00.2 Variable: MHTHDLY_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, has ^SCNAME been DELAYED in getting counseling or therapy from a mental health professional because of the cost?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto MHTHND_C]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental health care - Rotate

Question ID: MHC.0040.00.2 Variable: MHTHND_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 12 months, was there any time when ^SCNAME needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0010.00.2 Variable: INJINTRO_C Interview Module: Child Content Type: Rotating Core

Question Text:

The next set of questions asks about all types of injuries. People can be injured accidentally or on purpose. They may hurt themselves or others may cause them to be hurt.

Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample children 0-17

Skip Instructions:

<1> [goto ANYINJURY_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0020.00.2 Variable: ANYINJURY_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^SCNAME have an accident or an injury where any part of ^hisher_C body was hurt?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17

Skip Instructions:

<1> [goto INJLIMIT_C]
<2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0030.00.2 Variable: INJLIMIT_C Interview Module: Child Content Type: Rotating Core

Question Text:

Did any of these injuries limit ^SCNAME's usual activities for at least 24 hours after the injury occurred?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who had an injury in past 3 months

Skip Instructions:

<1> [goto NUMINJ_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0040.00.2 Variable: NUMINJ_C Interview Module: Child Content Type: Rotating Core

Question Text:

For the next questions, please think only about the significant injuries that occurred during the past 3 months. By significant, I mean those injuries that limited ^SCNAME's usual activities for at least 24 hours after the injury occurred.

During the past 3 months, how many times did ^SCNAME have a significant injury?

* Enter '96' if number is 96 or greater.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

01-96	Range of values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 reported injuries in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1-9,RF,DK> [goto INJHOME_C]
 <10-96> [goto ERR1_NUMINJ_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_NUMINJ_C	High number of injuries	{signal ERR1_NUMINJ_C} ^NUMINJ_C is an unusually large number. Please verify.

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0050.00.2 Variable: INJHOME_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signj_C occur while ^SCNAME was at ^hisher_C home?

* **Read if necessary:** *Include the yards, garage, basement, and other places on the home property.*

Fills:

^signj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 reported injuries in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if NUMINJ_C=1 and GEN.AGE_FINAL le 2 [goto INJFALL_C]
elseif NUMINJ_C=1 and GEN.AGE_FINAL ge 3 [goto INJSPORTS_C]
elseif (NUMINJ_C gt 1 OR NUMINJ_C IN (RF,DK)) [goto INJSCHOOL_C]
<2,RF,DK> [goto INJSCHOOL_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0060.00.2 Variable: INJSCHOOL_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signj_C occur while ^SCNAME was at ^DAYCARESCHOOL?

* **Read if necessary:** Include classrooms, playgrounds, sports fields, swimming pools, parking lots and other places on school or daycare property.

Fills:

^signj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^DAYCARESCHOOL	Description	daycare/school or daycare/school
	Instruction	If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare" If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare" if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who had more than one injury or didn't know or refused or who had one injury that did not occur at home

Skip Instructions:

<1,2,RF,DK> if GEN.AGE_FINAL lt 3 [goto INJFALL_C]
elseif GEN.AGE_FINAL ge 3 [goto INJSPORTS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0070.00.2 Variable: INJSPORTS_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^siginj_C occur while ^SCNAME was playing sports or exercising, including walking, biking, or running, playing baseball, basketball, football or doing any other physical activity?

* **Read if necessary:** Include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing.

Fills:

^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 3-17 with injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1,2,RF,DK> [goto INJFALL_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0080.00.2 Variable: INJFALL_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^signinj_C occur as a result of a fall or falling?

Fills:

^signinj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if NUMINJ_C=1 [goto INJMOTOR_C]
elseif NUMINJ_C gt 1 or NUMINJ_C IN (RF,DK) and INJHOME_C=1 [goto INJFALLHOM_C]
elseif NUMINJ_C gt 1 or NUMINJ_C IN (RF,DK) and INJSCHOOL_C=1 [goto INJFALLSCH_C]
else [goto INJMOTOR_C]
<2,RF,DK> [goto INJMOTOR_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0090.00.2 Variable: INJFALLHOM_C Interview Module: Child Content Type: Rotating Core

Question Text:

Did any fall occur while ^SCNAME was at ^hisher_C home?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who had more than 1 significant injury or refused or don't know, and were injured as a result of a fall or falling, and who were also injured at home

Skip Instructions:

<1,2,RF,DK> if INJSCHOOL_C=1 [goto INJFALLSCH_C]
else [goto INJMOTOR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0100.00.2 Variable: INJFALLSCH_C Interview Module: Child Content Type: Rotating Core

Question Text:

Did any fall occur while ^SCNAME was at ^DAYCARESCHOOL?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^DAYCARESCHOOL	Description	daycare/school or daycare/school
	Instruction	If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare" If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare" if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who had more than 1 significant injury or refused or don't know, and were injured as a result of a fall or falling, and who were also injured at school

Skip Instructions:

<1,2,RF,DK> [goto INJMOTOR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0110.00.2 Variable: INJMOTOR_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^siginj_C occur as a result of being in a motor vehicle crash or being hit by a motor vehicle while walking or biking?

* **Read if necessary:** Motor vehicles include cars, trucks, vans, buses, motorcycles, motorized scooters, motorized wheelchairs, motorized carts, tractors, ATVs, snowmobiles, dune buggies, and other motorized vehicles.

Fills:

^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

<1> [goto INJMVTYPE_C]
<2,RF,DK> [goto INJSAWDOC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0120.00.2 Variable: INJMVTYPE_C Interview Module: Child Content Type: Rotating Core

Question Text:

Was ^SCNAME a ^DRIVER passenger, bicyclist, pedestrian, or doing something else when this occurred?

Enter all that apply, separate with commas.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^DRIVER	Description	driver
	Instruction	If GEN.AGE_FINAL[PX] ge 6, fill: "driver," else, no fill.

Response:

1	^INJDRIVER
2	Passenger
3	Bicyclist
4	Pedestrian
5	Something else
7	Refused
9	Don't Know

Universe:

Sample children 0-17 with a motor vehicle injury

Skip Instructions:

If GEN.AGE_FINAL[PX_C] lt 6 and INJMVTYPE_C=1 [goto ERR1_INJMVTYPE_C]
<1-5,RF,DK> [goto INJSAWDOC_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_INJMVTYPE_C	Driver selected for child under 6 years old	{check ERR1_INJMVTYPE_C} Verify. "Driver" is unavailable for children under 6 years old.

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0130.00.2 Variable: INJSAWDOC_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^SCNAME see a doctor or other health professional about ^siginj_C?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

Skip Instructions:

```
<1> if UTZ.EMERGE12M_C IN (1-96,RF,DK) [goto INJER_C]
elseif UTZ.EMERGE12M_C=0 and UTZ.HOSPONGT_C IN (1,RF,DK) [goto INJHOSP_C]
else [goto INJBONES_C]
<2,RF,DK> [goto INJSCHDAYS_C]
```

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0140.00.2 Variable: INJER_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^SCNAME go to an emergency room because of ^siginj_C?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who saw doctor about their injuries and either went to the ER in the past year or didn't know or refused if they went to the ER

Skip Instructions:

<1,2,RF,DK> if UTZ.HOSPONGT_C IN (1,RF,DK) [goto INJHOSP_C]
else [goto INJBONES_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0150.00.2 Variable: INJHOSP_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, was ^SCNAME hospitalized overnight for ^signinj_C?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^signinj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who saw a doctor for their injuries and were hospitalized overnight in the past year or didn't know or refused

Skip Instructions:

<1,2,RF,DK> [goto INJBONES_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0160.00.2 Variable: INJBONES_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^SCNAME have any broken bones as a result of ^signinj_C?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^signinj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who saw a doctor about an injury

Skip Instructions:

<1,2,RF,DK> [goto INJSTITCH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0170.00.2 Variable: INJSTITCH_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, did ^SCNAME get any stitches or staples because of ^siginj_C?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who saw a doctor about an injury

Skip Instructions:

<1,2,RF,DK> [goto INJSCHDAYS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0180.00.2 Variable: INJSCHDAYS_C Interview Module: Child Content Type: Rotating Core

Question Text:

During the past 3 months, how many days of ^DAYCARESCHOOL did ^SCNAME miss because of ^siginj_C?

* Enter '90' if ^SCNAME missed every day of daycare or school in the past 3 months

Fills:

^DAYCARESCHOOL	Description	daycare/school or daycare/school
	Instruction	If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare" If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare" if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

00-90	Range of values
97	Refused
99	Don't Know

Universe:

Sample children 0-17 who had an injury that limited their activities for at least 24 hours

Skip Instructions:

<0,RF> [goto next section]
<1-90, DK> [goto INJFUTSCH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INJ: Injury

Question ID: INJ.0190.00.2 Variable: INJFUTSCH_C Interview Module: Child Content Type: Rotating Core

Question Text:

Do you expect ^SCNAME to miss any more days of ^DAYCARESCHOOL because of ^siginj_C that occurred during the past 3 months?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^DAYCARESCHOOL	Description	daycare/school or daycare/school
	Instruction	If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare" If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare" if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school"
^siginj_C	Description	the significant injury/any significant injuries
	Instruction	If NUMINJ_C=1, fill: "the significant injury" elseif NUMINJ_C gt 1, fill: "any significant injuries" elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample children 0-17 who have missed at least one day of daycare or school due to injury in past 3 months or don't know

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0010.00.4 Variable: TBIINTRO_C Interview Module: Child Content Type: Emerging Content

Question Text:

The next questions are about head injuries that may have occurred anytime in ^SCNAME's life. Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto TBILOSTCON_C]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0020.00.4 Variable: TBILOSTCON_C Interview Module: Child Content Type: Emerging Content

Question Text:

As a result of a blow or jolt to the head, has ^SCNAME ever been knocked out or lost consciousness?

* **Read if necessary:** Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto TBICLKCONC_C]
 <2,RF,DK> [goto TBIDAZED_C]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0030.00.4 Variable: TBIDAZED_C Interview Module: Child Content Type: Emerging Content

Question Text:

As a result of a blow or jolt to the head, has ^SCNAME ever been dazed 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.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who did not report ever being knocked out because of blow or jolt to the head or refused or didn't know

Skip Instructions:

<1,2,RF,DK> [goto TBIHEADSYM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0040.00.4 Variable: TBIHEADSYM_C Interview Module: Child Content Type: Emerging Content

Question Text:

As a result of a blow or jolt to the head, has ^SCNAME had headaches, vomiting, blurred vision, 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.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who did not report ever being knocked out because of blow or jolt to the head or refused or didn't know

Skip Instructions:

<1,2,RF,DK> [goto TBICHKCONC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0050.00.4 Variable: TBICHKCONC_C Interview Module: Child Content Type: Emerging Content

Question Text:

Has ^SCNAME ever been checked for a concussion or brain injury by a doctor, nurse, athletic trainer, or other health professional?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,DK> [goto TBIDRCONC_C]
 <2,RF> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

TBI: Concussions - lifetime

Question ID: TBI.0060.00.4 Variable: TBIDRCONC_C Interview Module: Child Content Type: Emerging Content

Question Text:

Did a doctor, nurse, athletic trainer, or other health professional ever say that ^SCNAME had a concussion or brain injury?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who have ever been checked for a concussion or don't know

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0010.00.2 Variable: SPORT_C Interview Module: Child Content Type: Rotating Core

Question Text:

In the past 12 months, did ^SCNAME play or participate on a sports team or club or take sports lessons either at school or in the community?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto PEGYM_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0020.00.2 Variable: PEGYM_C Interview Module: Child Content Type: Rotating Core

Question Text:

In the past 12 months, did ^SCNAME take a Physical Education, PE, or gym class?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto PADAYS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0030.00.2 Variable: PADAYS_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical week during the school year, how often does ^SCNAME exercise, play a sport, or participate in physical activity for at least 60 minutes a day? Would you say never, some days, most days, or every day?

* **Read if necessary:** *Please include exercise in and out of school.*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1-4,RF,DK> [goto STRENGTH_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0040.00.2 Variable: STRENGTH_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical week during the school year, how often does ^SCNAME do exercises to strengthen or tone ^hisher_C muscles, such as sit-ups, push-ups, or weight lifting?

Would you say never, some days, most days, or every day?

Read if necessary: Please include strengthening or toning activities in and out of school.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample children 6-17

Skip Instructions:

<1-4,RF,DK> [goto WALK_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0050.00.2 Variable: WALK_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical week during the school year, how often does ^SCNAME walk for at least 10 minutes at a time?

Read if necessary: *Would you say never, some days, most days, or every day?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample children 6-17

Skip Instructions:

<1-4,RF,DK> [goto BIKE_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PHY: Physical Activity

Question ID: PHY.0060.00.2 Variable: BIKE_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical week during the school year, how often does ^SCNAME ride a bike for at least 10 minutes at a time?

* **Read if necessary:** *Would you say never, some days, most days, or every day?*

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample children 6-17

Skip Instructions:

<1-4,RF,DK> [goto Next Section]

2020 National Health Interview Survey (NHIS) Questionnaire

NHC: Neighborhood Characteristics

Question ID: NHC.0010.00.2 Variable: SIDEWALK_C Interview Module: Child Content Type: Rotating Core

Question Text:

The next questions are about where ^SCNAME lives. By where ^SCNAME lives we mean in ^hisher_C neighborhood or near ^hisher_C home.

Where ^SCNAME lives, are there roads, sidewalks, paths or trails where ^SCNAME can walk or ride a bicycle?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto PARKS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

NHC: Neighborhood Characteristics

Question ID: NHC.0020.00.2 Variable: PARKS_C Interview Module: Child Content Type: Rotating Core

Question Text:

* **Read if necessary:** *Where ^SCNAME Lives...*

Are there parks or playgrounds close enough for ^SCNAME to walk or bike to?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto TRAFFIC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

NHC: Neighborhood Characteristics

Question ID: NHC.0030.00.2 Variable: TRAFFIC_C Interview Module: Child Content Type: Rotating Core

Question Text:

Where ^SCNAME lives, does traffic make it unsafe for ^SCNAME to walk or ride a bicycle, even with an adult?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto CRIME_C]

2020 National Health Interview Survey (NHIS) Questionnaire

NHC: Neighborhood Characteristics

Question ID: NHC.0040.00.2 Variable: CRIME_C Interview Module: Child Content Type: Rotating Core

Question Text:

***Read if necessary:** Where ^SCNAME Lives...

Does crime make it unsafe for ^SCNAME to walk or ride a bicycle, even with an adult?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 6-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0010.00.2 Variable: RESTED_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical ^SCHOOLWEEK, how often does ^SCNAME wake up well-rested?

Would you say never, some days, most days, or every day?

Fills:

^SCHOOLWEEK	Description	week/week during the school year
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample children 2-17

Skip Instructions:

<1-4,RF,DK> [goto OUTFBED_C]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0020.00.2 Variable: OUTOFBED_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical ^SCHOOLWEEK, how often does ^SCNAME have difficulty getting out of bed in the morning?

Would you say never, some days, most days, or every day?

Fills:

^SCHOOLWEEK	Description	week/week during the school year
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample children 2-17

Skip Instructions:

<1-4,RF,DK> [goto TIRED_C]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0030.00.2 Variable: TIRED_C Interview Module: Child Content Type: Rotating Core

Question Text:

* **Read if necessary:** *In a typical ^SCHOOLWEEK...*

How often does ^SCNAME complain about being tired during the day?

* **Read if necessary:** *Would you say never, some days, most days, or every day?*

Fills:

^SCHOOLWEEK	Description	week/week during the school year
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto NAPS_C]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0040.00.2 Variable: NAPS_C Interview Module: Child Content Type: Rotating Core

Question Text:

* **Read if necessary:** *In a typical ^SCHOOLWEEK...*

How often does ^SCNAME nap or fall asleep during the day, such as in school, watching TV, or riding in a car?

* **Read if necessary:** *Would you say never, some days, most days, or every day?*

Fills:

^SCHOOLWEEK	Description	week/week during the school year
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto BEDTIME_C]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0050.00.2 Variable: BEDTIME_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical ^SCHOOLWEEKN, how often does ^SCNAME go to bed at the same time?

* **Read if necessary:** *Would you say never, some days, most days, or every day?*

Fills:

^SCHOOLWEEKN	Description	week/week during the school year, on nights ^SCNAME has school the next day
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year, on nights ^SCNAME has school the next day"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto WAKETIME_C]

2020 National Health Interview Survey (NHIS) Questionnaire

SLP: Sleep - Rotate

Question ID: SLP.0060.00.2 Variable: WAKETIME_C Interview Module: Child Content Type: Rotating Core

Question Text:

In a typical ^SCHOOLWEEKD, how often does ^SCNAME wake up at the same time?

* **Read if necessary:** *Would you say never, some days, most days, or every day?*

Fills:

^SCHOOLWEEKD	Description	week/week during the school year, on school days
	Instruction	If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week" If GEN.AGE_FINAL ge 6, fill: "week during the school year, on school days"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Never
2	Some days
3	Most days
4	Every day
7	Refused
9	Don't Know

Universe:

Sample Children 2-17

Skip Instructions:

<1-4,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

SCR: Screen time

Question ID: SCR.0010.00.2 Variable: SCREENTIME_C Interview Module: Child Content Type: Rotating Core

Question Text:

On most weekdays, does ^SCNAME spend more than 2 hours a day in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet, or using social media?

* **Read if necessary:** Do not include time spent doing school work.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0010.00.1 Variable: PARINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

Now I'm going to ask questions about ^SCNAME's parents living here.

* Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 with at least one resident parent who is a biological, adoptive, or step parent.

Skip Instructions:

<1> [goto tblPARREL]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0030.00.1 Variable: RELCHPAR_C Interview Module: Child Content Type: Annual Core

Question Text:

^AreyouIspar ^SCNAME's biological, adoptive, or step ^fathermother?

Fills:

^AreyouIspar	Description	Are you/Is {Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "Are you" else fill: "Is ALIAS[PX]"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^fathermother	Description	father/mother/parent
	Instruction	If GEN.SEX_FINAL[PX]='1', fill: "father" If GEN.SEX_FINAL[PX]='2', fill: "mother" If GEN.SEX_FINAL[PX]='('DK','RF')', fill: "parent"

Response:

1	Biological
2	Adoptive
3	Step
4	Other
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with at least one resident parent who is a biological, adoptive, or step parent.

Skip Instructions:

<1-4,RF,DK> if last parent in GEN.PARENTS_FINAL[PX_C].NONFOST_FINAL [goto MARINTRO_C if any parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL has MAR_FLG_A ne 1]

else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL [PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty]

else [goto next section]

else [goto RELCHPAR_C for next parent listed at GEN.PARENTS_FINAL[PX_C].NONFOST_FINAL]

Note: update skip instructions to tblPARBORN

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0040.00.1 Variable: MARINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

The next set of questions are about marriage and cohabitation.

* Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

At least one parent has marital flag of 3 or blank, or at least one parent has marital flag of 2 and the parent is the sample adult and not the sample child respondent

Skip Instructions:

For the first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL with GEN.MAR_FLG_A ne 1,
If GEN.MAR_FLG_A=blank or (GEN.MAR_FLG_A=2 and PX=PX_A and SARESPSC_FLG ne 1) [goto
tblMAR.bParent.MARITAL_C]
Elseif GEN.MAR_FLG_A=3 [goto tblMAR.bPARENT.EVRMARRIED_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0090.00.1 Variable: MARITAL_C Interview Module: Child Content Type: Annual Core

Question Text:

^AreyouIspar married, living with a partner together as an unmarried couple, or neither?

Fills:

^AreyouIspar	Description	Are you/Is {Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "Are you" else fill: "Is ALIAS[PX]"

Response:

1	Married
2	Living with a partner as an unmarried couple
3	Neither

Universe:

Sample Children 0-17 where parent's marital status is not determined in the Sample Adult section OR the parent's marital status is don't know or refused in the Sample adult section and the parent is the sample adult but not the sample child respondent OR the parent's marital status has not been obtained in this block

Skip Instructions:

<1> [goto SPOUSLIV_C]
 <2> if GEN.PCNT16PLUSNOSC=1 [got ERR1_MARITAL_C] else [goto PARTNERWHO_C]
 <3,RF,DK> [goto EVRMARRIED_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_MARITAL_C	One person eligible to be living with a partner in household soft edit	{signal ERR1_MARITAL_C} Respondent is the only person 16 or older on the household roster. There is no one else eligible to select.

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0100.00.1 Variable: SPOUSLIV_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^yourPARspouse currently live in the household?

Fills:

^yourPARspouse	Description	your spouse/{Value of ALIAS}'s spouse
	Instruction	if PX=LNO_SCRESP, fill: "your spouse" else fill: "ALIAS[PX]'s spouse"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 where one parent is married

Skip Instructions:

```
<1> if GEN.PCNT16PLUSNOSC=1 [goto ERR1_SPOUSLIV_C] else [goto SPOUSWHO_C]
<2> [goto SPOUSEP_C]
<RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for
first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else
[goto next section]]
```

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0110.00.1 Variable: SPOUSEP_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^yourPAR spouse not live here because ^youPAR and ^yourPAR spouse are legally separated?

Fills:

^yourPAR	Description	your/{Value of ALIAS}'s
	Instruction	If PX=LNO_SCRESP, fill: "your" else fill ALIAS[PX] + " 's "
^youPAR	Description	you/{Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "you" else fill "ALIAS[PX]"

Response:

1	Yes
2	No

Universe:

Sample children 0-17 where parent is married and their spouse doesn't live in the household

Skip Instructions:

<1,2,RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0120.00.1 Variable: SPOUSWHO_C Interview Module: Child Content Type: Annual Core

Question Text:

Which person is ^yourPAR spouse?

* Enter line number of spouse.

* Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

Fills:

^yourPAR	Description	your/{Value of ALIAS}'s
	Instruction	If PX=LNO_SCRESP, fill: "your" else fill ALIAS[PX] + " 's "

Response:

00	Not on roster
01	^ALIASNAME[1]
02	^ALIASNAME[2]
03	^ALIASNAME[3]
04	^ALIASNAME[4]
05	^ALIASNAME[5]
06	^ALIASNAME[6]
07	^ALIASNAME[7]
08	^ALIASNAME[8]
09	^ALIASNAME[9]
10	^ALIASNAME[10]
11	^ALIASNAME[11]
12	^ALIASNAME[12]
13	^ALIASNAME[13]
14	^ALIASNAME[14]
15	^ALIASNAME[15]
16	^ALIASNAME[16]
17	^ALIASNAME[17]
18	^ALIASNAME[18]
19	^ALIASNAME[19]
20	^ALIASNAME[20]
21	^ALIASNAME[21]
22	^ALIASNAME[22]
23	^ALIASNAME[23]
24	^ALIASNAME[24]
25	^ALIASNAME[25]

Universe:

Sample Children 0-17 where parent is married and spouse lives in the household

Skip Instructions:

```

<1-25> if MARITAL_C=3 "Neither" for person selected at SPOUSWHO_C [goto ERR1_SPOUSWHO_C]
{person selected at SPOUSWHO_C has conflicting answer of "Neither" married or living with a
partner at MARITAL_C}

elseif SPOUSLIV_C=2 "Outside household" for person selected at SPOUSWHO_C [goto ERR2_SPOUSWHO_C]
{person selected at SPOUSWHO_C has conflicting answer of married with a spouse living outside
the household at SPOUSLIV_C}

elseif person selected at SPOUSWHO_C ((was already selected previously at SPOUSWHO_C or
PARTNERWHO_C) or (already chose a spouse/partner)) [goto ERR3_SPOUSWHO_C]
{person selected at SPOUSWHO_C is already indicated as married to someone else/a partner of
someone else}

else if GEN.SEX_FINAL[SPOUSWHO_C] IN('1','2') and GEN.SEX_FINAL[PX] IN ('1','2') [goto
SPOUSSEX_C]
else loop through table for remaining parents
else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL
[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty]
else [goto next section]

<0,RF,DK> loop through table for remaining parents
else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL
[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty]
else [goto next section]

```

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SPOUSWHO_C	Person selected has conflicting answer of "Neither" married or living with a partner	{signal ERR1_SPOUSWHO_C} Person selected also has answer of "Neither" married or living together as an unmarried couple. Please correct.
ERR3_SPOUSWHO_C	Person selected is already indicated as married to/a partner of someone else	{signal ERR3_SPOUSWHO_C} Person selected is already indicated as ^marriedpartner someone else. Please correct.
ERR2_SPOUSWHO_C	Person selected has conflicting answer of married with a spouse living outside the household	{signal ERR2_SPOUSWHO_C} Person selected was indicated to have a spouse living outside the household. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0130.00.1 Variable: SPOUSSEX_C Interview Module: Child Content Type: Annual Core

Question Text:

I have previously recorded that ^ParentX ^sex_ParentX and that ^fillSPOUSWHO_C ^sex_SPOUSWHO_C.
Is that correct?

Fills:

^ParentX	Description	you are/{Value of ALIAS} is
	Instruction	If PX=LNO_SCRESP, fill: "you are" else fill: "ALIAS[PX] is"
^sex_ParentX	Description	male/female
	Instruction	If SEX[PX]=1, fill: "male" If SEX[PX]=2, fill: "female"
^fillSPOUSWHO_C	Description	you are/{Value of ALIAS} is
	Instruction	If SPOUSWHO_C=LNO_SCRESP, fill: "you are" else fill "ALIAS[SPOUSWHO_C] is"
^sex_SPOUSWHO_C	Description	male/female
	Instruction	If SEX[SPOUSWHO_C]=1 fill: "male" If SEX[SPOUSWHO_C]=2 fill: "female"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 where parent is married and spouse lives in the household and the sex of the residential parent of interest is not refused/don't know and the sex of the spouse of this parent is not refused/don't know

Skip Instructions:

<1,RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto next section]
<2> [goto FIXSPOUSSEX_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0140.00.1 Variable: FIXSPOUSSEX_C Interview Module: Child Content Type: Annual Core

Question Text:

Which was not correct?

* Enter all that apply, separate with commas.

Response:

01	^ALIASNAME[1]
02	^ALIASNAME[2]
03	^ALIASNAME[3]
04	^ALIASNAME[4]
05	^ALIASNAME[5]
06	^ALIASNAME[6]
07	^ALIASNAME[7]
08	^ALIASNAME[8]
09	^ALIASNAME[9]
10	^ALIASNAME[10]
11	^ALIASNAME[11]
12	^ALIASNAME[12]
13	^ALIASNAME[13]
14	^ALIASNAME[14]
15	^ALIASNAME[15]
16	^ALIASNAME[16]
17	^ALIASNAME[17]
18	^ALIASNAME[18]
19	^ALIASNAME[19]
20	^ALIASNAME[20]
21	^ALIASNAME[21]
22	^ALIASNAME[22]
23	^ALIASNAME[23]
24	^ALIASNAME[24]
25	^ALIASNAME[25]

Universe:

Sample Children 0-17 where parent is married and spouse lives in the household and the sex of the residential parent of interest is not refused/don't know and the sex of the spouse of this parent is not refused/don't know, and the sex of one or both individuals was incorrect

Skip Instructions:

<1-25> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0150.00.1 Variable: PARTNERWHO_C Interview Module: Child Content Type: Annual Core

Question Text:

Which person is ^yourPAR partner?

* Enter line number of partner.

* Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

Fills:

^yourPAR	Description	your/{Value of ALIAS}'s
	Instruction	If PX=LNO_SCRESP, fill: "your" else fill ALIAS[PX] + " 's "

Response:

00	Not on roster
01	^ALIASNAME[1]
02	^ALIASNAME[2]
03	^ALIASNAME[3]
04	^ALIASNAME[4]
05	^ALIASNAME[5]
06	^ALIASNAME[6]
07	^ALIASNAME[7]
08	^ALIASNAME[8]
09	^ALIASNAME[9]
10	^ALIASNAME[10]
11	^ALIASNAME[11]
12	^ALIASNAME[12]
13	^ALIASNAME[13]
14	^ALIASNAME[14]
15	^ALIASNAME[15]
16	^ALIASNAME[16]
17	^ALIASNAME[17]
18	^ALIASNAME[18]
19	^ALIASNAME[19]
20	^ALIASNAME[20]
21	^ALIASNAME[21]
22	^ALIASNAME[22]
23	^ALIASNAME[23]
24	^ALIASNAME[24]
25	^ALIASNAME[25]

Universe:

Sample Children 0-17 where parent is cohabitating with a partner and there are at least two people eligible to be cohabitating in the household

Skip Instructions:

```

<1-25> if MARITAL_C=3 "Neither" for person selected at PARTNERWHO_C [goto ERR1_PARTNERWHO_C]
{person selected at PARTNERWHO_C has conflicting answer of "Neither" married or living with a
partner at MARITAL_C}

elseif SPOUSLIV_C=2 "Outside household" for person selected at PARTNERWHO_C [goto
ERR2_PARTNERWHO_C]
{person selected at PARTNERWHO_C has conflicting answer of married with a spouse living outside
the household at SPOUSLIV_C}

elseif person selected at PARTNERWHO_C ((was already selected previously at SPOUSWHO_C or
PARTNERWHO_C) or (already chose a spouse/partner)) [goto ERR3_PARTNERWHO_C]
{person selected at PARTNERWHO_C is already indicated as married to someone else/a partner of
someone else}

elseif GEN.SEX_FINAL[PX] IN ('1','2') and GEN.SEX_FINAL[PARTNERWHO_C] IN ('1','2')[goto
PARTNERSEX_C]
else [goto EVRMARRIED_C]

<0,RF,DK> [goto EVRMARRIED_C]

```

Soft Edit:

Check Text	Check Description	Check Text
ERR3_PARTNERWHO_C	Person selected is already indicated as married to/a partner of someone else	{signal ERR3_PARTNERWHO_C} Person selected is already indicated as ^marriedpartner someone else. Please correct.
ERR2_PARTNERWHO_C	Person selected has conflicting answer of married with a spouse living outside the household	{signal ERR2_PARTNERWHO_C} Person selected was indicated to have a spouse living outside the household. Please correct.
ERR1_PARTNERWHO_C	Person selected has conflicting answer of "Neither" married or living with a partner	{signal ERR1_PARTNERWHO_C} Person selected also has answer of "Neither" married or living together as an unmarried couple. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0160.00.1 Variable: PARTNERSEX_C Interview Module: Child Content Type: Annual Core

Question Text:

I have previously recorded that ^ParentX ^sex_ParentX and that ^fillPARTNERWHO_C ^sex_PARTNERWHO_C. Is that correct?

Fills:

^ParentX	Description	you are/{Value of ALIAS} is
	Instruction	If PX=LNO_SCRESP, fill: "you are" else fill: "ALIAS[PX] is"
^sex_ParentX	Description	male/female
	Instruction	If SEX[PX]=1, fill: "male" If SEX[PX]=2, fill: "female"
^fillPARTNERWHO_C	Description	you are/{Value of ALIAS} is
	Instruction	If PARTNERWHO_C=LNO_SCRESP, fill: "you are" else fill "ALIAS[PARTNERWHO_C] is"
^sex_PARTNERWHO_C	Description	male/female
	Instruction	If GEN.SEX_FINAL[PARTNERWHO_C]=1 fill: "male" If GEN.SEX_FINAL[PARTNERWHO_C]=2 fill: "female"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 where parent is cohabitating with a partner and the partner lives in the household and the sex for the residential parent is not refused or don't know and the sex for the partner is not refused or don't know

Skip Instructions:

<1,RF,DK> [goto EVRMARRIED_C]
<2> [goto FIXPARTSEX_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0170.00.1 Variable: FIXPARTSEX_C Interview Module: Child Content Type: Annual Core

Question Text:

Which was not correct?

Enter all that apply, separate with commas.

Response:

01	^ALIASNAME[1]
02	^ALIASNAME[2]
03	^ALIASNAME[3]
04	^ALIASNAME[4]
05	^ALIASNAME[5]
06	^ALIASNAME[6]
07	^ALIASNAME[7]
08	^ALIASNAME[8]
09	^ALIASNAME[9]
10	^ALIASNAME[10]
11	^ALIASNAME[11]
12	^ALIASNAME[12]
13	^ALIASNAME[13]
14	^ALIASNAME[14]
15	^ALIASNAME[15]
16	^ALIASNAME[16]
17	^ALIASNAME[17]
18	^ALIASNAME[18]
19	^ALIASNAME[19]
20	^ALIASNAME[20]
21	^ALIASNAME[21]
22	^ALIASNAME[22]
23	^ALIASNAME[23]
24	^ALIASNAME[24]
25	^ALIASNAME[25]

Universe:

Sample Children 0-17 where parent is cohabitating with a partner and the partner lives in the household and the sex for the residential parent is not refused/don't and the sex for the partner is not refused/don't know, and the sex of one or both of the individuals is incorrect.

Skip Instructions:

<1-25> [goto EVRMARRIED_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0180.00.1 Variable: EVRMARRIED_C Interview Module: Child Content Type: Annual Core

Question Text:

^HaveyouHasPAR ever been married?

Fills:

^HaveyouHasPAR	Description	Have you/Has {Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "Have you" else, fill: "Has ALIAS[PX]"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 where parent is either cohabitating or not in relationship with anyone else in the household, or the marriage/cohabitation status is refused/don't know in the Adult section or the parent is reported as cohabitating with another parent

Skip Instructions:

```
<1> if (MARITAL_C=2 or GEN.PAR_FLG_C[PX]=3 or GEN.MAR_FLG_A[PX]=3) [goto LEGALSTAT_A]
elseif MARITAL_C=3 [goto WIDIVSEP_A]
else loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first
parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto
next section]
<2,RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for
first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else
[goto next section]
```

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0190.00.1 Variable: LEGALSTAT_C Interview Module: Child Content Type: Annual Core

Question Text:

What is ^yourPAR current legal marital status?

Fills:

^yourPAR	Description	your/{Value of ALIAS}'s
	Instruction	If PX=LNO_SCRESP, fill: "your" else fill ALIAS[PX] + " 's "

Response:

1	Married
2	Widowed
3	Divorced
4	Separated

Universe:

Sample Children 0-17 where parent has been married and is living with a partner or person selected as a cohabitating partner in PAR or person selected as a cohabitating partner in MAR

Skip Instructions:

<1-4,RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0200.00.1 Variable: WIDIVSEP_C Interview Module: Child Content Type: Annual Core

Question Text:

^AreyouIspar widowed, divorced, or separated?

Fills:

^AreyouIspar	Description	Are you/Is {Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "Are you" else fill: "Is ALIAS[PX]"

Response:

1	Widowed
2	Divorced
3	Separated

Universe:

Sample Children 0-17 where parent is neither living with a partner nor married, but has been married

Skip Instructions:

<1-3,RF,DK> loop through table for remaining parents else [goto FINISH_MAR_C]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0210.00.1 Variable: FINISH_MAR_C Interview Module: Child Content Type: Annual Core

Question Text:

- * The Sample Child MAR section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Skip Instructions:

<1> [goto tb1PARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS where Adult.NAT.NATUSBORN_A=empty]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: PAR.0230.00.1 Variable: PARBORN_C Interview Module: Child Content Type: Annual Core

Question Text:

^WereyouWaspar born in the United States or a U.S. territory?

Fills:

^WereyouWaspar	Description	Were you/Was {Value of ALIAS}
	Instruction	If PX=LNO_SCRESP, fill: "Were you" else fill: "Was ALIAS[PX]"

Response:

1	Yes
2	No

Universe:

Sample Children 0-17 where whether the parent was born in the US or US territory is unknown

Skip Instructions:

<1,2,RF,DK> loop through table for remaining parents else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

PAR: Parent Demographics

Question ID: REL.0030.00.1 Variable: FOSTPAR Interview Module: Child Content Type: Annual Core

Question Text:

Is ^ALIASNAME currently in foster care? By that I mean is there an adult living in this household acting as a foster parent to ^ALIASNAME under the supervision of a state or county child welfare agency?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Child has no parents identified

Skip Instructions:

<1> [goto WHOFOST]
 <2,RF,DK> If last non-deleted child on roster [goto next section]
 else [goto WHOPAR for next non-deleted child on roster]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0010.00.1 Variable: NATUSBORN_C Interview Module: Child Content Type: Annual Core

Question Text:

Was ^SCNAME born in the United States or a U.S. territory?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto NATSTBORN_C]
 <2> [goto NATUSYR_C]
 <RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0020.00.1 Variable: NATSTBORN_C Interview Module: Child Content Type: Annual Core

Question Text:

In what state or U.S. territory was ^SCNAME born?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico

NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
VI	U.S. Virgin Islands
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming
AS	American Samoa
MP	Northern Mariana Islands
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 born in the United States or U.S. territory

Skip Instructions:

<American Samoa> [goto CITIZEN_C]
else [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0040.00.1 Variable: NATUSYR_C Interview Module: Child Content Type: Annual Core

Question Text:

In what year did ^SCNAME come to the United States to stay?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

2000-2030	Range of values
9997	Refused
9999	Don't Know

Universe:

Sample Children 0-17 not born in the United States or U.S. territory

Skip Instructions:

```
<2000-Current Year,RF,DK>
if NATUSYR_C gt current year [goto ERR1_NATUSYR_C]
if NATUSYR_C lt VFY.DEMBIRYR_C [goto ERR2_NATUSYR_C]
else [goto CITIZEN_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR1_NATUSYR_C	The year reported in NATUSYR_C is a year in the future	{check ERR1_NATUSYR_C} Future year invalid. Please correct.
ERR2_NATUSYR_C	The year reported in NATUSYR_C is a year prior to child's birth	{check ERR2_NATUSYR_C} Year is prior to date of birth. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0050.00.1 Variable: CITIZEN_C Interview Module: Child Content Type: Annual Core

Question Text:

Is ^SCNAME a citizen of the United States?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes, born in one of the 50 United States or the District of Columbia
2	Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
3	Yes, born abroad to American parent(s)
4	Yes, U.S. citizen by naturalization
5	No, not a citizen of the United States
7	Refused
9	Don't Know

Universe:

Sample children 0-17 not born in the United States or U.S. territory or born in American Samoa

Skip Instructions:

<1> [goto NATCTZN_C]
 <2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

NAT: Nativity

Question ID: NAT.0060.00.1 Variable: NATCTZN_C Interview Module: Child Content Type: Annual Core

Question Text:

Was ^SCNAME born abroad to an American parent, born abroad and adopted by an American parent, or did ^SCNAME become a U.S. citizen by naturalization?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Born abroad to American parent
2	Born abroad and adopted by an American parent
3	Became U.S. citizen by naturalization
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 are United States citizens

Skip Instructions:

<1-3,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0010.00.1 Variable: FEMINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

Now I have a few questions about ^youandothfam.

* Enter '1' to continue.

Fills:

^youandothfam	Description	you/other members of your family/you and other members of your family
	Instruction	<pre> IF LNO_SCRESP PX_A OR (LNO_SCRESP = PX_A AND ((SARESPSC_FLG 1 AND EMP_FLG_A=2) OR (EMP_FLG_A = EMPTY))) THEN fill: "you" ENDIF IF PCNT18UP_C >= 2 THEN IF fill = EMPTY THEN fill: "other members of your family" ELSEIF (PCNT18UP_C = 2 AND ((SAMEFAM_FLG 1) OR (SAMEFAM_FLG = 1) AND ((SARESPSC_FLG 1 AND EMP_FLG_A=2) OR (EMP_FLG_A = EMPTY))))) OR (PCNT18UP_C > 2) THEN fill: "you and other members of your family" ENDIF ENDIF </pre>

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Child is not in the same family as the Sample Adult
OR
Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.

Skip Instructions:

[goto tblFEM_C]

Replicate To:

FEMINTRO_A

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0030.00.1 Variable: FEMWORK_C Interview Module: Child Content Type: Annual Core

Question Text:

^DoesDoyouALIASNAME work for pay at a job or business?

* If the respondent says ^heshetheywork, but not for pay, at a family-owned job or business, enter '1' for yes.

Fills:

^DoesDoyouALIASNAME	Description	Do you/Does ^ALIASNAME
	Instruction	If PX=LNO_SCRESP, fill: "Do you" (that is if the subject of the question is the sample child respondent, fill: "Do you") else fill: "Does ^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^heshetheywork	Description	he works/she works/they work
	Instruction	elseif GEN.SEX_FINAL=1 fill "he works" elseif GEN.SEX_FINAL=2 fill "she works" elseif GEN.SEX_FINAL=DK,RF fill "they work"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

(Sample Child is not in the same family as the Sample Adult
OR
Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.)
AND
Person is in Sample Child's family and over the age of 18

Skip Instructions:

<1> [goto FEMWKFT_C]
<2,RF,DK> if there is another adult in the family [goto FEMWORK_C] for the next adult 18+
else [goto next section]

Replicate To:

FEMWORK_A

2020 National Health Interview Survey (NHIS) Questionnaire

FEM: Employment of family members

Question ID: FEM.0040.00.1 Variable: FEMWKFT_C Interview Module: Child Content Type: Annual Core

Question Text:

^DoesDoyouALIASNAME usually work 35 hours or more per week in total at ^hisheryour job or jobs?

Fills:

^DoesDoyouALIASNAME	Description	Do you/Does ^ALIASNAME
	Instruction	If PX=LNO_SCRESP, fill: "Do you" (that is if the subject of the question is the sample child respondent, fill: "Do you") else fill: "Does ^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from Roster.HHC.ALIAS[PX]
^hisheryour	Description	your/his/her/their
	Instruction	If PX=LNO_SCRESP, fill: "your" (that is, if the subject of the question is the sample child respondent, fill: "your") else if SEX_FINAL[PX] = 1, fill "his" else if SEX_FINAL[PX] = 2, fill "her" else if SEX_FINAL[PX] in (DK,RF), fill "their"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

(Sample Child is not in the same family as the Sample Adult
OR
Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked
OR
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.)
AND
Person is in Sample Child's family and over the age of 18
AND
The adult in question works for pay at a job or business

Skip Instructions:

<1,2,RF,DK> if another adult in the family [goto FEMWORK_C] for the next adult 18+
else [goto next section]

Replicate To:

FEMWKFT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0010.00.1 Variable: INCINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

The next questions are about your total family income in ^LASTYEAR BEFORE TAXES. Based on questions asked earlier, we have that ^SCNAME's family consists of ^INCINTRO_C_fill.

* **Read if necessary:** *Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will remain confidential.*

* **Enter '1' to continue.**

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^INCINTRO_C_fill	Description	List of people in Sample Child's family including SC
	Instruction	For all people with FAMC_REL_FLG =1 OR (SAME_REL_FLG=1 for SC and tblRelate_SA.bPerson.RELATE in (1-13,DK,RF)) OR (FAMA_REL_FLG=1 and 1st person in SC's family has tblRelate_SA.bPerson.RELATE in (1-13,DK,RF), fill with their names. Description: Person was identified as being in the SC's family at WHOPAR/WHOFOST OR (Sample Child is related to the Sample Adult and person on roster was placed in Sample Adult's family based on answer provided at RELATE), include their name as part of the list of SC's family. Include sample child on the list. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list. Include the word "and" before the last name on the list.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1> [goto INCWRKO_C]

Replicate To:

INCINTRO_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0020.00.1 Variable: INCWRKO_C Interview Module: Child Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ^YOUFAM18YRS_C receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

* **Read if necessary:** For the purpose of this survey, ^SCNAME's family includes ^FAMVERSC_fill

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAM18YRS_C	Description	you/you or any family members 18 or older
	Instruction	If GEN.PCNT18UP_C=1 fill "you" else if GEN.PCNT18UP_C GT 1 fill "you or any family members 18 or older"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^FAMVERSC_fill	Description	List of all people in Sample Child's family
	Instruction	Loop through all persons on roster and add to list of names if FAMILYC_flg = 1 Do not include Sample Child on list. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list. If only one person on the list of names and person ne Roster.HHC.HHRESPAVAIL, follow list with "is". If more than one person on the list or only one person on list and person is Household Respondent (Roster.HHC.HHRESPAVAIL), follow list with "are".

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto INCINTER_C]

Replicate To:

INCWRKO_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0030.00.1 Variable: INCINTER_C Interview Module: Child Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ANY FAMILY MEMBERS receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto INCSSRR_C]

Replicate To:

INCINTER_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0031.00.1 Variable: INCSSRR_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE_C receive...

Income from Social Security or Railroad Retirement?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE_C	Description	you/you or any family members
	Instruction	If GEN.PCNT_C=2 fill "you" else if GEN.PCNT_C GT 2 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

Skip Instructions:

<1,2,RF,DK> [goto INCSSISSDI_C]

Replicate To:

INCSSRR_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0040.00.1 Variable: INCSSISSDI_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ANY FAMILY MEMBERS receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refusedv

Skip Instructions:

<1> [goto SSISSDIBTH_C]
 <2,RF,DK> [goto INCWELF_C]

Replicate To:

INCSSISSDI_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0050.00.1 Variable: SSISSDIBTH_C Interview Module: Child Content Type: Annual Core

Question Text:

Was this Supplemental Security Income, SSI, Social Security Disability Income, SSDI, or both?

Response:

1	SSI
2	SSDI
3	Both SSI and SSDI
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 where someone in the family gets SSI or SSDI and Sample Child INC section has not been completed OR the Sample Adult and Sample Child are in the same family and the person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused OR the Sample Adult and Sample Child are not in the same family

Skip Instructions:

<1-3,RF,DK> [goto SSISSDIDS_B_C]

Replicate To:

SSISSDIBTH_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0060.00.1 Variable: SSISSDIDSB_C Interview Module: Child Content Type: Annual Core

Question Text:

Was this received as a disability benefit?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 living in families where someone in the family gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Adult INC 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 person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1> [goto SSISSDIP_C]
<2,RF,DK> [goto INCWELF_C]

Replicate To:

SSISSDIDSB_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0070.00.1 Variable: SSISSDIP_C Interview Module: Child Content Type: Annual Core

Question Text:

In ^LASTYEAR, who received this disability benefit?

* **Read if necessary:** Do NOT include a benefit received on behalf of someone else.

* **Enter all that apply, separate with commas.**

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

00	Not on roster
01-25	Person Number
97	Refused
99	Don't Know

Universe:

Sample Children 0-17 with more than one person in the family where someone in the family gets SSI or SSDI and SSI/SSDI was received as a disability benefit and Sample Adult and Sample Child are in the same family and the Sample Adult INC 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 person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1-25,RF,DK> [goto INCWELF_C]

Replicate To:

SSISSDIP_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0090.00.1 Variable: INCWELF_C Interview Module: Child Content Type: Annual Core

Question Text:

In ^LASTYEAR, did ^YOUFAMHERE_C receive...

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

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE_C	Description	you/you or any family members
	Instruction	If GEN.PCNT_C=2 fill "you" else if GEN.PCNT_C GT 2 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

Skip Instructions:

<1,2,RF,DK> [goto INCRETIRE_C]

Replicate To:

INCWELF_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0100.00.1 Variable: INCRETIRE_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE_C receive...

Income from retirement, survivor, or disability pensions?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE_C	Description	you/you or any family members
	Instruction	If GEN.PCNT_C=2 fill "you" else if GEN.PCNT_C GT 2 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

Skip Instructions:

<1,2,RF,DK> [goto INCOTHR_C]

Replicate To:

INCRETIRE_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0110.00.1 Variable: INCOTHR_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE_C receive...

Any other sources of income such as VA payments from the Veterans Benefits Administration, unemployment compensation, child support, or alimony?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YOUFAMHERE_C	Description	you/you or any family members
	Instruction	If GEN.PCNT_C=2 fill "you" else if GEN.PCNT_C GT 2 fill "you or any family members"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

Skip Instructions:

<1,2,RF,DK> [goto INCTOTAL_C]

Replicate To:

INCOTHR_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0120.00.1 Variable: INCTOTAL_C Interview Module: Child Content Type: Annual Core

Question Text:

When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?

* Enter '999995' if the reported income is \$999,995 or greater.

Response:

000000-999995	Range of values
999997	Refused
999999	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

Skip Instructions:

<0-999> [goto ERR1_INCTOTAL_C]
 <250001-999995> [goto ERR2_INCTOTAL_C]
 <1000-250000> [goto next section]
 <RF,DK> [goto INC250PCT_C]

Soft Edit:

Check Text	Check Description	Check Text
ERR2_INCTOTAL_C	Income high soft edit	{signal ERR2_INCTOTAL_C} Do not read to the respondent. ^INCTOTAL_C is unusually high. Make corrections if necessary.
ERR1_INCTOTAL_C	Income low soft edit	{signal ERR1_INCTOTAL_C} Do not read to the respondent. ^INCTOTAL_C is unusually low. Make corrections if necessary.

Replicate To:

INCTOTAL_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0140.01.1 Variable: INC250PCT_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than ^250POVERTY_C or ^250POVERTY_C or more?

Fills:

^250POVERTY_C	Description	250% of poverty threshold
	Instruction	Fill value stored in Child.INC.INC250PCT_C

Response:

1	Less than ^250POVERTY_C
2	^250POVERTY_C or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

```
<1> [goto INC138PCT_C]
<2> if GEN.PCNT_C=2 [goto INC75K_C];
else if GEN.PCNT_C=4 OR GEN.PCNT_C ge 7 [goto INC400PCT_C];
else if GEN.PCNT_C IN (3,5,6) [goto INC100K_C]
<RF,DK> [goto next section]
```

Replicate To:

INC250PCT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0150.01.1 Variable: INC138PCT_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than ^138POVERTY_C or ^138POVERTY_C or more?

Fills:

^138POVERTY_C	Description	138% of poverty threshold
	Instruction	Fill value stored in Child.INC.INC138PCT_C

Response:

1	Less than ^138POVERTY_C
2	^138POVERTY_C or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 answered less than 250% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1> [goto INC100PCT_C]
 <2> [goto INC200PCT_C]
 <RF,DK> [goto next section]

Replicate To:

INC138PCT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0160.01.1 Variable: INC100PCT_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than ^100POVERTY_C or ^100POVERTY_C or more?

Fills:

^100POVERTY_C	Description	100% of poverty threshold
	Instruction	Fill value stored in Child.INC.INC100PCT_C

Response:

1	Less than ^100POVERTY_C
2	^100POVERTY_C or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered less than 138% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC100PCT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0170.01.1 Variable: INC200PCT_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than ^200POVERTY_C or ^200POVERTY_C or more?

Fills:

^200POVERTY_C	Description	200% of poverty threshold
	Instruction	Fill value stored in Child.INC.INC200PCT_C

Response:

1	Less than ^200POVERTY_C
2	^200POVERTY_C or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered 138% of poverty or more and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC200PCT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0180.00.1 Variable: INC75K_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than \$75,000 or \$75,000 or more?

Response:

1	Less than \$75,000
2	\$75,000 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered 250% of poverty threshold or more and is from a 2 person family and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1> [goto INC400PCT_C]
<2> [goto INC100K_C]
<RF,DK> [goto next section]

Replicate To:

INC75K_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0190.00.1 Variable: INC100K_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than \$100,000 or \$100,000 or more?

Response:

1	Less than \$100,000
2	\$100,000 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered \$75,000 or more OR answered 250% of poverty or more and is from a 3,5, or 6 person family and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

```
<1> if GEN.PCNT_C IN (2,5,6) [goto next section]
else if GEN.PCNT_C=3 [goto INC400PCT_C]
<2> if GEN.PCNT_C IN (2,3) [goto INC150K_C]
else if GEN.PCNT_C IN (5,6) [goto INC400PCT_C]
<RF,DK> [goto next section]
```

Replicate To:

INC100K_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0200.01.1 Variable: INC400PCT_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than ^400POVERTY_C or ^400POVERTY_C or more?

Fills:

^400POVERTY_C	Description	400% of poverty threshold
	Instruction	Fill value stored in Child.INC.INC400PCT_C

Response:

1	Less than ^400POVERTY_C
2	^400POVERTY_C or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered less than \$75,000 OR answered less than \$100,000 and is from a 3 person family OR answered \$100,000 or more and from a 5 or 6 person family OR answered 250% of poverty threshold or more and is from a 4 or 7+ person family and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

```
<1> if GEN.PCNT_C ge 8 [goto INC150K_C]
else [goto next section]
<2> if GEN.PCNT_C IN (2,3) or GEN.PCNT_C ge 7[goto next section]
else if GEN.PCNT_C IN (4,5,6) [goto INC150K_C]
<RF,DK> [goto next section]
```

Replicate To:

INC400PCT_A

2020 National Health Interview Survey (NHIS) Questionnaire

INC: Family Income

Question ID: INC.0210.00.1 Variable: INC150K_C Interview Module: Child Content Type: Annual Core

Question Text:

Was your total family income from all sources less than \$150,000 or \$150,000 or more?

Response:

1	Less than \$150,000
2	\$150,000 or more
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who answered \$100,000 or more and is from 2 or 3 person family OR answered 400% of poverty or more and is from 4 or 5 person family OR answered less than 400% of poverty and is from a family of 8 or more persons and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

INC150K_A

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0010.00.1 Variable: FSNAP12M_C Interview Module: Child Content Type: Annual Core

Question Text:

At any time in the last 12 months did any family members living here receive ^FSSNAPNM?

* **Read if necessary:** *This program puts money on a SNAP EBT card that you can only use to buy food.*

Fills:

^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
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Instruction	<p>If AL then fill "Food Assistance Program or food stamp benefits"</p> <p>If AK then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If AZ then fill "Nutrition Assistance or food stamp benefits"</p> <p>If AR then fill "SNAP or food stamp benefits"</p> <p>If CA then fill "CalFresh or food stamp benefits"</p> <p>If CO then fill "SNAP or food stamp benefits"</p> <p>If CT then fill "SNAP or food stamp benefits"</p> <p>If DE then fill "Food Supplement Program or food stamp benefits"</p> <p>If DC then fill "SNAP or food stamp benefits"</p> <p>If FL then fill "Food Assistance Program or food stamp benefits"</p> <p>If GA then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If HI then fill "SNAP or food stamp benefits"</p> <p>If ID then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If IL then fill "SNAP or food stamp benefits"</p> <p>If IN then fill "SNAP or food stamp benefits"</p> <p>If IA then fill "Food Assistance Program or food stamp benefits"</p> <p>If KS then fill "Food Assistance Program or food stamp benefits"</p> <p>If KY then fill "SNAP or food stamp benefits"</p> <p>If LA then fill "SNAP or food stamp benefits"</p> <p>If ME then fill "Food Supplement Program or food stamp benefits"</p> <p>If MD then fill "Food Supplement Program or food stamp benefits"</p> <p>If MA then fill "SNAP or food stamp benefits"</p> <p>If MI then fill "Food Assistance Program (FSP) or food stamp benefits"</p> <p>If MN then fill "SNAP or food stamp benefits"</p> <p>If MS then fill "SNAP or food stamp benefits"</p> <p>If MO then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If MT then fill "SNAP or food stamp benefits"</p> <p>If NE then fill "SNAP or food stamp benefits"</p> <p>If NV then fill "SNAP or food stamp benefits"</p> <p>If NH then fill "SNAP or food stamp benefits"</p> <p>If NJ then fill "NJ SNAP or food stamp benefits"</p> <p>If NM then fill "SNAP or food stamp benefits"</p> <p>If NY then fill "SNAP or food stamp benefits"</p> <p>If NC then fill "Food and Nutrition Services or food stamp benefits"</p> <p>If ND then fill "SNAP or food stamp benefits"</p> <p>If OH then fill "Food Assistance Program or food stamp benefits"</p> <p>If OK then fill "SNAP or food stamp benefits"</p> <p>If OR then fill "SNAP or food stamp benefits"</p> <p>If PA then fill "SNAP or food stamp benefits"</p> <p>If RI then fill "SNAP or food stamp benefits"</p> <p>If SC then fill "SNAP or food stamp benefits"</p> <p>If SD then fill "SNAP or food stamp benefits"</p> <p>If TN then fill "SNAP or food stamp benefits"</p> <p>If TX then fill "SNAP or food stamp benefits"</p> <p>If UT then fill "SNAP or food stamp benefits"</p> <p>If VT then fill "3SquaresVT or food stamp benefits"</p> <p>If VA then fill "SNAP or food stamp benefits"</p> <p>If WA then fill "Basic Food or food stamp benefits"</p> <p>If WV then fill "SNAP or food stamp benefits"</p> <p>If WI then fill "FoodShare Wisconsin or food stamp benefits"</p> <p>If WY then fill "SNAP or food stamp benefits"</p>
-------------	--

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult F00 section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult F00 section was not the Sample Child respondent and this person answered all questions asked in the F00 section with RF or DK.

Skip Instructions:

```
<1> [goto FSNAP30D_C]  
<2,RF,DK> if PCNTF1255_C GE 1 or PCNTC05_C GE 1, [goto FWIC12M_C]  
else if PCNTC517_C GE 1 [goto FLUNCH12M_C]  
else [goto FINISH_F00_C]
```

Replicate To:

FSNAP12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0020.00.3 Variable: FSNAP30D_C Interview Module: Child Content Type: Sponsored Content

Question Text:

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.*

Fills:

^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
-----------	-------------	---

Instruction	<p>If AL then fill "Food Assistance Program or food stamp benefits"</p> <p>If AK then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If AZ then fill "Nutrition Assistance or food stamp benefits"</p> <p>If AR then fill "SNAP or food stamp benefits"</p> <p>If CA then fill "CalFresh or food stamp benefits"</p> <p>If CO then fill "SNAP or food stamp benefits"</p> <p>If CT then fill "SNAP or food stamp benefits"</p> <p>If DE then fill "Food Supplement Program or food stamp benefits"</p> <p>If DC then fill "SNAP or food stamp benefits"</p> <p>If FL then fill "Food Assistance Program or food stamp benefits"</p> <p>If GA then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If HI then fill "SNAP or food stamp benefits"</p> <p>If ID then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If IL then fill "SNAP or food stamp benefits"</p> <p>If IN then fill "SNAP or food stamp benefits"</p> <p>If IA then fill "Food Assistance Program or food stamp benefits"</p> <p>If KS then fill "Food Assistance Program or food stamp benefits"</p> <p>If KY then fill "SNAP or food stamp benefits"</p> <p>If LA then fill "SNAP or food stamp benefits"</p> <p>If ME then fill "Food Supplement Program or food stamp benefits"</p> <p>If MD then fill "Food Supplement Program or food stamp benefits"</p> <p>If MA then fill "SNAP or food stamp benefits"</p> <p>If MI then fill "Food Assistance Program (FSP) or food stamp benefits"</p> <p>If MN then fill "SNAP or food stamp benefits"</p> <p>If MS then fill "SNAP or food stamp benefits"</p> <p>If MO then fill "Food Stamp Program (FSP) or food stamp benefits"</p> <p>If MT then fill "SNAP or food stamp benefits"</p> <p>If NE then fill "SNAP or food stamp benefits"</p> <p>If NV then fill "SNAP or food stamp benefits"</p> <p>If NH then fill "SNAP or food stamp benefits"</p> <p>If NJ then fill "NJ SNAP or food stamp benefits"</p> <p>If NM then fill "SNAP or food stamp benefits"</p> <p>If NY then fill "SNAP or food stamp benefits"</p> <p>If NC then fill "Food and Nutrition Services or food stamp benefits"</p> <p>If ND then fill "SNAP or food stamp benefits"</p> <p>If OH then fill "Food Assistance Program or food stamp benefits"</p> <p>If OK then fill "SNAP or food stamp benefits"</p> <p>If OR then fill "SNAP or food stamp benefits"</p> <p>If PA then fill "SNAP or food stamp benefits"</p> <p>If RI then fill "SNAP or food stamp benefits"</p> <p>If SC then fill "SNAP or food stamp benefits"</p> <p>If SD then fill "SNAP or food stamp benefits"</p> <p>If TN then fill "SNAP or food stamp benefits"</p> <p>If TX then fill "SNAP or food stamp benefits"</p> <p>If UT then fill "SNAP or food stamp benefits"</p> <p>If VT then fill "3SquaresVT or food stamp benefits"</p> <p>If VA then fill "SNAP or food stamp benefits"</p> <p>If WA then fill "Basic Food or food stamp benefits"</p> <p>If WV then fill "SNAP or food stamp benefits"</p> <p>If WI then fill "FoodShare Wisconsin or food stamp benefits"</p> <p>If WY then fill "SNAP or food stamp benefits"</p>
-------------	--

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Child 0-17 and someone in the family received food stamps in the past 12 months

Skip Instructions:

```
<1,2,RF,DK> if PCNTF1255_C GE 1 or PCNTC05_C GE 1, [goto FWIC12M_C]  
else if PCNTC517_C GE 1 [goto FLUNCH12M_C]  
else [goto FINISH_F00_C]
```

Replicate To:

FSNAP30D_A

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0030.00.1 Variable: FWIC12M_C Interview Module: Child Content Type: Annual Core

Question Text:

At any time in the last 12 months did any family members living here receive benefits from the WIC program, that is, the Women, Infants, and Children program?

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 living in families with females 12-55 years of age or children 0-5 years of age and Sample Adult and Sample Child are in the same family and the Sample Adult F00 section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult F00 section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the F00 section with RF or DK.

Skip Instructions:

<1,2,RF,DK> If PCNTC517_C GE 1 [goto FLUNCH12M_C]
else [goto FINISH_F00_C]

Replicate To:

FWIC12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0040.00.1 Variable: FLUNCH12M_C Interview Module: Child Content Type: Annual Core

Question Text:

At any time in the last 12 months, did ^SCCHILD FAM_C receive free or reduced-cost breakfasts or lunches at school?

* **Read if necessary:** *The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.*

Fills:

^SCCHILD FAM_C	Description	^SCNAME/any child in your family
	Instruction	if PCNTC517_C=1, fill "^SCNAME", elseif PCNTC517_C gt 1, fill "any child in your family",
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children living in families with children between the ages of 5-17 and and Sample Child are in the same family and the Sample Adult F00 section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult F00 section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the F00 section with RF or DK.

Skip Instructions:

<1,2,RF,DK> [goto FINISH_F00_C]

Replicate To:

FLUNCH12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

F00: Food Related Programs

Question ID: F00.0050.00.1 Variable: FINISH_F00_C Interview Module: Child Content Type: Annual Core

Question Text:

- * The Sample Child food related programs section is now complete.
- * Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Skip Instructions:

<1> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0010.00.3 Variable: FDSINTRO_C Interview Module: Child Content Type: Sponsored Content

Question Text:

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.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

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

Skip Instructions:

<1> [goto FDSRUNOUT_C]

Replicate To:

FDSINTRO_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0020.00.3 Variable: FDSRUNOUT_C Interview Module: Child Content Type: Sponsored Content

Question Text:

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?

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1-3,RF,DK> [goto FDSLAST_C]

Replicate To:

FDSRUNOUT_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0030.00.3 Variable: FDSLAST_C Interview Module: Child Content Type: Sponsored Content

Question Text:

"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?

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1-3,RF,DK> [goto FDSBALANCE_C]

Replicate To:

FDSLAST_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0040.00.3 Variable: FDSBALANCE_C Interview Module: Child Content Type: Sponsored Content

Question Text:

"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?

Response:

1	Often true
2	Sometimes true
3	Never true
7	Refused
9	Don't Know

Universe:

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

Skip Instructions:

<1-2> [goto FDSSKIP_C]
<3,RF,DK> if FDSRUNOUT_C IN (1,2) OR FDSLAST_C IN (1,2) [goto FDSSKIP_C];
else [goto next section]

Replicate To:

FDSBALANCE_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0050.00.3 Variable: FDSSKIP_C Interview Module: Child Content Type: Sponsored Content

Question Text:

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?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "you" else fill: "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1> [goto FDSSKIPDYS_C]
<2,RF,DK> [goto FDSLESS_C]

Replicate To:

FDSSKIP_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0060.00.3 Variable: FDSSKIPDYS_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, how many days did this happen?

Response:

01-30	Range of values
97	Refused
99	Don't Know

Universe:

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 respondent answered they skipped meals due to cost

Skip Instructions:

<1-30,RF,DK> [goto FDSLESS_C]

Replicate To:

FDSSKIPDYS_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0070.00.3 Variable: FDSLESS_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_C ever eat less than you felt you should because there wasn't enough money for food?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "you" else fill: "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1,2,RF,DK> [goto FDSHUNGRY_C]

Replicate To:

FDSLESS_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0080.00.3 Variable: FDSHUNGRY_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, were ^youorother_C ever hungry but didn't eat because there wasn't enough money for food?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "you" else fill: "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1,2,RF,DK> [goto FDSWEIGHT_C]

Replicate To:

FDSHUNGRY_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0090.00.3 Variable: FDSWEIGHT_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_C lose weight because there wasn't enough money for food?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "you" else fill: "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1> [goto FDSNOTEAT_C]
<2,RF,DK> if FDSSKIP_C=1 or FDSLESS_C=1 or FDSHUNGRY_C=1 [goto FDSNOTEAT_C]; else [goto next section]

Replicate To:

FDSWEIGHT_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0100.00.3 Variable: FDSNOTEAT_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, did ^youorother_C ever not eat for a whole day because there wasn't enough money for food?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "you" else fill: "you or other adults in your family"

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

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.

Skip Instructions:

<1> [goto FDSNEDAYS_C]
<2,RF,DK> [goto next section]

Replicate To:

FDSNOTEAT_A

2020 National Health Interview Survey (NHIS) Questionnaire

FDS: Food Security

Question ID: FDS.0110.00.3 Variable: FDSNEDAYS_C Interview Module: Child Content Type: Sponsored Content

Question Text:

In the last 30 days, how many days did this happen?

Response:

01-30	Range of values
97	Refused
99	Don't Know

Universe:

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

Skip Instructions:

<1-30,RF,DK> [goto next section]

Replicate To:

FDSNEDAYS_A

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0010.00.1 Variable: HOUYRSLIV_C Interview Module: Child Content Type: Annual Core

Question Text:

About how long has ^SCNAME lived in this house/apartment?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Less than 1 year
2	1 to 3 years
3	4 to 10 years
4	More than 10 years
7	Refused
9	Don't Know

Universe:

Sample Children 1-17

Skip Instructions:

<1-4,RF,DK> if ((SAMEFAM_FLG=1 and HOU_FLG_A=blank) or (SAMEFAM_FLG ne 1) or (SAMEFAM_FLG=1 and HOU_FLG_A=2 and SARESPSC_FLG ne 1)) [goto HOUTENURE_C]
else [goto next section]

If GEN.AGE_FINAL[PX_C] lt 11 and HOUYRSLIV_C=4 [goto ERR1_HOUYRSLIV_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR1_HOUYRSLIV_C	Hard check when years lived in home exceeds age	{check ERR1_HOUYRSLIV_C} Years in house/apartment exceed child's age. Please correct.

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0020.00.1 Variable: HOUTENURE_C Interview Module: Child Content Type: Annual Core

Question Text:

Is this house/apartment owned or rented by you ^SOMEFAM_C?

* If house has a mortgage, record as owned.

Fills:

^SOMEFAM_C	Description	or someone in your family
	Instruction	If PCNT_C=2 fill: blank If PCNT_C gt 2 fill: "or someone in your family"

Response:

1	Owned or being bought
2	Rented
3	Other arrangement
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

Skip Instructions:

<1,3,RF,DK> [goto next section]
<2> [got HOUVASST_C]

Replicate To:

HOUTENURE_A

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0030.00.1 Variable: HOUGVASST_C Interview Module: Child Content Type: Annual Core

Question Text:

Is anyone in your family paying lower rent because the Federal, State, or local government is paying part of the cost?

** Read if necessary: Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to Landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.*

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 living in a house/apartment that is being rented and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

HOUGVASST_A

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Child's full name

Question ID: REC.0010.00.1 Variable: LNKFNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Ask or verify:** What is ^SCNAME's full name?

* **Enter first name.**

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<allow 20,RF,DK> [goto LNKMNAME_C]

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Child's full name

Question ID: REC.0020.00.1 Variable: LNKMNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

- * Enter middle name.
- * Press "Enter" to skip to last name if child has no middle name.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<allow 20,RF,DK> [goto LNKNAME_C]

2020 National Health Interview Survey (NHIS) Questionnaire

REC: Child's full name

Question ID: REC.0030.00.1 Variable: LNKLNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

* Enter last name.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<allow 20,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone ownership

Question ID: TEL.0010.00.1 Variable: TELCURWRK_C Interview Module: Child Content Type: Annual Core

Question Text:

Is there at least one telephone INSIDE ^SCNAME's home that is currently working and is not a cell phone?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 who live in the same family as a sample adult, where TELCURWRK_A has not be asked
 OR who live in the same family as a sample adult, where TELCURWRK_A was answered don't know or refused and the sample child respondent is not the sample adult
 OR who do not live in the same family as the sample adult

Skip Instructions:

<1,2,RF,DK> [goto PHONELIVE_C]

Replicate To:

TELCURWRK_A

2020 National Health Interview Survey (NHIS) Questionnaire

TEL: Telephone ownership

Question ID: TEL.0020.00.1 Variable: PHONELIVE_C Interview Module: Child Content Type: Annual Core

Question Text:

Does ^SCNAME live with anyone who has a working cell phone?

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 in a family with at least one other person without working cell phones where Sample Adult does not live in same family as Sample Child or Sample Adult and Sample Child are in the same family but PHONELIVE_A has not been asked OR Sample Adult and Sample Child are in the same family, PHONELIVE_A was answered dk/rf and the Sample Adult is not the Sample Child Respondent.

Skip Instructions:

<1,2,RF,DK> [goto next section]

Replicate To:

PHONELIVE_A

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0010.00.1 Variable: LNKINTRO_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

We would like the last four digits of ^SCNAME's Social Security Number. This information will help us link ^hisher_C survey data with other health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics (NCHS) uses this information for research purposes only. Providing this information is voluntary. There will be no effect on ^SCNAME's benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other answers you have provided, this information will remain confidential.

** Read if necessary: The specific federal laws protecting ^SCNAME's privacy and the confidentiality of ^hisher_C data are the Public Health Service Act (Title 42, U.S.C., Section 242m(d)), the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title LLL, Public Law No. 115-435), and the Privacy Act of 1974 (5 U.S.C. § 552a).*

** Read if necessary: NCHS collects health-related data from other government agencies, including records from Medicare and Medicaid Services, Social Security, housing, and death certificates. If you agree, NCHS will attempt to link records such as these with ^SCNAME's survey data to give a fuller picture of the kinds of things that affect health. NCHS does this linkage. ^SCNAME's name and ^hisher_C information are not given to these agencies.*

** Read if necessary: If asked: ^SCNAME's data will not be linked to records from the IRS (Internal Revenue Service) or ICE (Immigration and Customs Enforcement).*

Enter '1' to continue.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto SSN4_C]

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0020.00.1 Variable: SSN4_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

What are the last four digits of ^SCNAME's Social Security Number?

Read if necessary: *Providing this information is voluntary. There will be no effect on ^SCNAME's benefits if you do not provide this information. Federal Laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.*

Read if asked about specific laws: *The specific federal laws protecting ^SCNAME's privacy and the confidentiality of ^hisher_C data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title LLL, Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.*

* Enter 'N' if no Social Security Number.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1
^hisher_C	Description	his/her/their
	Instruction	if GEN.SEX_FINAL[PX_C]=1 fill "his"; else if GEN.SEX_FINAL[PX_C]=2 fill "her"; else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"

Response:

0001-9999	Range of values
N	No Social Security Number
99997	Refused
99999	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

```
if SSN4_C=Adult.LNK.SSN4_A [goto ERR1_SSN4_C]
elseif SSN4_C=000-999 [goto ERR2_SSN4_C]
elseif SSN4_C NOT IN (N,DK,RF,000-999,0001-9999) [goto ERR3_SSN4_C]
<0001-9999> [goto THANKS_C]
<N,RF,DK> [goto RLINK_C]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SSN4_C	Entered less than four digits hard edit	{check ERR2_SSN4_C} You must enter all four of the last four digits of the Social Security Number. Please correct.

ERR3_SSN4_C	SSN last four digits are 0000 or a letter other than N hard edit	<p>{check ERR3_SSN4_C}</p> <p>The last 4 digits of a SSN may be between 0001-9999.</p> <p>For a respondent who does not want to provide the SSN, enter 'Ctrl D' or 'Ctrl R' for 'Don't Know' or 'Refused.'</p> <p>If a respondent does not have a SSN, enter 'N'.</p> <p>Please correct.</p>
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Soft Edit:

Check Text	Check Description	Check Text
ERR1_SSN4_C	SA and SC SSN the same soft edit	<p>{signal ERR1_SSN4_C}</p> <p>The last four digits of ^SCNAME's Social Security Number are the same as the last four digits of ^SANAME's Social Security Number. Please verify.</p>

2020 National Health Interview Survey (NHIS) Questionnaire

LNK: Linkage

Question ID: LNK.0030.00.1 Variable: RLINK_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

May we try to link ^SCNAME's survey data without a Social Security Number?

* **Read if necessary:** Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title LLL, Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

Fills:

^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Yes
2	No
7	Refused
9	Don't Know

Universe:

Sample child 0-17 where SSN was refused, don't know or not available.

Skip Instructions:

<1,2,RF,DK> [goto next section]

2020 National Health Interview Survey (NHIS) Questionnaire

THX: Thanks

Question ID: THX.0010.00.1 Variable: THANKS_C Interview Module: Child Content Type: Annual Core

Question Text:

* Thank respondent for answering these questions. If there is a Sample Adult interview to complete, ask for appropriate person to respond to these questions.

Enter '1' to continue.

Response:

1	Enter 1 to Continue
---	---------------------

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto SCRESP_FNAME]

2020 National Health Interview Survey (NHIS) Questionnaire

THX: Thanks

Question ID: THX.0020.01.1 Variable: SCRESP_FNAME Interview Module: Child Content Type: Annual Core

Question Text:

* **Ask or verify:** In case I or someone from my office needs to get in touch with you, we need your full name. What is your full name?

* **Enter first name.**

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<allow 20,RF,DK> [goto SCRESP_LNAME]

2020 National Health Interview Survey (NHIS) Questionnaire

THX: Thanks

Question ID: THX.0020.02.1 Variable: SCRESP_LNAME Interview Module: Child Content Type: Annual Core

Question Text:

* Enter last name.

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<allow 20,RF,DK> [goto next section]