

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.0010.00.4	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.0020.00.4	CNV	CANCOVCHG_A	<p>Were any of your treatments for cancer changed, delayed, or cancelled because of the coronavirus pandemic?</p>
CNV.0030.00.4	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.0040.00.4	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.0010.00.4	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.0020.00.4	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.0030.00.4	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.0040.00.4	SDW	WRKCLSFT_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.0050.00.4	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.0060.00.4	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.0070.00.4	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.0080.00.4	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.0090.00.4	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.0100.00.4	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	HOMEAREDG_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><i>* 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."</i></p>
CGR.0030.00.4	CGR	FAMCAREDNG_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><i>* 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.</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><i>* Read if necessary: 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	24-54
REL	Relationship of children to parents	Annual Core	55-58
FAM	Family Composition	Annual Core	59-75

2020 National Health Interview Survey (NHIS) Questionnaire

Interview Module:Adult

Section Name	Section Description	Content Type	Page Range
VFY	Sample Adult Verification	Annual Core	76-110
HIS	Health Status	Annual Core	111-111
HYP	Hypertension	Annual Core	112-116
CHL	Cholesterol	Annual Core	117-119
CVC	Cardiovascular Conditions	Annual Core	120-123
AST	Asthma	Annual Core Sponsored Content	124-132
CAN	Cancer	Annual Core	133-146
DIB	Diabetes	Annual Core Sponsored Content	147-158
CON	Other Chronic Conditions	Annual Core	159-163
RCN	Rotating Conditions	Emerging Content	164-166
ISN	Immunosuppression	Emerging Content	167-168
BMI	Current pregnant, height, weight	Annual Core	169-176
VIS	Vision	Annual Core	177-179
HEA	Hearing	Annual Core	180-182
MOB	Mobility	Annual Core	183-196
COM	Communication	Annual Core	197-197
COG	Cognition	Annual Core	198-201
UPP	Self-care and Upper Body	Annual Core	202-204
SOC	Social Functioning	Annual Core	205-207
ADO	Age of Disability Onset	Sponsored Content	208-208
INS	Health Insurance	Annual Core	209-288
PAY	Difficulty Paying for Health Care	Annual Core	289-292
CVD	Positive COVID-19 Diagnosis	Emerging Content	293-297
DNC	Dental Care	Rotating Core	298-301
UTZ	Utilization	Annual Core	302-312
ACC	Access to Care	Emerging Content	313-316
CNV	Cancer COVID-19	Emerging Content	317-320
PMD	Prescription Medication	Annual Core	321-325
OPD	Opioid Use - ALL	Sponsored Content	326-330
IMS	Immunization with 2020 supplements	Annual Core Sponsored Content	331-350
PTC	Physical and other therapeutic care	Rotating Core	351-353
CGR	Caregiving Received	Emerging Content	354-357
ANX	Anxiety	Annual Core	358-360
DEP	Depression	Annual Core	361-363
MHC	Mental Health Care	Annual Core	364-368
PAI	Chronic Pain	Sponsored Content	369-381
REP	Repetitive Strain Injury	Rotating Core	382-389

INJ	Injury	Rotating Core	390-414
FGE	Fatigue	Rotating Core	415-417
CIG	Cigarettes and E-cigarettes w/ Cigarette History	Annual Core Rotating Core Sponsored Content	415-429
OTB	Other Tobacco	Sponsored Content	430-436
ALC	Alcohol Use	Rotating Core	437-445
PHY	Physical Activity	Rotating Core	446-455
WLK	Walking	Rotating Core	456-465
ENV	Perceptions of the Walking Environment	Sponsored Content	466-477
SUN	Sun Care and Protection	Sponsored Content	478-487
DPV	Diabetes Prevention	Rotating Core Sponsored Content	488-493
SLP	Sleep	Rotating Core	494-498
SOS	Social Support	Emerging Content	499-500
ORN	Sexual Orientation	Annual Core	501-502
MAR	Marital Status	Annual Core	503-517
VET	Veterans Status	Annual Core	518-523
NAT	Nativity	Annual Core	524-528
SCH	Schooling	Annual Core	529-530
EMP	Employment	Annual Core Rotating Core	531-545
SDW	Social distancing at work	Emerging Content	546-555
FEM	Employment of family members	Annual Core	556-558
INC	Family Income	Annual Core	559-580
FOO	Food Related Programs	Annual Core Sponsored Content	582-587
FDS	Food Security	Sponsored Content	588-598
HOU	Housing	Annual Core	599-601
REC	Person's name	Annual Core	602-604
TEL	Telephone Use	Annual Core	605-608
LNK	Linkage	Annual Core	609-612
THX	Thanks	Annual Core	613-613

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	614-652
HIS	Health Status	Annual Core	653-653
AST	Asthma	Annual Core Sponsored Content	654-662
DIB	Diabetes	Annual Core	663-664
DLD	Developmental and Learning Disabilities	Annual Core	665-674
BMI	Height and Weight - Rotate	Rotating Core	675-682
VIS	Vision	Annual Core	683-685
HEA	Hearing	Annual Core	686-687
MOB	Mobility	Annual Core	688-697
UPP	Upper Body, Motor skills and self care	Annual Core	698-699
COM	Communication	Annual Core	700-703
COG	Cognition	Annual Core	704-705
ANX	Anxiety	Annual Core	706-706
DEP	Depression	Annual Core	707-707
BEH	Behavior	Annual Core	708-713
BSC	Baby Pediatric Symptom Checklist	Annual Core	714-726
SCH	Schooling	Annual Core	727-730
INS	Health Insurance	Annual Core	731-806
PAY	Difficulty Paying for Health Care	Annual Core	807-810
CVD	Positive COVID-19 Diagnosis	Emerging Content	811-815
DNC	Dental Care - Rotate	Rotating Core	816-819
UTZ	Utilization	Annual Core	820-830
ACC	Access to Care	Emerging Content	831-834
PMD	Prescription medications	Annual Core	835-837
IMM	Immunization	Annual Core	838-843
PTC	Physical and other therapeutic care - Rotate	Rotating Core	844-846
MHC	Mental health care - Rotate	Rotating Core	847-850
INJ	Injury	Rotating Core	851-869
TBI	Concussions - lifetime	Emerging Content	870-875
PHY	Physical Activity	Rotating Core	876-881
NHC	Neighborhood Characteristics	Rotating Core	882-885
SLP	Sleep - Rotate	Rotating Core	886-891
SCR	Screen time	Rotating Core	892-892
PAR	Parent Demographics	Annual Core	893-912
NAT	Nativity	Annual Core	913-917
FEM	Employment of family members	Annual Core	918-920
INC	Family Income	Annual Core	921-941
FOO	Food Related Programs	Annual Core Sponsored Content	942-948

FDS	Food Security	Sponsored Content	949-959
HOU	Housing	Annual Core	960-962
REC	Child's full name	Annual Core	963-965
TEL	Telephone ownership	Annual Core	966-967
LNK	Linkage	Annual Core	968-971
THX	Thanks	Annual Core	972-974

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 SASCSELECT]

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 SASCSELECT]
```

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: "Comenzando con usted, ¿cuáles son los nombres de todas las personas que viven o se quedan aquí?" Else for next person fill: "¿Cuál es el nombre de la siguiente persona que vive o se queda aquí?"

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	{signal ERR2_NAME_FNAME} You are entering a possible fake/false name. Please correct. 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).

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:

¿Cómo puedo ^youthisperson por el resto de la entrevista?

Fills:

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

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

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:

¿Vive ^youALIAS usualmente aquí?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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:

¿Tiene ^youALIAS otro lugar en donde usualmente vive?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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 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.0070.00.1 Variable: USUALSCHOOL Interview Module: Roster Content Type: Annual Core

Question Text:

¿Usualmente está ^youALIAS viviendo afuera de este hogar mientras va a la escuela o la universidad?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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 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.0080.00.1 Variable: ONOFFCAMPUS Interview Module: Roster Content Type: Annual Core

Question Text:

¿Vive ^youALIAS dentro del campus de la escuela o la universidad o en algún lugar fuera del campus?

Read if necessary: *Viviendo dentro del campus de la escuela o la universidad incluye residencias universitarias y dormitorios donde los estudiantes viven juntos. También incluye edificios que son propiedad de la escuela, tienen contrato de arrendamiento o son administrados por la escuela o universidad. Las residencias de fraternidad y sororidad se consideran como viviendo dentro del campus de la escuela o la universidad.*

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Dentro del campus
2	Fuera del 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 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.0090.00.1 Variable: MISPER_S_MCHILD Interview Module: Roster Content Type: Annual Core

Question Text:

^ROSTEREXCEPTION

^HHROSTERINTRO

^HHROSTER

¿Me falta algún bebé o niños pequeños?

Fills:

^ROSTEREXCEPTION	Description	Exception to Roster
	Instruction	If PCNT < TOTPCNT, fill: "Los estudiantes que viven dentro del campus de la escuela o la universidad serán incluidos en la entrevista. Otras personas que usualmente viven aquí y tienen otra residencia en otro lugar no serán incluidas en esta entrevista."
^HHROSTERINTRO	Description	I have listed the household members as...
	Instruction	If PCNT ne 0, fill: Tengo aquí que los miembros del hogar son...
^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)

Response:

1	Sí
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: MISPERS_MSCHOOL Interview Module: Roster Content Type: Annual Core

Question Text:

* Read if necessary.

Tengo aquí que Los miembros del hogar son...

^HHROSTER

¿Me falta a alguien que USUALMENTE vive aquí, pero está fuera de este hogar mientras va a la escuela o la universidad?

Fills:

^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Less than 25 persons listed on roster

Skip Instructions:

<1> [goto ERR_MISPERS_MSCHOOL]
 [goto NAME_FNAME to add person to roster]
 <2,RF,DK> [goto MISPERS_MELSE]

Soft Edit:

Check Text	Check Description	Check Text
ERR_MISPERS_MSCHOOL		{signal ERR_MISPERS_MSCHOOL} 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: MISPERM_MELSE Interview Module: Roster Content Type: Annual Core

Question Text:

* Read if necessary.

Tengo aquí que Los miembros del hogar son...

^HHROSTER

¿Me falta a alguien más que USUALMENTE se queda aquí, incluyendo a personas que no son parientes o personas quien están viajando?

Fills:

^HHROSTER	Description	Entire roster of non deleted people
	Instruction	entire roster for [^ALIASNAME[PX]] if HHSTAT ne 'D' (non deleted persons)

Response:

1	Sí
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:

¿Quiénes de los adultos que viven aquí diría usted que tiene conocimiento sobre los miembros de este hogar?

- * 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	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

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 "De las personas que acaba de mencionar, ¿quién puede hablar conmingo ahora?" If one person is selected, fill "¿Puede ^ALIASNAME hablar conmigo ahora?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

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

Universe:

Person to whom you are speaking (LN0=1) is not knowledgeable

Skip Instructions:

```
<1-25> (person selected at HHRESPAVAIL has HHSTAT_D=1) [goto HHRESPPROXY]  
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.

¿Cuida ^DoyouDoesALAIAS a alguien que vive aquí?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^DoyouDoesALAIAS	Description	Do you/Does ^ALIASNAME
	Instruction	

Response:

1	Si
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 tblSex.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:

¿Es ^youALIAS de sexo masculino o femenino?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Masculino
2	Femenino
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

¿Qué edad tiene ^yourALIAS?

* Enter number for age.

Fills:

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

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	Día(s)
2	Semana(s)
3	Mes(es)
4	Año(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:

Ciertas secciones de esta entrevista dependen en saber si una persona tiene 18 años o más.
 ¿Podría decirme si ^youALIAS tiene menos de 18 años o 18 años o más?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Menos de 18 años
2	18 años o más
7	Refused
9	Don't Know

Universe:

Refused or did not know age

Skip Instructions:

<RF,DK> [goto AGE GUESS]
 <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:

¿Tiene ^youALIAS menos de 65 años o 65 años o más?

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Menos de 65 años
2	65 años o más
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 ALIAS

Response:

1	Menos de 18 años
2	18 años o más

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 ^yourhimself to be Hispanic or Latino?
	Instruction	If person is 17 or younger: "¿Es ^ALIASNAME hispano(a) o latino(a)?" If person is 18 or older: "¿Se considera ^DoyouDoesALIAS como hispano(a) o latino(a)?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^DoyouDoesALIAS	Description	Do you/Does ^ALIASNAME
	Instruction	For person being spoken to (PX=LNO_RESP)fill: "usted" For all other adults in family fill: "^ALIASNAME"
^yourhimself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else fill "himself" if SEX=1 or "herself" if SEX=2 or "themself" if SEX=DK or RF

Response:

1	Si
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 ^yourhimherself to be?
	Instruction	If person is 17 or younger: "¿De qué raza o razas se considera ^ALIASNAME?" If person is 18 or older: "¿De qué raza o razas se considera ^youALIAS?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^RACEFILL	Description	Race list fill
	Instruction	For first or only non-deleted person: Seleccione 1 o más de estas opciones: ¿Blanca, negra, afroamericana, indígena de las Américas, nativa de Alaska, nativa de Hawái, nativa de una isla del Pacífico, asiática o de otra raza? Else fill: Read if necessary: Seleccione 1 o más de estas opciones: ¿Blanca, negra, afroamericana, indígena de las Américas, nativa de Alaska, nativa de Hawái, nativa de una isla del Pacífico, asiática o de otra raza?

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 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.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 ^yourhimherself to be?
	Instruction	If person is 17 or younger: "¿De qué raza o razas se considera ^ALIASNAME?" If person is 18 or older: "¿De qué raza o razas se considera ^youALIAS?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"

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: "¿De qué raza o razas se considera ^ALIASNAME?" If person is 18 or older: "¿De qué raza o razas se considera ^youALIAS?"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^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 "usted"; else if subject ne respondent, fill "^ALIASNAME"
^yourhimherself	Description	yourself/himself/herself/themself
	Instruction	if subject=respondent fill "yourself"; else fill "himself" if SEX=1 or "herself" if SEX=2 or "themself" if SEX=DK or RF

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 ahora en servicio activo a tiempo completo con las Fuerzas Armadas?

* **Read if necessary:** *El servicio activo no incluye entrenamiento para La Reserva o Guardia Nacional, pero SÍ incluye la activación, por ejemplo, para el servicio en Los Estados Unidos o en un país extranjero, en respaldo a operaciones militares o humanitarias.*

Fills:

^AreyouIsALIASIsanyone	Description	Are you/Is ^ALIASNAME/Is anyone in the household
	Instruction	If PCNTAGEAF=1 and that person=respondent, fill "Está usted", elseif PCNTAGEAF=1 and that person NE respondent, fill "Está ^ALIASNAME" elseif PCNTAGEAF GT 1 fill "Alguien de su hogar está"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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:

¿Quién es? (¿Alguien más?)

* Enter all that apply, separate with commas.

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

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:

¿Cuál es el nivel escolar MÁS ALTO que completó o el título más alto que recibió ^youALIAS?

* Enter highest level of school completed.

Fills:

^youALIAS	Description	you/^ALIASNAME
	Instruction	If subject=respondent, fill "usted"; else if subject ne respondent, fill "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

00	Nunca asistió / jardín infantil solamente
01	Grado 1-11
02	12 ^o grado sin diploma
03	GED o equivalente
04	12 ^o grado con diploma o high school (secundaria/preparatoria)
05	Algo de universidad, sin ningún título
06	Título de asociado (Associate degree): programa ocupacional, técnico o vocacional
07	Título de asociado (Associate degree): programa académico (Por ejemplo: AA, AS)
08	Título de Universidad de 4 años (Bachelor's degree): (Por ejemplo: BA, AB, BS, BBA)
09	Título de maestría (Por ejemplo: MA, MS, MEng, MEd, MBA)
10	Título de escuela profesional (Por ejemplo: MD, DDS, DVM, JD)
11	Título de doctorado (Por ejemplo: 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:

No todos los hogares en nuestra encuesta se le hacen todas las preguntas. Ya tengo toda la información que necesito acerca de su hogar. Gracias por su ayuda.

* 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:

¿Quiénes de las personas que viven en este hogar son los padres de ^ALIASNAME? Por favor incluya padres biológicos, padrastro o madrastra o padres adoptivos, pero no padres en el programa Foster del gobierno (foster parents) u otros parientes que puedan actuar como padres.

* If respondent is a foster parent or relative who acts as a parent, probe "¿Tiene ^ALIASNAME padres biológicos, padrastro o madrastra o padres adoptivos que viven en este hogar?"

* 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 ALIAS

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
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.
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.
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:

¿Quiénes de las personas que viven en este hogar son los padres en el programa Foster del gobierno (foster parents) de ^ALIASNAME?

* **Read if necessary:** *Por favor incluya abuelos u otros miembros de la familia si actúan como padres del programa Foster del gobierno (foster parents) bajo la supervisión de una agencia de bienestar de niños de un estado o condado.*

* **Enter all that apply, separate with commas.**

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

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	{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.
ERR2_WHOFOST	Age difference GE 50 years	{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.
ERR3_WHOFOST	Foster parent is younger than child	{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.

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]

¿Son todos en este hogar miembros de la misma familia?

* **Read if necessary:** Para esta encuesta, una familia es dos o más personas que viven juntas, y están relacionadas por nacimiento, matrimonio o adopción, así como cualquier niño no relacionado que sea cuidado por la familia, como los niños en el programa Foster del gobierno (foster children) y cualquier persona que viva junta como una pareja y sus hijos.

Response:

1	Sí
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:

Un ^SASCID_fill al azar en cada hogar en la encuesta para que se le haga una serie de preguntas relacionadas con la salud. En este hogar ^SASCID_fill2.

Fills:

^SASCID_fill	Description	adult and child are/adult is/child is
	Instruction	If PX_A gt 0 and PX_C gt 0, fill "adulto y niño son seleccionados" elseif PX_A gt 0, fill "adulto es seleccionado" else fill "niño es seleccionado"
^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 "usted y ^SCNAME fueron elegidos" elseif PX_A gt 0 and PX_C gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME y ^SCNAME fueron elegidos" elseif PX_A gt 0 and HHRESPAVAIL = PX_A, fill "usted fue elegido(a)" elseif PX_A gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME fue elegido(a)" else fill "^SCNAME fue elegido(a)"
^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 famly} [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

Ahora le haremos algunas preguntas sobre cómo otras personas en este hogar están relacionadas con ^you_SA.

Fills:

^FAMINTRO_fill	Description	FAMINTRO_SA Introduction
	Instruction	If PCNTFAMAREL ge 2, fill "Basado en las preguntas que le hice antes, tenemos que ^SAFAM están en la misma familia." else leave fill empty.
^SAFAM	Description	List of people in SA's family
	Instruction	For all people with FAMA_REL_FLG =1 and are not Household Respondent, fill with their names. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "usted" for name and place name at the beginning of the list.
^you_SA	Description	you/^ALIASNAME
	Instruction	If HHRESPAVAIL eq PX_A, fill "usted" else fill "^ALIASNAME" of Sample Adult
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

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:

Ahora le haré algunas preguntas sobre quién en este hogar está relacionado con ^SCNAME.

Basado en las preguntas que le hice antes, tenemos aquí que ^SCNames_fill relacionado con ^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 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.</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 include Sample Child on list.</p> <p>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "usted está" 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 "está".</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 "están".</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:

¿Quién vive aquí y tiene conocimiento y es responsable de los cuidados de salud de ^SCNAME?

^ANYONEELSE

Enter all that apply, separate with commas.

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
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.tblNAME.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.

No todas las personas que participan en nuestra encuesta reciben todas las preguntas. Ya tengo toda la información que necesito sobre ^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:

Anteriormente mencioné que ^SANAME fue seleccionado(a) al azar para contestar una serie de preguntas sobre su salud. Nos gustaría contactarlo(a) para completar parte de esta encuesta.

Fills:

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

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: ¿Qué es el apellido de ^SANAME?

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:

¿Cuál es la dirección exacta del campus de la escuela o la universidad en donde vive ^SANAME?

* 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 ONCAMPP0_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
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.
ERR3_ONCAMPZIP5_A	ONCAMPZIP5_A gt 99996/99997	{check ERR3_ONCAMPZIP5_A} A valid zip code must be entered. Please correct.
ERR1_ONCAMPZIP5_A	ONCAMPZIP5_A must have a length of 5	{check ERR1_ONCAMPZIP5_A} The entire 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
ERR2_ONCAMPZIP4_A	ONCAMPZIP4_A gt 9996/9997	{check ERR2_ONCAMPZIP4_A} A valid zip code must be entered. Please correct.
ERR1_ONCAMPZIP4_A	ONCAMPZIP4_A must have a length of 4	{check ERR1_ONCAMPZIP4_A} The entire 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 ONCAMPADD1_A_fill with value from ONCAMPADD1_A
^ONCAMPADD2_A_fill	Description	{Value of ONCAMPADD2_A}
	Instruction	Fill ONCAMPADD2_A_fill with value from ONCAMPADD2_A
^ONCAMPPO_A_fill	Description	{Value of ONCAMPPO_A}
	Instruction	Fill ONCAMPPO_A_fill with value from ONCAMPPO_A
^ONCAMPST_A_fill	Description	{Value of ONCAMPST_A}
	Instruction	Fill ONCAMPST_A_fill with value collected at ONCAMPST_A
^ONCAMPZIP5_A_fill	Description	{Value of ONCAMPZIP5_A}
	Instruction	Fill ONCAMPZIP5_A_fill with value collected at ONCAMPZIP5_A
^ONCAMPZIP4_A_fill	Description	{Value of ONCAMPZIP4_A}
	Instruction	Fill ONCAMPZIP4_A_fill will value collected 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: CURRES_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 CURRES_A [goto INTMODE_A]
elseif PROXYLNO_A=CURRES_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:

¿Se puede hacer una cita para tener una llamada por teléfono con alguien quien conoce mejor la salud de ^SANAME?

Fills:

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

Response:

1	Sí
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:

Hola, mi nombre es (* say your name). Estoy llamando por parte de la Oficina del Censo de los Estados Unidos. Estamos llevando a cabo la Encuesta Nacional de Entrevistas de Salud por parte del Centro Nacional de Estadísticas de Salud, que es parte de los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés). Esta es una encuesta nacional sobre la salud de adultos y niños. Me dio ^HHRESP alguna información. Ahora, me gustaría hacerle algunas preguntas.

* Read if necessary: *Me parece que Le hablé en el celular.*

Antes de continuar, necesito preguntarle: ¿está manejando un vehículo ahora?

* 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	Sí
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:

Por su seguridad, le llamaremos después.

* 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: Recientemente enviamos a su casa una carta que describe La Encuesta Nacional de Entrevistas de Salud. ¿Se acuerda de haber visto La carta?

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:** *Hay algunas cosas que necesito informarle antes de continuar. Quiero que sepa que la participación en esta encuesta es voluntaria. Usted puede decidir no contestar cualquier pregunta si no desea contestar o puede terminar con la entrevista en cualquier momento sin prejuicio. Nosotros estamos obligados por ley federal a crear y seguir estrictos procedimientos para proteger la confidencialidad de su información y a usar sus respuestas solo para estudios estadísticos. Si lo desea, puedo describir estas leyes. Los empleados y agentes designados del Centro Nacional de Estadísticas de Salud y la Oficina del Censo son los únicos que puedan ver sus respuestas. Ninguna persona puede ver sus respuestas hasta que toda la información que pueda identificarlo(a) a usted y/o a su familia haya sido eliminada. Solo después de esto, los datos se usarán para estudios estadísticos. Para la mayoría de adultos, la encuesta durará menos de ^SATIME minutos. Ahora, si no tiene alguna pregunta quisiera continuar con la encuesta.*

* 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:

Quiero confirmar una información.

¿Vive dentro del campus de la escuela o la universidad o en algún lugar fuera del campus?

* **Read if necessary:** *Viviendo dentro del campus de la escuela o la universidad incluye residencias universitarias y dormitorios donde los estudiantes viven juntos. También incluye edificios que son propiedad de la escuela, tienen contrato de arrendamiento o son administrados por la escuela o universidad. Las residencias de fraternidad y sororidad se consideran como viviendo dentro del campus de la escuela o la universidad.*

Response:

1	Dentro del campus
2	Fuera del 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

Tengo aquí que ^yoursexis, tiene ^AGE_A, ^NATORG_A, y ^RACE_A. ¿Desea hacer algunos cambios a esto ^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 "Quiero confirmar una información." 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 "su sexo es masculino" If GEN.SEX_FINAL=2 fill "su sexo es femenino" If GEN.SEX_FINAL=DK and GEN.HHRESPSA_FLG=1 fill "no sabe su sexo" If GEN.SEX_FINAL=RF and GEN.HHRESPSA_FLG=1 fill "no desea dar su sexo" If GEN.SEX_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "no tengo información sobre su sexo"
^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 and add "años" after the number elseif GEN.AGE_FINAL IN (RF,DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65=2 fill "65 años o más" elseif GEN.AGE_FINAL in (RF,DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65=1 fill "entre 18 años y 64 años" elseif GEN.AGE_FINAL IN (RF, DK) and Roster.HHC.tblAGE.blkPerson[PX_A].AGE65 IN (RF,DK,empty) fill "18 años o más"
^NATORG_A	Description	Verify Hispanic or Latino origin
	Instruction	If GEN.NATO_FINAL=1 fill: "es de origen hispano(a) o latino(a)" If GEN.NATO_FINAL=2 fill: "no es de origen hispano(a) o latino(a)" If GEN.NATO_FINAL=DK and GEN.HHRESPSA_FLG=1 fill: "no sabe si es de origen hispano(a) o latino(a)" If GEN.NATO_FINAL=RF and GEN.HHRESPSA_FLG=1 fill: "no desea dar información sobre su origen hispano(a) o latino(a)" If GEN.NATO_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "no tengo información sobre su origen hispano(a) o latino(a)"
^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: "usted es de ^RACEFILLAND_A." If GEN.RACE_FINAL[PX_A].RACE_FINAL=DK and GEN.HHRESPSA_FLG=1 fill "usted no conoce su raza." If GEN.RACE_FINAL[PX_A].RACE_FINAL=RF and GEN.HHRESPSA_FLG=1 fill: "usted no desea dar su raza." If GEN.RACE_FINAL[PX_A].RACE_FINAL IN (DK,RF) and GEN.HHRESPSA_FLG ne 1 fill "no tengo información sobre su raza."
^RACEFILLAND_A	Description	Categories selected at the RACE screen

	Instruction	Fill categories stored in GEN.RACE_FINAL[PX_A] and add "raza" before the category. If more than two categories separate the categories with commas and add "raza" only before the first category. Add the word "y" before the last category. When GEN.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 "otra raza"
^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."

Response:

1	Si
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: ¿Qué debo cambiar?
- * Enter all that apply, separate with commas.

Response:

1	Sexo
2	Edad
3	Origen hispano(a) o latino(a)
4	Raza
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:

¿Es de sexo masculino o femenino?

Response:

1	Masculino
2	Femenino
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	Masculino
2	Femenino

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:

¿Qué edad tiene usted?

* 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:

¿Se considera usted hispano(a) o latino(a)?

Response:

1	Sí
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:

¿De qué raza o razas se considera usted? Seleccione 1 o más de estas opciones:

¿Blanca, negra, afroamericana, Indígena de las Américas, nativa de Alaska, nativa de Hawái, nativa de una isla del Pacífico, asiática o de otra raza?

* 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:

¿Cuál es su procedencia u origen hispano(a) o latino(a), tal como mexicano(a), mexicano(a) americano(a), chicano(a), centroamericano(a) o sudamericano(a), puertorriqueño(a), cubano(a), dominicano(a) u otro origen hispano(a), latino(a), o español -- y si tiene más de uno, dígamelos todos.

* Enter all that apply, separate with commas.

Fills:

^CHICANOA	Description	Chicano/Chicano or Chicana
	Instruction	

Response:

01	Mexican, Mexcian 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 (specifiy)
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 (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.0220.00.1 Variable: HISPOTHER_A Interview Module: Adult Content Type: Annual Core

Question Text:

[F1]

¿Cuál es su procedencia u origen hispano(a) o latino(a)? Si tiene más de uno, dígame los todos.

* 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:** ¿Cuál es su procedencia u origen hispano(a) o Latino(a)? Si tiene más de uno, dígame los todos.

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 (NEWRACE_A=8 or (NEWRACE_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:

Tengo aquí que usted es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos es usted - tal como guameño o chamorro, samoano, o de otra isla del Pacífico? Si es más de uno, dígame los todos.

* Enter all that apply, separate with commas.

Response:

1	Guameño o chamorro
2	Samoano
3	Otra isla del Pacífico
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: Tengo aquí que usted es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos es usted? Si tiene más de uno, dígamelos todos.*

**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 (NEWRACE_A=8 or (NEWRACE_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: Tengo aquí que usted es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos es usted? Si tiene más de uno, dígamelos todos.*

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 (NEW_RACE_A=8 or (NEW_RACE_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:

Tengo aquí que usted es asiático(a). ¿De qué grupo o grupos étnicos específicos es usted - tal como indio asiático, chino, filipino, japonés, coreano, vietnamita u otro grupo asiático? Si es más de uno, dígame los todos.

*Enter all that apply, separate with commas.

Response:

01	Indio asiático
02	Chino
03	Filipino
04	Japonés
05	Coreano
06	Vietnamita
07	Otro grupo asiático
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:

¿De qué grupo o grupos étnicos asiáticos específicos es usted? Si es más de uno, dígame los todos.

*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> (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.0290.00.1 Variable: ASIANVRBAT_A Interview Module: Adult Content Type: Annual Core

Question Text:

**Read if necessary: ¿De qué grupo o grupos étnicos asiáticos específicos es usted? Si es más de uno, dígamelos todos.*

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:

¿De qué otra raza o razas se considera usted?

*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: ¿De qué otra raza o razas se considera usted?

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

¿Cuál es su fecha de nacimiento?

Por favor, dígame el mes, día y año de la fecha de nacimiento.

* Enter month of birth.

Response:

01	enero
02	febrero
03	marzo
04	abril
05	mayo
06	junio
07	julio
08	agosto
09	septiembre
10	octubre
11	noviembre
12	diciembre
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 ^MONTH_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_BDAYLEAP_A	Invalid day for selected month hard edit	{check ERR_BDAYLEAP_A} ^BDAY_A is not a valid day for ^BMONTH_A.
ERR_BYEAR_A	Future date hard edit	{check ERR_BYEAR_A} Future date invalid

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 ALIAS

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:

Hay una diferencia entre la edad de ^AGEDOB_A_fill años que la computadora cálculo usando su fecha de nacimiento y la edad de ^TEMPAGE_A años que anteriormente anoté.

Tengo ^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) o (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: "su fecha de nacimiento como el ^BDAY_A de ^BMONTH_A de ^BYEAR_A, ¿es esto correcto?" If only BMONTH_A and BYEAR_A are valid, fill: "su fecha de nacimiento como ^BMONTH_A de ^BYEAR_A, ¿es esto correcto?" If only BDAY_A and BYEAR_A are valid, fill: "el año en que nació como ^BYEAR_A, ¿es esto correcto?" If only BYEAR_A is valid, fill: "el año en que nació como ^BYEAR_A, ¿es esto correcto?"
^BDAY_A	Description	{Value of BDAY_A}
	Instruction	Fill value from BDAY_A
^BMONTH_A	Description	{Value of BMONTH_A}
	Instruction	Fill value from BMONTH_A
^BYEAR_A	Description	{Value of BYEAR_A}
	Instruction	Fill with value in BYEAR_A

Response:

1	Sí
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

No todas las personas que participan en nuestra encuesta reciben todas las preguntas. Ya tengo toda la información que necesito acerca de usted en este momento.

* 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:

¿Diría que su salud en general es excelente, muy buena, buena, regular o mala?

Response:

1	Excelente
2	Muy buena
3	Buena
4	Regular
5	Mala
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:

Ahora voy a preguntarle sobre algunas condiciones médicas.

* 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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía

...Hipertensión, también llamada presión arterial alta?

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

Response:

1	Sí
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:

¿En dos o más visitas DIFERENTES, le dijeron que tenía hipertensión o presión arterial alta?

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tenido hipertensión o presión arterial alta?

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

Response:

1	Sí
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:

¿ACTUALMENTE está tomando algún medicamento recetado por un médico para la presión arterial alta?

Response:

1	Si
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía el colesterol alto?

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tenido el colesterol alto?

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

Response:

1	Sí
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:

¿ACTUALMENTE está tomando algún medicamento recetado por un médico para ayudarle a bajar el colesterol?

Response:

1	Si
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía
...Enfermedad coronaria o de corazón?

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía
...Angina, también llamada angina de pecho?*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía
...Un ataque al corazón, también llamado infarto de miocardio?*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía
...Un derrame cerebral?*

Response:

1	Sí
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía asma?

Response:

1	Sí
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:

¿Todavía tiene asma?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿ha tenido algún episodio o ataque de asma?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tenido que ir a la Sala de Emergencias en un hospital o a un centro de atención médica urgente debido al asma?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿ha tenido que pasar la noche en el hospital debido al asma?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿cuántos días NO PUDO trabajar o hacer tareas en el hogar debido al asma?

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_ASDDAYS12M_A], then [goto ASINHALE3M]

Soft Edit:

Check Text	Check Description	Check Text
ERR_ASDDAYS12M_A	Days of work missed in the past 12 months unusually high	{signal ERR_ASDDAYS12M_A} ^ASDDAYS12M_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:

Durante los últimos 3 meses, ¿ha usado un tipo de inhalador RECETADO que da alivio RÁPIDO a los síntomas del asma durante un ataque?

* **Read if necessary:** *Incluya solo medicamentos recetados por un médico u otro profesional de la salud.*

Response:

1	Sí
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:

¿ACTUALMENTE toma medicamentos para prevenir el asma todos los días, casi todos los días, algunos días o nunca?

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:

¿Alguna vez le DIJO un médico u otro profesional de la salud que algún trabajo que usted tuvo le provocó el asma o le empeoró los síntomas?

Response:

1	Si
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía
...Cáncer o malignidad de cualquier tipo?

Response:

1	Sí
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:

¿Qué tipo de cáncer era?

* Enter code for the first kind of cancer.

Response:

01	de vejiga
02	de la sangre
03	de hueso
04	de cerebro
05	de seno o de mama
06	cervical o de cuello uterino
07	de colon
08	de esófago
09	de vesícula biliar
10	de riñón
11	de laringe-tráquea
12	Leucemia
13	de hígado
14	de pulmón
15	linfoma
16	melanoma
17	de boca/lengua/labio
18	de ovario
19	de páncreas
20	de próstata
21	de recto
22	de piel (melanoma)
23	de piel (no melanoma)
24	de piel (tipo desconocido)
25	de estómago
26	de testículo
27	de garganta-faringe
28	de tiroides
29	de útero
30	otro tipo de cáncer
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:

¿Qué edad tenía cuando un médico u otro profesional de la salud le diagnóstico ^CANKIND1 por primera vez?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND1	Description	{Value of CANKIND1_A}
	Instruction	If CANKIND1_A = RF,DK fill "este cáncer"; else fill "el cáncer de vejiga" if CANKIND1_A = 1; else fill "el cáncer de la sangre" if CANKIND1_A = 2; else fill "el cáncer de hueso" if CANKIND1_A = 3; else fill "el tumor de cerebro" if CANKIND1_A = 4; else fill "el cáncer de seno o de mama" if CANKIND1_A = 5; else fill "el cáncer cervical o de cuello uterino" if CANKIND1_A = 6; else fill "el cáncer de colon" if CANKIND1_A = 7; else fill "el cáncer de esófago" if CANKIND1_A = 8; else fill "el cáncer de vesícula biliar" if CANKIND1_A = 9; else fill "el cáncer de riñón" if CANKIND1_A = 10; else fill "el cáncer de laringe-tráquea" if CANKIND1_A = 11; else fill "la leucemia" if CANKIND1_A = 12; else fill "el cáncer de hígado" if CANKIND1_A = 13; else fill "el cáncer de pulmón" if CANKIND1_A = 14; else fill "el linfoma" if CANKIND1_A = 15; else fill "el melanoma" if CANKIND1_A = 16; else fill "el cáncer de boca/lengua/labio" if CANKIND1_A = 17; else fill "el cáncer de ovario" if CANKIND1_A = 18; else fill "el cáncer de páncreas" if CANKIND1_A = 19; else fill "el cáncer de próstata" if CANKIND1_A = 20; else fill "el cáncer de recto" if CANKIND1_A = 21; else fill "el cáncer de piel (melanoma)" if CANKIND1_A = 22; else fill "el cáncer de piel (no melanoma)" if CANKIND1_A = 23; else fill "el cáncer de piel (tipo desconocido)" if CANKIND1_A = 24; else fill "el cáncer de estómago" if CANKIND1_A = 25; else fill "el cáncer de testículo" if CANKIND1_A = 26; else fill "el cáncer de garganta-faringe" if CANKIND1_A = 27; else fill "el cáncer de tiroides" if CANKIND1_A = 28; else fill "el cáncer de útero" if CANKIND1_A = 29; else fill "otro tipo de cáncer" 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:

¿ALGUNA VEZ tuvo otros tipos de cáncer?

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

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

Response:

01	de vejiga
02	de la sangre
03	de hueso
04	de cerebro
05	de seno o de mama
06	cervical o de cuello uterino
07	de colon
08	de esófago
09	de vesícula biliar
10	de riñón
11	de laringe-tráquea
12	Leucemia
13	de hígado
14	de pulmón
15	linfoma
16	melanoma
17	de boca/lengua/labio
18	de ovario
19	de páncreas
20	de próstata
21	de recto
22	de piel (melanoma)
23	de piel (no melanoma)
24	de piel (tipo desconocido)
25	de estómago
26	de testículo
27	de garganta-faringe
28	de tiroides
29	de útero
30	otro tipo de cáncer
96	ningún otro
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:

¿Qué edad tenía cuando un médico u otro profesional de la salud le diagnóstico ^CANKIND2 por primera vez?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND2	Description	{Value of CANKIND2_A}
	Instruction	If CANKIND1_A = RF,DK fill "este cáncer"; else fill "el cáncer de vejiga" if CANKIND2_A = 1; else fill "el cáncer de la sangre" if CANKIND2_A = 2; else fill "el cáncer de hueso" if CANKIND2_A = 3; else fill "el tumor de cerebro" if CANKIND2_A = 4; else fill "el cáncer de seno o de mama" if CANKIND2_A = 5; else fill "el cáncer cervical o de cuello uterino" if CANKIND2_A = 6; else fill "el cáncer de colon" if CANKIND2_A = 7; else fill "el cáncer de esófago" if CANKIND2_A = 8; else fill "el cáncer de vesícula biliar" if CANKIND2_A = 9; else fill "el cáncer de riñón" if CANKIND2_A = 10; else fill "el cáncer de laringe-tráquea" if CANKIND2_A = 11; else fill "la leucemia" if CANKIND2_A = 12; else fill "el cáncer de hígado" if CANKIND2_A = 13; else fill "el cáncer de pulmón" if CANKIND2_A = 14; else fill "el linfoma" if CANKIND2_A = 15; else fill "el melanoma" if CANKIND2_A = 16; else fill "el cáncer de boca/lengua/labio" if CANKIND2_A = 17; else fill "el cáncer de ovario" if CANKIND2_A = 18; else fill "el cáncer de páncreas" if CANKIND2_A = 19; else fill "el cáncer de próstata" if CANKIND2_A = 20; else fill "el cáncer de recto" if CANKIND2_A = 21; else fill "el cáncer de piel (melanoma)" if CANKIND2_A = 22; else fill "el cáncer de piel (no melanoma)" if CANKIND2_A = 23; else fill "el cáncer de piel (tipo desconocido)" if CANKIND2_A = 24; else fill "el cáncer de estómago" if CANKIND2_A = 25; else fill "el cáncer de testículo" if CANKIND2_A = 26; else fill "el cáncer de garganta-faringe" if CANKIND2_A = 27; else fill "el cáncer de tiroides" if CANKIND2_A = 28; else fill "el cáncer de útero" if CANKIND2_A = 29; else fill "otro tipo de cáncer" 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:

¿ALGUNA VEZ tuvo otros tipos de cáncer?

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

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

Response:

01	de vejiga
02	de la sangre
03	de hueso
04	de cerebro
05	de seno o de mama
06	cervical o de cuello uterino
07	de colon
08	de esófago
09	de vesícula biliar
10	de riñón
11	de laringe-tráquea
12	Leucemia
13	de hígado
14	de pulmón
15	linfoma
16	melanoma
17	de boca/lengua/labio
18	de ovario
19	de páncreas
20	de próstata
21	de recto
22	de piel (melanoma)
23	de piel (no melanoma)
24	de piel (tipo desconocido)
25	de estómago
26	de testículo
27	de garganta-faringe
28	de tiroides
29	de útero
30	otro tipo de cáncer
96	ningún otro
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:

¿Qué edad tenía cuando un médico u otro profesional de la salud le diagnóstico ^CANKIND3 por primera vez?

* Enter 1 if reported age is 1 or younger.

Fills:

^CANKIND3	Description	{Value of CANKIND3_A}
	Instruction	If CANKIND1_A = RF,DK fill "este cáncer"; else fill "el cáncer de vejiga" if CANKIND3_A = 1; else fill "el cáncer de la sangre" if CANKIND3_A = 2; else fill "el cáncer de hueso" if CANKIND3_A = 3; else fill "el tumor de cerebro" if CANKIND3_A = 4; else fill "el cáncer de seno o de mama" if CANKIND3_A = 5; else fill "el cáncer cervical o de cuello uterino" if CANKIND3_A = 6; else fill "el cáncer de colon" if CANKIND3_A = 7; else fill "el cáncer de esófago" if CANKIND3_A = 8; else fill "el cáncer de vesícula biliar" if CANKIND3_A = 9; else fill "el cáncer de riñón" if CANKIND3_A = 10; else fill "el cáncer de laringe-tráquea" if CANKIND3_A = 11; else fill "la leucemia" if CANKIND3_A = 12; else fill "el cáncer de hígado" if CANKIND3_A = 13; else fill "el cáncer de pulmón" if CANKIND3_A = 14; else fill "el linfoma" if CANKIND3_A = 15; else fill "el melanoma" if CANKIND3_A = 16; else fill "el cáncer de boca/lengua/labio" if CANKIND3_A = 17; else fill "el cáncer de ovario" if CANKIND3_A = 18; else fill "el cáncer de páncreas" if CANKIND3_A = 19; else fill "el cáncer de próstata" if CANKIND3_A = 20; else fill "el cáncer de recto" if CANKIND3_A = 21; else fill "el cáncer de piel (melanoma)" if CANKIND3_A = 22; else fill "el cáncer de piel (no melanoma)" if CANKIND3_A = 23; else fill "el cáncer de piel (tipo desconocido)" if CANKIND3_A = 24; else fill "el cáncer de estómago" if CANKIND3_A = 25; else fill "el cáncer de testículo" if CANKIND3_A = 26; else fill "el cáncer de garganta-faringe" if CANKIND3_A = 27; else fill "el cáncer de tiroides" if CANKIND3_A = 28; else fill "el cáncer de útero" if CANKIND3_A = 29; else fill "otro tipo de cáncer" 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:

¿Tuvo otros tipos de cáncer?

Response:

1	Sí
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía prediabetes?

Response:

1	Sí
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía diabetes gestacional, un tipo de diabetes que SOLO ocurre durante el embarazo?

* **Read if necessary:** *La diabetes gestacional es un tipo de diabetes que no tenía antes del embarazo y que desaparece después del embarazo. Las pruebas para detectar la diabetes gestacional se suelen realizar durante las semanas 24 a 28 del embarazo.*

Response:

1	Sí
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 dijo un médico u otro profesional de la salud que tenía diabetes?

Fills:

^NOTPREGDM	Description	Has/Not including (gestational diabetes, prediabetes)
	Instruction	If GESDIB_A ne 1 AND PREDIB_A ne 1: "¿ALGUNA VEZ le" If GESDIB_A=1 AND PREDIB_A ne 1: "Sin incluir la diabetes gestacional, ¿ALGUNA VEZ le" If PREDIB_A=1 AND GESDIB_A ne 1: "Sin incluir la prediabetes, ¿ALGUNA VEZ le" If GESDIB_A=1 AND PREDIB_A=1: "Sin incluir la prediabetes ni la diabetes gestacional, ¿ALGUNA VEZ le"

Response:

1	Sí
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:

^NOTPREGDM2 edad tenía cuando un médico u otro profesional de la salud le dijo por PRIMERA VEZ que tenía diabetes?

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: "¿Qué" If GESDIB_A=1 AND PREDIB_A ne 1: "Sin incluir la diabetes gestacional, ¿qué" If PREDIB_A=1 AND GESDIB_A ne 1: "Sin incluir la prediabetes, ¿qué" If GESDIB_A=1 AND PREDIB_A=1: "Sin incluir la prediabetes ni la diabetes gestacional, ¿qué"

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:

¿ACTUALMENTE está tomando pastillas para la diabetes para reducir el nivel de azúcar en la sangre? Estos medicamentos se conocen también como agentes orales o agentes hipoglucémicos orales.

Response:

1	Sí
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:

Se puede tomar la insulina por inyección o por bomba. ¿ACTUALMENTE está usando insulina?

Response:

1	Sí
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:

¿Cuánto tiempo pasó desde que le diagnosticaron diabetes por primera vez y cuándo comenzó a tomar insulina?

Response:

1	Menos de 1 mes
2	1 mes a menos de 6 meses
3	6 meses a menos de 1 año
4	1 año o más
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:

Desde que comenzó a tomar insulina, ¿ha dejado de tomarlo por más de 6 meses?

Response:

1	Sí
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:

¿Fue esto solo durante el primer año después de que le diagnosticaron diabetes?

Response:

1	Sí
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:

Según su médico u otro profesional de la salud, ¿qué tipo de diabetes tiene? ¿Es tipo 1, tipo 2 u otro tipo? Si no recuerda o no le dijeron, está bien.

Response:

1	Tipo 1
2	Tipo 2
3	Otro tipo de 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:

¿ALGUNA VEZ un médico u otro profesional de la salud le dijo a su madre, padre, hermano o hermana que tiene diabetes?

* **Read if necessary:** *Incluya solo parientes de sangre. No incluya padrastro, madrastra, hermanastros(as) ni aquellos que no estén relacionados por sangre.*

Response:

1	Sí
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:

¿Cuándo fue la última vez que un médico, enfermero(a) u otro profesional de la salud le hizo una prueba de sangre para detectar niveles de azúcar elevados o diabetes?

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que tenía

...enfermedad pulmonar obstructiva crónica o COPD (por sus siglas en inglés), enfisema o bronquitis crónica?

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía ...algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia?*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía ...demencia, incluyendo la enfermedad de Alzheimer?*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía*

...algún tipo de trastorno de ansiedad?

* **Read if necessary:** *Algunos tipos comunes de trastorno de ansiedad incluyen trastorno de ansiedad generalizada, fobia social (trastorno de ansiedad social), trastorno de pánico, trastorno de estrés postraumático, trastorno obsesivo-compulsivo y fobias.*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía*

...algún tipo de depresión?

* **Read if necessary:** *Algunos tipos comunes de depresión incluyen depresión mayor (o trastorno de depresión mayor), trastorno bipolar, distimia (o trastorno depresivo persistente), depresión posparto y trastorno afectivo estacional.*

Response:

1	Sí
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:** *¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía*

... los riñones débiles o en estado de insuficiencia?

* **Read if necessary:** *No incluya piedras en los riñones, infecciones de vejiga o incontinencia.*

Response:

1	Sí
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:** ¿ALGUNA VEZ Le dijo un médico u otro profesional de la salud que tenía
...Hepatitis?

Response:

1	Sí
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: *¿ALGUNA VEZ Le dijo un médico u otro profesional de La salud que tenía*

... Cirrosis o cualquier otro tipo de afección del hígado a largo plazo?

Response:

1	Sí
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:

En los últimos 12 meses, ¿ha tomado medicamentos recetados o ha tenido algún tratamiento médico que un médico u otro profesional de la salud le dijo que debilitaría su sistema inmunitario?

* **Read if necessary:** Ejemplos incluyen pastillas de esteroides o corticosteroides, como la prednisona, u otros medicamentos orales o inyectados para tratar muchos tipos de enfermedades autoinmunitarias o ciertos tipos de cáncer.

Response:

1	Sí
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:

¿Actualmente tiene una afección de salud que un médico u otro profesional de la salud le dijo que debilita el sistema inmunitario^MEDTRT?

* **Read if necessary:** Ejemplos incluyen ciertos tipos de Leucemia, Linfoma o infección por VIH (HIV por sus siglas en inglés).

Response:

1	Sí
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:

¿Actualmente está embarazada?

Response:

1	Si
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:

¿Cuánto mide sin zapatos?

* 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 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:

¿Cuánto mide sin zapatos?

* 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 "¿Cuánto pesaba antes del embarazo?" else: "¿Cuánto pesa usted?"
^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 "¿Cuánto pesaba antes del embarazo?" else: "¿Cuánto pesa usted?"
^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:

Las siguientes preguntas son sobre las dificultades que puede tener al hacer actividades debido a un problema de salud.

* 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:

¿Usa anteojos o lentes de contacto?

Read if necessary: *Personas que usan anteojos para Leer o para hacer otras actividades deben contestar 'sí' a esta pregunta.*

Response:

1	Sí
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:

¿Tiene dificultad ^AGLASSCNTS? ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

^AGLASSCNTS	Description	seeing, even when wearing glasses or contact lenses/seeing
	Instruction	If WEARGLSS_A=1 fill "para ver, incluso con anteojos o lentes de contacto"; else fill "para ver"

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Usa un aparato auditivo?

Response:

1	Si
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: HEARAIDFR_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Con qué frecuencia usa su(s) aparato(s) auditivo(s)? ¿Diría que todo el tiempo, parte del tiempo, casi nunca, o nunca?

Response:

1	Todo el tiempo
2	Parte del tiempo
3	Casi nunca
4	Nunca
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:

¿Tiene dificultad para oír ^HEARAID? ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para caminar o subir escalones? ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Usa algún equipo o recibe ayuda para moverse?

Response:

1	Si
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:

¿Tiene dificultad para caminar 100 metros en terreno plano? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra. ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano? Esto sería aproximadamente lo largo de cinco campos de fútbol o cinco cuadras.

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para subir o bajar 12 escalones?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Usa alguno de los siguientes...

...Bastón o andador?

Response:

1	Sí
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:** *¿Usa alguno de Los siguientes...*

...Silla de ruedas o silla de ruedas motorizada?

Response:

1	Sí
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:** *¿Usa alguno de los siguientes...*

...La ayuda de alguien?

Response:

1	Sí
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:

¿Tiene dificultad para caminar 100 metros en terreno plano SIN USAR su aparato o la ayuda de alguien? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra. ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano SIN USAR su aparato o la ayuda de alguien? Esto sería aproximadamente lo largo de cinco campos de fútbol o cinco cuerdas.

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para subir o bajar 12 escalones SIN USAR su aparato o la ayuda de alguien?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para caminar 100 metros en terreno plano CUANDO USA su aparato o con la ayuda de alguien? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra.

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano CUANDO USA su aparato o con la ayuda de alguien? Esto sería aproximadamente lo largo de 5 campos de fútbol o 5 cuadras.

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para subir o bajar 12 escalones CUANDO USA su aparato o con la ayuda de alguien?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Usando el idioma que usa usualmente, ¿tiene dificultad para comunicarse, por ejemplo, para entender o ser entendido?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para recordar o concentrarse?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Diría que tiene dificultad para recordar, concentrarse o para ambas?

Response:

1	Dificultad para recordar solamente
2	Dificultad para concentrarse solamente
3	Dificultad para ambas, recordar y concentrarse
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:

¿Con que frecuencia tiene dificultad para recordar? ¿Diría algunas veces, frecuentemente, o todo el tiempo?

Response:

1	Algunas veces
2	Frecuentemente
3	Todo el tiempo
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: COGAMTDFE_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Tiene dificultad para recordar algunas cosas, muchas cosas o casi todo?

Response:

1	Algunas cosas
2	Muchas cosas
3	Casi todo
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:

¿Tiene dificultad con sus cuidados personales, tal como lavar su cuerpo o vestirse? ¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad para levantar una botella de 2 litros de agua o soda desde la cintura hasta la altura de los ojos?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene dificultad usando las manos y los dedos para agarrar objetos pequeños, por ejemplo, un botón o un lápiz, o para abrir o cerrar recipientes o botellas?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Debido a una condición física, mental o emocional, ¿tiene dificultad para hacer diligencias solo (a), tal como visitar un consultorio médico o ir de compras?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
7	Refused
9	Don't Know

Universe:

Sample Adults 18+

Skip Instructions:

<1-4,RF,DK> [goto SOCSCLPAR_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:

Debido a una condición física, mental o emocional, ¿tiene dificultad para participar en actividades sociales tales como visitar amigos, ir a clubes y reuniones, o ir a fiestas?

* **Read if necessary:** *¿Diría que no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Está limitado en el tipo O en la cantidad de trabajo que puede hacer debido a un problema físico, mental o emocional?

* **Read if necessary:** Trabajo incluye trabajo por pago, trabajo de voluntario, trabajo de escuela y tarea.

Response:

1	Sí
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:

Usted dijo que tiene dificultad ^DIFF. ¿Comenzó ^THISDIFF antes de los 22 años?

Response:

1	Sí
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]

Las siguientes preguntas son sobre el seguro de salud. Incluya el seguro de salud obtenido a través de su empleo o comprado directamente, así como programas del gobierno como Medicare, Medicaid y el Programa de Seguro Médico para Niños o CHIP (por sus siglas en inglés) que proporcionan cuidados médicos o ayudan a pagar las facturas médicas. ¿Está usted cubierto por algún tipo de seguro de salud u otro tipo de plan de cuidados de salud?

Response:

1	Sí
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.tblAGE.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]

¿Qué tipos de seguro de salud o cobertura de cuidados de salud tiene usted? ¿Es este... Seguro privado de salud, Medicare, Seguro Suplementario de Medicare, Medicaid, Programa de Seguro Médico para Niños o CHIP (por sus siglas en inglés), cuidado de salud militar incluyendo TRICARE, CHAMPUS, cuidado de salud del V.A. y CHAMP-VA, Servicio de Salud Indígena de las Américas, un plan estatal de salud, u otro programa del gobierno?

* 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 tiene cobertura de ningún tipo
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]

¿Está cubierto(a) por Medicare?

Response:

1	Sí
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]

Hay un programa llamado Medicaid que paga los cuidados de salud a las personas necesitadas.
 ^STATEMA ¿Está cubierto(a) por Medicaid?

Fills:

^STATEMA	Description	In ^STATENAME it is also called ^STMEDICAID.
	Instruction	if STMEDICAID ne empty, fill: "En ^STATENAME también se llama ^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	<p>If AL then fill "Patient 1st, Alabama Coordinated Health Network"</p> <p>If AK then fill "Alaska Medicaid; DenaliCare"</p> <p>If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)"</p> <p>If AR then fill "ARKids First A; Arkansas Works"</p> <p>If CA then fill "Medi-Cal"</p> <p>If CO then fill "Health First Colorado"</p> <p>If CT then fill "HUSKY A, HUSKY C, HUSKY D; Med-Connect"</p> <p>If DE then fill "Diamond State Health Plan; Children's Community Alternative Disabilities Program"</p> <p>If DC then fill "DC Medicaid"</p> <p>If FL then fill "Florida Medicaid; Medically Needy Program"</p> <p>If GA then fill "Georgia Families; Health Insurance Premium Payment Program (HIP)"</p> <p>If HI then fill "Med QUEST"</p> <p>If ID then fill "Idaho Medicaid Program"</p> <p>If IL then fill "Medical Assistance"</p> <p>If IN then fill "Traditional Medicaid; 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)"</p> <p>If KY then fill "Kentucky Medicaid; Kentucky HEALTH"</p> <p>If LA then fill "Healthy Louisiana; LaCHIP; LaMOMS"</p> <p>If ME then fill "MaineCare"</p> <p>If MD then fill "HealthChoice; Maryland Children's Health Program (MCHP)"</p> <p>If MA then fill "MassHealth"</p> <p>If MI then fill "Medicaid; 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); HELP Plan"</p> <p>If NE then fill "Heritage Health"</p> <p>If NV then fill "Nevada Medicaid"</p> <p>If NH then fill "NH Medicaid; Granite Advantage Health Care Program"</p> <p>If NJ then fill "NJ Medicaid; NJ Family Care"</p> <p>If NM then fill "Centennial Care"</p> <p>If NY then fill "Medicaid; Children's Medicaid"</p> <p>If NC then fill "NC Medicaid; Medical Assistance"</p> <p>If ND then fill "North Dakota Medicaid"</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)"</p> <p>If SC then fill "Healthy Connections"</p> <p>If SD then fill "South Dakota Medicaid"</p> <p>If TN then fill "TennCare"</p> <p>If TX then fill "Texas Medicaid; State of Texas Access Reform (STAR); STAR+PLUS; Children's Medicaid; STAR Kids"</p> <p>If UT then fill "Utah Medicaid"</p> <p>If VT then fill "Green Mountain Care"</p> <p>If VA then fill "Medicaid; FAMIS Plus"</p> <p>If WA then fill "Apple Health"</p> <p>If WV then fill "Mountain Health Trust (MHT)"</p> <p>If WI then fill "Wisconsin Medicaid; ForwardHealth"</p> <p>If WY then fill "WYhealth"</p>
--	-------------	--

Response:

1	Si
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 por algún plan SEPARADO que solo paga por cuidados dentales?

Fills:

^INADDITIONARE	Description	In addition to ^HITYPEANOSS, are/Are
	Instruction	If (HIKIND_A=1-9 or MCAREPRB_A=1 or MCAIDPRB_A=1), fill "Además del ^HITYPEANOSS, ¿está cubierto(a)" else fill "Está cubierto(a)"
^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: "seguro de salud privado" HIKIND_A=2 fill: "Medicare" HIKIND_A=3 fill: "Suplementario de Medicare o Medigap" HIKIND_A=4 fill: "Medicaid" HIKIND_A=5 fill: "Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés)" HIKIND_A=6 fill: "cuidado de salud militar" HIKIND_A=7 fill: "Servicio de Salud Indígena de las Américas" HIKIND_A=8 fill: "plan de salud estatal" HIKIND_A=9 fill: "otro programa del gobierno" if MCAREPRB_A=1, fill "Medicare" if MCAIDPRB_A=1, fill "Medicaid" separate choices with a comma and separate the last two choices with "y"

Response:

1	Sí
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]

¿Está cubierto(a) por algún plan SEPARADO que solo paga por servicios para la vista?

Response:

1	Sí
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]

¿Está cubierto(a) por algún plan SEPARADO que solo paga por medicamentos recetados?

Response:

1	Sí
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]

Tengo aquí que ^COVEREDA. ¿Es esto correcto?

Fills:

^COVEREDA	Description	not covered by health insurance/covered by ^HITYPEA
	Instruction	if HIKIND_A=10 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: "no está cubierto(a) por un seguro de salud" else fill: "está cubierto(a) por ^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: "un plan de seguro de salud privado" HIKIND_A=2 fill: "Medicare" HIKIND_A=3 fill: "un plan Suplementario de Medicare o Medigap" HIKIND_A=4 fill: "Medicaid" HIKIND_A=5 fill: "un plan de Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés)" HIKIND_A=6 fill: "un plan de cuidado de salud militar" HIKIND_A=7 fill: "un plan de Servicio de Salud Indígena de las Américas" HIKIND_A=8 fill: "un plan de salud estatal" HIKIND_A=9 fill: "otro programa del gobierno" 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: "un plan de servicio unico para el cuidado dental" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and SINCOVVS_A=2,RF,DK, fill: "un plan de servicio unico para medicamentos recetados" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=2,RF,DK and SINCOVVS_A=1, fill: "un plan de servicio unico para la vista" If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=2,RF,DK, fill: "planes de servicio unico para el cuidado dental y medicamentos recetados" If SINCOVDE_A=1 and SINCOVRX_A=2,RF,DK and SINCOVVS_A=1, fill: "planes de servicio unico para el cuidado dental y la vista" If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and SINCOVVS_A=1, fill: "planes de servicio unico para la vista y medicamentos recetados" If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=1, fill: "planes de servicio unico para el cuidado dental, la vista, y medicamentos recetados " separate choices with a comma and seperate the last two choices with "y"

Response:

1	Sí
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	<pre>{signal ERR1_HICHANGE_A}</pre> <p>Suppress this error to go back to HIKIND_A and update coverage.</p> <p>Close this error to change your answer to HICHANGE_A.</p>

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]

¿Qué tipo de cobertura de Medicare tiene? ¿Es Parte A - seguro de hospital, Parte B - seguro médico, o ambos tipos?

Response:

1	Parte A- solo hospital
2	Parte B- solo médico
3	Ambos tipos, Parte A y Parte 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]

¿Está inscrito en un plan de Medicare Advantage?

Response:

1	Sí
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]

¿Está bajo un acuerdo de cuidados administrados por Medicare, tal como un HMO (por sus siglas en inglés) o sea un plan de organizaciones para el mantenimiento de la salud de Medicare?

Response:

1	Sí
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]

¿Cuál es el nombre de su plan Medicare Advantage o Medicare HMO?

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]

¿Está inscrito en la parte D en Medicare, también llamado plan de medicamentos recetados de Medicare?

Response:

1	Sí
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]

Las siguientes preguntas son sobre la cobertura de Medicaid. ¿Cuál es el nombre de su plan de salud de Medicaid?

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]

¿Obtuvo su Medicaid a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que usted o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga usted o un miembro de la familia una prima por este plan de Medicaid?

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene su plan de salud un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
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 OGNAME_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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED, o ^HDHPDED o más?
Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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:

Anteriormente anoté que ^SCNAME estaba cubierto(a) por ^HIPNAM1_C. ¿Está usted cubierto(a) por este mismo plan que tiene ^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	Sí
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]

Los planes de seguro de salud se obtienen usualmente en nombre de una persona aun cuando otros miembros de la familia están cubiertos por ese plan. Esa persona es el/la titular (dueño(a)) de la póliza. ¿Es usted el/la titular de la póliza de ^HIPNAM1_C?

Fills:

^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	fill value from Child.INS.HIPNAM1_C

Response:

1	Sí
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]

¿Qué relación tiene usted con el/la titular de la póliza de ^HIPNAM1_C? ¿Es usted hijo(a) del titular, esposo(a), ex-esposo(a) o está relacionado de otra manera?

Fills:

^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	

Response:

1	Hijo(a)
2	Esposo(a)
3	Ex-esposo(a)
4	Otra relación
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:

Anteriormente anoté que ^SCNAME estaba cubierto(a) por un segundo plan: ^HIPNAM2_C. ¿Está usted cubierto por este mismo plan que tiene ^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	Sí
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:** *Los planes de seguro de salud se obtienen usualmente en nombre de una persona incluso si otros miembros de la familia están cubiertos por ese plan. Esa persona es el/la titular (dueño(a)) de la póliza.*

¿Es usted el/la titular de la póliza de ^HIPNAM2_C?

Fills:

^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	fill value from Child.INS.HIPNAM2_C

Response:

1	Sí
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]

¿Qué relación tiene usted con el/la titular de la póliza de ^HIPNAM2_C? ¿Es usted hijo(a), esposo(a), ex-esposo(a) o está relacionado de otra manera con el/la titular?

Fills:

^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	fill value from Child.INS.HIPNAM2_C

Response:

1	Hijo(a)
2	Esposo(a)
3	Ex-esposo(a)
4	Otra relación
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]

Es importante tener el nombre completo y preciso de cada plan de seguro privado de salud. ¿Cuál es el nombre COMPLETO de su plan? NO incluya planes que sólo proporcionen dinero extra mientras está hospitalizado(a) o planes que solamente pagan un tipo de servicio tal como servicios de atención a largo plazo, accidentes o cuidado dental.

**Read if necessary: ¿Tiene usted una tarjeta de su plan de salud o algo con el nombre del plan escrito?*

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]

¿Está usted cubierto(a) por otros planes de seguro privado de salud?

Response:

1	Sí
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]

¿Cuál es el nombre de ese plan de seguro privado de salud?

**Read if necessary: ¿Tiene usted una tarjeta de su plan de salud o algo con el nombre del plan escrito?*

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]

Voy a hacerle unas preguntas sobre ^FIRSTPLANA. Los planes de seguro de salud se obtienen usualmente en nombre de una persona aun si otros miembros de la familia están cubiertos por ese plan. Esa persona es el/la titular de la póliza. ¿Es usted el/la titular (dueño(a)) de la póliza de ^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: 'su plan' else if HIPNAM1_A IN ('RF','DK') fill: 'su primer plan' Else fill: 'su plan ^HIPNAM1_A' if PlanNum=2 then if HIPNAM2_A IN('RF','DK') fill: 'su segundo plan' Else fill: 'su plan ^HIPNAM2_A'
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A.
^THISPLANA	Description	this plan/^HIPNAM1_A/^HIPNAM2_A
	Instruction	if PlanNum=1 then if HIPNAM1_A IN('RF','DK') fill: 'este plan' Else fill: '^HIPNAM1_A' if PlanNum=2 then if HIPNAM2_A IN('RF','DK') fill: 'este plan' Else fill: '^HIPNAM2_A'
^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	Fill value from Adult.INS.HIPNAM2_A.

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Este plan cubre otra persona a parte de usted?

Response:

1	Si
2	No
7	Refused
9	Don't Know

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]

¿Qué relación tiene usted con el/la titular de la póliza? ¿Es usted hijo(a), esposo(a), ex-esposo(a) o está relacionado de otra manera con el/la titular?

Response:

1	Hijo(a)
2	Esposo(a)
3	Ex-esposo(a)
4	Otra relación
7	Refused
9	Don't Know

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]

¿Cuál de estas opciones describe mejor cómo fue obtenido este plan? ¿Fue obtenido a través de un empleador o sindicato, comprado directamente, obtenido a través de Healthcare.gov o la Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en inglés), también conocido como Obamacare, obtenido a través de un gobierno estatal, local o programa comunitario, u obtenido de otra manera?

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
7	Refused
9	Don't Know

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: ¿Cómo fue obtenido este plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

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]

¿Fue obtenido el plan a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Quién paga este plan de seguro de salud?

* 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 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]

¿Actualmente cuánto gasta ^DOYOUFAM en la prima del seguro de salud de ^FIRSTPLANA? Por favor, incluya las reducciones de pago por la prima de este seguro.

Fills:

^DOYOUFAM	Description	do you/does your family
	Instruction	if PCNT_A=1 fill 'usted', else fill 'su familia'
^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: 'su plan' else if HIPNAM1_A IN ('RF','DK') fill: 'su primer plan' Else fill: 'su plan ^HIPNAM1_A' if PlanNum=2 then if HIPNAM2_A IN('RF','DK') fill: 'su segundo plan' Else fill: 'su plan ^HIPNAM2_A'
^HIPNAM1_A	Description	{Value of HIPNAM1_A}
	Instruction	Fill value from Adult.INS.HIPNAM1_A.

Response:

00001-99995	Range of values
99997	Refused
99999	Don't Know

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:

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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que el plan de salud o plan de cobertura de cuidados de salud empieza a pagar sus facturas médicas.
¿Tiene su plan de salud un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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]

¿Es el deducible ^FAM_A anual para cuidados médicos de este plan menos de ^HDHPAMT_A, o ^HDHPAMT_A o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^FAM_A	Description	family
	Instruction	if POLHLD_A=2 or PRPLCOV_A=1, fill 'familiar'. 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: \$2,700
^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPAMT_A
2	^HDHPAMT_A or more
7	Refused
9	Don't Know

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:

Hay cuentas o fondos especiales que se pueden usar para pagar los gastos médicos, a veces llamados Cuentas de Ahorros para la Salud o HSA (por sus siglas en inglés), Cuentas de Reembolso de Salud o HRA (por sus siglas en inglés), Cuentas de Cuidado Personal, Fondos Médicos Personales o Fondos Choice. Estos son DIFERENTES de las Cuentas de Gastos Flexibles o FSA (por sus siglas en inglés). ¿Tiene usted alguna de estas cuentas o fondos con este plan?

Response:

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:

Las siguientes tres preguntas son sobre los servicios que ^FIRSTPLANA puede cubrir.

* Enter '1' to continue.

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:

¿Paga ^FIRSTPLANA alguno de los costos de los medicamentos recetados por un médico?

* **Read if necessary:** Aunque no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si fuese recetado medicamentos.

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Paga ^FIRSTPLANA alguno de los costos de los cuidados dentales?

Read if necessary: Aunque no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si usted tuviera cuidados dentales.

Fills:

^HIPNAM2_A	Description	{Value of HIPNAM2_A}
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Paga ^FIRSTPLANA alguno de los costos de los cuidados rutinarios de la vista, tales como anteojos o lentes de contacto?

Read if necessary: Aunque no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si usted tuviera cuidados de la vista.

Fills:

^FIRSTPLANA	Description	this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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]

Anteriormente anoté que usted está cubierto por el Programa de Seguro Médico para Niños o CHIP (por sus siglas en inglés). ¿Cuál es el nombre del 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]

¿Obtuvo su plan CHIP a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que usted o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga usted o un miembro de la familia una prima por este plan CHIP?

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene su plan de salud CHIP un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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]

Anteriormente anoté que usted está cubierto por un plan estatal. ¿Cuál es el nombre del 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]

¿Obtuvo su plan estatal a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que usted o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga usted o un miembro de la familia una prima por este plan estatal?

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene su plan estatal un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
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 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.0600.00.1 Variable: OPHDHP_A Interview Module: Adult Content Type: Annual Core

Question Text:

[F1]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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 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.0610.00.1 Variable: OGNAME_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Anteriormente anoté que usted está cubierto por otro plan del gobierno. ¿Cuál es el nombre del 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]

¿Obtuvo su otro plan del gobierno a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que usted o un miembro de la familia pagan cada mes por la cobertura de cuidados de salud. ¿Paga usted o un miembro de la familia una prima por su otro plan del gobierno?

Response:

1	Sí
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: OGDEDUC_A Interview Module: Adult Content Type: Annual Core

Question Text:

?[F1]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene su otro plan del gobierno un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED, o ^HDHPDED o más?
Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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]

Anteriormente anoté que usted está cubierto por un plan de cuidado de salud militar. ¿Qué tipos de planes de cuidados de salud militar lo(a) cubren?

* Enter all that apply, separate with commas.

Response:

1	Cuidado de salud de V.A. (por sus siglas en inglés)
2	TRICARE (CHAMPUS)
3	CHAMP-VA (no incluya 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:

¿Cuánto tiempo ha pasado desde la última vez que tuvo cobertura de cuidados de salud que pagaba por visitas médicas u hospitalizaciones?

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

En los últimos 12 meses, ¿cuántos meses estuvo sin cobertura?

*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]

Pensando en la última vez que tuvo cobertura de cuidados de salud que pagó las visitas médicas u hospitalizaciones. Voy a leer una lista de razones por las cuales alguien podría ya no estar inscrito en la cobertura. Por favor, dígame, sí o no, si esta es una razón por la cual usted ya no está inscrito en su último plan de cuidados de salud.

¿Usted o el/la titular (dueño(a)) de la póliza se jubiló, perdió un empleo o cambió de empleador?

Response:

1	Sí
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: Ya no está inscrito(a) en su último plan de cuidados de salud porque...*

¿Dejó pasar el plazo para inscribirse o para pagar por la cobertura?

Response:

1	Sí
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: Ya no está inscrito(a) en su último plan de cuidados de salud porque...*

¿Dejó de ser elegible debido a su edad o porque dejó la escuela?

Response:

1	Sí
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: Ya no está inscrito(a) en su último plan de cuidados de salud porque...*

¿El costo de su cobertura aumentó?

Response:

1	Sí
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:** *Ya no está inscrito(a) en su último plan de cuidados de salud porque...*

¿Tenía Medicaid u otra cobertura pública, pero dejó de ser elegible?

Response:

1	Sí
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 ¿Actualmente no está asegurado(a) porque no puede pagar el costo de la cobertura?

Fills:

^INSREASONS	Description	RSNHICOST_A Introduction
	Instruction	If HILAST_A IN (0,4,5,6,RF,DK) fill: "Hay muchas razones por las cuales las personas no tienen cobertura de seguro de salud." If HILAST_A IN (1,2,3) fill: "Hemos hablado sobre las razones por las cuales perdió su cobertura. Ahora le preguntaré por qué no obtuvo cobertura de seguro de salud."

Response:

1	Sí
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:

Hay otras razones por las cuáles las personas no tienen cobertura de seguro de salud. ^PLUSCOSTA actualmente no tiene seguro porque ...

... no necesita o no quiere cobertura?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill 'Además del costo, ¿usted'. Else fill '¿Usted'

Response:

1	Sí
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:** *Hay otras razones por las cuáles las personas no tienen cobertura de seguro de salud. ^PLUSCOSTA actualmente no tiene seguro porque ...*

...no es elegible para obtener cobertura?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill 'Además del costo, ¿usted'. Else fill '¿Usted'

Response:

1	Sí
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:** *Hay otras razones por las cuáles las personas no tienen cobertura de seguro de salud. ^PLUSCOSTA actualmente no tiene seguro porque ...*

...el proceso de inscribirse para obtener cobertura es muy difícil o confuso?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill 'Además del costo, ¿usted'. Else fill '¿Usted'

Response:

1	Sí
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: Hay otras razones por las cuáles las personas no tienen cobertura de seguro de salud. ^PLUSCOSTA actualmente no tiene seguro porque ...*

...no puede encontrar un plan que cumple con sus necesidades?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill 'Además del costo, ¿usted'. Else fill '¿Usted'

Response:

1	Sí
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: Hay otras razones por las cuáles las personas no tienen cobertura de seguro de salud. ^PLUSCOSTA actualmente no tiene seguro porque ...*

..solicitó cobertura, pero aún no ha comenzado?

Fills:

^PLUSCOSTA	Description	In addition to cost, are/Are
	Instruction	if RSNHICOST_A = 1 then fill 'Además del costo, ¿usted'. Else fill '¿Usted'

Response:

1	Sí
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:

¿Actualmente hay otra razón por la cuál no tiene cobertura de seguro de salud?

Response:

1	Sí
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:

¿Cuál es su otra razón para no tener cobertura de seguro de salud?

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:

En los últimos 12 meses, ¿hubo algún tiempo en que NO tuvo ALGÚN seguro o cobertura de salud?

Response:

1	Sí
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:

En los últimos 12 meses, ¿aproximadamente cuántos meses estuvo sin cobertura?

* 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]

Ahora voy a preguntarle sobre sus facturas médicas. Incluya las facturas de médicos, dentistas, hospitales, terapistas, medicamentos, equipos, y cuidados de enfermería en un asilo (nursing home) o en el hogar.

^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 "Cuando le pregunto sobre su familia, por favor piense en su familia viviendo en ^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]

¿En los últimos 12 meses, ha tenido ^youanyone problemas para pagar o no pudo pagar alguna factura médica?

* **Read if necessary:** *Incluya las facturas para médicos, dentistas, hospitales, terapeutas, medicamentos, equipos, y cuidados de enfermería en un asilo (nursing home) o en el hogar.*

Fills:

^youanyone	Description	you/anyone in the family
	Instruction	If GEN.PCNT_A=1 fill "usted"; else fill "alguna persona en la familia"

Response:

1	Sí
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:

Actualmente, ¿DoyouDoesanyoneinfam alguna factura médica que no puede pagar de ninguna forma?

Fills:

^DoyouDoesanyoneinfam	Description	Do you/Does anyone in your family
	Instruction	If GEN.PCNT_A=1 fill "¿tiene usted"; else fill "¿tiene alguna persona en su familia"

Response:

1	Sí
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:

Si se enfermara o tuviera un accidente, ¿qué tan preocupado(a) estaría de poder pagar sus facturas médicas? ¿Estaría muy preocupado(a), algo preocupado(a) o no estaría nada preocupado(a)?

Response:

1	Muy preocupado(a)
2	Algo preocupado(a)
3	Nada preocupado(a)
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:

El siguiente grupo de preguntas es acerca del coronavirus o 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:

¿Alguna vez le dijo un médico u otro profesional de la salud que tenía o probablemente había tenido coronavirus o COVID-19?

Response:

1	Si
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:

¿Alguna vez se ha hecho la prueba del coronavirus o COVID-19?

Response:

1	Sí
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:

¿El resultado de la prueba encontró que usted tenía coronavirus o 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:

¿Cómo describiría sus síntomas del coronavirus cuando estaban en su peor momento? ¿Diría que no tuvo síntomas, o que tuvo síntomas leves, síntomas moderados o síntomas graves?

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:

Las siguientes preguntas son sobre su cuidado dental.

* 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:

Aproximadamente, ¿cuánto tiempo hace que tuvo su último examen dental o limpieza?

* **Read if necessary:** *Incluya las limpiezas dentales realizadas por cualquier tipo de profesional de cuidado dental tal como dentista, ortodoncista, cirujano oral, higienista dental y cualquier tipo de especialista dental.*

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

Durante los últimos 12 meses, ¿RETRASÓ en obtener cuidado dental debido al costo?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo alguna ocasión cuando necesitó cuidado dental pero NO LO OBTUVO debido al costo?

Response:

1	Si
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:

Ahora que hemos terminado de hablar sobre el cuidado dental, me gustaría preguntarle sobre otros cuidados de salud.

*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:

Aproximadamente, ¿cuánto tiempo hace que vio a un médico u otro profesional de la salud por su salud?

**Read if necessary: Incluye a los médicos que le vieron mientras estaba hospitalizado.*

**Read if necessary: No incluya profesionales de cuidado dental.*

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

¿Fue este un examen de rutina, examen físico, o chequeo general?

Read if necessary: Este tipo de visita usualmente incluye medir la presión arterial, los niveles de colesterol y azúcar en la sangre, la estatura, el peso y administrar vacunas. Un médico u otro profesional de la salud podría también hablar con usted sobre temas relacionados con su salud tales como el consumo de tabaco o alcohol, la alimentación y el ejercicio físico. Estas visitas se hacen usualmente de antemano y se realizan cuando no está enfermo(a) o lesionado(a).

Read if necessary: Si combinó un examen de rutina con una visita para tratar una enfermedad, incluya también esa visita.

* **Read if necessary:** Un obstetra o ginecólogo(a) (OB-GYN, por sus siglas en inglés) puede llevar a cabo esta consulta.

Response:

1	Sí
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:

Aproximadamente, ¿cuánto tiempo hace que vio a un médico u otro profesional de la salud para un examen de rutina, examen físico o un chequeo general?

** Read if necessary: Este tipo de visita usualmente incluye medir la presión arterial, Los niveles de colesterol y azúcar en la sangre, la estatura, el peso y administrar vacunas. Un médico u otro profesional de la salud podría también hablar con usted sobre temas relacionados con su salud tales como el consumo de tabaco o alcohol, la alimentación y el ejercicio físico. Estas visitas se hacen usualmente de antemano y se realizan cuando no está enfermo(a) o lesionado(a).*

** Read if necessary: Si combinó un examen de rutina con una visita para tratar una enfermedad, incluya también esa visita.*

Read if necessary: Un obstetra o ginecólogo(a) (OB-GYN, por sus siglas en inglés) puede llevar a cabo esta consulta.

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

Hay algún lugar al que va USUALMENTE cuando está enfermo(a) y necesita cuidados de salud?

Response:

1	Sí
2	No hay NINGÚN lugar
3	Hay MÁS DE UN lugar
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:

¿A qué tipo de lugar ^ISITGOMSTOFT - a un consultorio médico o centro de salud; un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado; una sala de emergencias EN UN HOSPITAL; un centro médico o clínica para pacientes no hospitalizados del Departamento de Asuntos de Veteranos o V.A. (por sus siglas en inglés); o a algún otro lugar?

***Read if necessary:** *Un consultorio médico o centro de salud es un lugar donde ve al mismo médico o grupo de médicos en cada visita, donde usualmente debe hacer una cita de antemano y donde está archivado su historial médico.*

***Read if necessary:** *Los centros de atención médica urgente NO EN UN HOSPITAL y Las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.*

Fills:

^ISITGOMSTOFT	Description	is it/do you go to most often
	Instruction	If USUALPL_A=1 fill "va"; else fill "va con más frecuencia"

Response:

1	Un consultorio médico o centro de salud
2	Un centro de atención médica urgente NO EN UN HOSPITAL o clínica dentro de una farmacia o supermercado
3	Una sala de emergencias EN UN HOSPITAL
4	Un centro médico o clínica para pacientes no hospitalizados del Departamento de Asuntos de Veteranos o V.A.
5	Otro lugar
6	No va a un solo lugar con más frecuencia
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:

Durante los últimos 12 meses, ¿cuántas veces ha ido a un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado POR SU SALUD?

*Enter 96 if number is 96 or greater.

*Read if necessary: Los centros de atención médica urgente NO EN UN HOSPITAL y Las clínicas dentro de una farmacia o supermercado son Lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.

* Read if necessary: Este es diferente a una sala de emergencias en un hospital.

Response:

00-96	Range of values
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:

Durante los últimos 12 meses, ¿cuántas veces ha ido a la sala de emergencias EN UN HOSPITAL por su salud?

**Read if necessary: Esto incluye las visitas a la sala de emergencias en las cuales le tuvieron que hospitalizar.*

**Enter 96 if number is 96 or greater.*

Response:

00-96	Range of values
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:

Durante los últimos 12 meses, ¿ha sido hospitalizado? ^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: "No incluye las noches que haya pasado en una sala de emergencias."

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿RETRASÓ en obtener atención médica debido al costo?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo alguna ocasión en la que necesitó atención médica pero NO LA OBTUVO debido al costo?

Response:

1	Si
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:

¿Hubo alguna ocasión cuando RETRASÓ buscar atención médica debido a la pandemia del coronavirus?

Response:

1	Sí
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:

¿Hubo alguna ocasión cuando necesitó atención médica para algo aparte del coronavirus, pero NO LA RECIBIÓ debido a la pandemia del coronavirus?

Response:

1	Si
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:

En los últimos 12 meses, ¿tuvo una cita con un médico, enfermero(a) u otro profesional de la salud por video o por teléfono?

Response:

1	Si
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:

¿Tuvo alguna de sus citas por video o por teléfono debido a razones relacionadas con la pandemia del coronavirus?

Response:

1	Si
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.0010.00.4 Variable: CANCOVTREA_A Interview Module: Adult Content Type: Emerging Content

Question Text:

La siguiente pregunta se refiere a tratamientos para el cáncer como por ejemplo cirugía, radioterapia, quimioterapia, trasplantes de médula ósea, trasplantes de células madre o terapia hormonal.

¿Hubo alguna ocasión desde el inicio de la pandemia del coronavirus cuando estaba en tratamiento o debía recibir tratamiento para su cáncer?

* **Read if necessary:** *La terapia hormonal incluye tamoxifeno, Fulvestrant o inhibidores de aromatasa para el cáncer de mama y La terapia con andrógenos, como Eligard o Zoladex, para el cáncer de próstata.*

Response:

1	Sí
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.0020.00.4 Variable: CANCOVCHG_A Interview Module: Adult Content Type: Emerging Content

Question Text:

¿Alguno de sus tratamientos para el cáncer cambió, se retrasó o se canceló debido a la pandemia del coronavirus?

Response:

1	Si
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.0030.00.4 Variable: CANCOVOTH_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Como paciente de cáncer o sobreviviente de cáncer, es posible que necesite OTRA atención médica relacionada con su cáncer, como exámenes de laboratorio, obtención de imágenes, visitas de monitoreo, rehabilitación, fisioterapia, atención para efectos secundarios o visitas con especialistas médicos.

¿Hubo alguna ocasión desde el inicio de la pandemia del coronavirus cuando necesitó alguno de estos OTROS tipos de atención médica relacionada con su cáncer?

Response:

1	Sí
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.0040.00.4 Variable: CANCOVCARE_A Interview Module: Adult Content Type: Emerging Content

Question Text:

¿Cambió, se retrasó o se canceló alguna de esta otra atención médica relacionada con su cáncer debido a la pandemia del coronavirus?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿tomó un medicamento recetado?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿fue cierta alguna de estas afirmaciones para usted?

...Dejó de tomar algunas dosis de medicamento para ahorrar dinero.

Response:

1	Sí
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:** *Durante Los últimos 12 meses, ¿fue cierta alguna de estas afirmaciones para usted?*

...Tomó menos medicamento para ahorrar dinero.

Response:

1	Sí
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:** *Durante Los últimos 12 meses, ¿fue cierta alguna de estas afirmaciones para usted?*

...Retrasó la compra de algún medicamento recetado para ahorrar dinero.

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿necesitó un medicamento recetado, pero NO LO OBTUVO debido al costo?

Response:

1	Si
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]

Las siguientes preguntas son sobre el uso de medicamentos recetados para el dolor conocidos como opioides. Al contestar estas preguntas, por favor no incluya medicamentos para el dolor que son sin receta médica tal como aspirina, Tylenol, Advil o Aleve.

Durante los últimos 12 meses, ¿tomó algún medicamento opiode para el dolor recetado por un médico, dentista, u otro profesional de salud? Ejemplos incluyen hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, y Percodan. Si no está seguro, por favor dígame cómo se llama el medicamento y lo buscaré.

- * 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	Sí
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:

Durante los últimos 3 meses, ¿tomó algún medicamento opiode para el dolor recetado por un médico, dentista u otro profesional de salud?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿tomó un medicamento opiáceo recetado por un médico para tratar el dolor a corto plazo o agudo, tal como dolor causado por un hueso roto, tirón muscular, procedimientos dentales o dolor después de una cirugía?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿tomó un medicamento opiáceo recetado por un médico para tratar dolor a largo plazo o dolor crónico, tal como el dolor de la espalda baja (lumbago) o dolor en el cuello, dolores de cabeza frecuentes o migrañas, o dolor articular o de artritis?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿con qué frecuencia tomó un medicamento opiáceo recetado por un médico? ¿Diría que algunos días, casi todos los días o todos los días?

Response:

1	Algunos días
2	Casi todos los días
3	Todos los días
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 with 2020 supplements

Question ID: IMS.0010.00.3 Variable: PREGFLUYR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Estuvo embarazada por algún tiempo ^AUGUSTYEAR?

Fills:

^AUGUSTYEAR	Description	period of pregnancy
	Instruction	If INTERVIEW_MONTH=1-3 "desde el 1 de agosto, ^LASTYEAR" If INTERVIEW_MONTH=4-7 "entre agosto ^LASTYEAR y marzo ^YEAR" If INTERVIEW_MONTH=8-12 "desde el 1 de agosto, ^YEAR"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YEAR	Description	Year of Interview
	Instruction	Current Year

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0020.00.3 Variable: LIVEBIRTH_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Durante los últimos 12 meses, ¿tuvo un embarazo en que nació el bebé con vida?

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0030.00.1 Variable: SHTFLU12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

Hay dos tipos de vacuna contra la gripe. Una es una inyección y la otra es un aerosol, vapor o gotas en la nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe?

* **Read if necessary:** La vacuna contra La gripe se suele administrar en el otoño para proteger contra La influenza durante La temporada de gripe.

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0040.01.1 Variable: SHTFLUM_A Interview Module: Adult Content Type: Annual Core

Question Text:

* 1 of 2

¿En qué mes y año recibió su más reciente vacuna contra la gripe?

Response:

01	enero
02	febrero
03	marzo
04	abril
05	mayo
06	junio
07	julio
08	agosto
09	septiembre
10	octubre
11	noviembre
12	diciembre
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 with 2020 supplements

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 with 2020 supplements

Question ID: IMS.0050.00.3 Variable: FLUPREG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Se vacunó contra la gripe antes o durante su embarazo actual?

Response:

1	Antes de su embarazo
2	Durante su embarazo
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 with 2020 supplements

Question ID: IMS.0060.00.3 Variable: FLUPREG2_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Anteriormente dijo que estuvo embarazada por algún tiempo ^AUGUSTYEAR? ¿Se vacunó contra la gripe antes, durante o después de su embarazo?

Fills:

^AUGUSTYEAR	Description	period of pregnancy
	Instruction	If INTERVIEW_MONTH=1-3 "desde el 1 de agosto, ^LASTYEAR" If INTERVIEW_MONTH=4-7 "entre agosto ^LASTYEAR y marzo ^YEAR" If INTERVIEW_MONTH=8-12 "desde el 1 de agosto, ^YEAR"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^YEAR	Description	Year of Interview
	Instruction	Current Year

Response:

1	Antes de su embarazo
2	Durante su embarazo
3	Después de su embarazo
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 with 2020 supplements

Question ID: IMS.0070.00.1 Variable: SHTPNUEV_A Interview Module: Adult Content Type: Annual Core

Question Text:

Una inyección contra la neumonía o pulmonía es también conocida como la vacuna neumocócica. ¿Alguna vez tuvo una inyección contra la neumonía?

* **Read if necessary:** Hay dos tipos de inyecciones contra la neumonía: polisacárida, también conocida como *Pneumovax*®, y conjugada, también conocida como *Prevnar*®.

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0080.00.1 Variable: SHTPNEUNB_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Cuántas inyecciones contra la neumonía ha tenido?

Response:

1	Una inyección contra la neumonía
2	Dos inyecciones contra la neumonía
3	Más de dos inyecciones contra la neumonía
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 with 2020 supplements

Question ID: IMS.0090.00.3 Variable: SHTSHINGLE_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Alguna vez se vacunó contra la culebrilla?

* **Read if necessary:** La culebrilla (también conocida como herpes zóster o Shingles) es una enfermedad que resulta en sarpullido o ampollas y es usualmente doloroso. Hay dos vacunas que ahora están disponible contra la culebrilla. La primera es Zostavax®, que requiere una inyección y ha sido disponible desde 2006. La segunda es Shingrix®, una nueva vacuna que requiere 2 inyecciones y que ha sido disponible desde 2017.

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0100.00.3 Variable: ZOSTAVAX_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Hay dos vacunas que ahora están disponibles contra la culebrilla. La primera es Zostavax®, que requiere una inyección y ha sido disponible desde 2006. La segunda es Shingrix®, una nueva vacuna que requiere 2 inyecciones y ha sido disponible desde 2017.

¿Alguna vez se vacunó con Zostavax®, la vacuna contra la culebrilla que requiere una inyección?

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0110.00.3 Variable: ZOSTAVAXYR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿En qué año recibió su más reciente inyección de Zostavax®?

* **Read if necessary:** *La vacuna de Zostavax® ha sido disponible desde 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 with 2020 supplements

Question ID: IMS.0120.00.3 Variable: ZOSTAWHEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Fue antes de 2018?

Response:

1	Si
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 with 2020 supplements

Question ID: IMS.0130.00.3 Variable: SHINGRIX_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Alguna vez se vacunó con Shingrix®, la nueva vacuna contra la culebrilla que requiere 2 inyecciones y ha sido disponible desde 2017?

Response:

1	Si
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 with 2020 supplements

Question ID: IMS.0140.00.3 Variable: SHINGRIXNB_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Cuántas inyecciones de Shingrix® ha tenido?

Response:

1	Una inyección de Shingrix
2	Dos inyecciones de Shingrix
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 with 2020 supplements

Question ID: IMS.0150.00.3 Variable: SHINGRIXR_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿En qué año recibió su más reciente inyección de Shingrix®?

* **Read if necessary:** *La vacuna de Shingrix® ha sido disponible desde 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 with 2020 supplements

Question ID: IMS.0160.00.3 Variable: SHINGWHEN_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿Fue antes de 2018?

Response:

1	Si
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 with 2020 supplements

Question ID: IMS.0170.00.03 Variable: TDAPPREG_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Una vacuna Tdap es una inyección de refuerzo para prevenir el tétanos que incluye la vacuna contra la tos ferina o tos convulsiva. Anteriormente dijo que durante los últimos 12 meses, tuvo un embarazo en que nació el bebé con vida. ¿Recibió la vacuna Tdap durante este embarazo?

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0180.00.3 Variable: WORKHEALTH_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

¿En su trabajo o actividades de voluntario, provee usted atención médica a pacientes por ser un médico, enfermero(a), dentista, terapeuta, trabajador de cuidados de salud en el hogar o respondedor de emergencias?

Response:

1	Sí
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 with 2020 supplements

Question ID: IMS.0190.00.3 Variable: WRKHLTHFC_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Aunque no provee atención médica directamente a pacientes, ¿hace algún trabajo o actividades de voluntario en un centro de cuidado de salud tal como un hospital, un consultorio médico, oficina de dentista, cuidados de enfermería en un asilo (nursing home) o un centro de atención residencial?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿le examinó la vista algún especialista tal como un optometrista, oftalmólogo u oculista?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿recibió alguna sesión de fisioterapia, terapia del habla, rehabilitación o terapia ocupacional?

* **Read if necessary:** *No incluya terapia para la salud mental.*

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿recibió en el hogar los cuidados de un(a) enfermero(a) o de otro profesional de la salud?

Response:

1	Si
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:

¿Hubo alguna ocasión cuando necesitó cuidados en casa por un(a) enfermero(a) u otro profesional de la salud, pero NO LA RECIBIÓ debido a la pandemia del coronavirus?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿recibió cuidados en casa de un amigo(a) o familiar?

* **If the respondent asks what is meant by the term "cuidados," say:** *"Se considera cuidados una gran variedad de actividades con las que una persona puede necesitar ayuda. Por ejemplo, el cuidado en el hogar puede incluir tareas personales como dar medicamentos o ayudar a comer, vestirse o bañarse o tareas domésticas como limpiar, administrar dinero o preparar comidas".*

Response:

1	Sí
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:

¿Hubo alguna ocasión cuando necesitó cuidados en casa de un amigo(a) o familiar, pero NO LA RECIBIÓ debido a la pandemia del coronavirus?

Response:

1	Si
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:

¿Le dió un amigo(a), o familiar una parte o todo el cuidado que un(a) enfermero(a) u otro profesional de la salud no le dió debido a la pandemia del coronavirus?

Response:

1	Si
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:

¿Con qué frecuencia se siente preocupado(a), nervioso(a) o ansioso(a)? ¿Diría diariamente, semanalmente, mensualmente, algunas veces al año o nunca?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Por favor responda basado en su uso habitual de medicamentos."

Response:

1	Diariamente
2	Semanalmente
3	Mensualmente
4	Algunas veces al año
5	Nunca
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:

¿Toma algún medicamento recetado cuando se siente así?

Response:

1	Sí
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:

Pensando en la última vez que se sintió preocupado(a), nervioso(a) o ansioso(a), ¿cómo calificaría la intensidad de estos sentimientos? ¿Diría que un poco, mucho o entre poco y mucho?

Response:

1	Un poco
2	Mucho
3	Entre un poco y mucho
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:

¿Con qué frecuencia se siente deprimido(a)? ¿Diría diariamente, semanalmente, mensualmente, algunas veces al año, o nunca?

* If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Por favor responda basado en su uso habitual de medicamentos."

Response:

1	Diariamente
2	Semanalmente
3	Mensualmente
4	Algunas veces al año
5	Nunca
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:

¿Toma algún medicamento recetado para la depresión?

Response:

1	Sí
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:

Pensando en la última vez que se sintió deprimido(a), ¿qué tan deprimido(a) se sintió? ¿Diría que un poco, mucho o entre poco y mucho?

Response:

1	Un poco
2	Mucho
3	Entre un poco y mucho
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:

Durante los últimos 12 meses, ¿tomó un medicamento recetado para ayudarle con cualquiera de sus otras emociones o con su concentración, comportamiento o salud mental?

Response:

1	Si
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 MHTRPY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

MHC: Mental Health Care

Question ID: MHC.0020.00.2 Variable: MHTHRPY_A Interview Module: Adult Content Type: Annual Core

Question Text:

Durante los últimos 12 meses, ¿recibió asesoramiento o terapia de un profesional de la salud mental tal como siquiátras, sicólogos, enfermeros siquiátricos o trabajadores social clínico?

Response:

1	Si
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:

¿Actualmente está recibiendo asesoramiento o terapia de un profesional de la salud mental?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿RETRASÓ en obtener asesoramiento o terapia de un profesional de la salud mental debido al costo?

Response:

1	Si
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: MHTHND_A Interview Module: Adult Content Type: Annual Core

Question Text:

Durante los últimos 12 meses, ¿necesitó asesoramiento o terapia de un profesional de la salud mental pero NO LA OBTUVO debido al costo?

Response:

1	Si
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: PAIINTRO_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

La siguiente pregunta es sobre dolor que pudo haber tenido en los últimos tres meses.

* 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:

En los últimos tres meses, ¿con qué frecuencia tuvo dolor? ¿Diría que nunca, algunos días, casi todos los días o todos los días?

* If respondent asks whether they are to answer about their pain when taking their medications, say: "Por favor responda basado en su uso habitual de medicamentos."

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

Pensando en la última vez que sintió dolor, ¿cuánto dolor sintió? ¿Diría que un poco, mucho o entre poco y mucho?

Response:

1	Un poco
2	Mucho
3	Entre un poco y mucho
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.0060.00.3 Variable: PAIOTCMEDS_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Durante los últimos tres meses, ¿usó alguno de los siguientes para controlar su dolor?

...Medicamentos sin receta médica tal como aspirina, Tylenol, Advil o Aleve

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó alguno de Los siguientes para controlar su dolor?*

...Un analgésico recetado por un médico, dentista u otro profesional de la salud que no sea un opiode

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó alguno de Los siguientes para controlar su dolor?*

... Fisioterapia, rehabilitación o terapia ocupacional

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who had pain at least some days in the past 3 months and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Manipulación de la columna u otra forma de cuidado quiropráctico

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Psicoterapia tal como terapia cognitiva-conductual TCC (CBT, por sus siglas en inglés)

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Yoga, Tai Chi o Qi Gong (chee-GONG)

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Otras formas de ejercicios tal como caminar, nadar, andar en bicicleta, estiramiento o entrenamiento de fuerza

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Masaje

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:** *Durante Los últimos tres meses, ¿usó algunas de las siguientes para controlar su dolor?*

...Meditación, meditación guiada, u otra técnica de relajación

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

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:

Durante los últimos tres meses, ¿usó otros métodos para controlar su dolor?

Response:

1	Si
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who have pain at least some days and PAINMNG_FLG=1

Skip Instructions:

<1,2,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:

El siguiente grupo de preguntas es acerca de las lesiones.

La primera pregunta es sobre lesiones por esfuerzo repetitivo. Nos referimos a las lesiones causadas por repetir el mismo movimiento por largos períodos de tiempo. Por ejemplo, esto incluye el síndrome del túnel carpiano, codo de tenista o tendinitis.

Durante los últimos 3 meses, ¿ha sufrido alguna lesión por esfuerzo repetitivo?

Response:

1	Sí
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:

¿Fueron algunas de estas lesiones por esfuerzo repetitivo lo suficientemente graves como para limitar sus actividades habituales por al menos 24 horas?

Response:

1	Si
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:

Para las siguientes preguntas, por favor, piense solamente en las lesiones por esfuerzo repetitivo que hayan limitado sus actividades habituales por al menos 24 horas después de sufrir la lesión.

Durante los últimos 3 meses, ¿vio o habló con un médico u otro profesional de la salud acerca de sus lesiones por esfuerzo repetitivo?

Response:

1	Sí
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 REPWRKDAY_A]

2020 National Health Interview Survey (NHIS) Questionnaire

REP: Repetitive Strain Injury

Question ID: REP.0040.00.2 Variable: REPWRKDAY_A Interview Module: Adult Content Type: Rotating Core

Question Text:

Durante los últimos 3 meses, ¿cuántos días de trabajo perdió debido a sus lesiones por esfuerzo repetitivo?

* If respondent says none, no, or 0 days, ask: ¿Trabajó durante Los últimos 3 meses?

* 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:

¿Espera perder más días de trabajo debido a sus lesiones por esfuerzo repetitivo?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿dejó de trabajar o cambió de trabajo debido a sus lesiones por esfuerzo repetitivo?

Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿hizo cambios significativos en sus actividades laborales, tales como reducir sus horas de trabajo o hacer tareas más livianas, debido a sus lesiones por esfuerzo repetitivo?

* Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Sí
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:

¿Alguna vez le dijo un médico u otro profesional de la salud que alguna de sus lesiones por esfuerzo repetitivo fueron causadas por algo que hacía mientras trabajaba en su empleo o negocio?

Response:

1	Sí
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:

El siguiente grupo de preguntas es acerca de lesiones REPENTINAS. Las personas se pueden lesionar por accidente o a propósito. Se pueden lastimar a sí mismas o las pueden lastimar otras personas.

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 los últimos 3 meses, ¿ha sufrido algún accidente o lesión que le haya lastimado alguna parte de su cuerpo?

Response:

1	Si
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:

¿Alguna de estas lesiones limitó sus actividades diarias por al menos 24 horas después que sufrió la lesión?

Response:

1	Si
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:

Para las siguientes preguntas, piense en aquellas lesiones significativas que le ocurrieron en los últimos 3 meses. Se entiende que son significativas aquellas lesiones que limitaron sus actividades habituales por al menos 24 horas después que sufrió la lesión.

^NOTREPS los últimos 3 meses, ¿cuántos accidentes o lesiones sufrió?

* Enter '96' if number is 96 or greater.

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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A cuando estaba en su casa?

***Read if necessary:** *Incluya los patios, el garaje, el sótano y otros lugares en la propiedad.*

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A cuando estaba en su trabajo o negocio?

Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A practicando algún deporte o haciendo ejercicios, incluyendo caminar, andar en bicicleta, correr o jugar béisbol, básquetbol, fútbol o alguna otra actividad física?

* **Read if necessary:** *Incluya deportes recreativos como patinar, esquiar, pescar o jugar tenis, golf o boliche.*

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A como resultado de una caída?

Response:

1	Sí
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:

¿Sufrió una caída en su propia casa?

Response:

1	Sí
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:

¿Sufrió una caída en su trabajo o negocio?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A como resultado de haber tenido un accidente automovilístico o por haber sido atropellado por un vehículo motorizado mientras caminaba o andaba en bicicleta?

**Read if necessary: Los vehículos motorizados incluyen los automóviles, camiones, camionetas, vans, autobuses, motocicletas, scooters motorizados, carritos y sillas de ruedas motorizados, tractores, ATV (vehículo todo terreno), motos de nieve, buggies y otros vehículos motorizados.*

Response:

1	Sí
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:

¿Era usted el conductor, pasajero(a), ciclista, peatón o estaba haciendo otra cosa cuando esto ocurrió?

* 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:

Durante los últimos 3 meses, ¿sufrió ^siginj_A mientras hacía sus tareas en el hogar, tales como quehaceres, cocinar, mantenimiento de la casa o jardinería?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿fue al médico u otro profesional de la salud para recibir tratamiento por ^siginj_A?

Response:

1	Si
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 INJWRKDAYSA_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:

Durante los últimos 3 meses, ¿fue a la Sala de Emergencias en un hospital debido a ^siginj_A?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿estuvo hospitalizado(a) hasta el día siguiente debido a ^siginj_A?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿sufrió fracturas de huesos debido a ^siginj_A?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿recibió puntos o grapas debido a ^siginj_A?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿cuántos días faltó al trabajo debido a ^siginj_A?

* If respondent says none, no, or 0 days, ask: ¿Trabajó durante Los últimos 3 meses?

* 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 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:

¿Espera perder más días de trabajo debido a ^siginj_A que haya sufrido en los últimos 3 meses?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿dejó de trabajar o cambió de trabajo debido a ^siginj_A?

Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿hizo cambios significativos en sus actividades laborales, tales como reducir sus horas de trabajo o hacer tareas más livianas, debido a ^siginj_A?

Enter 'no' if respondent says they did not work in the past 3 months.

Response:

1	Sí
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:

En los últimos 3 meses, ¿con qué frecuencia se sintió muy cansado o agotado? ¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

Pensando en la última vez que se sintió muy cansado o agotado, ¿cuánto tiempo se sintió así?
¿Diría que parte del día, la mayor parte del día o todo el día?

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:

Pensando en la última vez que se sintió así, ¿cómo describiría el nivel de cansancio? ¿Diría que un poco, mucho o entre poco y mucho?

Response:

1	Un poco
2	Mucho
3	Entre un poco y mucho
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:

Las siguientes preguntas son sobre el consumo de cigarrillos.

* 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:

¿Ha fumado al menos 100 cigarrillos en TODA SU VIDA?

Response:

1	Sí
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:

¿Qué edad tenía cuando COMENZÓ a fumar con regularidad?

* Fumar con regularidad is respondent defined. If asked about what this means, say that "Es Lo que usted considere como el comienzo de fumar de manera habitual o rutinariamente."

- * 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:

¿ACTUALMENTE fuma cigarrillos todos los días, algunos días o nunca?

Response:

1	Todos los días
2	Algunos días
3	Nunca
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:

En promedio, ¿cuántos cigarrillos fuma ACTUALMENTE por día?

* Enter '1' if less than 1 cigarette.

* Enter '95' if 95 or more cigarettes.

Response:

01-95	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:

En los últimos 30 días, ¿cuántos días fumó un cigarrillo?

* 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:

En promedio, cuando fumó en los últimos 30 días, ¿cuántos cigarrillos fumó por día?

* Enter '1' if less than 1.

* Enter '95' if 95 or more cigarettes.

Response:

01-95	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:

Durante los últimos 12 meses, ¿ha dejado de fumar por más de un día PORQUE ESTABA TRATANDO DE DEJAR DE FUMAR?

Response:

1	Si
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

¿Cuánto tiempo hace que dejó de fumar cigarrillos?

* 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: SMKQTP_A Interview Module: Adult Content Type: Rotating Core

Question Text:

* 2 of 2

* Enter time period for time since quit smoking.

Response:

1	Día(s)
2	Semana(s)
3	Mes(es)
4	Año(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_SMKQTP_A]
elseif SMKERR2_CALC_A gt GEN.AGE_FINAL[PX_A] [goto ERR2_SMKQTP_A]
elseif SMKAGE_A ne 96 [goto FORNUMCIG_A]
else [goto FORVARCIG_A]
```

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SMKQTP_A	Age started smoking plus years since quitting is greater than current age	{check ERR2_SMKQTP_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_SMKQTP_A	Former smokers who quit before the age of 15	{signal ERR1_SMKQTP_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:

La última vez que estuvo fumando CON REGULARIDAD, ¿cuántos cigarrillos se fumaba usualmente al día?

* Fumar con regularidad is respondent defined. If asked about what this means, say that "Es Lo que usted considere como el comienzo de fumar de manera habitual o rutinariamente."

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:

Durante el periodo más largo que estuvo fumando, ¿cuántos cigarrillos se fumaba al día como promedio?

* **Read if necessary:** 1 paquete equivale a 20 cigarrillos.

* **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:

En los últimos 12 meses, ¿un médico, dentista u otro profesional de la salud le RECOMENDÓ sobre las formas de dejar de fumar o le recetó medicamento para ayudarle a dejar de fumar?

Response:

1	Si
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:

¿Alguna vez ha usado un cigarrillo electrónico u otro producto electrónico para vapear, aunque sea solo una vez, en toda su vida?

* **Read if necessary:** *Los cigarrillos electrónicos (e-cigarrillos) u otros productos electrónicos para vapear incluyen JUULs, cigarrillo a vapor, e-cigarrillos y otros. Estos productos funcionan con baterías y usualmente contienen nicotina sabor a fruta, menta o dulce.*

* **These questions concern electronic vaping products for nicotine use.**

* **Do not include marijuana use.**

Response:

1	Sí
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:

¿ACTUALMENTE usa cigarrillos electrónicos u otro producto electrónico para vapear todos los días, algunos días o nunca?

* These questions concern electronic vaping products for nicotine use.

* Do not include marijuana use.

Response:

1	Todos los días
2	Algunos días
3	Nunca
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:

¿Alguna vez ha fumado un puro regular, cigarrito, o puro pequeño con filtro, AUNQUE SEA UNA VEZ?

* **Read if necessary:** *Los "cigarritos" son puros medianos que a menudo se venden con boquillas de plástico o de madera. Algunas marcas conocidas son Black and Mild, Swisher Sweets, Dutch Masters y Phillies Blunts. Los cigarritos se venden usualmente de manera individual o en paquetes de 5 o menos. Los puros pequeños con filtros parecen cigarrillos y usualmente son de color marrón. Al igual que los cigarrillos, los puros pequeños con filtro tienen un filtro esponjoso y se venden en paquetes de 20. Algunas marcas comunes son Prime Time and Winchester.*

* **Read if necessary:** *No incluya puros electrónicos.*

Response:

1	Sí
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:

¿ACTUALMENTE fuma puros regulares, cigarrillos, o puros pequeños con filtro todos los días, algunos días o nunca?

Response:

1	Todos los días
2	Algunos días
3	Nunca
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:

En los ÚLTIMOS 30 DÍAS, ¿cuántos días fumó un puro regular, cigarrillo o puro pequeño con filtro?

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:

¿Alguna vez ha fumado una pipa rellena con tabaco, ya sea en una pipa regular, de agua o en un narguile, AUNQUE SEA UNA VEZ?

* **Read if necessary:** *Un narguile es un tipo de pipa de agua. A veces se conoce como una pipa narguile. No incluya narguiles electrónicos.*

* **Read if necessary:** *No incluya puros electrónicos.*

* **Read if necessary:** *No incluya pipas rellenas con otras sustancias que no sea tabaco.*

Response:

1	Sí
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:

¿ACTUALMENTE fuma pipas rellenas con tabaco, ya sea pipas regulares, pipas de agua o narguiles, todos los días, algunos días o nunca?

* **Read if necessary:** *No incluya pipas rellenas con otras sustancias que no sean tabaco.*

Response:

1	Todos los días
2	Algunos días
3	Nunca
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: SMOKESEV_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

Los productos de tabaco sin humo se colocan en la boca o nariz y pueden incluir tabaco para mascar o para chupar, rapé, snus, o soluble.

¿Alguna vez ha usado productos de tabaco sin humo, AUNQUE SEA UNA VEZ?

* **Read if necessary:** *No incluya productos de terapia de reemplazo de nicotina como parches, goma de mascar, pastillas o aerosoles que se consideren tratamientos para dejar de fumar.*

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample adults 18+

Skip Instructions:

<1> [goto SMOKESEV_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:

¿ACTUALMENTE usa productos de tabaco sin humo todos los días, algunos días o nunca?

Response:

1	Todos los días
2	Algunos días
3	Nunca
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:

Las siguientes preguntas son sobre el consumo de bebidas alcohólicas.

El alcohol incluye cerveza, vino, cócteles de vino (wine coolers), licores tales como vodka, whisky o ron, bebidas mixtas o cócteles con alcohol y cualquier otro tipo de bebida alcohólica.

En TODA SU VIDA, ¿ha consumido por lo menos un trago de cualquier tipo de bebida alcohólica, sin contar probaditas pequeñas o sorbitos?

Response:

1	Sí
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

Durante los últimos 12 meses, ¿cuántos días a la semana, al mes o al año tomó algún tipo de bebida alcohólica?

* **Read if necessary:** *El alcohol incluye cerveza, vino, cócteles de vino (wine coolers), licores tales como vodka, whisky o ron, bebidas mixtas o cócteles con alcohol y cualquier otro tipo de bebida alcohólica.*

* 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:

Al contar el número de tragos, un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas, un vasito de licor o 1.5 onzas de una bebida de alcohol fuerte. Una cerveza grande de 40 onzas cuenta como 3 tragos, o un cóctel hecho con lo que equivale a 2 vasitos de licor cuenta como 2 tragos.

Durante los últimos 12 meses, en esos días que tomó bebidas alcohólicas, en promedio, ¿cuántos TRAGOS consumió?

- * 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:

En UN AÑO DETERMINADO, ¿ha consumido por lo menos 12 tragos de cualquier tipo de bebida alcohólica?

* **Read if necessary:** *Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas, un vasito de licor o 1.5 onzas de una bebida de alcohol fuerte. Una cerveza grande de 40 onzas cuenta como 3 tragos, o un cóctel hecho con lo que equivale a 2 vasitos de licor cuenta como 2 tragos.*

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo alguna vez cuando consumió ^BINGE tragos en un día?

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ who drank less than 3(female)/4(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:

La siguiente pregunta es sobre los últimos 30 días SOLAMENTE.

Durante los últimos 30 días, ¿consumió por lo menos UN trago de cualquier tipo de bebida alcohólica?

Response:

1	Sí
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:

Durante los últimos 30 días, ¿cuántas veces consumió ^BINGE tragos en una ocasión?

* **Read if necessary:** *Una ocasión de beber se considera un período de dos horas aproximadamente.*

* **Enter '0' if none.**

* **Enter '60' if 60 or more times.**

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:

En los últimos 12 meses, ¿un médico, dentista u otro profesional de la salud le RECOMENDÓ que dejara de beber o redujera su consumo de alcohol?

Response:

1	Si
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

Las siguientes preguntas son sobre actividades físicas que puede hacer en su tiempo LIBRE como ejercicio, deportes o pasatiempos donde esta físicamente activo(a). Estamos interesados en dos tipos de actividad física: las de intensidad moderada y vigorosa. Las actividades de intensidad moderada causan aumentos moderados en la respiración o el ritmo cardíaco, mientras que las actividades de intensidad vigorosa causan grandes aumentos en la respiración o el ritmo cardíaco.

¿Con qué frecuencia hace actividades físicas en el TIEMPO LIBRE CON INTENSIDAD MODERADA?

* **If necessary, prompt with:** *¿Cuántas veces por día, semana, mes o año hace estas actividades?*

* **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

¿Por cuánto tiempo hace estas actividades físicas en el tiempo libre con intensidad moderada cada vez?

Read if necessary: *Las actividades de intensidad moderada causan aumentos moderados de La respiración o el ritmo cardíaco.*

* 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

¿Con qué frecuencia hace actividades físicas en el TIEMPO LIBRE CON INTENSIDAD VIGOROSA?

* **Read if necessary:** *Las actividades de intensidad vigorosa causan grandes aumentos en la respiración o el ritmo cardíaco.*

* **Read if necessary:** *¿Cuántas veces por día, semana, mes o año hace estas actividades?*

* **Enter number for vigorous leisure-time physical activities.**

* **Enter '0' for Never.**

* **Enter '996' if unable to do this type of activit**

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 VIGN_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

¿Cuánto tiempo hace estas actividades físicas en el tiempo libre con intensidad vigorosa cada vez?

* **Read if necessary:** *Las actividades de intensidad vigorosa causan grandes aumentos de La respiración o el ritmo cardíaco.*

* **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 ^VIGLTP_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

Incluyendo las actividades que mencionó anteriormente, ¿con qué frecuencia hace actividades físicas en el TIEMPO LIBRE diseñadas específicamente para FORTALECER sus músculos, tal como hacer abdominales, flexiones de brazo, ejercicio de lagartijas (push-ups), o ejercicios con pesas?

* **Read if necessary:** *¿Cuántas veces por día, semana, mes o año hace estas actividades?*

* **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:

Las siguientes preguntas son sobre caminar como modo de transporte. Esto se refiere a lo que hubiera caminado para ir y venir del trabajo, hacer diligencias o ir de un lugar a otro. Le haré preguntas separadas sobre caminar por otras razones, tales como relajación, ejercicio o para pasear al perro.

En los últimos 7 días, ¿caminó como modo de transporte?

***Read if necessary:** *Incluya caminar de ida o de vuelta a la parada de autobús, del metro o del tren.*

***Read if necessary:** *No incluya caminar por relajación o ejercicio.*

Response:

1	Sí
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:

En los últimos 7 días, ¿cuántos días caminó como medio de transporte?

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

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.

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:

A veces, uno camina por diversión, relajación, ejercicio o para pasear al perro. En los últimos 7 días, ¿caminó por alguna de estas razones?

**Read if necessary: No incluya caminar como modo de transporte.*

Response:

1	Sí
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:

En los últimos 7 días, ¿cuántos días caminó por placer o ejercicio?

* **Read if necessary:** *Ya sea caminar por diversión, relajación, ejercicio o para pasear al perro.*

* **Read if necessary:** *No incluya caminar como modo de transporte.*

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

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.

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:

De las caminatas que mencionó antes, ¿con qué frecuencia camina cerca de ^HOME ya sea ^TLwalking?

¿Diría que casi siempre, la mayoría de las veces, algunas veces o nunca?

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:

Las siguientes preguntas son sobre el lugar donde vive. Al decir el lugar donde vive nos referimos a su vecindario o cerca de ^HOME.

Donde vive, ¿hay caminos, aceras, veredas o senderos donde usted pueda caminar?

Response:

1	Sí
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:** *Donde vive...*

¿Hay tiendas, almacenes o mercados a los que pueda caminar?

Response:

1	Sí
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: *Donde vive...*

¿Hay paradas de autobús o de medios de transporte público hacia los que pueda caminar?

Response:

1	Sí
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: *Donde vive...*

¿Hay lugares tales como cines, bibliotecas, iglesias o templos hacia los que pueda caminar?

Response:

1	Sí
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: *Donde vive...*

¿Hay lugares hacia los que pueda caminar que le ayuden a relajarse, distraerse y reducir su nivel de estrés?

Response:

1	Sí
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:

Donde vive, ¿la mayoría de las calles tienen aceras?

Response:

1	Si
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:** *Donde vive...*

¿El tráfico hace que sea inseguro para usted caminar?

Response:

1	Sí
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: *Donde vive...*

¿El crimen hace que sea inseguro para usted caminar?

Response:

1	Sí
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: *Donde vive...*

¿Hay perros u otros animales que hacen que sea inseguro para usted caminar?

Response:

1	Sí
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:

¿Con qué frecuencia hace el estado del clima menos probable que usted camine?

¿Diría que casi siempre, la mayoría de las veces, algunas veces o nunca?

* **Read if necessary:** *Nos referimos a cualquier mal clima que hace menos probable que camine, tal como calor, frío, lluvia, nieve o viento.*

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:

¿Con qué frecuencia ve gente caminando a la vista de ^HOME?

¿Diría que todos los días, cada 2 o 3 días, como una vez a la semana o menos de una vez a la semana?

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:

Las siguientes preguntas son sobre exposición al sol.

* 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:

Después de varios meses sin exponerse al sol, si usted saliera ENTONCES a exponerse al sol sin protector solar o ropa protectora por una hora, ¿cuales de las siguientes le describiría la reacción de su piel?

¿Tendría una quemadura de sol grave con ampollas, una quemadura moderada con despellejamiento, una quemadura leve con o sin oscurecimiento o bronceado, un cambio a tono más oscuro sin quemadura de sol, o no le pasaría nada a su piel?

* **Read if necessary:** *Aun cuando no se ha expuesto al sol, ¿que le pasaría si lo hiciera? Recuerde su experiencia más reciente. Si no, piense en el pasado.*

* **Read if necessary:** *Al decir "quemadura de sol" nos referimos cuando su piel, aunque sea en una pequeña parte, se pone roja o le duele por 12 horas o más.*

* **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:

Cuando sale al aire libre en un día soleado, por más de una hora, ¿con qué frecuencia...

...se mantiene en la sombra?

¿Diría que siempre, la mayoría de las veces, algunas veces, casi nunca o nunca se mantiene en la sombra?

* 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:

Cuando sale al aire libre en un día soleado, por más de una hora, ¿con qué frecuencia...

...usa un sombrero que proteja la cara, orejas Y cuello, como un sombrero de ala ancha?

¿Diría que siempre, la mayoría de las veces, algunas veces, casi nunca o nunca usa un sombrero?

* 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: *Quando sale al aire libre en un día soleado, por más de una hora, ¿con qué frecuencia...*

...usa una camisa o blusa de mangas largas?

*** Read if necessary:** *¿Diría que siempre, La mayoría de las veces, algunas veces, casi nunca o nunca usa una camisa o blusa de mangas largas?*

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: *Cuando sale al aire libre en un día soleado, por más de una hora, ¿con qué frecuencia...*

...usa protector solar?

Read if necessary: *¿Diría que siempre, La mayoría de las veces, algunas veces, casi nunca o nunca usa protector solar?*

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:

Cuando pasa tiempo al aire libre, ¿con qué frecuencia se expone al sol con el propósito de broncearse?

* **Read if necessary:** *¿Diría que siempre, La mayoría de las veces, algunas veces, casi nunca o nunca?*

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:

Durante los últimos 12 meses, ¿sufrió alguna quemadura de sol?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿cuántas veces sufrió una quemadura de sol?

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:

Durante los últimos 12 meses, ¿cuántas veces usó un dispositivo de bronceado, tal como una lámpara bronceadora, cama bronceadora o cabina bronceadora? NO incluya las ocasiones en que se aplicó un spray autobronceante.

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:

Durante los últimos 12 meses, ¿un médico u otro profesional de la salud le RECOMENDÓ

... Aumentar la cantidad de actividad física o ejercicio que hace?

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿un médico u otro profesional de la salud le RECOMENDÓ
...Reducir la cantidad de grasa o calorías en su dieta?

Response:

1	Sí
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:** *Durante Los últimos 12 meses, ¿un médico u otro profesional de La salud Le RECOMENDÓ*

...Participar en un programa para bajar de peso?

Response:

1	Sí
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:

¿ACTUALMENTE está

... Aumentando sus ejercicios o actividad física?

Response:

1	Sí
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:

¿ACTUALMENTE está

...Reduciendo la cantidad de grasa o calorías en su dieta?

Response:

1	Sí
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:** *¿ACTUALMENTE está*

...Participando en un programa para bajar de peso?

Response:

1	Sí
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:

En promedio, ¿cuántas horas duerme en un período de 24 horas?

* 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:

Durante los últimos 30 días, ¿con qué frecuencia despertó sintiéndose descansado(a)?

¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

Durante los últimos 30 días, ¿con qué frecuencia tuvo dificultades para dormirse?

¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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: *Durante Los últimos 30 días...*

¿con qué frecuencia tuvo dificultades para mantenerse dormido(a)?

Read if necessary: *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

* **Include waking up too early.**

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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: *Durante Los últimos 30 días...*

¿con qué frecuencia tomó medicamentos que lo ayudaran a dormirse o a mantenerse dormido(a)?
Incluya medicamentos recetados y medicamentos sin receta médica.

Read if necessary: *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

¿Con qué frecuencia recibe el apoyo social y emocional que necesita? ¿Diría que siempre, usualmente, algunas veces, casi nunca, o nunca?

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:

En comparación con hace 12 meses, ¿diría que ahora recibe más apoyo social y emocional, menos apoyo social y emocional, o más o menos lo mismo?

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:

A continuación, tenemos algunas preguntas sobre sus características demográficas, incluyendo orientación sexual, ingresos, empleo y estatus de veterano. Al igual que todas sus respuestas, se usarán para entender la salud de grupos de personas en el país y su información se mantendrá confidencial.

* 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:

¿Se considera usted ^gaylesbian; no ^gaylesbian, o sea, heterosexual; bisexual; otra cosa; o no sabe la respuesta?

Fills:

^gaylesbian	Description	Gay/Lesbian or gay
	Instruction	If SEX=1 fill "Gay"; else if SEX='2',RF,DK fill "Lesbiana o gay"

Response:

1	^GayLesbian
2	Heterosexual, o sea no ^gaylesbian
3	Bisexual
4	Otra cosa
5	No sabe la respuesta
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:

Las siguientes preguntas son sobre el matrimonio y vivir con pareja. ¿Actualmente está usted casado(a), viviendo con su pareja sin estar casado(a), o ninguna de las dos cosas?

* If respondent answers both married and living with a partner together as an unmarried couple, enter living with partner.

Response:

1	Casado(a)
2	Viviendo con su pareja sin estar casado(a)
3	Ninguna de las dos cosas
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:

¿Vive aquí su cónyuge?

* **Read if necessary:** *Cónyuge se refiere al esposo o esposa.*

Response:

1	Sí
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:

¿Quién es su cónyuge?

* **Read if necessary:** *Cónyuge se refiere al esposo o esposa.*

* **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	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:

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:

Anteriormente anoté que ^SPOUSENAME ^spousesex. ¿Es esto correcto?

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 "es de sexo masculino" if GEN.SEX_FINAL[person selected at SPOUSWHO_A]=2, fill "es de sexo femenino" if GEN.SEX_FINAL[person selected at SPOUSWHO_A] IN (DK,RF), fill "no dio información sobre su sexo"

Response:

1	Sí
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 SPOUNEWSEX_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:

¿Es ^SPOUSENAME de sexo masculino o femenino?

Fills:

^SPOUSENAME	Description	Name of spouse
	Instruction	Fill name of spouse selected at SPOUSWHO_A

Response:

1	Masculino
2	Femenino
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:

¿Su cónyuge no vive aquí porque ustedes están legalmente separados?

Response:

1	Si
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:

¿Quién es su pareja?

* 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	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:

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:

Anteriormente anoté que ^PARTNERNAME ^partnersex. ¿Es esto correcto?

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 "es de sexo masculino" if GEN.SEX_FINAL[person selected at PARTNERWHO_A]=2, fill "es de sexo femenino" if GEN.SEX_FINAL[person selected at PARTNERWHO_A] IN (DK,RF), fill "no dio información sobre su sexo"

Response:

1	Sí
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:

¿Es ^PARTNERNAME de sexo masculino o femenino?

Fills:

^PARTNERNAME	Description	Name of partner
	Instruction	Fill name of partner selected at PARTNERWHO_A

Response:

1	Masculino
2	Femenino
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:

¿Ha estado usted casado(a) alguna vez?

Response:

1	Sí
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:

¿Cuál es su estado civil actual? ¿Esta casado(a), viudo(a), divorciado(a) o separado(a)?

Response:

1	Casado(a)
2	Viudo(a)
3	Divorciado(a)
4	Separado(a)
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:

¿Es viudo(a), divorciado(a), o separado(a)?

Response:

1	Viudo(a)
2	Divorciado(a)
3	Separado(a)
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:

¿Alguna vez sirvió en el servicio activo en las Fuerzas Armadas de los Estados Unidos, en las reservas militares o en la Guardia Nacional?

Response:

1	Si
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:

¿Estaba en servicio activo SOLO durante su entrenamiento en las reservas o en la Guardia Nacional?

Response:

1	Si
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:

¿Alguna vez sirvió en un país extranjero durante una época de conflicto armado o en una misión humanitaria o de mantenimiento de la paz?

Response:

1	Si
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:

¿Tiene una clasificación de discapacidad del V.A. (por sus siglas en inglés) relacionada con el servicio?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿recibió algún tipo de cuidado en un centro de Administración de Salud de Veteranos (V.H.A. por sus siglas en inglés) o recibió algún tipo de cuidado de salud pagado por el V.A. (por sus siglas en inglés)?

* **Read if necessary:** *Las instalaciones de La V.H.A. incluyen Los hospitales del V.A., Los centros médicos del V.A., Las clínicas para pacientes no hospitalizados del V.A. y cuidado de enfermería en un asilo (nursing homes) del V.A.*

Response:

1	Sí
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:

¿Alguna vez se ha registrado o ha usado cuidados de salud de la Administración de Veteranos o V.A. (por sus siglas en inglés)?

Response:

1	Si
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 ¿Nació usted en los Estados Unidos o en un territorio de los Estados Unidos?

Fills:

^Askverify_A	Description	FR Instruction
	Instruction	If GEN.SARESPSC_FLG=1, fill "* Ask or verify:"

Response:

1	Sí
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:

¿En cuál estado o territorio de los Estados Unidos nació usted?

Response:

Verbatim	Verbatim values
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:

¿En qué año vino a los Estados Unidos para quedarse?

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:

¿Es ciudadano(a) de los Estados Unidos?

Response:

1	Sí
2	No
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:

¿Nació en el extranjero de padre o madre estadounidense, nació en el extranjero y fue adoptado (a) por padre o madre estadounidense, o se hizo ciudadano(a) estadounidense por naturalización?

Response:

1	Nació en el extranjero de padre o madre estadounidense
2	Nació en el extranjero y fue adoptado(a) por padre o madre estadounidense
3	Se hizo ciudadano(a) estadounidense por naturalización
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:

¿Acualmente está inscrito o asistiendo a la escuela?

* **Read if necessary:** *La escuela incluye la escuela secundaria o high school, la universidad, escuela de oficio o la escuela profesional. Los estudiantes pueden estar inscritos a tiempo parcial o a tiempo completo.*

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿cuántos días de escuela perdió porque tuvo una enfermedad, lesión o discapacidad?

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_SCHEDYSMSS_A]

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SCHEDYSMSS_A	Missed 100-365 days	{signal ERR1_SCHEDYSMSS_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:

LA SEMANA PASADA, ¿trabajó por pago en un empleo o negocio?

* 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	Sí
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:

¿Tuvo un empleo o negocio la SEMANA PASADA, pero estuvo temporalmente ausente debido a enfermedad, vacaciones, permiso o licencia familiar o de maternidad, u otra razón?

Response:

1	Si
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: EMPWRKHRS_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Cuántas horas ^LASTUSUAL en total en TODOS sus empleos o negocios?

Fills:

^LASTUSUAL	Description	did you work LAST WEEK/do you USUALLY work per week
	Instruction	If EMPLASTWK_A=1 fill "trabajó la SEMANA PASADA" else if EMPNOWRK_A=1 fill "trabaja USUALMENTE por semana"

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:

¿USUALMENTE trabaja 35 horas o más por semana en TODOS sus empleos o negocios?

Response:

1	Sí
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:

¿Cuál es la razón PRINCIPAL por la cual no trabajó por pago en un empleo o negocio la semana pasada?

* Probe if necessary.

Response:

01	No pudo encontrar trabajo, fue despedido, estuvo buscando trabajo
02	Trabajo por temporada/por contrato
03	Retirado(a)
04	No pudo trabajar por razones de salud/discapacidad
05	Ocupándose de la casa o la familia
06	Asistiendo a la escuela
07	Trabajando en un empleo o negocio pero no por pago
08	Otro
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: EEMPLSTWRK_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Cuándo fue la última vez que trabajó por pago en un empleo o negocio, aunque fuera solo por unos cuantos días?

Response:

1	En los últimos 12 meses
2	Entre 1 y 5 años
3	Hace más de 5 años
4	Nunca ha trabajado
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: EMDWHOWRK_A Interview Module: Adult Content Type: Rotating Core

Question Text:

^JOBFOR quién ^dodid ^job?

* Enter the name of the company, business or employer.

* Read if necessary for those with more than one MAIN job or business: *¿Dónde ^dodid La mayor cantidad de tiempo?*

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:

¿Qué tipo de negocio o industria ^iswas esta?

* **Read if necessary:** *Por ejemplo: hospital, publicación de periódicos, casa de correo postal, fabricación de motores de automóviles, banco.*

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:

¿Qué tipo de trabajo ^hacer_A?

* **Read if necessary:** *Por ejemplo: enfermero(a) registrado(a), gerente de personal, supervisor(a) del departamento de encargos, secretario(a), contador.*

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:

¿Cuáles ^arewere sus actividades o responsabilidades más importantes en este trabajo o negocio?

* **Read if necessary:** *Por ejemplo: cuidar pacientes, dirigir políticas de contratación, supervisar personas del departamento de encargos, escribir en la computadora y archivar, conciliar registros financieros.*

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 EMDSRVIS_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 a otros empleados como parte de su trabajo?

Response:

1	Sí
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:

¿Cuál de estos describe MEJOR su trabajo PRINCIPAL o ^WRKCAT?

* Read answer choices.

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:

En cuanto a su trabajo o empleo ^LASTWK, ¿puede tomar días pagados en caso de enfermedad si lo necesita?

* **Read if necessary:** *Los días pagados en caso de enfermedad también se conoce como La Licencia por enfermedad.*

Fills:

^LASTWK	Description	last week
	Instruction	if EMPWRKHRS_A IN (1-168,RF,DK) fill: "de la semana pasada" else fill: blank

Response:

1	Sí
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:

En cuanto a su trabajo o empleo ^LASTWK, ¿se le ofreció seguro de salud a través de su trabajo?

Fills:

^LASTWK	Description	last week
	Instruction	if EMPWRKHRS_A IN (1-168,RF,DK) fill: "de la semana pasada" else fill: blank

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿cuántos días de trabajo perdió porque tuvo una enfermedad, lesión o discapacidad?

* **Read if necessary:** No incluya días de licencia familiar o por ^paternitymaternity.

Fills:

^paternitymaternity	Description	paternity/maternity/maternity or paternity
	Instruction	If GEN.SEX_FINAL=1 fill "paternidad" else if GEN.SEX_FINAL=2 fill "maternidad" else if GEN.SEX_FINAL=DK,RF fill "maternidad o paternidad"

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.0010.00.4 Variable: CURJOBSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Pensando en su trabajo o negocio PRINCIPAL, ¿actualmente existen medidas de distanciamiento social en efecto para ayudar a mantener a las personas distanciadas?

* If this person is working from home full-time because of COVID-19, answer '1' for yes.

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Adults 18+ where the social distancing section is on path and 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.0020.00.4 Variable: WRKCLSSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Actualmente, en su trabajo o negocio PRINCIPAL, ¿con qué frecuencia todavía necesita trabajar a menos de 6 pies de distancia de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

If person works from home full-time and does not know how to answer, ask, "¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?"

If no, answer '4' for "none of the time."

If yes, ask, "¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?"

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.0030.00.4 Variable: WRKCLSNOSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Cuando las medidas de distanciamiento social NO estaban en efecto ¿con qué frecuencia necesitaba trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

* Enter '5' if respondent only worked at main job when social distancing measures were in effect.

If person works from home full-time and does not know how to answer, ask, "¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?"

If no, answer '4' for "none of the time."

If yes, ask, "¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?"

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:

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

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0040.00.4 Variable: WRKCLSOFT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Actualmente, en su trabajo o negocio PRINCIPAL, ¿con qué frecuencia necesita trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

If person works from home full-time and does not know how to answer, ask, "¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?"

If no, answer '4' for "none of the time."

If yes, ask, "¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?"

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.0050.00.4 Variable: SDMSRS_A Interview Module: Adult Content Type: Emerging Content

Question Text:

En cualquier momento desde el inicio de la pandemia del coronavirus, ¿se pusieron en efecto medidas de distanciamiento social en su trabajo o negocio PRINCIPAL?

- * 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	Sí
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.0060.00.4 Variable: SDMSRSOFT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Cuando las medidas de distanciamiento social estaban en efecto ¿con qué frecuencia necesitaba trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

Enter '5' if respondent only worked at main job when social distancing measures were in effect.

If person works from home full-time and does not know how to answer, ask, "*¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?*"

If no, answer '4' for "none of the time."

If yes, ask, "*¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?*"

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.0070.00.4 Variable: RECJOBSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Pensando en el trabajo PRINCIPAL que realizó en los últimos 12 meses, ¿alguna vez hubo alguna medida de distanciamiento social en efecto mientras trabajaba allí? Es decir, ¿alguna vez hubo prácticas para ayudar a mantener a la gente separada?

* If this person was working from home full-time because of COVID-19, answer '1' for yes.

Response:

1	Sí
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 RJWKCLSOFT_A]

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0080.00.4 Variable: RJWRKCLSSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Cuando las medidas de distanciamiento social estaban en efecto ¿con qué frecuencia todavía necesitaba trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

If person works from home full-time and does not know how to answer, ask, "¿Su trabajo requiere que esté frente a alguna persona con la que no vive?"

If no, answer '4' for "none of the time."

If yes, ask, "¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?"

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.0090.00.4 Variable: RJWCLSNOSD_A Interview Module: Adult Content Type: Emerging Content

Question Text:

Cuando las medidas de distanciamiento social NO estaban en efecto, ¿con qué frecuencia necesitaba trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

Enter '5' if respondent only worked at main job when social distancing measures were in effect.

If person works from home full-time and does not know how to answer, ask, "*¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?*"

If no, answer '4' for "none of the time."

If yes, ask, "*¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?*"

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:

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

2020 National Health Interview Survey (NHIS) Questionnaire

SDW: Social distancing at work

Question ID: SDW.0100.00.4 Variable: RJWKCLSOFT_A Interview Module: Adult Content Type: Emerging Content

Question Text:

¿Con qué frecuencia necesitaba trabajar a menos de 6 pies de otras personas? ¿Diría que todo el tiempo, la mayor parte del tiempo, algunas veces o nunca?

If person works from home full-time and does not know how to answer, ask, "¿Su trabajo requiere que esté frente a frente a alguna persona con la que no vive?"

If no, answer '4' for "none of the time."

If yes, ask, "¿Cuánto de su tiempo en el trabajo pasa con personas que están a menos de 6 pies de usted?"

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:

Ahora voy a preguntarle sobre algunos de los otros miembros de su familia.

* 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:

¿Trabaja ^ALIASNAME por pago en un empleo o negocio?

* 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 ALIAS
^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	Sí
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:

¿Usualmente trabaja ^ALIASNAME 35 horas o más por semana en total en su(s) empleo(s)?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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:

Las siguientes preguntas son sobre el ingreso ^FAMILY total en ^LASTYEAR ANTES DE IMPUESTOS.
^INCSAFAM

* **Read if necessary:** *El ingreso es importante para analizar la información de salud que recopilamos. Por ejemplo, con esta información, podemos saber si personas en un grupo de ingresos usan ciertos tipos de servicios médicos con más o menos frecuencia que personas en otro grupo de ingresos. Tenga por seguro que, al igual que cualquier otra información que proporcionó, se mantendrá confidencial.*

* **Enter '1' to continue.**

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^INCSAFAM	Description	Based on questions asked earlier, we have that ^SAFAM are in your family.
	Instruction	If more than one person in the Sample Adult's family, fill "Basado en las preguntas que contestó anteriormente, tengo aquí que ^SAFAM están en su familia." else no fill
^SAFAM	Description	List of people in SA's family
	Instruction	For all people with FAMA_REL_FLG =1 and are not Household Respondent, fill with their names. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "usted" for name and place name at the beginning of the 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:

Durante ^LAST YEAR, ¿recibió ^YOUFAM18YRS ingreso de sueldos, salarios, comisiones, bonificaciones, propinas o autoempleo?

^INCSAFAMoptional

Fills:

^LAST	Description	List of all people in Sample Adult's family
	Instruction	
^YOUFAM18YRS	Description	you/you or any family members 18 or older
	Instruction	If PCNT18UP_A=1 fill "usted" else if PCNT18UP_A GT 1 fill "usted o algún miembro de su familia de 18 años o más"
^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: Para el propósito de esta encuesta, su familia incluye ^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 "usted está" 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 "está". 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 "están".

Response:

1	Sí
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:

Durante ^LAST YEAR, ¿recibió ^YOUFAMHERE ingreso de cuentas o inversiones que generan intereses, dividendos de acciones o fondos mutuos, ganancia neta de alquileres, ingresos por regalías o ingresos de herencias y fideicomiso?

Fills:

^LAST	Description	you/you or any family members
	Instruction	
^YOUFAMHERE	Description	you/you or any family members
	Instruction	If PCNT_A=1 fill "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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: Durante ^LASTYEAR, ¿recibió ^YOUFAMHERE...

ingreso del Seguro Social o del Retiro Ferroviario?

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 "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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: Durante ^LASTYEAR, ¿recibió ^YOUFAMHERE...

ingreso del Seguro de Ingreso Suplementario, SSI (por sus siglas en inglés) o del Seguro Social para Discapacitados, SSDI (por sus siglas en inglés)?

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 "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:

¿Recibió el Ingreso Suplementario de Seguridad (SSI), el Ingreso por Discapacidad del Seguro Social (SSDI) o ambos?

Response:

1	SSI
2	SSDI
3	Ambos, SSI y 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 SSISSDIDS_B_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:

¿Recibió esto como parte de beneficios por discapacidad?

Response:

1	Si
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:

Durante ^LAST YEAR, ¿quién recibió este beneficio por discapacidad?

**Read if necessary: NO incluya un beneficio que haya recibido por parte de otra persona.*

** Enter all that apply, separate with commas.*

Fills:

^LAST	Description	Last year
	Instruction	

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:

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:

Durante ^LASTYEAR, ¿recibió ^YOUFAMHERE...

alguna asistencia pública o pagos de bienestar de la oficina de bienestar estatal o local?

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 "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:** Durante ^LASTYEAR, ¿recibió ^YOUFAMHERE...

ingreso de pensiones de jubilación, supervivencia o discapacidad?

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 "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:** Durante ^LASTYEAR, ¿recibió ^YOUFAMHERE...

ingreso de alguna otra fuente tal como pagos a veteranos o V.A. (por sus siglas en inglés), compensación por desempleo, manutención de hijos o manutención conyugal?

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 "usted" else if PCNT_A GT 1 fill "usted o algún miembro de la familia"

Response:

1	Sí
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

¿Cuál es su mejor estimado ^TOTALINCOME de todas las fuentes, antes de impuestos, que recibió en ^LASTYEAR?

* Enter '999995' if the reported income is \$999,995 or greater.

Fills:

^INCALLFAM	Description	INCTOTAL_A Introduction
	Instruction	IF PCNT_A GT 1 fill "Al contestar la siguiente pregunta, recuerde incluir su ingreso MÁS el ingreso de todos los miembros de la familia que viven en este hogar."
^TOTALINCOME	Description	your total income/the total income of all family members
	Instruction	If PCNT_A=1 fill "de su ingreso total" else if PCNT_A GT 1 fill "del ingreso total de todos los miembros de la familia"
^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

000000-999995	Range of values
999997	Refused
999998	Not Ascertained
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de ^250POVERTY_A o ^250POVERTY_A o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^250POVERTY_A	Description	250% of poverty threshold
	Instruction	Fill value stored in INC250FILL_A

Response:

1	Menos de ^250POVERTY_A
2	^250POVERTY_A o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de ^138POVERTY_A o ^138POVERTY_A o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^138POVERTY_A	Description	138% of poverty threshold
	Instruction	Fill value stored in INC138FILL_A

Response:

1	Menos de ^138POVERTY_A
2	^138POVERTY_A o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de ^100POVERTY_A o ^100POVERTY_A o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^100POVERTY_A	Description	100% of poverty threshold
	Instruction	Fill value stored in INC100FILL_A

Response:

1	Menos de ^100POVERTY_A
2	^100POVERTY_A o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de ^200POVERTY_A o ^200POVERTY_A o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^200POVERTY_A	Description	200% of poverty threshold
	Instruction	Fill value stored in INC200FILL_A

Response:

1	Menos de ^200POVERTY_A
2	^200POVERTY_A o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de \$75,000 o \$75,000 o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"

Response:

1	Menos de \$75,000
2	\$75,000 o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de \$100,000 o \$100,000 o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"

Response:

1	Menos de \$100,000
2	\$100,000 o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de ^400POVERTY_A o ^400POVERTY_A o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"
^400POVERTY_A	Description	400% of poverty threshold
	Instruction	Fill value stored in INC400FILL_A

Response:

1	Menos de ^400POVERTY_A
2	^400POVERTY_A o más
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:

¿Fue su ingreso ^FAMILY total de todas las fuentes menos de \$150,000 o \$150,000 o más?

Fills:

^FAMILY	Description	family
	Instruction	If PCNT_A > 1 fill "familiar"

Response:

1	Menos de \$150,000
2	\$150,000 o más
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

FOO: Food Related Programs

Question ID: FOO.0010.00.1 Variable: FSNAP12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión EN LOS ÚLTIMOS 12 MESES en que ^YOUFAMLVHERE_A recibió ^FSSNAPNM?

* **Read if necessary:** Este programa deposita dinero en una tarjeta SNAP EBT que solo puede usarse para comprar alimentos.

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: "usted"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS ne 1, fill: "algún miembro de la familia viviendo aquí" elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "usted o algún miembro de la familia viviendo en ^HNO ^HNOSUF ^STRNAME"
^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
	Instruction	<p>If AL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If AK then fill "beneficios de estampillas para alimentos"</p> <p>If AZ then fill "Asistencia Nutricional o beneficios de estampillas para alimentos"</p> <p>If AR then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If CA then fill "CalFresh o beneficios de estampillas para alimentos"</p> <p>If CO then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If CT then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If DE then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If DC then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If FL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If GA then fill "beneficios de estampillas para alimentos"</p> <p>If HI then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If ID then fill "beneficios de estampillas para alimentos"</p> <p>If IL then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If IN then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If IA then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos"</p> <p>If KS then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos"</p> <p>If KY then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If LA then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If ME then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If MD then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If MA then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MI then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If MN then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MS then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MO then fill "beneficios de estampillas para alimentos"</p> <p>If MT then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NE then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NV then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NH then fill "Estampillas para alimentos/SNAP o beneficios de estampillas para alimentos"</p>

If NJ then fill "SNAP o beneficios de estampillas para alimentos"
 If NM then fill "SNAP o beneficios de estampillas para alimentos"
 If NY then fill "SNAP o beneficios de estampillas para alimentos"
 If NC then fill "Servicios de Alimentos y Nutrición o beneficios de estampillas para alimentos"
 If ND then fill "SNAP o beneficios de estampillas para alimentos"
 If OH then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"
 If OK then fill "SNAP o beneficios de estampillas para alimentos"
 If OR then fill "SNAP o beneficios de estampillas para alimentos"
 If PA then fill "SNAP o beneficios de estampillas para alimentos"
 If RI then fill "SNAP o beneficios de estampillas para alimentos"
 If SC then fill "SNAP o beneficios de estampillas para alimentos"
 If SD then fill "SNAP o beneficios de estampillas para alimentos"
 If TN then fill "SNAP o beneficios de estampillas para alimentos"
 If TX then fill "SNAP o beneficios de estampillas para alimentos"
 If UT then fill "SNAP o beneficios de estampillas para alimentos"
 If VT then fill "3SquaresVT o beneficios de estampillas para alimentos"
 If VA then fill "SNAP o beneficios de estampillas para alimentos"
 If WA then fill "Basic Food Washington o beneficios de estampillas para alimentos"
 If WV then fill "SNAP o beneficios de estampillas para alimentos"
 If WI then fill "FoodShare Wisconsin o beneficios de estampillas para alimentos"
 If WY then fill "SNAP o beneficios de estampillas para alimentos"

Response:

1	Sí
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 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

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_FOO_A]

Replicate To:

FSNAP12M_C

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: FOO.0020.00.3 Variable: FSNAP30D_A Interview Module: Adult Content Type: Sponsored Content

Question Text:

En los ÚLTIMOS 30 días, ¿recibió ^YOUFAMLVHERE_A ^FSSNAPNM?

* **Read if necessary:** Este programa deposita dinero en una tarjeta SNAP EBT que solo puede usarse para comprar alimentos.

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: "usted"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS ne 1, fill: "algún miembro de la familia viviendo aquí" elseif GEN.PCNT_A gt 1 and Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "usted o algún miembro de la familia viviendo en ^HNO ^HNOSUF ^STRNAME"
^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
	Instruction	<p>If AL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If AK then fill "beneficios de estampillas para alimentos"</p> <p>If AZ then fill "Asistencia Nutricional o beneficios de estampillas para alimentos"</p> <p>If AR then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If CA then fill "CalFresh o beneficios de estampillas para alimentos"</p> <p>If CO then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If CT then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If DE then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If DC then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If FL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If GA then fill "beneficios de estampillas para alimentos"</p> <p>If HI then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If ID then fill "beneficios de estampillas para alimentos"</p> <p>If IL then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If IN then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If IA then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos"</p> <p>If KS then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos"</p> <p>If KY then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If LA then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If ME then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If MD then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos"</p> <p>If MA then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MI then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"</p> <p>If MN then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MS then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If MO then fill "beneficios de estampillas para alimentos"</p> <p>If MT then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NE then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NV then fill "SNAP o beneficios de estampillas para alimentos"</p> <p>If NH then fill "Estampillas para alimentos/SNAP o beneficios de estampillas para alimentos"</p>

If NJ then fill "SNAP o beneficios de estampillas para alimentos"
 If NM then fill "SNAP o beneficios de estampillas para alimentos"
 If NY then fill "SNAP o beneficios de estampillas para alimentos"
 If NC then fill "Servicios de Alimentos y Nutrición o beneficios de estampillas para alimentos"
 If ND then fill "SNAP o beneficios de estampillas para alimentos"
 If OH then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"
 If OK then fill "SNAP o beneficios de estampillas para alimentos"
 If OR then fill "SNAP o beneficios de estampillas para alimentos"
 If PA then fill "SNAP o beneficios de estampillas para alimentos"
 If RI then fill "SNAP o beneficios de estampillas para alimentos"
 If SC then fill "SNAP o beneficios de estampillas para alimentos"
 If SD then fill "SNAP o beneficios de estampillas para alimentos"
 If TN then fill "SNAP o beneficios de estampillas para alimentos"
 If TX then fill "SNAP o beneficios de estampillas para alimentos"
 If UT then fill "SNAP o beneficios de estampillas para alimentos"
 If VT then fill "3SquaresVT o beneficios de estampillas para alimentos"
 If VA then fill "SNAP o beneficios de estampillas para alimentos"
 If WA then fill "Basic Food Washington o beneficios de estampillas para alimentos"
 If WV then fill "SNAP o beneficios de estampillas para alimentos"
 If WI then fill "FoodShare Wisconsin o beneficios de estampillas para alimentos"
 If WY then fill "SNAP o beneficios de estampillas para alimentos"

Response:

1	Sí
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_FOO_A]

Replicate To:

FSNAP30D_C

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: FOO.0030.00.1 Variable: FWIC12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión en los últimos 12 meses en que ^YOUFAMLVHERE_A recibió beneficios del programa WIC, es decir, el Programa de Nutrición para Mujeres, Bebés, y Niños?

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: "usted"; elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS ne 1, fill: "algún miembro de la familia viviendo aquí" elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "usted o algún miembro de la familia viviendo en ^HNO ^HNOSUF ^STRNAME"

Response:

1	Sí
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

FOO: Food Related Programs

Question ID: FOO.0040.00.1 Variable: FLUNCH12M_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión en los últimos 12 meses en que ^SCCHILD FAM_A recibió desayunos y almuerzos gratis o a precio reducido en la escuela?

* **Read if necessary:** *El Programa Nacional de Almuerzos Escolares y El Programa de Desayunos Escolares proveen asistencia monetaria a los estados para administrar programas de desayuno y almuerzo en escuelas e instituciones residenciales de cuidados de niños. Los programas proveen desayunos y almuerzos gratis o a precio reducido a niños de familias de bajo ingreso desde el jardín infantil hasta el grado 12.*

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 "algún niño en su familia"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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 FOO 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 FOO 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_FOO_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:

Estas siguientes preguntas son sobre si ^youyourfamily_A siempre pudo comprar la comida que necesitó en los últimos 30 días. Le voy a leer algunas situaciones que las personas han hecho sobre situaciones alimentarias. Para cada situación por favor dígame si fue cierto frecuentemente, cierto a veces, o nunca fue cierto para ^youyourfamily_A en los últimos 30 días.

* Enter '1' to continue.

Fills:

^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "usted" else "su familia"

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:

La primera situación es "^preocupar_A que la comida se podía acabar antes de tener dinero para comprar más." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para ^youyourfamily_A en los últimos 30 días?

Fills:

^preocupar_A	Description	Me preocupó/Nos preocupamos (Spanish Only)
	Instruction	If PCNT_A=1 fill: "Me preocupó" else fill: "Nos preocupamos"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "usted" else "su familia"

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

"La comida que ^comprar_A no rindió lo suficiente y no ^TENER_A dinero para comprar más." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para ^youyourfamily_A en los últimos 30 días?

Fills:

^comprar_A	Description	compré/compramos (Spanish Only)
	Instruction	If PCNT_A=1 fill "compré" else fill "compramos"
^TENER_A	Description	tenía/teníamos (Spanish Only)
	Instruction	If PCNT_A=1 fill "tenía" else fill "teníamos"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "usted" else "su familia"

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

"No ^TENER_A el dinero suficiente para comer comidas balanceadas." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para ^youyourfamily_A en los últimos 30 días?

Fills:

^TENER_A	Description	tenía/teníamos (Spanish Only)
	Instruction	If PCNT_A=1 fill "tenía" else fill "teníamos"
^youyourfamily_A	Description	you/your family
	Instruction	If PCNT_A=1 "usted" else "su familia"

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

Alguna vez en los últimos 30 días, ¿redujo ^youorother_A la cantidad de alimentos o ^dejar_A de desayunar, almorzar o cenar porque no había suficiente dinero para alimentos?

Fills:

^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "usted" else "usted u otros adultos en su familia"
^dejar_A	Description	dejó/dejaron (Spanish Only)
	Instruction	If GEN.PCNT18UP_A=1: fill "dejó" else "dejaron"

Response:

1	Sí
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:

En los últimos 30 días, ¿cuántos días pasó esto?

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:

Alguna vez en los últimos 30 días, ¿^COMER_A ^youorother_A menos de lo que ^pensar_A comer porque no había suficiente dinero para alimentos?

Fills:

^COMER_A	Description	comió/comieron (Spanish Only)
	Instruction	If GEN.PCNT18UP_A=1: fill "comió" else "comieron"
^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "usted" else "usted u otros adultos en su familia"
^pensar_A	Description	pensaba que debía/pensaban que debían (Spanish Only)
	Instruction	If GEN.PCNT18UP_A=1: fill "pensaba que debía" else "pensaban que debían"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^estar_A ^youorother_A hambre pero no ^COMER_A porque no había suficiente dinero para alimentos?

Fills:

^estar_A	Description	tuvo/tuvieron (Spanish Only)
	Instruction	If PCNT18UP_A=1: fill "tuvo" else "tuvieron"
^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "usted" else "usted u otros adultos en su familia"
^COMER_A	Description	comió/comieron (Spanish Only)
	Instruction	If GEN.PCNT18UP_A=1: fill "comió" else "comieron"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^perder_A ^youorother_A peso porque no había suficiente dinero para alimentos?

Fills:

^perder_A	Description	perdió/perdieron (Spanish Only)
	Instruction	If PCNT18UP_A=1: fill "perdió" else "perdieron"
^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "usted" else "usted u otros adultos en su familia"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^pasar_A ^youorother_A todo un día sin comer porque no había suficiente dinero para alimentos?

Fills:

^pasar_A	Description	pasó/pasarón (Spanish Only)
	Instruction	If GEN.PCNT18UP_A=1: fill "pasó" else "pasarón"
^youorother_A	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_A=1: fill "usted" else "usted u otros adultos en su familia"

Response:

1	Sí
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:

En los últimos 30 días, ¿cuántos días pasó esto?

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:

Aproximadamente, ¿cuánto tiempo ^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 "ha vivido en ^HNO ^HNOSUF ^STRNAME" else fill "ha vivido en esta(e) casa/apartamento"
^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	Menos de 1 año
2	1 a 3 años
3	4 a 10 años
4	11 a 20 años
5	21 años o más
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 ^SNAME'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 su propiedad o rentada por usted ^SOMEFAM_A?

* If house has a mortgage, record as owned.

Fills:

^HOUTEN	Description	Is the house/apartment at ^HNO ^HNOSUF ^STRNAME/Is this house/apartment
	Instruction	If Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS=1, fill "Es esta(e) casa/apartamento en ^HNO ^HNOSUF ^STRNAME" else fill "Es esta(e) casa/apartamento"
^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: "o por alguien en su familia"

Response:

1	Su propiedad o siendo comprada
2	Rentada
3	Otro arreglo
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 HOUGVASST_A]

Replicate To:

HOUTENURE_C

2020 National Health Interview Survey (NHIS) Questionnaire

HOU: Housing

Question ID: HOU.0030.00.1 Variable: HOUVASST_A Interview Module: Adult Content Type: Annual Core

Question Text:

¿^HOUGVT pagando una renta reducida porque el gobierno federal, estatal o local paga parte del costo?

* **Read if necessary:** Los programas de vivienda del gobierno federal, estatal o Local para personas con bajo ingreso pueden tomar muchas formas. La asistencia de vivienda del gobierno podría recibirse en forma de ayuda monetaria para pagar la renta, un programa llamado "Sección 8" que paga directamente a los arrendadores, vales, u otros tipos de asistencia de las autoridades locales de vivienda. Vivir en una vivienda pública se considera recibir asistencia del gobierno para vivienda.

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 "Está usted" elseif Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS ne 1 and PCNT18UP_A gt 1, fill "Está usted o alguien en su familia" elseif Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "Es su familia, viviendo en ^HNO ^HNOSUF ^STRNAME"

Response:

1	Sí
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:

HOUVASST_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:** ¿Cuál es su nombre completo?

* **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 LNKLNAME_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:

¿Actualmente DENTRO de ^HOME hay al menos un teléfono que funcione y no sea un teléfono celular?

Fills:

^HOME	Description	your home at ^HNO ^HNOSUF ^STRNAME/your home
	Instruction	If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "su hogar en ^HNO ^HNOSUF ^STRNAME" else fill "su hogar"
^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	Sí
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:

¿Tiene un teléfono celular que funciona?

Response:

1	Sí
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:

¿Vive con alguien ^ATHOME que tiene un teléfono celular que funciona?

Fills:

^ATHOME	Description	at your home at {Value of HNO} {Value of HNOSUF} {Value of STRNAME}
	Instruction	If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "en su hogar en ^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	Sí
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:

De todas las llamadas telefónicas que contesta, ¿contesta todas o casi todas las llamadas en teléfonos celulares, algunas en teléfono celular y algunas en teléfono de casa, o contesta muy pocas o ninguna en teléfonos celulares?

Response:

1	Todas o casi todas en teléfono celular
2	Algunas en teléfono celular y algunas en teléfono de casa
3	Muy pocas o ninguna en teléfono celular
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]

Nos gustaría que nos proporcionara los últimos cuatro dígitos de su número de seguro social^medicarenum. Esta información nos ayudará a unir sus datos de la encuesta con los registros de otras agencias del gobierno relacionados con la salud, y nos permitirá realizar más estudios sin tomar más de su tiempo para hacerle más preguntas. El Centro Nacional de Estadísticas de Salud (NCHS, por sus siglas en inglés) usa esta información sólo con fines estadísticos. Proporcionar esta información es voluntario. No habrá ningún efecto sobre sus beneficios si no desea dar esta información. Las leyes federales nos autorizan a solicitar esta información. Al igual que cualquier otra información que haya proporcionado, su respuesta a esta pregunta se mantendrá confidencial.

** Read if necessary: Las Leyes federales específicas que protegen su privacidad y la confidencialidad de sus datos son La Ley de Servicios de Salud Pública (Título 42 U.S.C., 242m (d)), La Ley de Protección de Información Confidencial y Eficiencia Estadística (Título 5 de La Ley Pública 107-347) y La Ley de Privacidad de 1974, (5 U.S.C. 552a).*

Read if necessary: NCHS recopila información sobre la salud obtenida por otras agencias del gobierno incluyendo registros de Los Servicios de Medicare y Medicaid, Seguro Social, registros de viviendas y certificados de defunción. Si nos permite, NCHS intentará unir datos como estos con su información de la encuesta para darnos un panorama de temas más completa que afectan la salud. NCHS une esta información. Su nombre y su información nunca será divulgada a otras agencias.

Read if necessary: If asked: Su información no será unida con registros obtenidos por el IRS, por sus siglas en inglés (Servicio de Impuestos Inte

Fills:

^medicarenum	Description	, and the last four characters of your Medicare number
	Instruction	If INS.HIKIND_A=2 or INS.MCAREPRB_A=1, fill ", y los últimos cuatro números y letras de su número de Medicare" 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]

¿Cuáles son los últimos cuatro dígitos de su número de seguro social?

* **Read if necessary:** *Proporcionar esta información es voluntario. No habrá ningún efecto sobre sus beneficios si no desea dar esta información. Las Leyes federales nos autorizan a solicitar esta información. Al igual que cualquier otra información que haya proporcionado, sus respuestas se mantendrán confidenciales.*

* **Read if asked about specific laws:** *Las Leyes federales específicas que protegen su privacidad y la confidencialidad de sus datos son La Ley de Servicios de Salud Pública (Título 42 U.S.C., 242m (d)), La Ley de Protección de Información Confidencial y Eficiencia Estadística (Título 5 de La Ley Pública 107-347) y La Ley de Privacidad de 1974, (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
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.
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.

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

¿Cuáles son los últimos cuatro números y letras de su Número de Medicare o de Reclamos de Seguro de Salud?

* **Read if necessary:** *Proporcionar esta información es voluntario. No habrá ningún efecto sobre sus beneficios si no desea dar esta información. Las Leyes federales nos autorizan a solicitar esta información. Al igual que cualquier otra información que haya proporcionado, sus respuestas se mantendrán confidenciales.*

* **Read if asked about specific laws:** *Las Leyes federales específicas que protegen su privacidad y la confidencialidad de su información son La Ley de Servicios de Salud Pública, que es Título 42, U.S.C. (Código de Los Estados Unidos), Sección 242m(d); La Ley de Protección de Información Confidencial y Eficiencia Estadística, que es Título 5 de La Ley Pública 107-347; y La Ley de Privacidad de 1974, que es 5 U.S.C. (Código de Los Estados Unidos) 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]

¿Nos permite tratar de unir la información de su encuesta sin un ^SSNMEDNUM?

* **Read if necessary:** *Cualquier información que nos proporciona es protegida por estrictas Leyes federales, incluyendo La Ley de Servicios de Salud Pública, que es Título 42, U.S.C. (Código de Los Estados Unidos), Sección 242m(d); La Ley de Protección de Información Confidencial y Eficiencia Estadística, que es Título 5 de La Ley Pública 107-347; y La Ley de Privacidad de 1974, que es 5 U.S.C. (Código de Los Estados Unidos) 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 (MCN04_A ge 001 and MCN04_A le 9999) or (LAST4C_A NOT IN (empty,RF, DK)))) fill= "número de seguro social" elseif ((SSN4_A ge 0001 and SSN4_A le 9999) and (Adult.INS.HIKIND_A = 2 or Adult.INS.MCAREPRB_A =1) and (MCN04_A IN (RF, DK) or (LAST4C_A IN (RF,DK)))) fill = "número de Medicare o de Reclamos de Seguro de Salud" else fill = "número de seguro social, de Medicare o de Reclamos de Seguro de Salud"

Response:

1	Sí
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: CURRES_C Interview Module: Child Content Type: Annual Core

Question Text:

Las siguientes preguntas son sobre ^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 CURREC_C not in Roster.FAM.KNOWSC [goto KNOAVAIL_C]
Else if CURREC_C ne LNO_HHRESP AND CURREC_C in Roster.FAM.KNOWSC [goto AVAIL_C]
Else if CURREC_C = LNO_HHRESP AND CURREC_C in Roster.FAM.KNOWSC AND CURREC_C not in
Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
Else if CURREC_C = LNO_HHRESP AND CURREC_C in Roster.FAM.KNOWSC AND CURREC_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 : "Tengo aquí que ^KNOWSC ^areis_c sobre el cuidado de salud de ^SCNAME. ¿^WHOIS ahora disponible y dispuesto a contestar estas preguntas?"
^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 "y" before last name if list > 1.
^areis_c	Description	is/are
	Instruction	IF KNOAVAIL_Count = 1 Fill 'conoce mejor y es responsable' ELSE Fill 'conocen mejor y son responsables'
^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 'Está Alias[I]' ELSE Fill 'Quién está'
^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:

Hola, mi nombre es (* **say your name**). Estoy llamando por parte de la Oficina del Censo de los Estados Unidos. Estamos llevando a cabo la Encuesta Nacional de Entrevistas de Salud por parte del Centro Nacional de Estadísticas de Salud, que es parte de los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés). Esta es una encuesta nacional sobre la salud de adultos y niños. Me dio ^HHRESP alguna información. Me dijo que usted era la mejor persona con quien pudiera hablar sobre la salud de ^SCNAME.

* **Read if necessary:** *Me parece que Le hablé en el celular.*

Antes de continuar, necesito preguntarle: ¿está manejando un vehículo ahora?

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

Response:

1	Sí
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:

Por su seguridad, le llamaremos después.

* 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: Recientemente enviamos a su casa una carta que describe La Encuesta Nacional de Entrevistas de Salud. ¿Se acuerda de haber visto La carta?

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:** *Hay algunas cosas que necesito informarle antes de continuar. Quiero que sepa que la participación en esta encuesta es voluntaria. Usted puede decidir no contestar cualquier pregunta si no desea contestar o puede terminar con la entrevista en cualquier momento sin prejuicio. Nosotros estamos obligados por ley federal a crear y seguir estrictos procedimientos para proteger la confidencialidad de su información y a usar sus respuestas solo para estudios estadísticos. Si lo desea, puedo describir estas leyes. Los empleados y agentes designados del Centro Nacional de Estadísticas de Salud y la Oficina del Censo son los únicos que puedan ver sus respuestas. Ninguna persona puede ver sus respuestas hasta que toda la información que pueda identificarlo(a) a usted y/o a su familia haya sido eliminada. Solo después de esto, los datos se usarán para estudios estadísticos. Para la mayoría de niños, la encuesta durará menos de ^SCTIME minutos. Ahora, si no tiene alguna pregunta quisiera continuar con la encuesta.*

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:

Tengo aquí que usted conoce mejor y es responsable sobre el cuidado de salud de ^SCNAME. ¿Es esto correcto?

Fills:

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

Response:

1	Sí
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:

¿Cuál es su relación con ^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.tb1NAME.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:

Para confirmar, ¿es usted RESPONSABLE SOBRE el cuidado de salud de ^SCNAME?

Fills:

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

Response:

1	Sí
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:

Quiero confirmar una información.

¿Vive ^SCNAME dentro del campus de la escuela o la universidad o en algún lugar fuera del campus?

***Read if necessary:** *Viviendo dentro del campus de la escuela o la universidad incluye residencias universitarias y dormitorios donde los estudiantes viven juntos. También incluye edificios que son propiedad de la escuela, tienen contrato de arrendamiento o son administrados por la escuela o universidad. Las residencias de fraternidad y sororidad se consideran como viviendo dentro del campus de la escuela o la universidad.*

Fills:

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

Response:

1	Dentro del campus
2	Fuera del 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:

Tengo aquí que ^childvsex, ^AGE_C, ^NATORG_C, y ^RACE_C. ¿Desea hacer algunos cambios a esto ^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 es de sexo masculino" If SEX_FINAL=2, fill: "^SCNAME es de sexo femenino" If SEX_FINAL=DK, fill: "no se sabe el sexo de ^SCNAME" If SEX_FINAL=RF, fill: "no tengo información sobre el sexo de ^SCNAME"
^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 tiene ^AGENO_C ^AGETP_C" If AGE_FINAL IN ('RF', 'DK'), fill: "^SCNAME tiene menos de 18 años"
^AGENO_C	Description	{Value of AGENO}
	Instruction	Insert value from Roster.HHC.AGENO[PX]
^AGETP_C	Description	{Value of AGETP}
	Instruction	Fill in value from Roster.HHC.AGETP[PX]
^NATORG_C	Description	Verify Hispanic or Latino origin
	Instruction	If NATO_FINAL=1 fill: "^SCNAME es de origen hispano(a) o latino(a)" If NATO_FINAL=2 fill: "^SCNAME no es de origen hispano(a) o latino(a)" If NATO_FINAL=DK fill: "no se sabe si ^SCNAME es de origen hispano(a) o latino(a)" If NATO_FINAL=RF fill: "no tengo información sobre el origen hispano(a) o latino(a) de ^SCNAME"
^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 es de ^RACEFILLAND_C." If GEN.RACE_FINAL[PX_C].RACE_FINAL='DK', fill: "no se conoce la raza de ^SCNAME" If GEN.RACE_FINAL[PX_C]='RF', fill: "no tengo información sobre la raza de ^SCNAME"
^RACEFILLAND_C	Description	Categories selected at the RACE screen
	Instruction	Fill categories stored in GEN.RACE_FINAL[PX_A] and add "raza" before the category. If more than two categories separate the categories with commas and add "raza" only before the first category. Add the word "y" 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 "otra raza"
^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."

Response:

1	Sí
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: ¿Qué debo cambiar?

* Enter all that apply, separate with commas.

Response:

1	Sexo
2	Edad
3	Origen hispano(a) o latino(a)
4	Raza
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:

¿Es ^SCNAME de sexo masculino o femenino?

Fills:

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

Response:

1	Masculino
2	Femenino
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	Masculino
2	Femenino

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

¿Qué edad tiene ^SCNAME?

* Enter number for age.

Fills:

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

Response:

001-120	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	Día(s)
2	Semana(s)
3	Mes(es)
4	Año(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:

¿Es ^SCNAME hispano(a) o latino(a)?

Fills:

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

Response:

1	Sí
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:

¿De qué raza o razas se considera ^SCNAME? Seleccione 1 o más de estas opciones:

¿Blanca, negra, afroamericana, Indígena de las Américas, nativa de Alaska, nativa de Hawái, nativa de una isla del Pacífico, asiática, o de otra raza?

* 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:

¿Cuál es la procedencia u origen hispano(a) o latino(a) de ^SCNAME, tal como mexicano(a), mexicano(a) americano(a), chicano(a), centroamericano(a) o sudamericano(a), puertorriqueño(a), cubano(a), dominicano(a) u otro origen hispano(a), latino(a), o español -- y si tiene ^SCNAME más de uno, dígame los todos.

* Enter all that apply, separate with commas.

Fills:

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

Response:

01	Mexican, Mexcian 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 (specifiy)
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]

¿Cuál es la procedencia u origen hispano(a) o latino(a) de ^SCNAME? Si ^SCNAME tiene más de uno, díganlos todos.

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:** ¿Cuál es La procedencia u origen hispano(a) o Latino(a) de ^SCNAME? Si ^SCNAME tiene más de uno, dígameLos todos.

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:

Tengo aquí que ^SCNAME es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos se considera ^SCNAME - tal como guameño o chamorro, samoano, o de otra isla del Pacífico? Si ^SCNAME tiene más de uno, dígame los todos.

* Enter all that apply, separate with commas.

Fills:

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

Response:

1	Guameño o chamorro
2	Samoano
3	Otra isla del Pacífico
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 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.0320.00.1 Variable: PIOTHER_C Interview Module: Child Content Type: Annual Core

Question Text:

* **Read if necessary:** *Tengo aquí que ^SCNAME es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos se considera ^SCNAME? Si ^SCNAME tiene más de uno, dígameLos todos.*

* **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:** *Tengo aquí que ^SCNAME es nativo(a) de una isla del Pacífico. ¿De qué grupo o grupos étnicos específicos se considera ^SCNAME? Si ^SCNAME tiene más de uno, dígame los todos.*

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 (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.0340.00.1 Variable: ASIANTYPE_C Interview Module: Child Content Type: Annual Core

Question Text:

Tengo aquí que ^SCNAME es asiático(a). ¿De qué grupo o grupos étnicos específicos se considera ^SCNAME - tal como indio asiático, chino, filipino, japonés, coreano, vietnamita, u otro grupo asiático? Si ^SCNAME tiene más de uno, dígame los todos.

* Enter all that apply, separate with commas.

Fills:

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

Response:

01	Indio asiático
02	Chino
03	Filipino
04	Japonés
05	Coreano
06	Vietnamita
07	Otro grupo asiático
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:

¿De qué grupo o grupos étnicos asiáticos específicos se considera ^SCNAME? Si ^SCNAME tiene más de uno, dígamelos todos.

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:** *¿De qué grupo o grupos étnicos asiáticos específicos se considera ^SCNAME?
Si ^SCNAME tiene más de uno, dígame los todos.*

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:

¿De qué otra raza o razas se considera ^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:** ¿De qué otra raza o razas se considera ^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

¿Cuál es la fecha de nacimiento de ^SCNAME?
Por favor, dígame el mes, día y año de la fecha de nacimiento.

* Enter month of birth.

Fills:

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

Response:

01	enero
02	febrero
03	marzo
04	abril
05	mayo
06	junio
07	julio
08	agosto
09	septiembre
10	octubre
11	noviembre
12	diciembre
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_BDAYLEAP_C	Invalid day for selected month hard edit	{check ERR_BDAYLEAP_C} ^BDAY_C is not a valid day for ^BMONTH_C.
ERR_BYEAR_C		{check ERR_BYEAR_C} Future date invalid.

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:

Hay una diferencia entre la edad de ^AGEDOB_C_fill que la computadora cálculo usando la fecha de nacimiento y la edad de ^TEMPAGE_C que anteriormente anoté para ^SCNAME.

Tengo ^dateofbirth_C

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) o (age)"
^TEMPAGE_A	Description	{Value of AGETEMP_A}
	Instruction	fill value of AGETEMP_A
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=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: "la fecha de nacimiento de ^SCNAME como el ^BDAY_C de ^BMONTH_C de ^BYEAR_C, ¿es esto correcto?" If only BMONTH_C and BYEAR_C are valid, fill: "la fecha de nacimiento de ^SCNAME como ^BMONTH_C de ^BYEAR_C, ¿es esto correcto?" If only BDAY_C and BYEAR_C are valid, fill: "el año en que nació ^SCNAME como ^BYEAR_C, ¿es esto correcto?" If only BYEAR_C is valid, fill: "el año en que nació ^SCNAME como ^BYEAR_C, ¿es esto correcto?"
^BDAY_C	Description	{Value of BDAY_C}
	Instruction	Fill value from BDAY_C
^BMONTH_C	Description	{Value of BMONTH_C}
	Instruction	Fill value from BMONTH_C
^BYEAR_C	Description	{Value of BYEAR_C}
	Instruction	Fill with value in BYEAR_C
^BYEAR_	Description	{Value of BMONTH_C}
	Instruction	

Response:

1	Sí
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

No todas las personas que participan en nuestra encuesta reciben todas las preguntas. Ya tengo toda la información que necesito acerca de ^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:

¿Diría que la salud de ^SCNAME en general es excelente, muy buena, buena, regular o mala?

Fills:

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

Response:

1	Excelente
2	Muy buena
3	Buena
4	Regular
5	Mala
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:

Ahora voy a preguntarle sobre algunas condiciones médicas.

* 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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que ^SCNAME tenía asma?

Fills:

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

Response:

1	Sí
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:

¿Todavía tiene ^SCNAME asma?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tenido ^SCNAME algún episodio o ataque debido al asma?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿tuvo ^SCNAME que ir a la Sala de Emergencias en un hospital o centro de atención médica urgente debido al asma?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tenido ^SCNAME que pasar la noche en el hospital debido al asma?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿cuántos días de ^DAYCARESCHOOL perdió ^SCNAME debido al asma?

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:

Durante los últimos 3 meses, ¿ha usado ^SCNAME un tipo de inhalador RECETADO que da alivio RÁPIDO a los síntomas del asma durante un ataque?

**Read if necessary: Incluye solo medicamentos recetados por un médico u otro profesional de la salud.*

Response:

1	Sí
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:

¿ACTUALMENTE toma ^SCNAME medicamentos para prevenir el asma todos los días, casi todos los días, algunos días o nunca?

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:

¿ALGUNA VEZ le dijo un médico u otro profesional de la salud que ^SCNAME tenía prediabetes?

Fills:

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

Response:

1	Sí
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 dijo un médico u otro profesional de la salud que ^SCNAME tenía diabetes?

Fills:

^NOTPRED	Description	Not including prediabetes, has/Has
	Instruction	If PREDIB_C=1: "Sin incluir la prediabetes, ¿ALGUNA VEZ le" If PREDIB_C IN ('2','DK','RF'): "¿ALGUNA VEZ le"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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:

¿Alguna vez le dijo un médico u otro profesional de la salud que ^SCNAME tenía Trastorno de Déficit de Atención e Hiperactividad o ADHD (por sus siglas en inglés) o Trastorno de Déficit de Atención o ADD (por sus siglas en inglés)?

* **Read if necessary:** *Los profesionales de la salud pueden incluir los psicólogos y enfermeros de la escuela.*

Fills:

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

Response:

1	Sí
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:

¿Actualmente tiene ^SCNAME Trastorno de Déficit de Atención e Hiperactividad o ADHD (por sus siglas en inglés) o Trastorno de Déficit de Atención o ADD (por sus siglas en inglés)?

Fills:

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

Response:

1	Sí
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:

¿Alguna vez le dijo un médico u otro profesional de la salud que ^SCNAME tenía discapacidad intelectual, también conocida como retraso mental?

* **Read if necessary:** *Los profesionales de la salud pueden incluir los psicólogos y enfermeros de la escuela.*

Fills:

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

Response:

1	Sí
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:

¿Actualmente tiene ^SCNAME una discapacidad intelectual, también conocida como retraso mental?

Fills:

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

Response:

1	Sí
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:

¿Alguna vez le dijo un médico u otro profesional de la salud que ^SCNAME tenía autismo, síndrome de Asperger, trastorno generalizado en el desarrollo o trastorno del espectro autista?

* **Read if necessary:** *Los profesionales de la salud pueden incluir Los psicólogos y enfermeros de la escuela.*

Fills:

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

Response:

1	Sí
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:

¿Actualmente tiene ^SCNAME autismo, síndrome de Asperger, trastorno generalizado en el desarrollo o trastorno del espectro autista?

Fills:

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

Response:

1	Sí
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 le dijo un médico u otro profesional de la salud que ^SCNAME tenía otro retraso en el desarrollo?

* **Read if necessary:** *Los profesionales de la salud pueden incluir los psicólogos y enfermeros de la escuela.*

* **Read if necessary:** *Los retrasos en el desarrollo son retrasos significativos en el desarrollo de un niño. Ejemplos incluyen retrasos de las habilidades cognitivas, motoras, del habla, de socialización, emocionales y de comportamiento.*

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: "¿Alguna vez" If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C ne 1 fill: "Sin incluir ADHD, ¿alguna vez" If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C ne 1 fill: "Sin incluir una discapacidad intelectual, ¿alguna vez" If ADHDEV_C ne 1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Sin incluir trastorno del espectro autista, ¿alguna vez" If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C ne 1 fill: "Sin incluir ADHD o una discapacidad intelectual, ¿alguna vez" If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Sin incluir ADHD o trastorno del espectro autista, ¿alguna vez" If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C=1 fill: "Sin incluir una discapacidad intelectual o trastorno del espectro autista, ¿alguna vez" If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C=1 fill: "Sin incluir ADHD, una discapacidad intelectual o trastorno del espectro autista, ¿alguna vez"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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:

¿Todavía tiene ^SCNAME este otro retraso del desarrollo?

Fills:

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

Response:

1	Sí
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:

¿Alguna vez le dijo un representante de la escuela o un profesional de la salud que ^SCNAME tenía una discapacidad de aprendizaje?

Fills:

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

Response:

1	Sí
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:

¿Actualmente tiene ^SCNAME una discapacidad de aprendizaje?

Fills:

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

Response:

1	Sí
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:

¿Cuánto mide ^SCNAME sin zapatos?

* 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.

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.

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
ERR2_HEIGHTIN_C	Hard edit for height in inches	{check ERR2_HEIGHTIN_C} Number of inches exceeds maximum allowed. Please correct.
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.

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:

¿Cuánto mide ^SCNAME sin zapatos?

* 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).

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 HEIGHTCM_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:

¿Cuánto pesa ^SCNAME ahora?

* Enter 'M' to record metric measurements.

* Enter '500' if 500 pounds or more.

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:

¿Cuánto pesa ^SCNAME ahora?

* Enter weight in kilograms.

* Enter '226' if 226 kilograms or more.

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:

Me gustaría hacerle algunas preguntas sobre las dificultades que ^SCNAME puede tener.

* Enter '1' to continue.

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:

¿Usa ^SCNAME anteojos ^CONTACTS?

* **Read if necessary:** *Personas que usan anteojos para Leer o para hacer otras actividades deben contestar que 'sí' a esta pregunta.*

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 "o lentes de contacto"

Response:

1	Sí
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 dificultad para ver? ¿Diría que ^SCNAME: No tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

^GLASSCONTACT	Description	When wearing glasses ^CONTACTS does/Does
	Instruction	If WEARGLSS_C=1 fill "¿Cuando está usando anteojos ^CONTACTS, tiene" else if WEARGLSS_C ne 1 "¿Tiene"
^CONTACTS	Description	or contact lenses
	Instruction	If AGE=5-17 fill "o lentes de contacto"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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: HEARAID_C Interview Module: Child Content Type: Annual Core

Question Text:

¿Usa ^SCNAME un aparato auditivo?

Fills:

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

Response:

1	Sí
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 dificultad para escuchar sonidos como las voces de la gente o la música?
 ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

^USEHRAID_C	Description	When using ^hisher_C hearing aid(s) does/Does
	Instruction	If HEARAID_C=1 fill "Cuando usa su(s) aparato(s) auditivo(s) tiene" else fill "Tiene "
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Usa ^SCNAME algún aparato o recibe ayuda para caminar?

Fills:

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

Response:

1	Sí
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:

SIN USAR su aparato o recibir ayuda, ¿tiene ^SCNAME dificultad para caminar? ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Cuando usa su aparato o recibe ayuda, ¿tiene ^SCNAME dificultad para caminar?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para caminar? ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

SIN USAR su aparato o recibir ayuda, ¿tiene ^SCNAME dificultad para caminar 100 metros en terreno plano? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra. ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

SIN USAR su aparato o recibir ayuda, ¿tiene ^SCNAME dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano? Esto sería aproximadamente lo largo de cinco campos de fútbol o cinco cuadras.

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

CUANDO USA su aparato o recibe ayuda, ¿tiene ^SCNAME dificultad para caminar 100 metros en terreno plano? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra.

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

CUANDO USA su aparato o recibe ayuda, ¿tiene ^SCNAME dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano? Esto sería aproximadamente lo largo de cinco campos de fútbol o cinco cuadras.

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para caminar 100 metros en terreno plano? Esto sería aproximadamente lo largo de un campo de fútbol o una cuadra. ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para caminar un tercio de milla (o medio kilómetro) en terreno plano? Esto sería aproximadamente lo largo de cinco campos de fútbol o cinco cuadras.

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para recoger objetos pequeños con sus manos?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene ^SCNAME dificultad con el cuidado propio, tal como comer o vestirse solo(a)?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene ^SCNAME dificultad para entenderle a usted?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Cuando ^SCNAME habla, ¿tiene usted dificultad para entenderle?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Cuando ^SCNAME habla, tiene dificultad para ser entendido por las personas dentro de este hogar?

* **Read if necessary:** *¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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.0040.00.0 Variable: UNDRSTOHH_C Interview Module: Child Content Type: Annual Core

Question Text:

¿Cuando ^SCNAME habla, ¿tiene dificultad para ser entendido por las personas FUERA de este hogar?

* **Read if necessary:** *¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?*

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para aprender cosas?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para recordar cosas?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Con qué frecuencia parece ^SCNAME muy preocupado(a), nervioso(a) o ansioso(a)? ¿Diría diariamente, semanalmente, mensualmente, algunas veces al año o nunca?

Fills:

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

Response:

1	Diariamente
2	Semanalmente
3	Mensualmente
4	Algunas veces al año
5	Nunca
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:

¿Con qué frecuencia parece ^SCNAME MUY triste o deprimido(a)? ¿Diría diariamente, semanalmente, mensualmente, algunas veces al año o nunca?

Fills:

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

Response:

1	Diariamente
2	Semanalmente
3	Mensualmente
4	Algunas veces al año
5	Nunca
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:

Comparado con los niños de la misma edad, ¿tiene ^SCNAME dificultad para jugar? ¿Diría que ^SCNAME: no tiene ninguna dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

Comparado con los niños de la misma edad, ¿qué tanto patea, muerde o golpea ^SCNAME a otros niños o adultos? ¿Diría que: no lo hace, lo mismo o menos, más o mucho más?

Fills:

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

Response:

1	No lo hace
2	Lo mismo o menos
3	Más
4	Mucho más
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:

Comparado con los niños de la misma edad ¿tiene ^SCNAME dificultad para controlar su comportamiento?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
7	Refused
9	Don't Know

Universe:

Sample Children 5-17

Skip Instructions:

<1-4,RF,DK> [goto BEHDFFC_S_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:

¿Tiene ^SCNAME dificultad para concentrarse en una actividad que le gusta hacer?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene ^SCNAME dificultad para aceptar cambios en su rutina?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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:

¿Tiene ^SCNAME dificultad para hacer amigos o amigas?

* **Read if necessary:** ¿Diría que ^SCNAME: no tiene dificultad, algo de dificultad, mucha dificultad, o no puede hacerlo?

Fills:

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

Response:

1	No tiene dificultad
2	Algo de dificultad
3	Mucha dificultad
4	No puede hacerlo
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 BSCNWPPL_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:

Las siguientes preguntas son acerca del comportamiento de ^SCNAME. Comparado a la mayoría de los niños(as) de esta edad, ¿diría usted que ^SCNAME hace estas cosas igual, un poco más, o mucho más que otros niños(as) de su misma edad?

¿Tiene ^SCNAME dificultad al estar con personas desconocidas? ¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Tiene ^SCNAME dificultad al estar en lugares nuevos? ¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Tiene ^SCNAME dificultad con los cambios?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿A ^SCNAME le molesta que lo(a) carguen otras personas?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Llora mucho ^SCNAME?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Tiene ^SCNAME dificultad para calmarse?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿^SCNAME se enoja fácilmente o se irrita?

* **Read if necessary:** ¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Es difícil de consolar a ^SCNAME?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
7	Refused
9	Don't Know

Universe:

Sample Children with Age under 2 years

Skip Instructions:

<1-3,RF,DK> [goto BSCSCHED_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:

¿Es difícil mantener a ^SCNAME en un horario o una rutina establecida?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Es difícil poner a ^SCNAME a dormir?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Tiene ^SCNAME dificultad para mantenerse dormido(a)?

* **Read if necessary:** *¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?*

Fills:

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

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Es difícil para ^youmembersoffamily dormir lo suficiente debido a ^SCNAME?

* **Read if necessary:** ¿Diría usted igual, un poco más o mucho más que otros niños de su misma edad?

Fills:

^youmembersoffamily	Description	you/members of your family
	Instruction	If HHRESPSC_FLG='1' and PCNT='2' fill "usted" else fill "los miembros de su familia"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Igual
2	Un poco más
3	Mucho más
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:

¿Durante los últimos 12 meses, cuántos días de escuela perdió ^SCNAME porque tuvo una enfermedad, lesión o discapacidad?

* 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

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_SCHEDYSMSS_C]
 <366-995> [goto ERR2_SCHEDYSMSS_C]

Hard Edit:

Check Text	Check Description	Check Text
ERR2_SCHEDYSMSS_C	hard check for days of missed school	{check ERR2_SCHEDYSMSS_C} "366-995" days not allowed in this field.

Soft Edit:

Check Text	Check Description	Check Text
ERR1_SCHEDYSMSS_C	soft edit for 100-365 days of missed school	{signal ERR1_SCHEDYSMSS_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:

¿Alguna vez ha tenido ^SCNAME un plan de educación especial o intervención temprana, tal como un Plan Individualizado de Educación, un IEP (por sus siglas en inglés), o un Plan de Servicio Familiar Individualizado, un IFSP (por sus siglas en inglés)?

Fills:

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

Response:

1	Sí
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:

¿Actualmente tiene ^SCNAME un plan de educación especial o intervención temprana?

* **Read if necessary:** *Considere planes de educación especial y de intervención temprana que recibió durante el año escolar pasado.*

Fills:

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

Response:

1	Sí
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:

¿Recibe ^SCNAME estos servicios para ayudar con sus emociones, concentración, comportamiento o salud mental?

Fills:

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

Response:

1	Sí
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]

Las siguientes preguntas son sobre el seguro de salud. Incluya el seguro de salud obtenido a través de su empleo o comprado directamente, así como programas del gobierno como Medicare, Medicaid y el Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés) que proporcionan cuidados médicos o ayudan a pagar las facturas médicas. ¿Está ^SCNAME cubierto(a) por algún tipo de seguro de salud u otro tipo de plan de cuidados de salud?

Fills:

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

Response:

1	Sí
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]

¿Qué tipos de seguro de salud o cobertura de cuidados de salud tiene ^SCNAME? ¿Es este... Seguro privado de salud, Medicare, Seguro Suplementario de Medicare, Medicaid, Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés), cuidado de salud militar incluyendo TRICARE, CHAMPUS, cuidado de salud del V.A. y CHAMP-VA, Servicio de Salud Indígena de las Américas, un plan estatal de salud, u otro programa del gobierno?

*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 tiene cobertura de ningún tipo
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]

Hay un programa llamado Medicaid que paga los cuidados de salud a las personas necesitadas.
 ^STATEMA ¿Está cubierto ^SCNAME por Medicaid?

Fills:

^STATEMA	Description	In ^STATENAME it is also called ^STMEDICAID.
	Instruction	if STMEDICAID ne empty, fill: "En ^STATENAME también se llama ^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 "Alaska Medicaid; DenaliCare" If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)" If AR then fill "ARKids First A; Arkansas Works" If CA then fill "Medi-Cal" If CO then fill "Health First Colorado" If CT then fill "HUSKY A, HUSKY C, HUSKY D; Med-Connect" If DE then fill "Diamond State Health Plan; Children's Community Alternative Disabilities Program" If DC then fill "DC Medicaid" If FL then fill "Florida Medicaid; Medically Needy Program" If GA then fill "Georgia Families; Health Insurance Premium Payment Program (HIP)" If HI then fill "Med QUEST" If ID then fill "Idaho Medicaid Program" If IL then fill "Medical Assistance" If IN then fill "Traditional Medicaid; 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)" If KY then fill "Kentucky Medicaid; Kentucky HEALTH" If LA then fill "Healthy Louisiana; LaCHIP; LaMOMS" If ME then fill "MaineCare" If MD then fill "HealthChoice; Maryland Children's Health Program (MCHP)" If MA then fill "MassHealth" If MI then fill "Medicaid; 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); HELP Plan" If NE then fill "Heritage Health" If NV then fill "Nevada Medicaid" If NH then fill "NH Medicaid; Granite Advantage Health Care Program" If NJ then fill "NJ Medicaid; NJ Family Care" If NM then fill "Centennial Care" If NY then fill "Medicaid; Children's Medicaid" If NC then fill "NC Medicaid; Medical Assistance" If ND then fill "North Dakota Medicaid" 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)" If SC then fill "Healthy Connections" If SD then fill "South Dakota Medicaid" If TN then fill "TennCare" If TX then fill "Texas Medicaid; State of Texas Access Reform (STAR); STAR+PLUS; Children's Medicaid; STAR Kids" If UT then fill "Utah Medicaid" If VT then fill "Green Mountain Care" If VA then fill "Medicaid; FAMIS Plus" If WA then fill "Apple Health" If WV then fill "Mountain Health Trust (MHT)" If WI then fill "Wisconsin Medicaid; ForwardHealth" If WY then fill "WYhealth"
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Si
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 SINCOVDE_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]

^INADDITIONSIS ^SCNAME por algún plan SEPARADO que solo paga por cuidados dentales?

Fills:

^INADDITIONSIS	Description	In addition to ^HITYPECNOSS, is/Is
	Instruction	
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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]

¿Está cubierto(a) ^SCNAME por algún plan SEPARADO que solo paga por servicios para la vista?

Fills:

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

Response:

1	Sí
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]

¿Está cubierto(a) ^SCNAME por algún plan SEPARADO que solo paga por medicamentos recetados?

Fills:

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

Response:

1	Sí
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]

Tengo aquí que ^SCNAME ^COVEREDC. ¿Es esto correcto?

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: "no está cubierto(a) por un seguro de salud" else fill: "está cubierto (a) por ^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: "un plan de seguro de salud privado" HIKIND_C=2 fill: "Medicare" HIKIND_C=3 fill: "un Suplementario de Medicare o Medigap" HIKIND_C=4 fill: "Medicaid" HIKIND_C=5 fill: "un plan de Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés)" HIKIND_C=6 fill: "un plan de cuidado de salud militar" HIKIND_C=7 fill: "un plan de Servicio de Salud Indígena de las Américas" HIKIND_C=8 fill: "un plan de salud estatal" HIKIND_C=9 fill: "otro programa del gobierno" if MCAIDPRB_C=1, fill "Medicaid" If SINCOVDE_C=1 and SINCOVRX_C=2,RF,DK and SINCOVVS_C=2,RF,DK, fill: "un plan de servicio unico para el cuidado dental" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "un plan de servicio unico para medicamentos recetados" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=2,RF,DK and SINCOVVS_C=1, fill: "un plan de servicio unico para la vista" If SINCOVDE_C=1 and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "planes de servicio unico para el cuidado dental y medicamentos recetados" If SINCOVDE_C=1 and SINCOVRX_C=2,RF,DK and SINCOVVS_C=1, fill: "planes de servicio unico para cuidado dental y la vista" If SINCOVDE_C=2,RF,DK and SINCOVRX_C=1 and SINCOVVS_C=1, fill: "planes de servicio unico para la vista y medicamentos recetados " If SINCOVDE_C=1 and SINCOVRX_C=1 and SINCOVVS_C=1, fill: "planes de servicio unico para el cuidado dental, la vista, y medicamentos recetados " separate choices with a comma and separate the last two choices with "y"

Response:

1	Sí
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]

¿Qué tipo de cobertura de Medicare tiene ^SCNAME? ¿Es Parte A - seguro de hospital, Parte B - seguro médico, o ambos tipos?

Fills:

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

Response:

1	Parte A- solo hospital
2	Parte B- solo médico
3	Ambos tipos, Parte A y Parte 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]

¿Está inscrito ^SCNAME en un plan de Medicare Advantage?

Fills:

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

Response:

1	Sí
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]

¿Está ^SCNAME bajo un acuerdo de cuidados administrados por Medicare, tal como un HMO (por sus siglas en inglés), o sea, un plan de organizaciones para el mantenimiento de la salud de Medicare?

Fills:

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

Response:

1	Sí
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]

¿Cuál es el nombre del plan Medicare Advantage o Medicare HMO de ^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 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]

¿Está inscrito ^SCNAME en la parte D en Medicare, también llamado plan de medicamentos recetados de Medicare?

Fills:

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

Response:

1	Sí
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 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.0130.00.1 Variable: MACHMN_C Interview Module: Child Content Type: Annual Core

Question Text:

[F1]

Las siguientes preguntas son sobre la cobertura de Medicaid. ¿Cuál es el nombre del plan de salud de Medicaid de ^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 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]

¿Obtuvo ^SCNAME Medicaid a través de Healthcare.gov o ^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 "del Mercado de Seguros de Salud"</p> <p>If state specified below fill:</p> <p>If CA then fill "del Mercado de Seguros de Salud, tal como Covered California"</p> <p>If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado"</p> <p>If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT"</p> <p>If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link"</p> <p>If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho"</p> <p>If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector"</p> <p>If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection"</p> <p>If MN then fill "del Mercado de Seguros de Salud, tal como MNSure"</p> <p>If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health"</p> <p>If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI"</p> <p>If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect"</p> <p>If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"</p>

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que ^SCNAME o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga ^SCNAME o un miembro de la familia una prima por este plan de Medicaid?

Fills:

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

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene el plan de salud de ^SCNAME un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Fills:

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

Response:

1	Si
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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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:

Anteriormente anoté que ^YOUSANAME estaba cubierto(a) por ^HIPNAM1_A. ¿Está ^SCNAME cubierto(a) por este mismo plan que tiene ^YOUSANAME?

Fills:

^YOUSANAME	Description	you/^SANAME
	Instruction	If GEN.SARESPSC_FLG=1, fill "usted " else fill "^SANAME"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^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	Sí
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]

Los planes de seguro de salud se obtienen usualmente en nombre de una persona aun cuando otros miembros de la familia están cubiertos por ese plan. Esa persona es el/la titular (dueño(a)) de la póliza. ¿Es ^SCNAME el/la titular de la póliza de ^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	Sí
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:

Anteriormente anoté que ^YOUSANAME estaba cubierto(a) por un segundo plan: ^HIPNAM2_A. ¿Está ^SCNAME cubierto por este mismo plan que tiene ^YOUSANAME?

Fills:

^YOUSANAME	Description	you/^SANAME
	Instruction	If GEN.SARESPSC_FLG=1, fill "usted " else fill "^SANAME"
^SANAME	Description	Sample Adult's name
	Instruction	Sample Adult's name
^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	Sí
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: Los planes de seguro de salud se obtienen usualmente en nombre de una persona incluso si otros miembros de la familia están cubiertos por ese plan. Esa persona es el/La titular (dueño(a)) de la póliza.*

¿Es ^SCNAME el/la titular de la póliza de ^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	Si
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]

Es importante tener el nombre completo y preciso de cada plan de seguro privado de salud. ¿Cuál es el nombre COMPLETO del plan de ^SCNAME? NO incluya planes que sólo proporcionen dinero extra mientras está hospitalizado(a) o planes que solamente pagan un tipo de servicio tal como servicios de atención a largo plazo, accidentes o cuidado dental.

**Read if necessary: ¿Tiene usted una tarjeta de su plan de salud o algo con el nombre del plan escrito?*

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]

¿Está ^SCNAME cubierto(a) por otros planes de seguro privado de salud?

Fills:

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

Response:

1	Sí
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 OGNAMC_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]

¿Cuál es el nombre de ese plan de seguro privado de salud?

**Read if necessary: ¿Tiene usted una tarjeta de su plan de salud o algo con el nombre del plan escrito?*

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]

Voy a hacerle unas preguntas sobre ^FIRSTPLANC. Los planes de seguro de salud se obtienen usualmente en nombre de una persona aun si otros miembros de la familia están cubiertos por ese plan. Esa persona es el/la titular de la póliza. ¿Es ^SCNAME el/la titular (dueño(a)) de la póliza de ^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: 'el plan de ^SCNAME' else if HIPNAM1_C IN ('RF','DK') fill: 'el primer plan de ^SCNAME' Else fill: 'el plan ^HIPNAM1_C de ^SCNAME' if PlanNum=2 then if HIPNAM2_C IN ('RF','DK') fill: 'el segundo plan de ^SCNAME' Else fill: 'el plan ^HIPNAM2_C de ^SCNAME'
^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
^THISPLANC	Description	this plan/^HIPNAM1_C/^HIPNAM2_C
	Instruction	if PlanNum=1 then if HIPNAM1_C IN('RF','DK') fill: 'este plan' Else fill: '^HIPNAM1_C' if PlanNum=2 then if HIPNAM2_C IN ('RF','DK') fill: 'este plan' Else fill: '^HIPNAM2_C'
^HIPNAM2_C	Description	{Value of HIPNAM2_C}
	Instruction	fill value from Child.INS.HIPNAM2_C

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Este plan cubre otra persona a parte de ^SCNAME?

Fills:

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

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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]

¿Cuál de estas opciones describe mejor cómo fue obtenido este plan? ¿Fue obtenido a través de un empleador o sindicato, comprado directamente, obtenido a través de Healthcare.gov o la Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en inglés), también conocido como Obamacare, obtenido a través de un gobierno estatal, local o programa comunitario, u obtenido de otra manera?

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
7	Refused
9	Don't Know

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: ¿Cómo fue obtenido este plan?

Response:

Verbatim	Verbatim values
97	Refused
99	Don't Know

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]

¿Fue obtenido el plan a través de Healthcare.gov o ^MARKETPLACE?

Fills:

^MARKETPLACE	Description	Health insurance marketplace names
	Instruction	If no state specified below, fill "del Mercado de Seguros de Salud" If state specified below fill: If CA then fill "del Mercado de Seguros de Salud, tal como Covered California" If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado" If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT" If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link" If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho" If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector" If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection" If MN then fill "del Mercado de Seguros de Salud, tal como MNSure" If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health" If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI" If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect" If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Quién paga este plan de seguro de salud?

*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]

¿Actualmente cuánto gasta la familia de ^SCNAME en la prima del seguro de salud de ^FIRSTPLANC?
Por favor, incluya las reducciones de pago por la prima de este seguro.

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: 'el plan de ^SCNAME' else if HIPNAM1_C IN ('RF','DK') fill: 'el primer plan de ^SCNAME' Else fill: 'el plan ^HIPNAM1_C de ^SCNAME' if PlanNum=2 then if HIPNAM2_C IN ('RF','DK') fill: 'el segundo plan de ^SCNAME' Else fill: 'el plan ^HIPNAM2_C de ^SCNAME'
^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	fill value from Child.INS.HIPNAM1_C

Response:

00001-99995	Range of values
99997	Refused
99999	Don't Know

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:

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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que el plan de salud o plan de cobertura de cuidados de salud empieza a pagar sus facturas médicas.
 ¿Tiene el plan de salud de ^SCNAME un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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]

¿Es el deducible ^FAM_C anual para cuidados médicos de este plan menos de ^HDHPAMT_C, o ^HDHPAMT_C o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^FAM_C	Description	family
	Instruction	if POLHLD_C=2 or PRPLCOV_C=1, fill 'familiar'. 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: \$2,700
^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPAMT_C
2	^HDHPAMT_C or more
7	Refused
9	Don't Know

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:

Hay cuentas o fondos especiales que se pueden usar para pagar los gastos médicos, a veces llamados Cuentas de Ahorros para la Salud o HSA (por sus siglas en inglés), Cuentas de Reembolso de Salud o HRA (por sus siglas en inglés), Cuentas de Cuidado Personal, Fondos Médicos Personales o Fondos Choice. Estos son DIFERENTES de las Cuentas de Gastos Flexibles o FSA (por sus siglas en inglés). ¿Tiene usted alguna de estas cuentas o fondos con este plan?

Response:

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:

Las siguientes tres preguntas son sobre los servicios que ^FIRSTPLANC puede cubrir.

* Enter '1' to continue.

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:

¿Paga ^FIRSTPLANC alguno de los costos de los medicamentos recetados por un médico?

* **Read if necessary:** Aunque ^SCNAME no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si ^SCNAME fuese recetado medicamentos.

Fills:

^HIPNAM1_C	Description	{Value of HIPNAM1_C}
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Paga ^FIRSTPLANC alguno de los costos de los cuidados dentales?

Read if necessary: Aunque ^SCNAME no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si ^SCNAME tuviera cuidados dentales.

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Paga ^FIRSTPLANC alguno de los costos de los cuidados rutinarios de la vista, tales como anteojos o lentes de contacto?

Read if necessary: Aunque ^SCNAME no haya usado este beneficio, por favor díganos si este plan cubriría por lo menos algo del costo si ^SCNAME tuviera cuidados de la vista.

Fills:

^FIRSTPLANC	Description	this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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]

Anteriormente anoté que ^SCNAME está cubierto por el Programa de Seguro Médico para Niños o CHIP (por sus siglas en inglés). ¿Cuál es el nombre del 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]

¿Obtuvo ^SCNAME su plan CHIP a través de Healthcare.gov o ^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 "del Mercado de Seguros de Salud"</p> <p>If state specified below fill:</p> <p>If CA then fill "del Mercado de Seguros de Salud, tal como Covered California"</p> <p>If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado"</p> <p>If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT"</p> <p>If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link"</p> <p>If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho"</p> <p>If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector"</p> <p>If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection"</p> <p>If MN then fill "del Mercado de Seguros de Salud, tal como MNSure"</p> <p>If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health"</p> <p>If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI"</p> <p>If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect"</p> <p>If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"</p>

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que ^SCNAME o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga ^SCNAME o un miembro de la familia una prima por este plan CHIP?

Fills:

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

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene el plan de salud CHIP de ^SCNAME un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Fills:

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

Response:

1	Si
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17 with a CHIP plan

Skip Instructions:

```
<1> [goto CHHDHP_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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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]

Anteriormente anoté que ^SCNAME está cubierto por un plan estatal. ¿Cuál es el nombre del 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]

¿Obtuvo ^SCNAME su plan estatal a través de Healthcare.gov o ^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 "del Mercado de Seguros de Salud"</p> <p>If state specified below fill:</p> <p>If CA then fill "del Mercado de Seguros de Salud, tal como Covered California"</p> <p>If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado"</p> <p>If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT"</p> <p>If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link"</p> <p>If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho"</p> <p>If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector"</p> <p>If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection"</p> <p>If MN then fill "del Mercado de Seguros de Salud, tal como MNSure"</p> <p>If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health"</p> <p>If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI"</p> <p>If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect"</p> <p>If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"</p>

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que ^SCNAME o un miembro de la familia paga cada mes por la cobertura de cuidados de salud. ¿Paga ^SCNAME o un miembro de la familia una prima por este plan estatal?

Fills:

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

Response:

1	Sí
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]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene su plan estatal de ^SCNAME un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Fills:

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

Response:

1	Si
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 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.0560.00.1 Variable: OPHDHP_C Interview Module: Child Content Type: Annual Core

Question Text:

[F1]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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 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.0570.00.1 Variable: OGNAME_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Anteriormente anoté que ^SCNAME está cubierto por otro plan del gobierno. ¿Cuál es el nombre del 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]

¿Obtuvo ^SCNAME su otro plan del gobierno a través de Healthcare.gov o ^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 "del Mercado de Seguros de Salud"</p> <p>If state specified below fill:</p> <p>If CA then fill "del Mercado de Seguros de Salud, tal como Covered California"</p> <p>If CO then fill "del Mercado de Seguros de Salud, tal como Connect for Health Colorado"</p> <p>If CT then fill "del Mercado de Seguros de Salud, tal como Access Health CT"</p> <p>If DC then fill "del Mercado de Seguros de Salud, tal como DC Health Link"</p> <p>If ID then fill "del Mercado de Seguros de Salud, tal como Your Health Idaho"</p> <p>If MA then fill "del Mercado de Seguros de Salud, tal como Health Connector"</p> <p>If MD then fill "del Mercado de Seguros de Salud, tal como Maryland Health Connection"</p> <p>If MN then fill "del Mercado de Seguros de Salud, tal como MNSure"</p> <p>If NY then fill "del Mercado de Seguros de Salud, tal como New York State of Health"</p> <p>If RI then fill "del Mercado de Seguros de Salud, tal como HealthSource RI"</p> <p>If VT then fill "del Mercado de Seguros de Salud, tal como Vermont Health Connect"</p> <p>If WA then fill "del Mercado de Seguros de Salud, tal como Washington Healthplanfinder"</p>

Response:

1	Sí
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]

Una prima de seguro de salud es la cantidad que ^SCNAME o un miembro de la familia pagan cada mes por la cobertura de cuidados de salud. ¿Paga ^SCNAME o un miembro de la familia una prima por su otro plan del gobierno?

Fills:

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

Response:

1	Sí
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 OGDEDUC_C]

2020 National Health Interview Survey (NHIS) Questionnaire

INS: Health Insurance

Question ID: INS.0600.00.1 Variable: OGDEDUC_C Interview Module: Child Content Type: Annual Core

Question Text:

?[F1]

Un deducible es la cantidad que usted tiene que pagar por los cuidados de salud antes de que la cobertura de su seguro o plan de salud comience a pagar sus facturas médicas. ¿Tiene el otro plan de salud del gobierno de ^SCNAME un deducible anual?

* **Read if necessary:** *Un deducible es diferente a un copago.*

Fills:

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

Response:

1	Sí
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]

¿El deducible anual para cuidados médicos de este plan es menos de ^HDHPDED o ^HDHPDED o más? Si hay un deducible por separado para medicamentos recetados, hospitalización o cuidados fuera de la red, no incluya esas cantidades deducibles aquí.

Fills:

^HDHPDED	Description	Deductible threshold (may change in future year)
	Instruction	fill: \$1,300

Response:

1	Less than ^HDHPDED
2	^HDHPDED 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]

Anteriormente anoté que ^SCNAME está cubierto por un plan de cuidado de salud militar. ¿Qué tipos de planes de cuidados de salud militar lo(a) cubren?

*Enter all that apply, separate with commas.

Fills:

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

Response:

2	TRICARE (CHAMPUS)
3	CHAMP-VA (no incluya 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:

¿Cuánto tiempo ha pasado desde la última vez que ^SCNAME tuvo cobertura de cuidados de salud que pagaba por visitas médicas u hospitalizaciones?

Fills:

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

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

En los últimos 12 meses, ¿cuántos meses estuvo ^SCNAME sin cobertura?

*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]

Pensando en la última vez que ^SCNAME tuvo cobertura de cuidados de salud que pagó las visitas médicas u hospitalizaciones. Voy a leer una lista de razones por las cuales alguien podría ya no estar inscrito en la cobertura. Por favor, dígame, sí o no, si esta es una razón por la cual ^SCNAME ya no está inscrito en su último plan de cuidados de salud.

¿El/La titular de la póliza se jubiló, perdió un empleo o cambió de empleador?

Fills:

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

Response:

1	Sí
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: Ya no está ^SCNAME inscrito(a) en su último plan de cuidados de salud porque...*

¿Dejó pasar el plazo para inscribirse o para pagar por su cobertura?

Fills:

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

Response:

1	Sí
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: Ya no está ^SCNAME inscrito(a) en su último plan de cuidados de salud porque...*

¿Dejó de ser elegible debido a su edad o porque dejó la escuela?

Fills:

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

Response:

1	Sí
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: Ya no está ^SCNAME inscrito(a) en su último plan de cuidados de salud porque...*

¿El costo de su cobertura aumentó?

Fills:

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

Response:

1	Sí
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: Ya no está ^SCNAME inscrito(a) en su último plan de cuidados de salud porque...*

¿Tenía ^SCNAME Medicaid, CHIP, u otra cobertura pública, pero dejó de ser elegible?

Fills:

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

Response:

1	Sí
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 ¿Actualmente no está asegurado ^SCNAME porque no puede pagar el costo de la cobertura?

Fills:

^INSREASONS_C	Description	RSNHICOST_C Introduction
	Instruction	If HILAST_C=0,4,5,6,RF,DK, fill: "Hay muchas razones por las cuales las personas no tienen cobertura de seguro de salud." If HILAST_C=1,2,3, fill: "Hemos hablado sobre las razones por las cuales perdió su cobertura y ahora le preguntaré por qué no obtuvo ^SCNAME cobertura de seguro de salud."
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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:

Hay otras razones por las cuales las personas no tienen cobertura de seguro de salud. ^PLUSCOSTC seguro ^SCNAME actualmente porque...

...su familia no necesita o no quiere cobertura para ^SCNAME?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if RSNHICOST_C = 1 then fill 'Además del costo, ¿no tiene'. Else fill '¿No tiene'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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: Hay otras razones por las cuales las personas no tienen cobertura de seguro de salud. ^PLUSCOSTC seguro ^SCNAME actualmente porque...*

...no es elegible para obtener cobertura?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if RSNHICOST_C = 1 then fill 'Además del costo, ¿no tiene'. Else fill '¿No tiene'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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: Hay otras razones por las cuales las personas no tienen cobertura de seguro de salud. ^PLUSCOSTC seguro ^SCNAME actualmente porque...*

...el proceso de inscribirse para obtener cobertura para ^SCNAME es muy difícil o confuso?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if RSNHICOST_C = 1 then fill 'Además del costo, ¿no tiene'. Else fill '¿No tiene'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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: Hay otras razones por las cuales las personas no tienen cobertura de seguro de salud. ^PLUSCOSTC seguro ^SCNAME actualmente porque...*

...su familia no puede encontrar un plan que cumple con las necesidades de ^SCNAME?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if RSNHICOST_C = 1 then fill 'Además del costo, ¿no tiene'. Else fill '¿No tiene'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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: Hay otras razones por las cuales las personas no tienen cobertura de seguro de salud. ^PLUSCOSTC seguro ^SCNAME actualmente porque...*

...solicitó cobertura para ^SCNAME, pero aún no ha comenzado?

Fills:

^PLUSCOSTC	Description	In addition to cost, is/Is
	Instruction	if RSNHICOST_C = 1 then fill 'Además del costo, ¿no tiene'. Else fill '¿No tiene'
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Sí
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:

¿Actualmente hay otra razón por la cuál ^SCNAME no tiene cobertura de seguro de salud?

Fills:

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

Response:

1	Sí
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:

¿Cuál es la otra razón por la cuál no tiene cobertura de seguro de salud?

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:

En los últimos 12 meses, ¿hubo algún tiempo en que ^SCNAME NO tuvo ALGÚN seguro o cobertura de salud?

Fills:

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

Response:

1	Sí
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:

En los últimos 12 meses, ¿aproximadamente cuántos meses estuvo ^SCNAME sin cobertura?

*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]

Ahora voy a preguntarle sobre sus facturas médicas. Incluya las facturas de médicos, dentistas, hospitales, terapistas, medicamentos, equipos, y cuidados de enfermería en un asilo (nursing home) o en el hogar.

* 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]

¿En los últimos 12 meses, tuvo alguna persona en su familia problemas para pagar o no pudo pagar alguna factura médica?

* **Read if necessary:** *Incluya las facturas para médicos, dentistas, hospitales, terapeutas, medicamentos, equipos, y cuidados de enfermería en un asilo (nursing home) o en el hogar.*

Response:

1	Sí
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:

Actualmente, ¿tiene alguna persona en su familia alguna factura médica que no puede pagar de ninguna forma?

Response:

1	Si
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:

Si se enfermara o tuviera un accidente ^SCNAME, ¿qué tan preocupado(a) estaría usted de que su familia pueda pagar las facturas médicas de ^SCNAME? ¿Estaría muy preocupado(a), algo preocupado(a) o no estaría nada preocupado(a)?

Fills:

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

Response:

1	Muy preocupado(a)
2	Algo preocupado(a)
3	Nada preocupado(a)
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:

El siguiente grupo de preguntas es acerca del coronavirus o 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:

¿Alguna vez le dijo un médico u otro profesional de la salud que ^SCNAME tenía o probablemente había tenido coronavirus o COVID-19?

Response:

1	Si
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:

¿Alguna vez ^SCNAME se ha hecho la prueba del coronavirus o COVID-19?

Response:

1	Sí
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:

¿Se determinó con la prueba que ^SCNAME tenía coronavirus o 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.

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:

¿Cómo describiría los síntomas del coronavirus que presentó ^SCNAME cuando estaban en su peor momento? ¿Diría que no tuvo síntomas, o que tuvo síntomas leves, síntomas moderados o síntomas graves?

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:

Las siguientes preguntas son sobre el cuidado dental de ^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:

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:

Aproximadamente, ¿cuánto tiempo hace que ^SCNAME tuvo su último examen dental o limpieza?

* **Read if necessary:** *Incluya las limpiezas dentales realizadas por cualquier tipo de profesional de cuidado dental tal como dentista, ortodoncista, cirujano oral, higienista dental y cualquier tipo de especialista dental.*

Fills:

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

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

Durante los últimos 12 meses, ¿RETRASÓ en obtener cuidado dental para ^SCNAME debido al costo?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo alguna ocasión cuando ^SCNAME necesitó cuidado dental pero NO LO OBTUVO debido al costo?

Fills:

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

Response:

1	Sí
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 "Me gustaría preguntarle sobre los cuidados de salud de ^SCNAME." else fill "Ahora que hemos terminado de hablar sobre el cuidado dental de ^SCNAME, me gustaría preguntarle sobre otros cuidados de salud."
^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:

Aproximadamente, ¿cuánto tiempo hace que ^SCNAME vio a un médico u otro profesional de la salud por su salud?

* **Read if necessary:** *Incluya a Los médicos que Le vieron mientras estaba hospitalizado.*

* **Read if necessary:** *No incluya profesionales de cuidado dental.*

Fills:

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

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

¿Fue este una visita pediátrica, examen físico, o chequeo general?

Read if necessary: Este tipo de visita usualmente incluye medir la estatura y peso, administrar vacunas y chequeo de visión o audición. El médico u otro profesional de la salud podría hablar con usted sobre temas relacionados con la salud de ^SCNAME tales como su crecimiento y desarrollo, alimentación y ejercicio, hábitos de seguridad y hábitos de dormir. Estas visitas usualmente son citas de antemano y se realizan cuando ^SCNAME no está enfermo(a) o lesionado(a).

Read if necessary: Si combinó un examen de rutina con una visita para tratar una enfermedad, incluya también esa visita.

***Read if necessary:** Un obstetra o ginecólogo(a) (por sus siglas en inglés OB-GYN) puede llevar a cabo esta consulta.

Fills:

^babychild	Description	baby/child
	Instruction	

Response:

1	Sí
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:

Aproximadamente, ¿cuánto tiempo hace que ^SCNAME vio a un médico u otro profesional de la salud para una visita pediátrica, examen físico o chequeo general?

* **Read if necessary:** Este tipo de visita usualmente incluye medir la estatura y peso, administrar vacunas y chequeo de visión o audición. El médico u otro profesional de la salud podría hablar con usted sobre temas relacionados con la salud de ^SCNAME tales como su crecimiento y desarrollo, alimentación y ejercicio, hábitos de seguridad y hábitos de dormir. Estas visitas usualmente son citas de antemano y se realizan cuando ^SCNAME no está enfermo(a) o lesionado(a).

* **Read if necessary:** Si combinó un examen de rutina con una visita para tratar una enfermedad, incluya también esa visita.

***Read if necessary:** Un obstetra o ginecólogo(a) (por sus siglas en inglés OB-GYN) puede llevar a cabo esta consulta.

Fills:

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

Response:

0	Nunca
1	En el último año (en menos de 12 meses)
2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)
3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)
4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)
5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)
6	Hace 10 años o más
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:

¿Hay algún lugar al que va USUALMENTE ^SCNAME cuando está enfermo(a) y necesita cuidados de salud?

Fills:

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

Response:

1	Sí
2	No hay NINGÚN lugar
3	Hay MÁS DE UN lugar
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:

¿A qué tipo de lugar [^]isitgomostoften - a un consultorio médico o centro de salud; un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado; una sala de emergencias EN UN HOSPITAL; o a algún otro lugar?

* **Read if necessary:** *Un consultorio médico o centro de salud es un lugar donde [^]SCNAME ve al mismo médico o grupo de médicos en cada visita, donde usualmente debe hacer una cita de antemano y donde está archivado su historial médico.*

* **Read if necessary:** *Los centros de atención médica urgente NO EN UN HOSPITAL y las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.*

Fills:

[^] isitgomostoften	Description	is it/ [^] doesheshedothey go to most often
	Instruction	If USUALPL_C=1, fill: "va [^] SCNAME" else fill: "va [^] SCNAME con más frecuencia"
[^] SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Un consultorio médico o centro de salud
2	Un centro de atención médica urgente NO EN UN HOSPITAL o clínica dentro de una farmacia o supermercado
3	Una sala de emergencias EN UN HOSPITAL
4	Otro lugar
5	No va a un solo lugar con más frecuencia
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:

Durante los últimos 12 meses, ¿cuántas veces ha ido ^SCNAME a un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado POR SU SALUD?

* Enter 96 if number is 96 or greater.

* Read if necessary: Los centros de atención médica urgente NO EN UN HOSPITAL y Las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.

* Read if necessary: Este es diferente a una sala de emergencias en un hospital.

Fills:

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

Response:

00-96	Range of values
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:

Durante los últimos 12 meses, ¿cuántas veces ha ido ^SCNAME a la sala de emergencias EN UN HOSPITAL por su salud?

* **Read if necessary:** *Esto incluye las visitas a la sala de emergencias en las cuales le tuvieron que hospitalizar.*

* **Enter 96 if number is 96 or greater.**

Fills:

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

Response:

00-96	Range of values
97	Refused
99	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

```
<0-39,RF,DK> if GEN.AGE_FINAL GE 001 [goto HOSPPNGT_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 ^his/her/their 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:

Durante los últimos 12 meses, ¿ha sido ^SCNAME hospitalizado? ^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: "No incluye las noches que haya pasado en una sala de emergencias."

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿RETRASÓ atención médica para ^SCNAME debido al costo?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo alguna ocasión en la que ^SCNAME necesitó atención médica pero NO LA OBTUVO debido al costo?

Fills:

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

Response:

1	Sí
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:

¿Hubo alguna ocasión en el cual ^SCNAME RETRASÓ buscar atención médica debido a la pandemia del coronavirus?

Response:

1	Si
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:

¿Hubo alguna ocasión en el cual ^SCNAME necesitó atención médica para algo aparte del coronavirus, pero NO LA RECIBIÓ debido a la pandemia del coronavirus?

Response:

1	Si
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:

En los últimos 12 meses, ¿tuvo ^SCNAME una cita con un médico, enfermero(a) u otro profesional de la salud por video o por teléfono?

Response:

1	Si
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:

¿Tuvo ^SCNAME alguna de sus citas por video o por teléfono debido a razones relacionadas con la pandemia del coronavirus?

Response:

1	Si
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:

Durante los últimos 12 meses, ¿tomó ^SCNAME un medicamento recetado?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿RETRASÓ la compra de algún medicamento recetado para ^SCNAME para ahorrar dinero?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿hubo una ocasión en la que ^SCNAME necesitó un medicamento recetado, pero NO LO OBTUVO debido al costo?

Fills:

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

Response:

1	Sí
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:

Hay dos tipos de vacunas contra la gripe. Una de ellas se inyecta y la otra se administra mediante un aerosol, rocío o gotas en la nariz. Durante los últimos 12 meses, ¿ha recibido ^SCNAME una vacuna contra la gripe?

* **Read if necessary:** *La vacuna contra La gripe se suele administrar en el otoño para proteger contra La influenza durante La temporada de gripe.*

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿cuántas vacunas contra la gripe ha tenido ^SCNAME?

Fills:

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

Response:

1	1 vacuna
2	2 o más vacunas
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

¿En qué mes y año recibió ^SCNAME su más reciente vacuna contra la gripe?

* Enter month of most recent flu vaccine.

Fills:

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

Response:

01	enero
02	febrero
03	marzo
04	abril
05	mayo
06	junio
07	julio
08	agosto
09	septiembre
10	octubre
11	noviembre
12	diciembre
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
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
ERR1_FLUVAC1Y_C	1st flu vaccine in future	{check ERR1_FLUVAC1Y_C} Future date invalid

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

¿En qué mes y año recibió ^SCNAME su vacuna contra la gripe antes que esa?

* Enter month of most recent flu vaccine.

Fills:

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

Response:

01	enero
02	febrero
03	marzo
04	abril
05	mayo
06	junio
07	julio
08	agosto
09	septiembre
10	octubre
11	noviembre
12	diciembre
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
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
ERR1_FLUVAC2Y_C	2nd flu vaccine in future	{check ERR1_FLUVAC2Y_C} Future date invalid

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:

Durante los últimos 12 meses, ¿tuvo ^SCNAME un examen de la vista por algún especialista tal como un optometrista, oftalmólogo u oculista?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha recibido ^SCNAME alguna sesión de fisioterapia, terapia del habla, rehabilitación o terapia ocupacional?

* Do not include mental health therapy.

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿recibió ^SCNAME en el hogar los cuidados de un(a) enfermero(a) o de otro profesional de la salud?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿ha tomado ^SCNAME algún medicamento recetado para ayudarle con sus emociones, concentración, comportamiento o salud mental?

Fills:

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

Response:

1	Sí
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: MHTHRPY_C Interview Module: Child Content Type: Rotating Core

Question Text:

Durante los últimos 12 meses, ¿recibió ^SCNAME asesoramiento o terapia de un profesional de la salud mental tal como siquiátras, sicólogos, enfermeros siquiátricos o trabajadores social clínico?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿RETRASÓ asesoramiento o terapia de un profesional de la salud mental para ^SCNAME debido al costo?

Fills:

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

Response:

1	Sí
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:

Durante los últimos 12 meses, ¿necesitó ^SCNAME asesoramiento o terapia de un profesional de la salud mental pero NO LA OBTUVO debido al costo?

Fills:

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

Response:

1	Sí
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:

El siguiente grupo de preguntas es acerca de todos los tipos de lesiones. Las personas se pueden lesionar por accidente o a propósito. Se pueden lastimar a sí mismas o las pueden lastimar otras personas.

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:

Durante los últimos 3 meses, ¿ha sufrido ^SCNAME algún accidente o alguna lesión en la que se haya lastimado alguna parte de su cuerpo?

Response:

1	Si
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:

Debido a esas lesiones, ¿ha tenido que limitar ^SCNAME sus actividades habituales por al menos 24 horas después de sufrir la lesión?

Response:

1	Si
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:

Para las siguientes preguntas, por favor, piense solamente en las lesiones significativas que haya sufrido durante los últimos 3 meses. Consideramos significativas las lesiones que hayan limitado las actividades habituales de ^SCNAME por al menos 24 horas después de sufrir la lesión.

Durante los últimos 3 meses, ¿cuántas veces sufrió ^SCNAME una lesión significativa?

* Enter '96' if number is 96 or greater.

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:

Durante los últimos 3 meses, ¿sufrió ^siginj_C cuando ^SCNAME estaba en su casa?

* **Read if necessary:** *Incluya Los patios, el garaje, el sótano y otros lugares en la propiedad.*

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_C cuando ^SCNAME estaba en su ^DAYCARESCHOOL?

* **Read if necessary:** *Incluya salas de clase, patios, campos de deporte, piscinas, estacionamientos y otros lugares en la guardería o escuela.*

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_C mientras ^SCNAME estaba practicando algún deporte o haciendo ejercicios, incluyendo caminar, andar en bicicleta, correr o jugar béisbol, básquetbol, fútbol o alguna otra actividad física?

* **Read if necessary:** *Incluya deportes recreativos como patinar, esquiar, pescar o jugar tenis, golf o boliche.*

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_C como resultado de una caída?

Response:

1	Sí
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:

¿Sufrió ^SCNAME alguna caída en su propia casa?

Response:

1	Sí
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:

¿Sufrió ^SCNAME alguna caída en la ^DAYCARESCHOOL?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿sufrió ^siginj_C como resultado de haber tenido un accidente automovilístico o por haber sido atropellado(a) por un vehículo motorizado mientras caminaba o andaba en bicicleta?

* **Read if necessary:** *Los vehículos motorizados incluyen los automóviles, camiones, camionetas, vans, autobuses, motocicletas, scooters motorizados, carritos y sillas de ruedas motorizados, tractores, vehículo todo terreno (ATV, por sus siglas en inglés), motos de nieve, buggies y otros vehículos motorizados.*

Response:

1	Sí
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:

¿Era ^SCNAME ^DRIVER pasajero(a), ciclista, peatón o estaba haciendo otra cosa cuando esto ocurrió?

Enter all that apply, separate with commas.

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:

Durante los últimos 3 meses, ¿fue ^SCNAME al médico o algún otro profesional de la salud para recibir tratamiento por ^siginj_C?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿fue ^SCNAME a la Sala de Emergencias en un hospital debido a ^siginj_C?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿estuvo ^SCNAME hospitalizado(a) hasta el día siguiente debido a ^siginj_C?

Response:

1	Si
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:

Durante los últimos 3 meses, ¿sufrió ^SCNAME fracturas de huesos debido a ^siginj_C?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿recibió ^SCNAME puntos o grapas debido a ^siginj_C?

Response:

1	Sí
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:

Durante los últimos 3 meses, ¿cuántos días de ^DAYCARESCHOOL perdió ^SCNAME debido a ^sininj_C?

* Enter '90' if ^SCNAME missed every day of daycare or school in the past 3 months

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:

¿Espera usted que ^SCNAME pierda más días de ^DAYCARESCHOOL debido a ^siginj_C que haya sufrido en los últimos 3 meses?

Response:

1	Si
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:

Las siguientes preguntas son sobre lesiones que pudo haber sufrido ^SCNAME en la cabeza a lo largo de su vida. Piense en todas las lesiones en la cabeza, por ejemplo, al practicar deportes, en accidentes automovilísticos, en caídas o al ser golpeado(a) por algo o por alguien.

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:

Como resultado de un golpe o sacudida de la cabeza, ¿alguna vez ha perdido ^SCNAME la conciencia?

**Read if necessary: Por favor, piense en todas las lesiones en la cabeza, por ejemplo, al practicar deportes, en accidentes automovilísticos, en caídas o al ser golpeado(a) por algo o por alguien.*

Response:

1	Sí
2	No
7	Refused
9	Don't Know

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto TBICHKCONC_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:

Como resultado de un golpe o sacudida de la cabeza, ¿alguna vez ha sufrido ^SCNAME aturdimiento o le ha fallado la memoria?

**Read if necessary: Por favor, piense en todas las lesiones en la cabeza, por ejemplo, al practicar deportes, en accidentes automovilísticos, en caídas o al ser golpeado(a) por algo o por alguien.*

Response:

1	Sí
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:

Como resultado de un golpe o sacudida de la cabeza, ¿alguna vez ha sufrido ^SCNAME dolores de cabeza, vómito, visión borrosa, o cambios en el estado de ánimo o de comportamiento?

**Read if necessary: Por favor, piense en todas las lesiones en la cabeza, por ejemplo, al practicar deportes, en accidentes automovilísticos, en caídas o al ser golpeado(a) por algo o por alguien.*

Response:

1	Sí
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 TBICKCONC_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:

¿Alguna vez ha sido evaluado(a) ^SCNAME por una conmoción o una lesión cerebral por un médico, enfermero(a), entrenador de deportes u otro profesional de la salud?

Response:

1	Si
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:

¿Alguna vez le dijo un médico, enfermero(a), entrenador de deportes u otro profesional de la salud que ^SCNAME sufrió una conmoción o una lesión cerebral?

Response:

1	Si
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:

En los últimos 12 meses, ¿participó o jugó ^SCNAME en algún equipo o club deportivo o ha tomado cursos de deportes, ya sea en su escuela o en su comunidad?

Response:

1	Si
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:

En los últimos 12 meses, ¿participó ^SCNAME en una clase de Educación Física, o P.E. en inglés o clases en un gimnasio?

Response:

1	Si
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:

En una semana típica durante el año escolar, ¿con qué frecuencia ^SCNAME hace ejercicios, juega algún deporte o participa en actividades físicas al menos 60 minutos al día? ¿Diría que nunca, algunos días, casi todos los días o todos los días?

* **Read if necessary:** *Por favor, incluya los ejercicios que haga en la escuela y fuera de la escuela.*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

En una semana típica durante el año escolar, ¿con qué frecuencia hace ejercicios ^SCNAME para fortalecer o tonificar sus músculos tales como abdominales, flexiones de brazo, ejercicio de lagartijas (push-ups), o ejercicios con pesas?

¿Diría que nunca, algunos días, casi todos los días o todos los días?

**Read if necessary: Por favor, incluya los ejercicios de fuerza y tonificación muscular que haga en la escuela y fuera de la escuela.*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

En una semana típica durante el año escolar, ¿con qué frecuencia ^SCNAME camina al menos por periodos de 10 minutos a la vez?

Read if necessary: *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

En una semana típica durante el año escolar, ¿con qué frecuencia ^SCNAME anda en bicicleta al menos por períodos de 10 minutos a la vez?

Read if necessary: *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

Las siguientes preguntas son sobre donde vive ^SCNAME. Al decir el lugar donde vive ^SCNAME nos referimos a su vecindario o cerca de su casa.

¿Hay caminos, aceras, caminillos o senderos donde ^SCNAME puede caminar o andar en bicicleta?

Response:

1	Sí
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:** *Donde vive ^SCNAME...*

¿Hay parques o áreas de juego lo suficientemente cerca para que ^SCNAME pueda caminar o andar en bicicleta?

Response:

1	Sí
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:

Donde vive ^SCNAME, ¿el tráfico hace que sea peligroso para que ^SCNAME camine o ande en bicicleta, aún con un adulto?

Response:

1	Si
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: Donde vive ^SCNAME,...*

¿el crimen hace que sea peligroso para que ^SCNAME camine o ande en bicicleta, aún con un adulto?

Response:

1	Sí
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:

^SCHOOLWEEK, ¿con qué frecuencia ^SCNAME se despierta descansado(a)?
 ¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
7	Refused
9	Don't Know

Universe:

Sample children 2-17

Skip Instructions:

<1-4,RF,DK> [goto OUTOFBED_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:

^SCHOOLWEEK, ¿con qué frecuencia ^SCNAME tiene dificultades para levantarse?

¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:** ^SCHOOLWEEK,...

¿con qué frecuencia ^SCNAME se queja de estar cansado(a) durante el día?

* **Read if necessary:** ¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:** ^SCHOOLWEEK,...

¿con qué frecuencia ^SCNAME toma siestas o se queda dormido(a) durante el día, por ejemplo en la escuela, viendo televisión o mientras viaja en automóvil?

* **Read if necessary:** ¿Diría que nunca, algunos días, casi todos los días o todos los días?

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

^SCHOOLWEEKN, ¿con qué frecuencia ^SCNAME se va a dormir a la misma hora?

* **Read if necessary:** *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

^SCHOOLWEEKD, ¿con qué frecuencia ^SCNAME se despierta a la misma hora?

* **Read if necessary:** *¿Diría que nunca, algunos días, casi todos los días o todos los días?*

Response:

1	Nunca
2	Algunos días
3	Casi todos los días
4	Todos los días
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:

En la mayoría de los días de semana, ¿pasa ^SCNAME más de 2 horas al día frente de la televisión, computadora, teléfono celular u otro dispositivo electrónico viendo programas, jugando juegos, navegando por internet o usando las redes sociales?

**Read if necessary: No incluya el tiempo dedicado a hacer tareas de la escuela.*

Response:

1	Sí
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:

Ahora voy a preguntarle sobre los padres de ^SCNAME que viven aquí.

* 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:

¿Es ^Areyoulspar ^fathermother de ^SCNAME?

Fills:

^Areyoulspar	Description	father/mother/parent
	Instruction	
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

Response:

1	Biológico(a)
2	Adoptivo(a)
3	Padraastro/madrastra
4	Otro
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:

Las siguientes preguntas son sobre el matrimonio y vivir con pareja.

*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:

¿Actualmente está ^Areyoulspar casado(a), viviendo con su pareja sin estar casado(a), o ninguna de las dos cosas?

Fills:

^Areyoulspar	Description	Are you/Is {Value of ALIAS}
	Instruction	

Response:

1	Married
2	Living with a partner as an unmarried couple
3	Neither
7	Refused
9	Don't Know

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:

¿Actualmente vive ^yourPARspouse en el hogar?

Fills:

^yourPARspouse	Description	your spouse/{Value of ALIAS}'s spouse
	Instruction	if PX=LNO_SCRESP, fill: "su cónyugue" else fill: "el cónyugue de ALIAS[PX]"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿No vive aquí ^yourPAR porque están legalmente separados?

Fills:

^yourPAR	Description	your/{Value of ALIAS}'s
	Instruction	If PX=LNO_SCRESP, fill: "su cónyuge" else fill "el cónyuge de ALIAS[PX] "

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Quién es ^yourPAR?

* 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: "su cónyuge" else fill "el cónyuge de ALIAS[PX] "

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:

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
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.
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.
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.

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:

Anteriormente anoté que ^ParentX ^sex_ParentX y ^fillSPOUSWHO_C ^sex_SPOUWHO_C. ¿Es esto correcto?

Fills:

^ParentX	Description	you are/{Value of ALIAS} is
	Instruction	If ParentNum=LNO_SCRESP, fill: "usted es" else fill: "ALIAS[ParentNum] es"
^sex_ParentX	Description	male/female
	Instruction	If SEX[ParentNum]=1, fill: "de sexo masculino" If SEX[ParentNum]=2, fill: "de sexo femenino"
^fillSPOUSWHO_C	Description	you are/{Value of ALIAS} is
	Instruction	If SPOUSWHO_C=LNO_SCRESP, fill: "usted es" else fill "ALIAS[SPOUSWHO_C] es"
^sex_SPOUWHO_C	Description	you are/{Value of ALIAS} is
	Instruction	

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Cuál no es correcto?

* Enter all that apply, separate with commas.

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

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:

¿Quién es ^pareja_C?

* Enter line number of spouse.

* Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

Fills:

^pareja_C	Description	su pareja/la pareja de {Value of ALIAS} (Spanish Only)
	Instruction	If ParentNum=LNO_SCRESP, fill: "su pareja" else fill "la pareja de ALIAS[PX] "

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:

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
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.
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.
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:

Anteriormente anoté que ^ParentX ^sex_ParentX y ^fillPARTNERWHO_C ^sex_PARTNERWHO_C. ¿Es esto correcto?

Fills:

^ParentX	Description	you are/{Value of ALIAS} is
	Instruction	If ParentNum=LNO_SCRESP, fill: "usted es" else fill: "ALIAS[ParentNum] es"
^sex_ParentX	Description	male/female
	Instruction	If SEX[ParentNum]=1, fill: "de sexo masculino" If SEX[ParentNum]=2, fill: "de sexo femenino"
^fillPARTNERWHO_C	Description	you are/{Value of ALIAS} is
	Instruction	If PARTNERWHO_C=LNO_SCRESP, fill: "usted es" else fill "ALIAS[PARTNERWHO_C] es"
^sex_PARTNERWHO_C	Description	male/female
	Instruction	If GEN.SEX_FINAL[PARTNERWHO_C]=1 fill: "de sexo masculino" If GEN.SEX_FINAL[PARTNERWHO_C]=2 fill: "de sexo femenino"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Cuál no es correcto?

* Enter all that apply, separate with commas.

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

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:

¿Ha estado ^HaveyouHasPAR casado(a) alguna vez?

Fills:

^HaveyouHasPAR	Description	Have you/Has {Value of ALIAS}
	Instruction	If ParentNum=LNO_SCRESP, fill: "usted" else, fill: "ALIAS[ParentNum]"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Cuál es ^estadocivil_C? ¿Esta casado(a), viudo(a), divorciado(a) o separado(a)?

Fills:

^estadocivil_C	Description	su estado civil actual/el estado civil actual de {Value of ALIAS}
	Instruction	If ParentNum=LNO_SCRESP, fill: "su estado civil actual" else fill "el estado civil actual de ALIAS[ParentNum]"

Response:

1	Married
2	Widowed
3	Divorced
4	Separated
7	Refused
9	Don't Know

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:

¿Es ^Areyoulspar viudo(a), divorciado(a), o separado(a)?

Fills:

^Areyoulspar	Description	Are you/Is {Value of ALIAS}
	Instruction	

Response:

1	Viudo(a)
2	Divorciado(a)
3	Separado(a)
7	Refused
9	Don't Know

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 tblPARBORN.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:

¿Nació ^WereyouWaspar en los Estados Unidos o en un territorio de los Estados Unidos?

Fills:

^WereyouWaspar	Description	Were you/Was {Value of ALIAS}
	Instruction	If ParentNum=LNO_SCRESP, fill: "usted" else fill: "ALIAS [ParentNum]"

Response:

1	Sí
2	No
7	Refused
9	Don't Know

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:

¿Actualmente está ^ALIASNAME bajo cuidado del programa Foster del gobierno (foster care)? Es decir, ¿hay un adulto que vive en este hogar que actúa como padre o madre del programa Foster del gobierno (foster parent) para ^ALIASNAME bajo la supervisión de una agencia de bienestar de niños de un estado o condado?

Fills:

^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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:

¿Nació ^SCNAME en los Estados Unidos o en un territorio de los Estados Unidos?

Fills:

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

Response:

1	Sí
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:

¿En cuál estado o territorio de los Estados Unidos nació ^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 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:

¿En que año vino ^SCNAME a los Estados Unidos para quedarse?

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
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.
ERR1_NATUSYR_C	The year reported in NATUSYR_C is a year in the future	{check ERR1_NATUSYR_C} Future year invalid. 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:

¿Es ^SCNAME ciudadano(a) de los Estados Unidos?

Fills:

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

Response:

1	Sí
2	No
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:

¿Nació ^SCNAME en el extranjero de padre o madre estadounidense, nació en el extranjero y fue adoptado(a) por padre o madre estadounidense, o se hizo ^SCNAME ciudadano(a) estadounidense por naturalización?

Fills:

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

Response:

1	Nació en el extranjero de padre o madre estadounidense
2	Nació en el extranjero y fue adoptado(a) por padre o madre estadounidense
3	Se hizo ciudadano(a) estadounidense por naturalización
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:

Ahora tengo algunas preguntas sobre ^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: "usted" ENDIF IF PCNT18UP_C >= 2 THEN IF fill = EMPTY THEN fill: "otros miembros de su familia" 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: "usted y otros miembros de su familia" 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:

¿Trabaja ^DoesDoyouALIASNAME por pago en un empleo o negocio?

* 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: "usted" (that is if the subject of the question is the sample child respondent, fill: "usted") else fill: "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS
^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	Si
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:

¿Usualmente trabaja ^DoesDoyouALIASNAME 35 horas o más por semana en total en su(s) empleo(s)?

Fills:

^DoesDoyouALIASNAME	Description	Do you/Does ^ALIASNAME
	Instruction	If PX=LNO_SCRESP, fill: "usted" (that is if the subject of the question is the sample child respondent, fill: "usted") else fill: "^ALIASNAME"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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:

Las siguientes preguntas son sobre el ingreso familiar total en ^LASTYEAR ANTES DE IMPUESTOS. Basado en preguntas que contestó anteriormente, tengo aquí que la familia de ^SCNAME incluye ^INCINTRO_C_fill.

* **Read if necessary:** *El ingreso es importante para analizar la información de salud que recopilamos. Por ejemplo, con esta información, podemos saber si personas en un grupo de ingresos usan ciertos tipos de servicios médicos con más o menos frecuencia que personas en otro grupo de ingresos. Tenga por seguro que, al igual que cualquier otra información que proporcionó, se mantendrá confidencial.*

* Enter '1' to continue.

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year
^SCNames_fill	Description	List of people in Sample Child's family
	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. Do not include Sample Child on list. If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "usted está" 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 "está". 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 "están".
^SCNAME	Description	Sample child's name
	Instruction	Fill ALIAS of HHSTAT_C=1

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:

DURANTE ^LAST YEAR, ¿recibió ^YOUFAM18YRS_C ingreso de sueldos, salarios, comisiones, bonificaciones, propinas o autoempleo?

* **Read if necessary:** Para esta encuesta, la familia de ^SCNAME incluye ^FAMVERSC_fill.

Fills:

^LAST	Description	Sample child's name
	Instruction	
^YOUFAM18YRS_C	Description	you/you or any family members 18 or older
	Instruction	If GEN.PCNT18UP_C=1 fill "usted" else if GEN.PCNT18UP_C GT 1 fill "usted o algún miembro de su familia de 18 años o más"
^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 "usted está" 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 "está". 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 "están".

Response:

1	Sí
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:

DURANTE ^LAST YEAR, ¿recibió ALGÚN MIEMBRO DE LA FAMILIA ingreso de cuentas o inversiones que generan intereses, dividendos de acciones o fondos mutuos, ganancia neta de alquileres, ingresos por regalías o ingresos de herencias y fideicomiso?

Fills:

^LAST	Description	Last year
	Instruction	

Response:

1	Sí
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: INCSRR_C Interview Module: Child Content Type: Annual Core

Question Text:

* Read if necessary: DURANTE ^LASTYEAR, ¿recibió ^YOUFAMHERE_C...

ingreso del Seguro Social o del Retiro Ferroviario?

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 "usted" else if GEN.PCNT_C GT 2 fill "usted o algún miembro de la familia"

Response:

1	Sí
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 INCSISSDI_C]

Replicate To:

INCSRR_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:** DURANTE ^LASTYEAR, ¿recibió ALGÚN MIEMBRO DE LA FAMILIA...

ingreso del Seguro de Ingreso Suplementario, SSI (por sus siglas en inglés), o del Seguro Social para Discapacitados, SSDI (por sus siglas en inglés)?

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

Response:

1	Sí
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> [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:

¿Recibió el Ingreso Suplementario de Seguridad (SSI), el Ingreso por Discapacidad del Seguro Social (SSDI) o ambos?

Response:

1	SSI
2	SSDI
3	Ambos, SSI y 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 SSISSDIBTH_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:

¿Recibió esto como parte de beneficios por discapacidad?

Response:

1	Sí
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:

En ^LASTYEAR, ¿quién recibió este beneficio por discapacidad?

* **Read if necessary:** *NO incluya un beneficio que haya recibido por parte de otra persona.*

* **Enter all that apply, separate with commas.**

Fills:

^LASTYEAR	Description	Last year
	Instruction	Fill year prior to current year

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:

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:

DURANTE ^LASTYEAR, ¿recibió ^YOUFAMHERE_C...

alguna asistencia pública o pagos de bienestar de la oficina de bienestar estatal o local?

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 "usted" else if GEN.PCNT_C GT 2 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:** DURANTE ^LASTYEAR, ¿recibió ^YOUFAMHERE_C...

ingreso de pensiones de jubilación, supervivencia o discapacidad?

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 "usted" else if GEN.PCNT_C GT 2 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:** DURANTE ^LASTYEAR, ¿recibió ^YOUFAMHERE_C...

ingreso de alguna otra fuente tal como pagos a veteranos o V.A. (por sus siglas en inglés), compensación por desempleo, manutención de hijos o manutención conyugal?

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 "usted" else if GEN.PCNT_C GT 2 fill "usted o algún miembro de la familia"

Response:

1	Sí
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:

Al contestar la siguiente pregunta, recuerde incluir su ingreso MÁS el ingreso de todos los miembros de la familia que viven en este hogar.

¿Cuál es su mejor estimado del ingreso total de todos los miembros de la familia de todas las fuentes, antes de impuestos, que recibió en ^LASTYEAR?

* Enter '999995' if the reported income is \$999,995 or greater.

Response:

000000-999995	Range of values
999997	Refused
999998	Not Ascertained
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:

¿Fue su ingreso familiar total de todas las fuentes menos de ^250POVERTY_C o ^250POVERTY_C o más?

Fills:

^250POVERTY_C	Description	250% of poverty threshold
	Instruction	fill value stored in Child.INC.INC250PCT_C

Response:

1	Menos de ^250POVERTY
2	^250POVERTY o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de ^138POVERTY_C o ^138POVERTY_C o más?

Fills:

^138POVERTY_C	Description	138% of poverty threshold
	Instruction	fill value stored in Child.INC.INC138PCT_C

Response:

1	Menos de ^138POVERTY_C
2	^138POVERTY_C o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de ^100POVERTY_C o ^100POVERTY_C o más?

Fills:

^100POVERTY_C	Description	100% of poverty threshold
	Instruction	fill value stored in Child.INC.INC100PCT_C

Response:

1	Menos de ^100POVERTY_C
2	^100POVERTY_C o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de ^200POVERTY_C o ^200POVERTY_C o más?

Fills:

^200POVERTY_C	Description	200% of poverty threshold
	Instruction	fill value stored in Child.INC.INC138PCT_C

Response:

1	Menos de ^200POVERTY_C
2	^200POVERTY_C o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de \$75,000 o \$75,000 o más?

Response:

1	Menos de \$75,000
2	\$75,000 o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de \$100,000 o \$100,000 o más?

Response:

1	Menos de \$100,000
2	\$100,000 o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de ^400POVERTY_C o ^400POVERTY_C o más?

Fills:

^400POVERTY_C	Description	400% of poverty threshold
	Instruction	fill value stored in Child.INC.INC400PCT_C

Response:

1	Menos de ^400POVERTY_C
2	^400POVERTY_C o más
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:

¿Fue su ingreso familiar total de todas las fuentes menos de \$150,000 o \$150,000 o más?

Response:

1	Menos de \$150,000
2	\$150,000 o más
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

FOO: Food Related Programs

Question ID: FOO.0010.00.1 Variable: FSNAP12M_C Interview Module: Child Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión EN LOS ÚLTIMOS 12 MESES en que algún miembro de la familia viviendo aquí recibió ^FSSNAPNM?

* **Read if necessary:** Este programa deposita dinero en una tarjeta SNAP EBT que solo puede usarse para comprar alimentos.

Fills:

^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
	Instruction	If AL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If AK then fill "beneficios de estampillas para alimentos" If AZ then fill "Asistencia Nutricional o beneficios de estampillas para alimentos" If AR then fill "SNAP o beneficios de estampillas para alimentos" If CA then fill "CalFresh o beneficios de estampillas para alimentos" If CO then fill "SNAP o beneficios de estampillas para alimentos" If CT then fill "SNAP o beneficios de estampillas para alimentos" If DE then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If DC then fill "SNAP o beneficios de estampillas para alimentos" If FL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If GA then fill "beneficios de estampillas para alimentos" If HI then fill "SNAP o beneficios de estampillas para alimentos" If ID then fill "beneficios de estampillas para alimentos" If IL then fill "SNAP o beneficios de estampillas para alimentos" If IN then fill "SNAP o beneficios de estampillas para alimentos" If IA then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos" If KS then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos" If KY then fill "SNAP o beneficios de estampillas para alimentos" If LA then fill "SNAP o beneficios de estampillas para alimentos" If ME then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If MD then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If MA then fill "SNAP o beneficios de estampillas para alimentos" If MI then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If MN then fill "SNAP o beneficios de estampillas para alimentos" If MS then fill "SNAP o beneficios de estampillas para alimentos" If MO then fill "beneficios de estampillas para alimentos" If MT then fill "SNAP o beneficios de estampillas para alimentos" If NE then fill "SNAP o beneficios de estampillas para alimentos" If NV then fill "SNAP o beneficios de estampillas para alimentos" If NH then fill "Estampillas para alimentos/SNAP o beneficios de estampillas para alimentos" If NJ then fill "SNAP o beneficios de estampillas para alimentos" If NM then fill "SNAP o beneficios de estampillas para alimentos" If NY then fill "SNAP o beneficios de estampillas para alimentos" If NC then fill "Servicios de Alimentos y Nutrición o beneficios de estampillas para alimentos"

```

If ND then fill "SNAP o beneficios de estampillas para
alimentos"
If OH then fill "Programa de Asistencia para Alimentos o
beneficios de estampillas para alimentos"
If OK then fill "SNAP o beneficios de estampillas para
alimentos"
If OR then fill "SNAP o beneficios de estampillas para
alimentos"
If PA then fill "SNAP o beneficios de estampillas para
alimentos"
If RI then fill "SNAP o beneficios de estampillas para
alimentos"
If SC then fill "SNAP o beneficios de estampillas para
alimentos"
If SD then fill "SNAP o beneficios de estampillas para
alimentos"
If TN then fill "SNAP o beneficios de estampillas para
alimentos"
If TX then fill "SNAP o beneficios de estampillas para
alimentos"
If UT then fill "SNAP o beneficios de estampillas para
alimentos"
If VT then fill "3SquaresVT o beneficios de estampillas para
alimentos"
If VA then fill "SNAP o beneficios de estampillas para
alimentos"
If WA then fill "Basic Food Washington o beneficios de
estampillas para alimentos"
If WV then fill "SNAP o beneficios de estampillas para
alimentos"
If WI then fill "FoodShare Wisconsin o beneficios de
estampillas para alimentos"
If WY then fill "SNAP o beneficios de estampillas para
alimentos"

```

Response:

1	Sí
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 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 Sample Adult FOO section was not the Sample Child respondent and this person answered all questions asked in the FOO 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_FOO_C]

```

Replicate To:

FSNAP12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: FOO.0020.00.3 Variable: FSNAP30D_C Interview Module: Child Content Type: Sponsored Content

Question Text:

En los ÚLTIMOS 30 días, ¿recibió algún miembro de la familia viviendo aquí ^FSSNAPNM?

* **Read if necessary:** Este programa deposita dinero en una tarjeta SNAP EBT que solo puede usarse para comprar alimentos.

Fills:

^FSSNAPNM	Description	food stamp benefits/[state food stamp program name]
	Instruction	If AL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If AK then fill "beneficios de estampillas para alimentos" If AZ then fill "Asistencia Nutricional o beneficios de estampillas para alimentos" If AR then fill "SNAP o beneficios de estampillas para alimentos" If CA then fill "CalFresh o beneficios de estampillas para alimentos" If CO then fill "SNAP o beneficios de estampillas para alimentos" If CT then fill "SNAP o beneficios de estampillas para alimentos" If DE then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If DC then fill "SNAP o beneficios de estampillas para alimentos" If FL then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If GA then fill "beneficios de estampillas para alimentos" If HI then fill "SNAP o beneficios de estampillas para alimentos" If ID then fill "beneficios de estampillas para alimentos" If IL then fill "SNAP o beneficios de estampillas para alimentos" If IN then fill "SNAP o beneficios de estampillas para alimentos" If IA then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos" If KS then fill "Programa de Asistencia para Alimentos y beneficios de estampillas para alimentos" If KY then fill "SNAP o beneficios de estampillas para alimentos" If LA then fill "SNAP o beneficios de estampillas para alimentos" If ME then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If MD then fill "Programa Suplementario de Alimentos o beneficios de estampillas para alimentos" If MA then fill "SNAP o beneficios de estampillas para alimentos" If MI then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos" If MN then fill "SNAP o beneficios de estampillas para alimentos" If MS then fill "SNAP o beneficios de estampillas para alimentos" If MO then fill "beneficios de estampillas para alimentos" If MT then fill "SNAP o beneficios de estampillas para alimentos" If NE then fill "SNAP o beneficios de estampillas para alimentos" If NV then fill "SNAP o beneficios de estampillas para alimentos" If NH then fill "Estampillas para alimentos/SNAP o beneficios de estampillas para alimentos" If NJ then fill "SNAP o beneficios de estampillas para alimentos" If NM then fill "SNAP o beneficios de estampillas para alimentos" If NY then fill "SNAP o beneficios de estampillas para alimentos" If NC then fill "Servicios de Alimentos y Nutrición o beneficios de estampillas para alimentos" If ND then fill "SNAP o beneficios de estampillas para

alimentos"
 If OH then fill "Programa de Asistencia para Alimentos o beneficios de estampillas para alimentos"
 If OK then fill "SNAP o beneficios de estampillas para alimentos"
 If OR then fill "SNAP o beneficios de estampillas para alimentos"
 If PA then fill "SNAP o beneficios de estampillas para alimentos"
 If RI then fill "SNAP o beneficios de estampillas para alimentos"
 If SC then fill "SNAP o beneficios de estampillas para alimentos"
 If SD then fill "SNAP o beneficios de estampillas para alimentos"
 If TN then fill "SNAP o beneficios de estampillas para alimentos"
 If TX then fill "SNAP o beneficios de estampillas para alimentos"
 If UT then fill "SNAP o beneficios de estampillas para alimentos"
 If VT then fill "3SquaresVT o beneficios de estampillas para alimentos"
 If VA then fill "SNAP o beneficios de estampillas para alimentos"
 If WA then fill "Basic Food Washington o beneficios de estampillas para alimentos"
 If WV then fill "SNAP o beneficios de estampillas para alimentos"
 If WI then fill "FoodShare Wisconsin o beneficios de estampillas para alimentos"
 If WY then fill "SNAP o beneficios de estampillas para alimentos"

Response:

1	Sí
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_FOO_C]

Replicate To:

FSNAP30D_A

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: F00.0030.00.1 Variable: FWIC12M_C Interview Module: Child Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión en los últimos 12 meses en que algún miembro de la familia viviendo aquí recibió beneficios del programa WIC, es decir, el Programa de Nutrición para Mujeres, Bebés, y Niños?

Response:

1	Sí
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 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 Sample Adult FOO section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Skip Instructions:

<1,2,RF,DK> If PCNTC517_C GE 1 [goto FLUNCH12M_C]
else [goto FINISH_FOO_C]

Replicate To:

FWIC12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: FOO.0040.00.1 Variable: FLUNCH12M_C Interview Module: Child Content Type: Annual Core

Question Text:

¿Hubo alguna ocasión en los últimos 12 meses en que ^SCCHILD FAM_C recibió desayunos y almuerzos gratis o a precio reducido en la escuela?

* **Read if necessary:** *El Programa Nacional de Almuerzos Escolares y El Programa de Desayunos Escolares proveen asistencia monetaria a los estados para administrar programas de desayuno y almuerzo en escuelas e instituciones residenciales de cuidados de niños. Los programas proveen desayunos y almuerzos gratis o a precio reducido a niños de familias de bajo ingreso desde el jardín infantil hasta el grado 12.*

Fills:

^SCCHILD FAM_C	Description	^SCNAME/any child in your family
	Instruction	if PCNT517_A=1, fill: ^ALIASNAME of child in Sample Adult family, elseif PCNT517_A gt 1, fill "algún niño en su familia"
^ALIASNAME	Description	{Value of ALIAS}
	Instruction	Fill value from ALIAS

Response:

1	Sí
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 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 Sample Adult FOO section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the FOO section with RF or DK.

Skip Instructions:

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

Replicate To:

FLUNCH12M_A

2020 National Health Interview Survey (NHIS) Questionnaire

FOO: Food Related Programs

Question ID: F00.0050.00.1 Variable: FINISH_FOO_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:

Estas siguientes preguntas son sobre si usted siempre pudo comprar la comida que necesitó en los últimos 30 días. Le voy a leer algunas situaciones que las personas han hecho sobre situaciones alimentarias. Para cada situación por favor dígame si fue cierto frecuentemente, cierto a veces, o nunca fue cierto para su familia en los últimos 30 días.

* 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:

La primera situación es "Nos preocupamos que la comida se podía acabar antes de tener dinero para comprar más." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para su familia en los últimos 30 días?

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

"La comida que compramos no rindió lo suficiente y no teníamos dinero para comprar más." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para su familia en los últimos 30 días?

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

"No teníamos el dinero suficiente para comer comidas balanceadas." ¿Fue esto cierto frecuentemente, cierto a veces, o nunca fue cierto para su familia en los últimos 30 días?

Response:

1	Cierto frecuentemente
2	Cierto a veces
3	Nunca fue cierto
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:

Alguna vez en los últimos 30 días, ¿redujo ^youorother_C la cantidad de alimentos o ^dejar_C de desayunar, almorzar o cenar porque no había suficiente dinero para alimentos?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "usted" else fill: "usted u otros adultos en su familia"
^dejar_C	Description	dejó/dejaron (Spanish Only)
	Instruction	If PCNT18UP_C=1: fill "dejó" else "dejaron"

Response:

1	Sí
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:

En los últimos 30 días, ¿cuántos días pasó esto?

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 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:

Alguna vez en los últimos 30 días, ¿^youorother_C ^COMER_C menos de lo que ^pensar_C comer porque no había suficiente dinero para alimentos?

Fills:

^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "usted" else fill: "usted u otros adultos en su familia"
^COMER_C	Description	comió/comieron (Spanish Only)
	Instruction	If PCNT18UP_C=1 fill "comió" else fill: "comieron"
^pensar_C	Description	pensaba que debía/pensaban que debían (Spanish Only)
	Instruction	If PCNT18UP_C=1: fill "pensaba que debía" else "pensaban que debían"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^estar_C ^youorother_C hambre pero no ^COMER_C porque no había suficiente dinero para alimentos?

Fills:

^estar_C	Description	tuvo/tuvieron (Spanish Only)
	Instruction	If PCNT18UP_C=1: fill "tuvo" else "tuvieron"
^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "usted" else fill: "usted u otros adultos en su familia"
^COMER_C	Description	comió/comieron (Spanish Only)
	Instruction	If PCNT18UP_C=1 fill "comió" else fill: "comieron"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^perder_C ^youorother_C peso porque no había suficiente dinero para alimentos?

Fills:

^perder_C	Description	perdió/perdieron (Spanish Only)
	Instruction	If PCNT18UP_C=1: fill "perdió" else "perdieron"
^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "usted" else fill: "usted u otros adultos en su familia"

Response:

1	Sí
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:

Alguna vez en los últimos 30 días, ¿^pasar_C ^youorother_C todo un día sin comer porque no había suficiente dinero para alimentos?

Fills:

^pasar_C	Description	pasó/pasaron (Spanish Only)
	Instruction	If PCNT18UP_C=1: fill "pasó" else "pasaron"
^youorother_C	Description	you/you or other adults in your family
	Instruction	If PCNT18UP_C=1 fill "usted" else fill: "usted u otros adultos en su familia"

Response:

1	Sí
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:

En los últimos 30 días, ¿cuántos días pasó esto?

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:

Aproximadamente, ¿cuánto tiempo ha vivido ^SCNAME en esta(e) casa/apartamento?

Fills:

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

Response:

1	Menos de 1 año
2	1 a 3 años
3	4 a 10 años
4	11 años o más
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:

¿Es esta(e) casa/apartamento su propiedad o rentada por usted ^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: "o por alguien en su familia"

Response:

1	Su propiedad o siendo comprada
2	Rentada
3	Otro arreglo
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:

¿Ha alguien en su familia que esta pagando una renta reducida porque el gobierno federal, estatal o local paga parte del costo?

* **Read if necessary:** Los programas de vivienda del gobierno federal, estatal o Local para personas con bajo ingreso pueden tomar muchas formas. La asistencia de vivienda del gobierno podría recibirse en forma de ayuda monetaria para pagar la renta, un programa llamado "Sección 8" que paga directamente a los arrendadores, vales, u otros tipos de asistencia de las autoridades locales de vivienda. Vivir en una vivienda pública se considera recibir asistencia del gobierno para vivienda.

Response:

1	Sí
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:** ¿Cuál es el nombre completo de ^SCNAME?

* **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:

¿Actualmente DENTRO del hogar de ^SCNAME hay al menos un teléfono que funcione y no sea un teléfono celular?

Fills:

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

Response:

1	Sí
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:

¿Vive ^SCNAME con alguien que tiene un teléfono celular que funciona?

Fills:

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

Response:

1	Sí
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]

Nos gustaría que nos proporcionara los últimos cuatro dígitos del número de seguro social de ^SCNAME. Esta información nos ayudará a unir los datos de la encuesta de ^SCNAME con los registros de otras agencias del gobierno relacionados con la salud, y nos permitirá realizar más estudios sin tomar más de su tiempo para hacerle más preguntas. El Centro Nacional de Estadísticas de Salud (NCHS, por sus siglas en inglés) usa esta información sólo con fines estadísticos. Proporcionar esta información es voluntario. No habrá ningún efecto sobre los beneficios de ^SCNAME si no desea dar esta información. Las leyes federales nos autorizan a solicitar esta información. Al igual que cualquier otra información que haya proporcionado, su respuesta a esta pregunta se mantendrá confidencial.

** Read if necessary: Las Leyes federales específicas que protegen la privacidad y la confidencialidad de los datos de ^SCNAME son la Ley de Servicios de Salud Pública (Título 42 U.S.C., 242m (d)), la Ley de Protección de Información Confidencial y Eficiencia Estadística (Título 5 de la Ley Pública 107-347) y la Ley de Privacidad de 1974, (5 U.S.C. 552a).*

** Read if necessary: NCHS recopila información sobre la salud obtenida por otras agencias del gobierno incluyendo registros de los Servicios de Medicare y Medicaid, Seguro Social, registros de viviendas y certificados de defunción. Si nos permite, NCHS intentará unir datos como estos con la información de la encuesta de ^SCNAME para darnos un panorama de temas más completa que afectan la salud. NCHS une esta información. El nombre de ^SCNAME y su información nunca será divulgada a otras agencias.*

** Read if necessary: If asked: La información de ^SCNAME no será unida con registros obtenidos*

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 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]

¿Cuáles son los últimos cuatro dígitos del Número de Seguro Social de ^SCNAME?

* **Read if necessary:** *Proporcionar esta información es voluntario. No habrá ningún efecto sobre Los beneficios de ^SCNAME si no desea dar esta información. Las Leyes federales nos autorizan a solicitar esta información. Al igual que cualquier otra información que haya proporcionado, sus respuestas se mantendrán confidenciales.*

* **Read if asked about specific laws:** *Las Leyes federales específicas que protegen la privacidad y la confidencialidad de los datos de ^SCNAME son La Ley de Servicios de Salud Pública (Título 42 U.S.C., 242m (d)), La Ley de Protección de Información Confidencial y Eficiencia Estadística (Título 5 de La Ley Pública 107-347) y La Ley de Privacidad de 1974, (5 U.S.C. 552a).*

* **Enter 'N' for no Social Security Number.**

Fills:

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

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]

¿Nos permite intentar de unir la información de la encuesta de ^SCNAME sin un número de seguro social?

* **Read if necessary:** *Cualquier información que nos proporciona es protegida por estrictas Leyes federales, incluyendo La Ley de Servicios de Salud Pública, que es Título 42, U.S.C. (Código de Los Estados Unidos), Sección 242m(d); La Ley de Protección de Información Confidencial y Eficiencia Estadística, que es Título 5 de La Ley Pública 107-347; y La Ley de Privacidad de 1974, que es 5 U.S.C. (Código de Los Estados Unidos) 552a.*

Fills:

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

Response:

1	Sí
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.

Fills:

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

Response:

1	Enter 1 to Continue
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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:** En caso que yo o alguien de mi oficina necesitamos ponernos en contacto con usted, necesitamos su nombre completo. ¿Cuál es su nombre completo?

* **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]