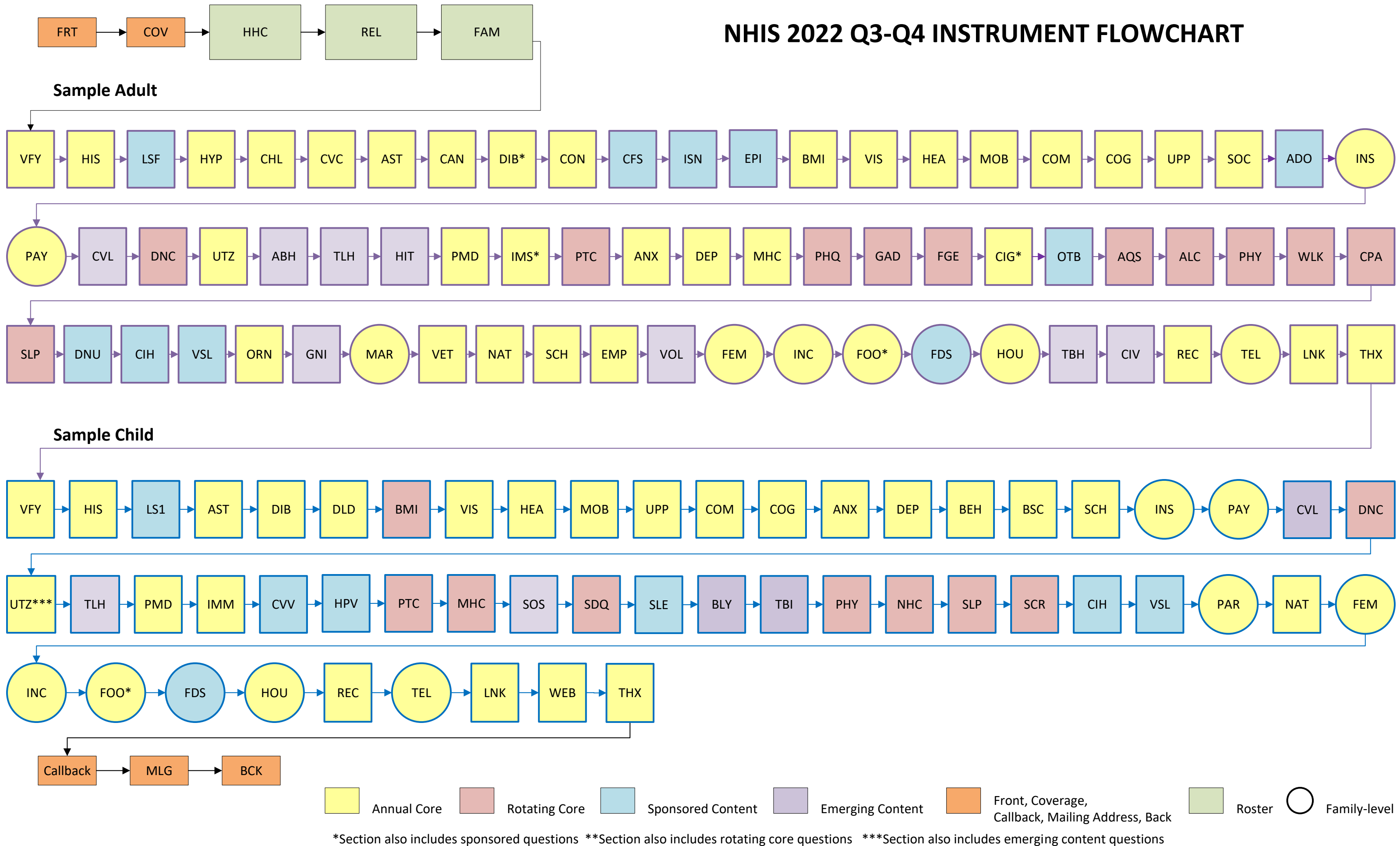


NHIS 2022 Q3-Q4 INSTRUMENT FLOWCHART



Sample Adult 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
 LSF Life Satisfaction
 HYP Hypertension
 CHL Cholesterol
 CVC Cardiovascular Conditions
 AST Asthma
 CAN Cancer
 DIB Diabetes
 CON Other Chronic Conditions
 CFS Chronic Fatigue Section
 ISN Immunosuppression
 EPI Epilepsy
 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
 CVL Long-COVID
 DNC Dental Care
 UTZ Utilization
 ABH Access Barriers to Care
 TLH Telehealth
 HIT Internet access and health information technology
 PMD Prescription Medication
 IMS Immunization with 2022 supplements
 PTC Physical and other therapeutic care
 ANX Anxiety
 DEP Depression
 MHC Mental Health Care
 PHQ PHQ-8 Depression
 GAD GAD-7 Anxiety
 FGE Fatigue
 CIG Cigarettes and E-cigarettes w/ Cig. History and Smoking Quit Methods
 OTB Other Tobacco
 AQS Advice to Quit Smoking
 ALC Alcohol Use
 PHY Physical Activity
 WLK Walking
 CPA Content of Care - Physical Activity
 SLP Sleep
 DNU Diet and Nutrition
 CIH Complementary and Integrative Health
 VSL Voice, Swallowing, Speech, and Language Communication Disorders
 ORN Sexual Orientation
 GNI Gender Identity
 MAR Marital Status
 VET Veterans Status
 NAT Nativity
 SCH Schooling
 EMP Employment
 VOL Volunteer Activities
 FEM Employment of family members
 INC Family Income
 FOO Food Related Programs
 FDS Food Security
 HOU Housing
 TBH Transportation Barrier to Care
 CIV Civic Engagement
 REC Person's name
 TEL Telephone Use
 LNK Linkage
 THX Thanks

Sample Child Sections

VFY Verification and demographic details
 HIS Health Status
 LS1 Satisfaction with Life
 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
 CVL Long-COVID
 DNC Dental Care
 UTZ Utilization
 TLH Telehealth
 PMD Prescription medications
 IMM Immunization
 CVV COVID-19 vaccination
 HPV HPV Vaccination
 PTC Physical and other therapeutic care
 MHC Mental health care – Rotate
 SOS Social Support
 SDQ Child Mental Health - SDQ Questionnaire
 SLE Stressful Life Events
 BLY Bullying
 TBI Concussions - lifetime
 PHY Physical Activity
 NHC Neighborhood Characteristics
 SLP Sleep
 SCR Screen time
 CIH Complementary and Integrative Health
 VSL Voice, Swallowing, Speech, and Language Communication Disorders
 PAR Parent Demographics
 NAT Nativity
 FEM Employment of family members
 INC Family Income
 FOO Food Related Programs
 FDS Food Security
 HOU Housing
 REC Child's full name
 TEL Telephone ownership
 LNK Linkage
 WEB NHIS-Teen Sample Child Respondent Consent
 THX Thanks