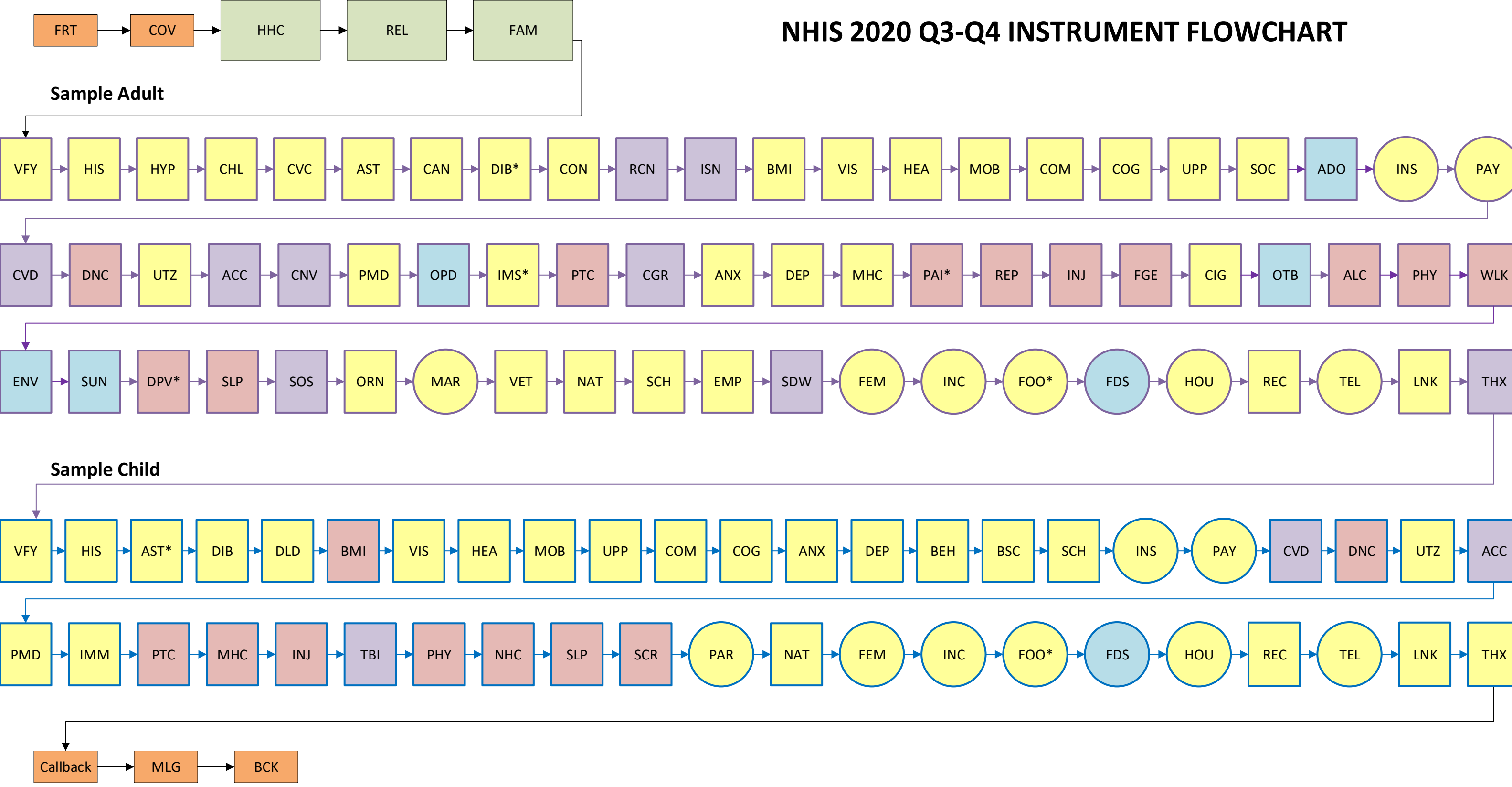


# NHIS 2020 Q3-Q4 INSTRUMENT FLOWCHART



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

\*Section also includes sponsored questions \*\*Section also includes rotating core questions \*\*\*Section also includes emerging content questions

**Sample Adult Sections**

**Sample Child Sections**

FRT Front  
 COV Coverage  
 MLG Mailing Address  
 BCK Back

**Roster**

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

VFY Sample Adult Verification  
 HIS Health Status  
 HYP Hypertension  
 CHL Cholesterol  
 CVC Cardiovascular Conditions  
 AST Asthma  
 CAN Cancer  
 DIB Diabetes  
 CON Other Chronic Conditions  
 RCN Rotating Conditions  
 ISN Immunosuppressions  
 BMI Current pregnant, height, weight  
 VIS Vision  
 HEA Hearing  
 MOB Mobility  
 COM Communication  
 COG Cognition  
 UPP Self-care and Upper Body  
 SOC Social Functioning  
 ADO Age of Disability Onset  
 INS Health Insurance  
 PAY Difficulty Paying for Health Care  
 CVD Positive COVID-19 Diagnosis  
 DNC Dental Care  
 UTZ Utilization  
 ACC Access to Care  
 CNV Cancer COVID-19  
 PMD Prescription Medication  
 OPD Opioid Use  
 IMS Immunization with supplement  
 PTC Physical and other therapeutic care  
 CGR Caregiving Received  
 ANX Anxiety  
 DEP Depression  
 MHC Mental Health Care  
 PAI Chronic Pain  
 REP Repetitive Strain Injury  
 INJ Injury  
 FGE Fatigue  
 CIG Cigarettes and E-cigarettes  
 OTB Other Tobacco  
 ALC Alcohol Use  
 PHY Physical Activity  
 WLK Walking  
 ENV Perceptions of the Walking Environment  
 SUN Sun Care and Protection  
 DPV Diabetes Prevention  
 SLP Sleep  
 SOS Social Support  
 ORN Sexual Orientation  
 MAR Marital Status  
 VET Veterans Status  
 NAT Nativity  
 SCH Schooling  
 EMP Employment  
 SDW Social distancing at work  
 FEM Employment of family members  
 INC Family Income  
 FOO Food Related Programs  
 FDS Food Security  
 HOU Housing  
 REC Person's name  
 TEL Telephone Use  
 LNK Linkage  
 THX Thanks

VFY Verification and demographic details  
 HIS Health Status  
 AST Asthma  
 DIB Diabetes  
 DLD Developmental and Learning Disabilities  
 BMI Height and Weight  
 VIS Vision  
 HEA Hearing  
 MOB Mobility  
 UPP Upper Body, Motor skills and self-care  
 COM Communication  
 COG Cognition  
 ANX Anxiety  
 DEP Depression  
 BEH Behavior  
 BSC Baby Pediatric Symptom Checklist  
 SCH Schooling  
 INS Health Insurance  
 PAY Difficulty paying for Health Care  
 CVD Positive COVID-19 Diagnosis  
 DNC Dental Care  
 UTZ Utilization  
 ACC Access to Care  
 PMD Prescription medications  
 IMM Immunization  
 PTC Physical and other therapeutic care  
 MHC Mental health care  
 INJ Injury  
 TBI Concussion – lifetime  
 PHY Physical Activity  
 NHC Neighborhood Characteristics  
 SLP Sleep  
 SCR Screen time  
 PAR Parent Demographics  
 NAT Nativity  
 FEM Employment of family members  
 INC Family Income  
 FOO Food Related Programs  
 FDS Food Security  
 HOU Housing  
 REC Child's full name  
 TEL Telephone Ownership  
 LNK Linkage  
 THX Thanks