

## 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.

## **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  | 9-10       |
| HHC          | Household Composition               | Annual Core  | 11-42      |
| REL          | Relationship of children to parents | Annual Core  | 43-47      |
| FAM          | Family Composition                  | Annual Core  | 48-64      |

**2020 National Health Interview Survey (NHIS) Questionnaire**

**Interview Module: Adult**

| Section Name | Section Description                              | Content Type                                      | Page Range |
|--------------|--|---|------------|
| VFY          | Sample Adult Verification                        | Annual Core                                       | 65-103     |
| HIS          | Health Status                                    | Annual Core                                       | 104-104    |
| HYP          | Hypertension                                     | Annual Core                                       | 105-109    |
| CHL          | Cholesterol                                      | Annual Core                                       | 110-112    |
| CVC          | Cardiovascular Conditions                        | Annual Core                                       | 113-116    |
| AST          | Asthma   | Annual Core<br>Sponsored Content                  | 117-125    |
| CAN          | Cancer   | Annual Core                                       | 126-139    |
| DIB          | Diabetes   | Annual Core<br>Sponsored Content                  | 140-151    |
| CON          | Other Chronic Conditions                         | Annual Core                                       | 152-156    |
| BMI          | Current pregnant, height, weight                 | Annual Core                                       | 157-164    |
| VIS          | Vision   | Annual Core                                       | 165-167    |
| HEA          | Hearing  | Annual Core                                       | 168-170    |
| MOB          | Mobility   | Annual Core                                       | 171-184    |
| COM          | Communication                                    | Annual Core                                       | 185-185    |
| COG          | Cognition  | Annual Core                                       | 186-189    |
| UPP          | Self-care and Upper Body                         | Annual Core                                       | 190-192    |
| SOC          | Social Functioning                               | Annual Core                                       | 193-195    |
| ADO          | Age of Disability Onset                          | Sponsored Content                                 | 196-196    |
| INS          | Health Insurance                                 | Annual Core                                       | 197-275    |
| PAY          | Difficulty Paying for Health Care                | Annual Core                                       | 276-279    |
| DNC          | Dental Care                                      | Rotating Core                                     | 280-283    |
| UTZ          | Utilization                                      | Annual Core                                       | 284-294    |
| PMD          | Prescription Medication                          | Annual Core                                       | 295-299    |
| OPD          | Opioid Use - ALL                                 | Sponsored Content                                 | 300-304    |
| IMS          | Immunization with 2020 supplements               | Annual Core<br>Sponsored Content                  | 305-324    |
| PTC          | Physical and other therapeutic care              | Rotating Core                                     | 325-327    |
| ANX          | Anxiety  | Annual Core                                       | 328-330    |
| DEP          | Depression                                       | Annual Core                                       | 331-333    |
| MHC          | Mental Health Care                               | Rotating Core                                     | 334-338    |
| PAI          | Chronic Pain                                     | Sponsored Content                                 | 339-351    |
| REP          | Repetitive Strain Injury                         | Rotating Core                                     | 352-359    |
| INJ          | Injury   | Rotating Core                                     | 360-381    |
| FGE          | Fatigue  | Rotating Core                                     | 382-384    |
| CIG          | Cigarettes and E-cigarettes w/ Cigarette History | Annual Core<br>Rotating Core<br>Sponsored Content | 385-399    |
| OTB          | Other Tobacco                                    | Sponsored Content                                 | 400-406    |
| LNG          | Lung Cancer Screening                            | Sponsored Content                                 | 407-410    |

|     |  |                                    |         |
|-----|--|------------------------------------|---------|
| ALC | Alcohol Use                            | Rotating Core                      | 411-419 |
| PHY | Physical Activity                      | Rotating Core                      | 420-429 |
| WLK | Walking                                | Rotating Core                      | 430-439 |
| ENV | Perceptions of the Walking Environment | Sponsored Content                  | 440-451 |
| SUN | Sun Care and Protection                | Sponsored Content                  | 452-461 |
| DPV | Diabetes Prevention                    | Rotating Core<br>Sponsored Content | 462-467 |
| SLP | Sleep                                  | Rotating Core                      | 468-472 |
| ORN | Sexual Orientation                     | Annual Core                        | 473-474 |
| MAR | Marital Status                         | Annual Core                        | 475-489 |
| VET | Veterans Status                        | Annual Core                        | 490-495 |
| NAT | Nativity                               | Annual Core                        | 496-500 |
| SCH | Schooling                              | Annual Core                        | 501-502 |
| EMP | Employment                             | Annual Core<br>Rotating Core       | 503-517 |
| FEM | Employment of family members           | Annual Core                        | 518-520 |
| INC | Family Income                          | Annual Core                        | 521-542 |
| FOO | Food Related Programs                  | Annual Core<br>Sponsored Content   | 543-550 |
| FDS | Food Security                          | Sponsored Content                  | 551-561 |
| HOU | Housing                                | Annual Core                        | 562-564 |
| REC | Person's name                          | Annual Core                        | 565-567 |
| TEL | Telephone Use                          | Annual Core                        | 568-571 |
| LNK | Linkage                                | Annual Core                        | 572-575 |
| THX | Thanks                                 | Annual Core                        | 576-576 |

**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                      | 577-615    |
| HIS          | Health Status                                | Annual Core                      | 616-616    |
| AST          | Asthma                                       | Annual Core<br>Sponsored Content | 617-625    |
| DIB          | Diabetes                                     | Annual Core                      | 626-627    |
| DLD          | Developmental and Learning Disabilities      | Annual Core                      | 628-637    |
| BMI          | Height and Weight - Rotate                   | Rotating Core                    | 638-647    |
| VIS          | Vision                                       | Annual Core                      | 648-650    |
| HEA          | Hearing                                      | Annual Core                      | 651-652    |
| MOB          | Mobility                                     | Annual Core                      | 653-662    |
| UPP          | Upper Body, Motor skills and self care       | Annual Core                      | 663-664    |
| COM          | Communication                                | Annual Core                      | 665-668    |
| COG          | Cognition                                    | Annual Core                      | 669-670    |
| ANX          | Anxiety                                      | Annual Core                      | 671-671    |
| DEP          | Depression                                   | Annual Core                      | 672-672    |
| BEH          | Behavior                                     | Annual Core                      | 673-678    |
| BSC          | Baby Pediatric Symptom Checklist             | Annual Core                      | 679-691    |
| SCH          | Schooling                                    | Annual Core                      | 692-695    |
| INS          | Health Insurance                             | Annual Core                      | 696-770    |
| PAY          | Difficulty Paying for Health Care            | Annual Core                      | 771-774    |
| DNC          | Dental Care - Rotate                         | Rotating Core                    | 775-778    |
| UTZ          | Utilization                                  | Annual Core                      | 779-789    |
| PMD          | Prescription medications                     | Annual Core                      | 790-792    |
| IMM          | Immunization                                 | Annual Core                      | 793-798    |
| PTC          | Physical and other therapeutic care - Rotate | Rotating Core                    | 799-801    |
| MHC          | Mental health care - Rotate                  | Rotating Core                    | 802-805    |
| INJ          | Injury                                       | Rotating Core                    | 806-824    |
| TBI          | Concussions - lifetime                       | Emerging Content                 | 825-830    |
| PHY          | Physical Activity                            | Rotating Core                    | 831-836    |
| NHC          | Neighborhood Characteristics                 | Rotating Core                    | 837-840    |
| SLP          | Sleep - Rotate                               | Rotating Core                    | 841-846    |
| SCR          | Screen time                                  | Rotating Core                    | 847-847    |
| PAR          | Parent Demographics                          | Annual Core                      | 848-866    |
| NAT          | Nativity                                     | Annual Core                      | 867-871    |
| FEM          | Employment of family members                 | Annual Core                      | 872-874    |
| INC          | Family Income                                | Annual Core                      | 875-895    |
| FOO          | Food Related Programs                        | Annual Core<br>Sponsored Content | 896-903    |
| FDS          | Food Security                                | Sponsored Content                | 904-914    |
| HOU          | Housing                                      | Annual Core                      | 915-917    |

|     |                     |             |         |
|-----|---------------------|-------------|---------|
| REC | Child's full name   | Annual Core | 918-920 |
| TEL | Telephone ownership | Annual Core | 921-922 |
| LNK | Linkage             | Annual Core | 923-926 |
| THX | Thanks              | Annual Core | 927-929 |

## **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 eq 'T' and eligible adults [goto SELECT_SA]
elseif SURVTYPE eq '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: "Starting with you, what are the names of all the persons living or staying here?"<br><br>Else for next person fill: "What is the name of the next person living or staying here?" |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

All persons

**Skip Instructions:**

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

**Hard Edit:**

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

**Soft Edit:**

| Check Text      | Check Description   | Check Text  |
|-----------------|---------------------|---|
| ERR2_NAME_FNAME | Fake name soft edit | {signal ERR2_NAME_FNAME}<br><br>You are entering a possible fake/false name.<br><br>Please correct.<br><br>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:**

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

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^youthisperson | Description | you/this person   |
|                | Instruction | If subject=respondent, fill "you",<br>else if subject NE respondent, fill "this person" |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

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

**Hard Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

^DoDoes ^youALIAS usually live here?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^DoDoes    | Description | do/does  |
|            | Instruction | If subject=respondent, fill "do";<br>else if subject NE respondent fill "does"         |
| ^youALIAS  | Description | you/^ALIASNAME   |
|            | Instruction | If subject=respondent, fill "you";<br>else if subject ne respondent, fill "^ALIASNAME" |
| ^ALIASNAME | Description | {Value of ALIAS}   |
|            | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

All persons where NAME\_FNAME ne 999

**Skip Instructions:**

```
<1> if (PX < 25) [goto USUALRES for next person in household]
    else [goto 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]
<2,RF,DK> [goto ASKURE]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

```

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

^AreIs ^youALIAS usually away at school or college?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

```

<1> [goto ONOFFCAMPUS]
<2,DK,RF> 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**

|                                   |                              |                          |   |
|-----------------------------------|------------------------------|--------------------------|---|
| <b>Question ID:</b> HHC.0080.00.1 | <b>Variable:</b> ONOFFCAMPUS | <b>Interview Module:</b> | <b>Roster Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------|---|

**Question Text:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<1,2,DK,RF> 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: MISPERS\_MCHILD      Interview Module: Roster   Content Type: Annual Core

**Question Text:**

^ROSTEREXCEPTION

^HHROSTERINTRO

^HHROSTER

Have I missed any babies or small children?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Less than 25 persons listed on roster

**Skip Instructions:**

<1>[goto NAME\_FNAME to add person to roster]  
<2,RF,DK> [goto MISPERS\_MSCHOOL]

**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.**

*I have listed the household members as...*

**^HHROSTER**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Less than 25 persons listed on roster

**Skip Instructions:**

```
<1> [goto ERR_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: MISPERS\_MELSE Interview Module: Roster Content Type: Annual Core

**Question Text:**

**Read if necessary.**

*I have listed the household members as...*

**^HHROSTER**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Less than 25 persons listed on roster

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

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

**Person(s) selected must be over 18.**

**You may select someone who is marked as deleted.**

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

**Response:**

|    |                   |
|----|-------------------|
| 01 | 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 "Of the people you just mentioned, who can speak with me now?"<br>If one person is selected, fill "Can ^ALIASNAME speak with me now?" |
| ^ALIASNAME   | Description | {Value of ALIAS}  |
|              | Instruction | Fill value from Roster.HHC.ALIAS[PX]  |

**Response:**

|    |                   |
|----|-------------------|
| 01 | 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 (LNO=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.**

DoyouDoesALIAS take care of someone who lives here?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**Soft Edit:**

| Check Text      | Check Description | Check Text  |
|-----------------|-------------------|---|
| ERR_HHRESPPROXY |                   | {signal ERR_HHRESPPROXY}<br><br>Person was deleted from this household. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

^AreIs ^youALIAS male or female?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^AreIs     | Description | are/is   |
|            | Instruction | If PX=LNO_RESP, fill "are",<br>else fill "is"  |
| ^youALIAS  | Description | you/^ALIASNAME   |
|            | Instruction | If subject=respondent, fill "you";<br>else if subject ne respondent, fill "^ALIASNAME" |
| ^ALIASNAME | Description | {Value of ALIAS}   |
|            | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |

**Response:**

|   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

All nondeleted persons

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

Question ID: HHC.0220.01.1 Variable: AGENO

Interview Module: Roster Content Type: Annual Core

**Question Text:**

**1 of 2**

What is ^yourALIAS age?

Enter number for age.

**Fills:**

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

**Response:**

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

**Universe:**

All nondeleted persons

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

Question ID: HHC.0220.02.1 Variable: AGETP

Interview Module: Roster Content Type: Annual Core

Question Text:

**2 of 2**

Enter number for age time period.

Response:

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

Universe:

Valid number entered at AGENO[PX]

Skip Instructions:

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

Question ID: HHC.0230.00.1   Variable: AGE18

Interview Module: Roster Content Type: Annual Core

**Question Text:**

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

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^youALIAS  | Description | you/^ALIASNAME   |
|            | Instruction | If subject=respondent, fill "you";<br>else if subject ne respondent, fill "^ALIASNAME" |
| ^ALIASNAME | Description | {Value of ALIAS}   |
|            | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |
| ^areis     | Description | are/is   |
|            | Instruction | If PX=LNO_RESP, fill "are",<br>else fill "is"  |

**Response:**

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

**Universe:**

Refused or did not know age

**Skip Instructions:**

```

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

```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

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

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^AreIs     | Description | are/is   |
|            | Instruction | If PX=LNO_RESP, fill "are",<br>else fill "is"  |
| ^youALIAS  | Description | you/^ALIASNAME   |
|            | Instruction | If subject=respondent, fill "you";<br>else if subject ne respondent, fill "^ALIASNAME" |
| ^ALIASNAME | Description | {Value of ALIAS}   |
|            | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |

**Response:**

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

**Universe:**

No numerical age provided and person is 18 or over

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

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

**Fills:**

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

**Response:**

|   |              |
|---|--------------|
| 1 | Less than 18 |
| 2 | 18 or older  |

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

Question ID: HHC.0290.00.1 Variable: NATORG

Interview Module: Roster Content Type: Annual Core

**Question Text:**

^NATORGAGE

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

All nondeleted persons

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

^RACEAGE

^RACEFILL

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

**Fills:**

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

**Response:**

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

**Universe:**

All nondeleted persons

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

^RACESPAGE

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

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

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

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

**Fills:**

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

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| ZZ       | Other           |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Person identifies as some other race

**Skip Instructions:**

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



**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

Read if necessary.

*^RACESPAGE*

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**HHC: Household Composition**

**Question ID:** HHC.0330.00.1    **Variable:** AFNOW

**Interview Module:** Roster    **Content Type:** Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

Who is this? (Anyone else?)

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

**Response:**

|    |                   |
|----|-------------------|
| 01 | 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:**

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

**Enter highest level of school completed.**

**Fills:**

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

**Response:**

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

**Universe:**

All non-deleted persons flagged as aged 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HHC: Household Composition**

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

**Question Text:**

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

**Enter '1' to continue.**

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1> [goto BCK.WHOREADLTR]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REL: Relationship of children to parents**

**Question ID:** REL.0010.00.1    **Variable:** WHOPAR

**Interview Module:** Roster    **Content Type:** Annual Core

**Question Text:**

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

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

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

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

Enter all that apply, separate with commas.

**Fills:**

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

**Response:**

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

**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}<br><br>Invalid entry. Cannot mark 0 and a valid line number.<br><br>Please correct. |

**Soft Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****REL: Relationship of children to parents**

Question ID: REL.0030.00.1 Variable: FOSTPAR

Interview Module: Roster Content Type: Annual Core

**Question Text:**

Is ^ALIASNAME currently in foster care? By that I mean is there an adult living in this household acting as a foster parent to ^ALIASNAME under the supervision of a state or county child welfare agency?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Child has no parents identified

**Skip Instructions:**

<1> [goto WHOFOST]  
<2,RF,DK> If last non-deleted child on roster [goto next section]  
else [goto WHOPAR for next non-deleted child on roster]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REL: Relationship of children to parents**

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

**Question Text:**

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

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

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

**Fills:**

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

**Response:**

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

**Universe:**

Child is in foster care

**Skip Instructions:**

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

**Soft Edit:**

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

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

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

**Question Text:**

One ^SASCID\_fill randomly selected from every household in the survey to be asked a series of health related questions. In this household, ^SASCID\_fill12 chosen.

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^SASCID_fill   | Description | adult and child are/adult is/child is  |
|                | Instruction | If PX_A gt 0 and PX_C gt 0, fill "adult and child are"<br>elseif PX_A gt 0, fill "adult is"<br>else fill "child is"  |
| ^SASCID_fill12 | Description | you and ^SCNAME were/^SANAME and ^SCNAME were/you were/^SANAME was/^SCNAME was   |
|                | Instruction | If PX_A gt 0 and PX_C gt 0 and HHRESPAVAIL = PX_A, fill "you and ^SCNAME were"<br>elseif PX_A gt 0 and PX_C gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME and ^SCNAME were"<br>elseif PX_A gt 0 and HHRESPAVAIL = PX_A, fill "you were"<br>elseif PX_A gt 0 and HHRESPAVAIL ne PX_A, fill "^SANAME was"<br>else fill "^SCNAME was" |
| ^SCNAME        | Description | Sample child's name  |
|                | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^SANAME        | Description | Sample Adult's name  |
|                | Instruction | Sample Adult's name  |

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0070.00.1   Variable: FAMINTRO\_SA      Interview Module: Roster   Content Type: Annual Core

**Question Text:**

`^FAMINTRO_fill`

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

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0140.00.1    Variable: FAMINTRO\_SC    Interview Module: Roster    Content Type: Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

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

**Question Text:**

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

^ANYONEELSE

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

**Fills:**

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

**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:**

```
<DK,RF> [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.

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

Enter '1' to continue.

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<1> if Roster.HHC.tb1NAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and (PX_A ne  
Roster.HHC.HHRESPAVAIL) [goto ONCAMPINTRO_A]  
elseif PX_A > 0 {there is a Sample Adult} [goto CASESTATUS]  
else [goto BCK.THANKS_SUF]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****FAM: Family Composition**

Question ID: FAM.0260.00.1 Variable: ONCAMPINTRO\_A Interview Module: Roster Content Type: Annual Core

**Question Text:**

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

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^SANAME        | Description | Sample Adult's name  |
|                | Instruction | Sample Adult's name  |
| ^himherthem    | Description | him/her/them   |
|                | Instruction | If GENSEX_FINAL=1 fill "him";<br>else if GENSEX_FINAL=2 fill "her";<br>else if GENSEX_FINAL IN (DK, RF) fill "them"  |
| ^his/her/their | Description | his/her/their  |
|                | Instruction | If GENSEX_FINAL=1 fill "his";<br>else if GENSEX_FINAL=2 fill "her";<br>else if GENSEX_FINAL IN (DK, RF) fill "their" |

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1>[goto TLNO\_FAM\_DRM]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

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

**Question Text:**

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

<allow 20,RF,DK> [goto ONCAMPADD1\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

**Question ID:** FAM.0290.01.1    **Variable:** ONCAMPADD1\_A    **Interview Module:** Roster    **Content Type:** Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

<allow 54, empty> [goto ONCAMPADD2\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

**Question ID:** FAM.0290.02.1    **Variable:** ONCAMPADD2\_A    **Interview Module:** Roster    **Content Type:** Annual Core

**Question Text:**

[Enter the unit description.](#)

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

<allow 54, empty> [goto ONCAMPPO\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0290.03.1 Variable: ONCPUNTDES\_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 ONCAMPPO\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0290.04.1 Variable: ONCAMPPO\_A

Interview Module: Roster Content Type: Annual Core

Question Text:

Enter the city.

Response:

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

Universe:

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

Skip Instructions:

<allow 28, empty> [goto ONCAMPST\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0290.05.1 Variable: ONCAMPST\_A Interview Module: Roster Content Type: Annual Core

Question Text:

[Enter the state.](#)

Response:

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

Universe:

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

Skip Instructions:

<allow 2> [goto ONCAMPZIP5\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0290.07.1    Variable: ONCAMPZIP5\_A    Interview Module: Roster    Content Type: Annual Core

**Question Text:**

Enter the zip code.

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<01001-99996, RF, DK, empty>
if ONCAMPZIP5_A lt 5 characters [goto ERR1_ONCAMPZIP5_A]
elseif ONCAMPZIP5_A lt 01001 [goto ERR2_ONCAMPZIP5_A]
elseif (ONCAMPZIP5_A gt 99996 and SURVTYPE ne 'T') or (ONCAMPZIP5_A gt
99997 and SURVTYPE='T') [goto ERR3_ONCAMPZIP5_A]
else [goto ONCAMPZIP4_A]
```

**Hard Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FAM: Family Composition**

Question ID: FAM.0290.08.1 Variable: ONCAMPZIP4\_A Interview Module: Roster Content Type: Annual Core

**Question Text:**

Enter the zip 4.

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<0000-9997, RF, DK, empty>
if ONCAMPZIP4_A lt 4 characters [goto ERR1_ONCAMPZIP4_A]
elseif (ONCAMPZIP4_A gt 9996 and SURVTYPE ne 'T') or (ONCAMPZIP4_A gt 9997 and SURVTYPE='T')
[goto ERR2_ONCAMPZIP4_A]
else [goto ONCAMPADDR_A]
```

**Hard Edit:**

| Check Text        | Check Description                    | Check Text   |
|-------------------|--------------------------------------|--|
| ERR1_ONCAMPZIP4_A | ONCAMPZIP4_A must have a length of 4 | {check ERR1_ONCAMPZIP4_A}<br><br>The entire zip code must be entered.<br><br>Please correct. |
| ERR2_ONCAMPZIP4_A | ONCAMPZIP4_A gt 9996/9997            | {check ERR2_ONCAMPZIP4_A}<br><br>A valid zip code must be entered.<br><br>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: ^SNAME  
 Phone Number: ^ONCAMPPHONE\_fill

Address:  
 ^ONCAMPADD1\_A\_fill  
 ^ONCAMPADD2\_A\_fill  
 ^ONCAMPPO\_A\_fill, ^ONCAMPST\_A\_fill ^ONCAMPZIP5\_A\_fill - ^ONCAMPZIP4\_A\_fill

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1> [goto CASESTATUS]

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

Question ID: VFY.0010.00.1 Variable: 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.0020.00.1 | Variable: AVAIL_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|-------------------|-------------------------|---------------------------|

**Question Text:**

The next questions must be answered by ^SANAME. Probe as necessary to determine the availability of ^SANAME.

If Sample Adult refuses to participate enter CTRL-R.

Read if necessary: The next questions are about ^SANAME.

^Awayschool ^IshesheArethey\_A ^stayinghere available now?

**^ONCAMPSA**

**Fills:**

|                   |             |  |
|-------------------|-------------|--|
| ^SANAME           | Description | Sample Adult's name  |
|                   | Instruction | Sample Adult's name  |
| ^Awayschool       | Description | Earlier, you said ^SANAME is living away at school or college.   |
|                   | Instruction | If Roster.HHC.tblNAME.bPerson.ONOFFCAMPUS IN (1,RF,DK), fill: "Earlier, you said ^SANAME is living away at school or college."   |
| ^IshesheArethey_A | Description | Is he/Is she/Are they  |
|                   | Instruction | If SEX_A=1 fill: "Is he"<br>If SEX_A=2 fill: "Is she"<br>If SEX_A IN ('DK', 'RF') fill: "Are they"   |
| ^stayinghere      | Description | staying here and   |
|                   | Instruction | If ONOFFCAMPUS IN (1,DK,RF) fill: "staying here and"   |
| ^ONCAMPSA         | Description | FR instructions for on-campus SA   |
|                   | Instruction | If Roster.HHC.tblNAME.bPerson.ONOFFCAMPUS=1 and GEN.HHRESPSA_FLG ne 1, fill:<br><br>* If the on-campus Sample Adult is currently at the sample unit and able to complete the interview: Proceed with the Sample Adult interview.<br><br>* If the on-campus Sample Adult is not currently at the sample unit and able to complete the interview: Proceed with arranging a callback. |

**Response:**

|   |   |
|---|---|
| 1 | Available   |
| 2 | Not Available or not able to answer right now     |
| 3 | Physical or mental condition prohibits responding |
| 7 | Refused   |

**Universe:**

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

**Skip Instructions:**

```

<1> if CURRES_A ne PX_A [goto INTMODE_A]
elseif 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 bCallback.CB_POSSIBLE] then 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]
<3> [goto PROXY_A]
<RF> if there is a SC [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.0030.00.1 Variable: PROXY\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Proxy interviews can be done for sample adults that have a mental or physical condition that prevents them from responding for themselves.

Is a family member or caregiver that is knowledgeable about ^SANAME's health available?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Adult's physical or mental condition prohibits responding.

**Skip Instructions:**

<1> [goto PROXYREL\_A]  
<2,RF,DK> [goto PROXYCALL\_A]

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

**Question ID:** VFY.0040.00.1    **Variable:** PROXYREL\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

What is this person's relationship to ^SNAME?

**Fills:**

|        |             |                     |
|--------|-------------|---------------------|
| ^SNAME | Description | Sample Adult's name |
|        | Instruction | Sample Adult's name |

**Response:**

|   |  |
|---|--|
| 1 | Relative who lives in household            |
| 2 | Relative who doesn't live in household     |
| 3 | Nonrelative who lives in household         |
| 4 | Nonrelative who does not live in household |
| 7 | Refused                                    |
| 9 | Don't Know                                 |

**Universe:**

Knowledgeable proxy is available.

**Skip Instructions:**

```
<1,3> if PCNT18PLUS=1 [goto ERR1_PROXYREL_A]
else [goto PROXYLNO_A]
<2,4,RF,DK> [goto INTMODE_A]
```

**Hard Edit:**

| Check Text      | Check Description                             | Check Text  |
|-----------------|---|---|
| ERR1_PROXYREL_A | Invalid selection at<br>PROXYREL_A hard error | {check ERR1_PROXYREL_A}<br><br>This is not a valid option as there are no<br>other adults 18+ living in the household.<br><br>Please correct. |

**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:**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Knowledgeable proxy is not available.

**Skip Instructions:**

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

**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.tb1NAME.bPerson[PX_A].ONOFFCAMPUS IN (1,RF,DK) and GEN.HHRESPSA_FLG ne 1 [goto VFYONCAMP_A]  
else[goto VFYALL_A]  
<2> [goto TINTRO_A]
```

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

Question ID: VFY.0080.00.1 Variable: TINTRO\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

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

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

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

**Question ID:** VFY.0090.00.1    **Variable:** ATTN\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

[Enter 1 to continue.](#)

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1> [goto bCallback.CB\_POSSIBLE]

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

Question ID: VFY.0100.00.1 Variable: LETTER\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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,DK,RF> [goto S\_INTRO\_A]

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

Question ID: VFY.0110.00.1 Variable: S\_INTRO\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

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

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

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

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^SATIME | Description | 35/45  |
|         | Instruction | If GEN.CSTAT=1 and GEN.SAMEFAM_FLG=1, fill: 35<br>else, fill: 45 |

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

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

**Question ID:** VFY.0120.00.1    **Variable:** VFYONCAMP\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

I want to confirm some information.

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1,RF,DK> [goto VFYALL\_A]  
<2> [goto NOMORE\_A]

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

Question ID: VFY.0130.00.1 Variable: VFYALL\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

`^Verifyintro`

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

`^RACEVRBATvalue_A`

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

**Fills:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

```

<1> [goto VFYDEM_A]
<2> if GEN.SEX_FINAL IN (DK,RF) [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.tb1RACE.bpersonRACE_SP[PX_A] in ('ZZ',RF,DK))) [goto RACEOTHER_A]
    else [goto BMONTA_A]
```

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

Question ID: VFY.0140.00.1 Variable: VFYDEM\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** What should I change?

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

**Response:**

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

**Universe:**

Sample Adults 18+ would like to change demographic information

**Skip Instructions:**

```
if 1 IN VFYDEM_A [goto NEWSEX_A]
elseif (2,3,4) IN VFYDEM_A and GEN.SEX_FINAL[PX_A] IN (DK,RF) [goto SEXGUESS_A]
elseif 2 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (DK,RF)[goto NEWAGE_A]
elseif 3 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (DK,RF) [goto NEWNATORG_A]
elseif 4 IN VFYDEM_A and GEN.SEX_FINAL[PX_A] NOT IN (DK,RF) [goto NEWRACE_A]
<RF,DK> If GEN.SEX_FINAL[PX_A] IN (DK,RF) [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 BMONTA_A]
```

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

**Question ID:** VFY.0150.00.1    **Variable:** NEWSEX\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Are you male or female?

**Response:**

|   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Respondent said his/her sex is not correct

**Skip Instructions:**

```
if GEN.SEX_FINAL[PX_A]=DK,RF and NEWSEX_A=DK,RF [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.tbIRACE.bperson.RACE_SP[PX_A] in ('ZZ',RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

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

Question ID: VFY.0160.00.1 Variable: SEXGUESS\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Enter your best guess of ^SANAME's sex.

**Fills:**

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

**Response:**

|   |        |
|---|--------|
| 1 | Male   |
| 2 | Female |

**Universe:**

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

**Skip Instructions:**

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

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

**Question ID:** VFY.0170.00.1    **Variable:** NEWAGE\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

How old are you?

[Enter age.](#)

**Response:**

| Range of values |
|-----------------|
| 000-120         |
| 997             |
| 999             |

**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.tb1RACE.bperson.RACE_SP[PX_A] in ('ZZ',RF,DK))) [goto RACEOTHER_A]
else [goto BMONTA_A]
```

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

**Question ID:** VFY.0190.00.1    **Variable:** NEWNATORG\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you consider yourself to be Hispanic or Latino?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

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

Question ID: VFY.0200.00.1 Variable: NEWRACE\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<1-8,DK,RF> 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 BMONTA_A]
```

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

Question ID: VFY.0210.00.1 Variable: HISPTYPE\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

Respondent is of Hispanic Origin

**Skip Instructions:**

```
<7> [goto HISPOOTHER_A]
<1-6,DK,RF>
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.tb1RACE.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: HISPOOTHER\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

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

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

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

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

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

**Response:**

| Verbatim | 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.tb1RACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTA_A]
```

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

**Question ID:** VFY.0230.00.1    **Variable:** HISPVRBAT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

```
<allow 80,RF,DK> if GEN.RACE_FINAL[PX_A].RACE_FINAL=6 [goto PITYPE_A]
elseif GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (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:**

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

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

**Response:**

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

**Universe:**

Respondent identifies race as Pacific Islander

**Skip Instructions:**

```
<3> [goto PIOTHER_A]
<1,2,RF,DK> if GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tb1RACE.bPerson.RACE_SP[PX_A] IN (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTA_A]
```

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

**Question ID:** VFY.0250.00.1    **Variable:** PIOTHER\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

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

**Response:**

| Verbatim | 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 BMONTA_A]
```

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

**Question ID:** VFY.0260.00.1    **Variable:** PIVRBAT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

```
<allow 80,RF,DK>
if GEN.RACE_FINAL[PX_A].RACE_FINAL=7 [goto ASIANTYPE_A]
elseif (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tb1RACE.bPerson.RACE_SP[PX_A] IN (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTA_A]
```

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

**Question ID:** VFY.0270.00.1    **Variable:** ASIANTYPE\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

Sample Adult identifies race as Asian

**Skip Instructions:**

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

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

**Question ID:** VFY.0280.00.1    **Variable:** ASIANOTHER\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

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

(Asian) Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

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

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| ZZ       | Other           |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Respondent identifies as other Asian

**Skip Instructions:**

```
<allow 80, DK,RF> (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:** What is your specific Asian ethnic group or groups? If you have more than one, tell me all of them.

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

```
<allow 80,RF,DK>
if (NEWRACE_A=8 or (NEWRACE_A=empty and GEN.HHRESPSA_FLG ne 1 and
Roster.HHC.tb1RACE.bPerson.RACE_SP[PX_A] in (ZZ,RF,DK))) [goto RACEOTHER_A]
else [goto BMONTH_A]
```

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

**Question ID:** VFY.0300.00.1    **Variable:** RACEOTHER\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

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

**Response:**

| Verbatim | 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 BMONTA\_H\_A]

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

**Question ID:** VFY.0310.00.1    **Variable:** RACEVRBAT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

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

**Skip Instructions:**

<verbatim,RF,DK> [goto BMONTA\_A]

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

**Question ID:** VFY.0340.01.1    **Variable:** BMONTH\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**1 of 3**

What is your date of birth?

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

**Enter month of birth.**

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-12,RF,DK> [goto BDAY\_A]

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

**Question ID:** VFY.0340.02.1    **Variable:** BDAY\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**2 of 3**

**Enter day of birth.**

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR\_BDAY\_A]  
else [goto BYEAR\_A]

**Hard Edit:**

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

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

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

**Question Text:**

3 of 3

Enter year of birth.

If year of birth is before 1900, enter 1900.

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```

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

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

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

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

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

else [goto next section]

```

**Hard Edit:**

| Check Text     | Check Description                        | Check Text  |
|----------------|--|---|
| ERR_BYEAR_A    | Future date hard edit                    | {check ERR_BYEAR_A}<br><br>Future date invalid                        |
| ERR_BDAYLEAP_A | Invalid day for selected month hard edit | {check ERR_BDAYLEAP_A}<br><br>^BDAY_A is not a valid day for ^BMONTA. |

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

Question ID: VFY.0370.00.1 Variable: AGEGUESS\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<18-120> [goto next section]

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

Question ID: VFY.0380.00.1   Variable: VFYDOB\_A      Interview Module: Adult   Content Type: Annual Core

**Question Text:**

There is a difference between the age the computer calculated from your date of birth of ^AGEDOB\_A\_fill and the age I had previously recorded of ^TEMPAGE\_A.

I recorded your ^dateofbirth

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

```
<2> if DOB_COUNT_A le 1 [goto BMONTA_H_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:**

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

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

**Enter '1' to Continue.**

**Fills:**

|          |             |                     |
|----------|-------------|---------------------|
| ^\$ANAME | Description | Sample Adult's name |
|          | Instruction | Sample Adult's name |

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HIS: Health Status**

**Question ID:** HIS.0010.00.1    **Variable:** PHSTAT\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HYP: Hypertension**

**Question ID:** HYP.0010.00.1    **Variable:** HYPINTRO\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto HYPEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HYP: Hypertension**

**Question ID:** HYP.0020.00.1    **Variable:** HYPEV\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****HYP: Hypertension**

Question ID: HYP.0030.00.1 Variable: HYPDIF\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were ever told they had hypertension

**Skip Instructions:**

<1> [goto HYP12M\_A]  
<2,RF,DK> [goto HYPMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HYP: Hypertension**

**Question ID:** HYP.0040.00.1    **Variable:** HYP12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto HYPMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****HYP: Hypertension**

Question ID: HYP.0050.00.1 Variable: HYPMED\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were ever told they have hypertension

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CHL: Cholesterol**

**Question ID:** CHL.0010.00.1    **Variable:** CHLEV\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto CHL12M\_A]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CHL: Cholesterol**

**Question ID:** CHL.0020.00.1    **Variable:** CHL12M\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto CHLMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CHL: Cholesterol**

**Question ID:** CHL.0030.00.1    **Variable:** CHLMED\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

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

**Question ID:** CVC.0010.00.1    **Variable:** CHDEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ANGEV\_A]

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

**Question ID:** CVC.0020.00.1    **Variable:** ANGEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** Have you EVER been told by a doctor or other health professional that you had  
...Angina, also called angina pectoris?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto MIEV\_A]

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

**Question ID:** CVC.0030.00.1    **Variable:** MIEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** Have you EVER been told by a doctor or other health professional that you had  
...A heart attack, also called myocardial infarction?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto STREV\_A]

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

**Question ID:** CVC.0040.00.1    **Variable:** STREV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**AST: Asthma**

**Question ID:** AST.0010.00.1    **Variable:** ASEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**AST: Asthma**

**Question ID:** AST.0020.00.1    **Variable:** ASTILL\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you still have asthma?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were ever told they have asthma

**Skip Instructions:**

<1,2,RF,DK> [goto ASAT12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0030.00.1    **Variable:** ASAT12M\_A**Interview Module:** Adult    **Content Type:** Annual Core**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were ever told they had asthma

**Skip Instructions:**

<1,2,RF,DK> [goto ASER12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma**

Question ID: AST.0040.00.1 Variable: ASER12M\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were ever told they had asthma

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0050.00.3    **Variable:** ASHOSP12M\_A**Interview Module:** Adult    **Content Type:** Sponsored Content**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto ASDAYS12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma**

Question ID: AST.0060.00.3 Variable: ASDAYS12M\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
<0-99,RF,DK> [goto ASINHALE3M_A]  
<100-365> [goto ERR_ASIDAYS12M_A], then [goto ASINHALE3M]
```

**Soft Edit:**

| Check Text       | Check Description  | Check Text   |
|------------------|--|--|
| ERR_ASIDAYS12M_A | Days of work missed in the past 12 months unusually high | {signal ERR_ASIDAYS12M_A}<br><br>^ASIDAYS12M_A days is unusually high. Please verify. Make corrections if necessary. |

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0070.00.3    **Variable:** ASINHALE3M\_A**Interview Module:** Adult    **Content Type:** Sponsored Content**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto ASPREVR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0080.00.3    **Variable:** ASPREVR\_A**Interview Module:** Adult    **Content Type:** Sponsored Content**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-4,RF,DK> [goto ASJOB\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0090.00.3    **Variable:** ASJOB\_A**Interview Module:** Adult    **Content Type:** Sponsored Content**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CAN: Cancer**

**Question ID:** CAN.0010.00.1    **Variable:** CANEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto CANKIND1\_A]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CAN: Cancer**

Question ID: CAN.0020.00.1 Variable: CANKIND1\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

What kind of cancer was it?

**Enter code for the first kind of cancer.**

**Response:**

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

**Universe:**

Sample Adults 18+ who were ever told they had cancer

**Skip Instructions:**

```
If SEX_FINAL[PX_A]=1 and CANKIND1_A IN ('6','18','29')[goto ERR1_CANKIND_A]
elseif 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  |
|----------------|----------------------------|---|
| ERR1_CANKIND_A | CANKIND_A male soft edit   | {signal ERR1_CANKIND_A}<br><br>Verify. Code 6 or 18 or 29 is unavailable for males. |
| ERR2_CANKIND_A | CANKIND_A female soft edit | {signal ERR2_CANKIND_A}<br><br>Verify. Code 20 or 26 is unavailable for females.    |

**2020 National Health Interview Survey (NHIS) Questionnaire**

**CAN: Cancer**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> CAN.0030.00.1 | <b>Variable:</b> CANAGE1_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

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

Enter 1 if reported age is 1 or younger.

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adults 18+ who were ever told they had cancer

**Skip Instructions:**

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

**Hard Edit:**

| Check Text    | Check Description                                      | Check Text   |
|---------------|--|--|
| ERR_CANAGE1_A | CANAGE1_A years with cancer greater than age hard edit | {check ERR_CANAGE1_A}<br>^CANAGE1_A years old is older than age<br>^SA AGE.<br><br>Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CAN: Cancer**

Question ID: CAN.0040.00.1 Variable: CANKIND2\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Have you EVER had any other kinds of cancer?

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

If no, enter '96' for no more.

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**Soft Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**CAN: Cancer**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> CAN.0050.00.1 | <b>Variable:</b> CANAGE2_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

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

Enter 1 if reported age is 1 or younger.

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**Hard Edit:**

| Check Text    | Check Description                                      | Check Text   |
|---------------|--|--|
| ERR_CANAGE2_A | CANAGE2_A age greater than years with cancer hard edit | {check ERR_CANAGE2_A}<br>^CANAGE2_A years old is older than age<br>^SA AGE.<br><br>Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CAN: Cancer**

Question ID: CAN.0060.00.1 Variable: CANKIND3\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Have you EVER had any other kinds of cancer?

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

If no, enter '96' for no more.

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**Soft Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**CAN: Cancer**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> CAN.0070.00.1 | <b>Variable:</b> CANAGE3_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

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

Enter 1 if reported age is 1 or younger.

**Fills:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**Hard Edit:**

| Check Text    | Check Description                          | Check Text   |
|---------------|--|--|
| ERR_CANAGE3_A | CANAGE3_A age with cancer greater than age | {check ERR_CANAGE3_A}<br>^CANAGE3_A years old is older than age<br>^SA AGE.<br><br>Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CAN: Cancer**

**Question ID:** CAN.0080.00.1    **Variable:** CANMORE\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Did you have any other kinds of cancer?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0010.00.1    **Variable:** PREDIB\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****DIB: Diabetes**

Question ID: DIB.0020.00.1 Variable: GESDIB\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Female Sample Adults 18+

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto DIBEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0030.00.1    **Variable:** DIBEV\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0040.00.1    **Variable:** DIBAGE\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adults 18+ who were told they had diabetes

**Skip Instructions:**

```
<1-120> if DIBAGE_A gt GEN.AGE_FINAL [goto ERR1_DIBAGE_A]  
else [goto DIBPILL_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0050.00.1    **Variable:** DIBPILL\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1-2,RF,DK> [goto DIBINS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0060.00.1    **Variable:** DIBINS\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0070.00.3    **Variable:** DIBINSTIME\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

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

**Response:**

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

**Universe:**

Sample Adults 18+ who have diabetes and currently take insulin

**Skip Instructions:**

<1-4,RF,DK> [goto DIBINSSTOP\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0080.00.3    **Variable:** DIBINSSTOP\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have diabetes and are taking insulin

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0090.00.3    **Variable:** DIBINSSTYR\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have diabetes, who started taking insulin less than 1 year from when they were diagnosed with diabetes, and who stopped taking insulin for more than 6 months

**Skip Instructions:**

<1,2,RF,DK> [goto DIBTYPE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0100.00.1    **Variable:** DIBTYPE\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

Sample Adults 18+ who were told they had diabetes

**Skip Instructions:**

<1-3,RF,DK> [goto DIBREL\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0110.00.3    **Variable:** DIBREL\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto DIABLAST\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0120.00.3    **Variable:** DIABLAST\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

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

**Response:**

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

**Universe:**

Sample Adult 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CON: Other Chronic Conditions**

**Question ID:** CON.0010.00.1    **Variable:** COPDEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ARTHEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CON: Other Chronic Conditions**

**Question ID:** CON.0020.00.1    **Variable:** ARTHEV\_A                                  **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** Have you EVER been told by a doctor or other health professional that you had  
...Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (fy-bro-my-AL-jee-uh)?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto DEMENEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CON: Other Chronic Conditions**

**Question ID:** CON.0030.00.1    **Variable:** DEMENEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** Have you EVER been told by a doctor or other health professional that you had  
...Dementia, including Alzheimer's disease?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ANXEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CON: Other Chronic Conditions**

**Question ID:** CON.0040.00.1    **Variable:** ANXEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** Have you EVER been told by a doctor or other health professional that you had  
...Any type of anxiety disorder?

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto DEPEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CON: Other Chronic Conditions**

**Question ID:** CON.0050.00.1    **Variable:** DEPEV\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Current pregnant, height, weight**

Question ID: BMI.0010.00.1 Variable: PREGNOW\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Are you currently pregnant?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto HEIGHTFT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Current pregnant, height, weight**

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

**Question Text:**

How tall are you without shoes?

Enter M to record metric measurements.

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adult 18+

**Skip Instructions:**

```

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

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

```

**Hard Edit:**

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

**Soft Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Current pregnant, height, weight**

Question ID: BMI.0020.02.1 Variable: HEIGHTIN\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Enter inches.

Enter '0' if exactly ^HEIGHTFT feet tall.

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adult 18+ and height is 2-7ft

**Skip Instructions:**

<0-11,RF,DK> [goto WEIGHTLB\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Current pregnant, height, weight**

Question ID: BMI.0020.04.1 Variable: HEIGHTM\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

How tall are you without shoes?

Enter height in metric.

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<0-2> [goto HEIGHTCM\_A]  
<RF,DK> [goto WEIGHTLB\_A]

**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 |
|---------|-----------------|

**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 GENSEX_FINAL=2 AND PREGNOW_A=1: "How much did you weigh before your pregnancy?"<br>else: "How much do you weigh?" |
| ^SANAME    | Description | Sample Adult's name  |
|            | Instruction | Sample Adult's name  |

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
If WEIGHTLB_A lt 50 or WEIGHTLB_A gt 500 [goto ERR1_WEIGHTLB_A]
elseif ((GENSEX_FINAL[PX_A]=1 and (WEIGHTLB_A lt 113 or WEIGHTLB_A gt 316)) or (GENSEX_FINAL[PX_A]=2 and (WEIGHTLB_A lt 96 or WEIGHTLB_A gt 293)) or (GENSEX_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}<br><br>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}<br><br>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 GENSEX_FINAL=2 AND PREGNOW_A=1: "How much did you weigh before your pregnancy?"<br>else: "How much do you weigh?" |
| ^SANAME    | Description | Sample Adult's name  |
|            | Instruction | Sample Adult's name  |

**Response:**

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

**Universe:**

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

**Skip Instructions:**

```
IF WEIGHTKG_A lt 23 or WEIGHTKG_A gt 226 [goto ERR1_WEIGHTKG_A]
elseif ((GENSEX_FINAL[PX]=1 and (WEIGHTKG_A lt 51 or WEIGHTKG_A gt 143)) or (GENSEX_FINAL[PX]=2 and (WEIGHTKG_A lt 43 or WEIGHTKG_A gt 133)) or (GENSEX_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}<br><br>Weight is out of range (23-226).<br><br>Please correct. |

**Soft Edit:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VIS: Vision**

**Question ID:** VIS.0010.00.1    **Variable:** VISINTRO\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto WEARGLSS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****VIS: Vision**

Question ID: VIS.0020.00.1 Variable: WEARGLSS\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Do you wear glasses or contact lenses?

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto VISIONDF\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****VIS: Vision**

Question ID: VIS.0030.00.1 Variable: VISIONDF\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

&lt;1-4,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HEA: Hearing**

**Question ID:** HEA.0010.00.1    **Variable:** HEARAID\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you use a hearing aid?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [HEARAIDFR\_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:**

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

**Response:**

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

**Universe:**

Sample Adults 18+ who use a hearing aid

**Skip Instructions:**

<1-4,RF,DK> [HEARINGDF\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HEA: Hearing**

**Question ID:** HEA.0030.00.1    **Variable:** HEARINGDF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0010.00.1    **Variable:** DIFF\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto EQUIP\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0020.00.1    **Variable:** EQUIP\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0030.00.1    **Variable:** WLK100\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-3,RF,DK> [goto WLK13M\_A]  
<4> [goto STEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0040.00.1    **Variable:** WLK13M\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-4,RF,DK> [goto STEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0050.00.1    **Variable:** STEPS\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have difficulty walking up or down 12 steps?

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0060.00.1    **Variable:** CANEWLKR\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you use any of the following...

...Cane or walker?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto WCHAIR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0070.00.1    **Variable:** WCHAIR\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

...Wheelchair or scooter?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto PERASST\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0080.00.1    **Variable:** PERASST\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

...Someone's assistance?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

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

**Skip Instructions:**

<1,2,RF,DK> [goto NOEQWLK100\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0090.00.1    **Variable:** NOEQWLK100\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-3,RF,DK> [goto NOEQWLK13M\_A]  
<4> [goto NOEQSTEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0100.00.1    **Variable:** NOEQWLK13M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-4,RF,DK> [goto NOEQSTEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0110.00.1    **Variable:** NOEQSTEPS\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

Sample Adults 18+ who use equipment

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****MOB: Mobility**

Question ID: MOB.0120.00.1 Variable: EQWLK100\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-3,RF,DK> [goto EQWLK13M\_A]  
<4> [goto EQSTEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0130.00.1    **Variable:** EQWLK13M\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-4,RF,DK> [goto EQSTEPS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0140.00.1    **Variable:** EQSTEPS\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COM: Communication**

**Question ID:** COM.0010.00.1    **Variable:** COMDIFF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

**Question ID:** COG.0010.00.1    **Variable:** COGMEMDFF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have difficulty remembering or concentrating?

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,RF,DK> [goto next section]  
<2-4> [goto COGTYPEDFF\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

**Question ID:** COG.0020.00.1    **Variable:** COGTYPEDEFF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1,3> [goto COGFRQDFF\_A]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

**Question ID:** COG.0030.00.1    **Variable:** COGFRQDFF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

<1-3,RF,DK> [goto COGAMTDFF\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

**Question ID:** COG.0040.00.1    **Variable:** COGAMTDFF\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

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

**Response:**

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

**Universe:**

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

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UPP: Self-care and Upper Body**

**Question ID:** UPP.0010.00.1    **Variable:** UPPSLFCR\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have difficulty with self care, such as washing all over or dressing? Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto UPPRAISE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UPP: Self-care and Upper Body**

**Question ID:** UPP.0020.00.1    **Variable:** UPPRAISE\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level?

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto UPPOBJCT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UPP: Self-care and Upper Body**

**Question ID:** UPP.0030.00.1    **Variable:** UPPOBJCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SOC: Social Functioning**

**Question ID:** SOC.0010.00.1    **Variable:** SOCERRNDS\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?

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

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto SOCWRKLIM\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SOC: Social Functioning**

**Question ID:** SOC.0030.00.1    **Variable:** SOCWRKLIM\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Are you limited in the kind OR amount of work you can do because of a physical, mental or emotional problem?

**Read if necessary:** Work includes paid work, volunteer work, school work, and homework.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**ADO: Age of Disability Onset**

|                                   |                              |                                |  |
|-----------------------------------|------------------------------|--------------------------------|--|
| <b>Question ID:</b> ADO.0010.00.3 | <b>Variable:</b> DEVDONSET_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Sponsored Content |
|-----------------------------------|------------------------------|--------------------------------|--|

**Question Text:**

You said that you have difficulty with ^DIFF. Did ^THISDIFF begin before age 22?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^DIFF     | Description | walking/climbing steps/walking or climbing steps/communicating/remembering/concentrating/remembering or concentrating/self-care/doing errands alone  |
|           | Instruction | if (MOB.WLK100_A IN (3,4) or MOB.WLK13M_A IN (3,4) or<br>MOB.NOEQWLK100_A IN (3,4) or MOB.NOEQWLK13M_A IN (3,4)),<br>then fill "walking"<br>if (MOB.STEPS_A IN (3,4) or MOB.NOEQSTEPS_A IN (3,4)),<br>then fill "climbing steps"<br>if none of MOB.WLK100_A, MOB.WLK13M_A,<br>MOB.NOEQWLK100_A, MOB.NOEQWLK13M_A, MOB.STEPS_A, or<br>MOB.NOEQSTEPS_A = 3 or 4, but MOB.DIFF_A = 3 or 4, then<br>fill "walking or climbing steps"<br><br>If COM.COMDIFF_A IN (3,4), then fill "communicating"<br><br>If COG.COGMEMDFF_A IN (3,4),<br>If COG.COGTYPEDFF_A IN (1,3), then fill "remembering"<br>If COG.COGTYPEDFF_A IN (2,3), then fill "concentrating"<br>If COG.COGTYPEDFF_A IN (DK,RF), then fill "remembering<br>or concentrating"<br><br>If UPP.UPPSLFCR_A = 3 or 4, then fill "self-care"<br><br>If SOC.SOCERRNDS_A = 3 or 4, then fill "doing errands<br>alone"<br><br>If more than two of the above are true, then separate the<br>fills with commas and place an "and" before the last item.<br>If two of the above are true, separate them with "and" |
| ^THISDIFF | Description | this difficulty/any of these difficulties  |
|           | Instruction | if ADO.countDIFF=1, fill "this difficulty"<br>elseif ADO.countDIFF gt 1, fill "any of these<br>difficulties"   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults age 22+ who said they had a lot of difficulty or could not do the following activities at all: Walking or climbing stairs, communicating, remembering or concentrating, self-care, or doing errands alone

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0010.00.1 Variable: HICOV\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program that provide medical care or help pay medical bills. Are you covered by any kind of health insurance or some other kind of health care plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1,RF,DK> [goto HIKIND_A]
<2> if (GEN.AGE_FINAL[PX_A] ge 65 or Roster.HHC.tblAGE.blkPerson[PX_A].AGE65=2) [goto
MCAREPRB_A]
else [goto MCAIDPRB_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0020.00.1 | <b>Variable:</b> HIKIND_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

What kinds of health insurance or health care coverage do you have? Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or an other government program?

Enter all that apply, separate with commas.

**Response:**

|    |   |
|----|---|
| 01 | Private health insurance  |
| 02 | Medicare  |
| 03 | Medigap   |
| 04 | Medicaid  |
| 05 | Children's Health Insurance Program (CHIP)                                  |
| 06 | Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA |
| 07 | Indian Health Service   |
| 08 | State-sponsored health plan   |
| 09 | Other government program  |
| 10 | No coverage of any type   |
| 97 | Refused   |
| 99 | Don't Know  |

**Universe:**

Sample Adults 18+ covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

**Skip Instructions:**

```
if more than 1 answer selected and (10 IN HIKIND_A) [goto ERR1_HIKIND_A]
elseif (GEN.AGE_FINAL[PX_A] ge 65 or (GEN.AGE_FINAL[PX_A] IN (RF,DK) and
Roster.HHC.tb1AGE.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.tb1AGE.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}<br><br>Cannot mark "no coverage of any kind" and another type. Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0030.00.1    **Variable:** MCAREPRB\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

?[F1]

Are you covered by Medicare?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 65+ who have not indicated they had Medicare in HIKIND\_A

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVDE\_A]

## 2020 National Health Interview Survey (NHIS) Questionnaire

## INS: Health Insurance

Question ID: INS.0040.00.1 Variable: MCAIDPRB\_A Interview Module: Adult Content Type: Annual Core

## Question Text:

?[F1]

There is a program called Medicaid that pays for health care for persons in need. ^STATEMA Are you covered by Medicaid?

## Fills:

|             |             |  |
|-------------|-------------|--|
| ^STATEMA    | Description | In ^STATENAME it is also called ^STMEDICAID.   |
|             | Instruction | if STMEDICAID ne empty, fill: "In ^STATENAME it is also called ^STMEDICAID."<br>else fill: blank   |
| ^STATENAME  | Description | State name   |
|             | Instruction | If ST=AL, fill: Alabama<br>else if ST=AK, fill: Alaska<br>else if ST=AR, fill: Arkansas<br>else if ST=AZ, fill: Arizona<br>else if ST=CA, fill: California<br>else if ST=CO, fill: Colorado<br>else if ST=CT, fill: Connecticut<br>else if ST=DE, fill: Delaware<br>else if ST=DC, fill: District of Columbia<br>else if ST=FL, fill: Florida<br>else if ST=GA, fill: Georgia<br>else if ST=HI, fill: Hawaii<br>else if ST=ID, fill: Idaho<br>else if ST=IL, fill: Illinois<br>else if ST=IN, fill: Indiana<br>else if ST=IA, fill: Iowa<br>else if ST=KS, fill: Kansas<br>else if ST=KY, fill: Kentucky<br>else if ST=LA, fill: Louisiana<br>else if ST=ME, fill: Maine<br>else if ST=MD, fill: Maryland<br>else if ST=MA, fill: Massachusetts<br>else if ST=MI, fill: Michigan<br>else if ST=MN, fill: Minnesota<br>else if ST=MS, fill: Mississippi<br>else if ST=MO, fill: Missouri<br>else if ST=MT, fill: Montana<br>else if ST=NE, fill: Nebraska<br>else if ST=NV, fill: Nevada<br>else if ST=NH, fill: New Hampshire<br>else if ST=NJ, fill: New Jersey<br>else if ST=NM, fill: New Mexico<br>else if ST=NY, fill: New York<br>else if ST=NC, fill: North Carolina<br>else if ST=ND, fill: North Dakota<br>else if ST=OH, fill: Ohio<br>else if ST=OK, fill: Oklahoma<br>else if ST=OR, fill: Oregon<br>else if ST=PA, fill: Pennsylvania<br>else if ST=RI, fill: Rhode Island<br>else if ST=SC, fill: South Carolina<br>else if ST=SD, fill: South Dakota<br>else if ST=TN, fill: Tennessee<br>else if ST=TX, fill: Texas<br>else if ST=UT, fill: Utah<br>else if ST=VT, fill: Vermont<br>else if ST=VA, fill: Virginia<br>else if ST=WA, fill: Washington<br>else if ST=WV, fill: West Virginia<br>else if ST=WI, fill: Wisconsin<br>else if ST=WY, fill: Wyoming |
| ^STMEDICAID | Description | State Medicaid name  |

|  |                    |   |
|--|--------------------|---|
|  | <b>Instruction</b> | If AL then fill "Patient 1st, Alabama Coordinated Health Network"<br>If AK then fill "DenaliCare"<br>If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)"<br>If AR then fill "ARKids First; Arkansas Works; PASSE"<br>If CA then fill "Medi-Cal"<br>If CO then fill "Health First Colorado"<br>If CT then fill "HUSKY"<br>If DE then fill "Diamond State Health Plan"<br>If FL then fill "Medically Needy Program"<br>If GA then fill "Georgia Families"<br>If HI then fill "QUEST"<br>If IL then fill "Medical Assistance"<br>If IN then fill "Healthy Indiana Plan (HIP); Hoosier Healthwise"<br>If IA then fill "IA Health Link; Iowa Health and Wellness Plan"<br>If KS then fill "KanCare; Kansas Medical Assistance Program (KMAP); OneCare Kansas"<br>If LA then fill "Healthy Louisiana"<br>If ME then fill "MaineCare"<br>If MD then fill "HealthChoice"<br>If MA then fill "MassHealth"<br>If MI then fill "Healthy Michigan Plan (HMP)"<br>If MN then fill "Medical Assistance (MA)"<br>If MS then fill "MississippiCAN"<br>If MO then fill "MO Healthnet"<br>If MT then fill "Passport to Health; Healthy Montana Kids Plus (HMK Plus)"<br>If NE then fill "Heritage Health"<br>If NH then fill "Granite Advantage Health Care Program"<br>If NJ then fill "NJ Family Care"<br>If NM then fill "Centennial Care"<br>If OH then fill "Ohio Medicaid State Plan; Healthy Families; Healthy Start; Alternative Benefit Plan"<br>If OK then fill "SoonerCare"<br>If OR then fill "Oregon Health Plan (OHP)"<br>If PA then fill "Medical Assistance"<br>If RI then fill "RIte Care; Affordable Care Coverage (ACC); Medical Assistance"<br>If SC then fill "Healthy Connections"<br>If TN then fill "TennCare"<br>If TX then fill "State of Texas Access Reform (STAR)"<br>If VT then fill "Green Mountain Care"<br>If VA then fill "Medallion 4.0"<br>If WA then fill "Apple Health"<br>If WV then fill "Mountain Health Trust (MHT)"<br>If WI then fill "ForwardHealth; BadgerCare Plus"<br>If WY then fill "WYhealth" |
|--|--------------------|---|

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18-64 who have indicated they are uninsured, refused, or don't know their type of health insurance

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVDE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0050.00.1 | <b>Variable:</b> SINCOVDE_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

^INADDITIONARE you covered by a SEPARATE plan that only pays for dental services?

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^INADDITIONARE | Description | In addition to ^HITYPEANOSS, are/Are   |
|                | Instruction | If (HIKIND_A=1-9 or MCAREPRB_A=1 or MCAIDPRB_A=1), fill "In addition to ^HITYPEANOSS, are" else fill "Are"   |
| ^HITYPEANOSS   | Description | Type of health care plans without single service plans   |
|                | Instruction | fill coverage types from HIKIND_A, except HIKIND_A=10, HIKIND_A=1 fill: "private health insurance" HIKIND_A=2 fill: "Medicare" HIKIND_A=3 fill: "Medicare Supplement or Medigap" HIKIND_A=4 fill: "Medicaid" HIKIND_A=5 fill: "Children's Health Insurance Program (CHIP)" HIKIND_A=6 fill: "military related health care" HIKIND_A=7 fill: "Indian Health Service" HIKIND_A=8 fill: "a state-sponsored health plan" HIKIND_A=9 fill: "an other government program" if MCAREPRB_A=1, fill "Medicare" if MCAIDPRB_A=1, fill "Medicaid" separate choices with a comma and seperate the last two choices with "and" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVVS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0060.00.1    **Variable:** SINCOVVS\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

?[F1]

Are you covered by a SEPARATE plan that only pays for vision services?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVRX\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

**Question ID:** INS.0070.00.1    **Variable:** SINCOVRX\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

?[F1]

Are you covered by a SEPARATE plan that only pays for prescriptions?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto HICHANGE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0080.00.1 | <b>Variable:</b> HICHANGE_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

I have recorded you are ^COVEREDA. Is this correct?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^COVEREDA | Description | not covered by health insurance/covered by ^HITYPEA   |
|           | Instruction | if HIKIND_A=10,R,D and (MCAIDPRB_A=2,R,D or MCAREPRB_A=2,R,D) and SINCOVDE_A=2,R,D and SINCOVVS_A=2,R,D and SINCOVRX_A=2,R,D fill: "not covered by health insurance"<br>else fill: "covered by ^HITYPEA"  |
| ^HITYPEA  | Description | Type of health care plans with single service plans   |
|           | Instruction | fill coverage types from HIKIND_A, except HIKIND_A=10,<br>HIKIND_A=1 fill: "private health insurance"<br>HIKIND_A=2 fill: "Medicare"<br>HIKIND_A=3 fill: "Medicare Supplement or Medigap"<br>HIKIND_A=4 fill: "Medicaid"<br>HIKIND_A=5 fill: "Children's Health Insurance Program (CHIP)"<br>HIKIND_A=6 fill: "military related health care"<br>HIKIND_A=7 fill: "Indian Health Service"<br>HIKIND_A=8 fill: "a state-sponsored health plan"<br>HIKIND_A=9 fill: "an other government program"<br>if MCAREPRB_A=1, fill "Medicare";<br>if MCAIDPRB_A=1, fill "Medicaid"<br>If SINCOVDE_A=1 and SINCOVRX_A=2,RF,DK and<br>SINCOVVS_A=2,RF,DK, fill: "a single service dental plan"<br>If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and<br>SINCOVVS_A=2,RF,DK, fill: "a single service prescription<br>plan"<br>If SINCOVDE_A=2,RF,DK and SINCOVRX_A=2,RF,DK and<br>SINCOVVS_A=1, fill: "a single service vision plan"<br>If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=2,RF,DK,<br>fill: "single service dental and prescription plans"<br>If SINCOVDE_A=1 and SINCOVRX_A=2,RF,DK and SINCOVVS_A=1,<br>fill: "single service dental and vision plans"<br>If SINCOVDE_A=2,RF,DK and SINCOVRX_A=1 and SINCOVVS_A=1,<br>fill: "single service vision and prescription plans"<br>If SINCOVDE_A=1 and SINCOVRX_A=1 and SINCOVVS_A=1, fill:<br>"single service dental, vision and prescription plans"<br><br>separate choices with a comma and separate the last two<br>choices with "and" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1,RF,DK>
if 02 in HIKIND_A or MCAREPRB_A=1[goto MCPART_A]
else if 04 in HIKIND_A or MCAIDPRB_A=1[goto MACHMN_A]
else if 01 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 05 in HIKIND_A [goto CHNAME_A]
else if 08 in HIKIND_A [goto OPNAME_A]
else if 09 in HIKIND_A [goto OGNAME_A]
else if 06 in HIKIND_A [goto MILSPC_A]
else if 07 in HIKIND_A [goto HINOTYR_A]
else if 10 in HIKIND_A and (MCAIDPRB_A IN (2,RF,DK) or MCAREPRB_A IN (2,RF,DK))[goto HILAST_A]
else [goto FINISH_A]
<2> [goto ERR1_HICHANGE_A]
```

**Soft Edit:**

| Check Text      | Check Description                               | Check Text   |
|-----------------|---|--|
| ERR1_HICHANGE_A | Answered health insurance coverage is incorrect | {signal ERR1_HICHANGE_A}<br><br>Suppress this error to go back to HIKIND_A and update coverage.<br><br>Close this error to change your answer to HICHANGE_A. |

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0090.00.1 Variable: MCPART\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

What type of Medicare coverage do you have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

**Response:**

|   |                        |
|---|------------------------|
| 1 | Part A- hospital only  |
| 2 | Part B- medical only   |
| 3 | Both Part A and Part B |
| 7 | Refused                |
| 9 | Don't Know             |

**Universe:**

Sample Adults 18+ with Medicare

**Skip Instructions:**

```
<1> [goto MCPARTD_A]  
<2-3,RF,DK> [goto MCCHOICE_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0100.00.1 Variable: MCCHOICE\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

Are you enrolled in a Medicare Advantage plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicare that have part B Medicare or don't know or refused if they have part B Medicare

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto MCHMO\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0110.00.1 Variable: MCHMO\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

Are you under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicare that have part B Medicare or don't know or refused if they have part B Medicare

**Skip Instructions:**

```
<1> [goto MCNAME_A]
<2,RF,DK> if MCCHOICE_A=1 [goto MCNAME_A]
elseif MCCHOICE_A IN (2,RF,DK) [goto MCPARTD_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0120.00.1 Variable: MCANAME\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

What is the name of your Medicare Advantage or Medicare HMO plan?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ with a Medicare Advantage plan or a Medicare managed care arrangement

**Skip Instructions:**

&lt;allow 80,RF,DK&gt; [goto MCPARTD\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0130.00.1 Variable: MCPARTD\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**[?\[F1\]](#)

Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicare

**Skip Instructions:**

```
<1,2,RF,DK>
if 04 in HIKIND_A or MCAIDPRB_A=1 [goto MACHMN_A]
elseif 01 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 03 in HIKIND_A [goto SET_INSPRI_FLAG]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0140.00.1 Variable: MACHMN\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

The next questions are about Medicaid coverage. What is the name of your Medicaid health plan?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ with Medicaid coverage

**Skip Instructions:**

<allow 80,RF,DK> [goto MAXCHNG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0150.00.1 Variable: MAXCHNG\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Was your Medicaid obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicaid coverage

**Skip Instructions:**

<1,2,RF,DK> [goto MAPREM\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0160.00.1 Variable: MAPREM\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

A health insurance premium is the amount you or a family member pay each month for health care coverage. Do you or a family member pay a premium for this Medicaid plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicaid coverage

**Skip Instructions:**

<1,2,RF,DK> [goto MADEDUC\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0170.00.1 Variable: MADEDUC\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your Medicaid plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with Medicaid coverage

**Skip Instructions:**

```
<1> [goto MAHDHP_A]
<2,RF,DK>
if 01 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 03 in HIKIND_A [goto SET_INSPRI_FLAG]
else if 05 in HIKIND_A [goto CHNAME_A]
else if 08 in HIKIND_A [goto OPNAME_A]
else if 09 in HIKIND_A [goto 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]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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:**

Earlier I recorded that ^SCNAME was covered by ^HIPNAM1\_C. Are you covered by this same plan as ^SCNAME?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^SCNAME    | Description | Sample child's name                 |
|            | Instruction | Fill ALIAS of HHSTAT_C=1            |
| ^HIPNAM1_C | Description | {Value of HIPNAM1_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM1_C |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

**Skip Instructions:**

```
<1> if Child.INS.bPlan[1].POLHLD_C ne 1 [goto POLHLDA1_A]
elseif Child.INS.bPlan[1].POLHLD_C=1 [goto PRPOLHP1_A]
<2,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 and
INSPRI_FLG=1 and SAMEFAM_FLG=1 and CHILD.INS.PLANNAME2_C=empty [goto PLANNAME2_A] else [goto
HIPNAM1_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0280.00.1 Variable: POLHLDA1\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for ^HIPNAM1\_C?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^HIPNAM1_C | Description | {Value of HIPNAM1_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM1_C |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their first private plan or refused or don't know.

**Skip Instructions:**

```
<1> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1 [goto  
PLANNAME2_A]  
else [goto MORPLAN_A]  
<2,RF,DK> [goto PRPOLHP1_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0290.00.1 Variable: PRPOLHP1\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

How are you related to the policyholder for ^HIPNAM1\_C? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^HIPNAM1_C | Description | {Value of HIPNAM1_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM1_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Child                   |
| 2 | Spouse                  |
| 3 | Former spouse           |
| 4 | Some other relationship |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adults 18+ with a shared private health plan with the Sample Child, where the Child is the policy holder or where the Sample Adult is not the policyholder for the first plan or refused or don't know.

**Skip Instructions:**

```
<1-4,RF,DK> if INSPRI2_FLG2_A=1 and INSPRI2_FLG3_A=1 and INSPRI2_FLG4_A=1 and INSPRI2_FLG5_A=1  
[goto PLANNNAME2_A]  
else [goto MORPLAN_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

**Question ID:** INS.0300.00.1    **Variable:** PLANNNAME2\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Earlier I recorded that ^SCNAME was covered by a second plan: ^HIPNAM2\_C. Are you covered by this same plan as ^SCNAME?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^SCNAME    | Description | Sample child's name                 |
|            | Instruction | Fill ALIAS of HHSTAT_C=1            |
| ^HIPNAM2_C | Description | {Value of HIPNAM2_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM2_C |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with private health insurance coverage, where the Sample Child interview has already been conducted, the Sample Child is in the same family, and the Sample Child also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

**Skip Instructions:**

```
<1> if Child.INS.bPlan[2].POLHLD_C ne 1 [goto POLHLDA2_A],
if Child.INS.bPlan[2].POLHLD_C=1 [goto PRPOLHP2_A]
<2,RF,DK> if PLANNNAME1_A IN(2,RF,DK,empty) [goto HIPNAM1_A]
else [goto MORPLAN_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0310.00.1 Variable: POLHLDA2\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

**Read if necessary:** Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder.

Are you the policyholder for ^HIPNAM2\_C?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^HIPNAM2_C | Description | {Value of HIPNAM2_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM2_C |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a shared private health plan with the Sample Child, where the child is not the policyholder for their second private plan or refused or don't know.

**Skip Instructions:**

```
<1> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]

<2,RF,DK>[goto PRPOLHP2_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0320.00.1 Variable: PRPOLHP2\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

How are you related to the policyholder for ^HIPNAM2\_C? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^HIPNAM2_C | Description | {Value of HIPNAM2_C}                |
|            | Instruction | Fill value from Child.INS.HIPNAM2_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Child                   |
| 2 | Spouse                  |
| 3 | Former spouse           |
| 4 | Some other relationship |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adults 18+ with a shared private health plan with the Sample Child, where the Sample Child is the policy holder for the second plan or the Sample Adult is not the policyholder for the second plan or refused or don't know.

**Skip Instructions:**

```
<1-4,RF,DK> if PLANNAME1_A IN (2,RF,DK,empty) [goto MORPLAN_A]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0330.00.1 Variable: HIPNAM1\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of your plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as long term care, accidents, or dental care.

**Read if necessary:** Do you have a health plan card or something with the plan name on it?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ enrolled in a Medigap plan or private health insurance and the sample adult did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample child

**Skip Instructions:**

<allow 80,RF,DK> [goto MORPLAN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0340.00.1 Variable: MORPLAN\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**[?\[F1\]](#)

Are you covered by any other private health insurance plans?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample adult only shared one private plan with the Sample Child.

**Skip Instructions:**

```
<1> [goto HIPNAM2_A]
<2,RF,DK>
if (PLANNAME1_A=1 or PLANNAME2_A=1) then
  if 05 in HIKIND_A [goto CHNAME_A]
  elseif 08 in HIKIND_A [goto OPNAME_A]
  elseif 09 in HIKIND_A [goto OGNAME_A]
  elseif 06 in HIKIND_A [goto MILSPC_A]
  else [goto HINOTYR_A]

else [goto bPlan[1].POLHLD_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0350.00.1 Variable: HIPNAM2\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

What is the name of that private health insurance plan?

**Read if necessary:** Do you have a health plan card or something with the plan name on it?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ with a second private health insurance plan

**Skip Instructions:**

<allow 80,RF,DK> [goto bPlan[1].POLHLD\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0370.00.1 | <b>Variable:</b> POLHLD_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

I am going to ask you some questions about ^FIRSTPLANA. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Are you the policyholder for ^THISPLANA?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan   |
|             | Instruction | <pre> if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:         "this plan"     elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"     else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this second plan"     else fill: "this ^HIPNAM2_A plan" </pre> |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}   |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A  |
| ^THISPLANA  | Description | this plan/^HIPNAM1_A/^HIPNAM2_A  |
|             | Instruction | <pre> if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) fill: "this plan"     else fill: "^HIPNAM1_A" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this plan"     Else fill: "^HIPNAM2_A" </pre>   |
| ^HIPNAM2_A  | Description | {Value of HIPNAM2_A}   |
|             | Instruction | Fill value from Adult.INS.HIPNAM2_A  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

**Skip Instructions:**

<1,RF,DK> [goto PRPLCOV\_A]  
<2> [goto PRPOLH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0380.00.1    Variable: PRPLCOV\_A    Interview Module: Adult    Content Type: Annual Core

**Question Text:**

Does this plan cover someone other than yourself?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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]**

How are you related to the policyholder? Are you the policyholder's child, spouse, former spouse, or are you related in some other way?

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Child                   |
| 2 | Spouse                  |
| 3 | Former spouse           |
| 4 | Some other relationship |
| 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]**

Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state or local government or community program or obtained in some other way?

**Response:**

|   |  |
|---|--|
| 1 | Through an employer, union, or professional association                    |
| 2 | Purchased directly   |
| 3 | Through Healthcare.gov or the Affordable Care Act, also known as Obamacare |
| 4 | Through a state or local government or community program                   |
| 5 | Other  |
| 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:** How was this plan obtained?**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:**

&lt;allow 80,RF,DK&gt; [goto PLNEXCHG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0420.00.1 Variable: PLNEXCHG\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Was the plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

**Skip Instructions:**

<1,2,RF,DK> [goto PLNPAY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0430.00.1    **Variable:** PLNPAY\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Who pays for this health insurance plan?

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

**Response:**

|   |   |
|---|---|
| 1 | ^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 (DK,RF)[goto PRDEDUC_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0440.01.1 | <b>Variable:</b> HICOSTN_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

How much ^DOYOUFAM currently spend for health insurance premiums for ^FIRSTPLANA? Please include payroll deductions for premiums.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^DOYOUFAM   | Description | do you/does your family  |
|             | Instruction | if PCNT_A=1 fill "do you",<br>else fill "does your family"   |
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan   |
|             | Instruction | if PlanNum=1 then<br>if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:<br>"this plan"<br>elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_A plan"<br>if PlanNum=2 then<br>if HIPNAM2_A IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_A plan" |
| ^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}<br><br>[^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]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does this health plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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]

Is the ^FAM\_A annual deductible for medical care for this plan less than ^HDHPAMT\_A, or ^HDHPAMT\_A or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|                 |             |   |
|-----------------|-------------|---|
| ^FAM_A          | Description | family  |
|                 | Instruction | if POLHLD_A=2 or PRPLCOV_A=1, fill 'family'. Else no fill.                |
| ^HDHPAMT_A      | Description | ^HDHPDED_family/^HDHPDED  |
|                 | Instruction | if POLHLD_A=2 or PRPLCOV_A=1, fill "^HDHPDED_family" Else fill "^HDHPDED" |
| ^HDHPDED_family | Description | Family deductible threshold (may change in future year)                   |
|                 | Instruction | Fill: \$2,800   |
| ^HDHPDED        | Description | Deductible threshold (may change in future year)                          |
|                 | Instruction | Fill: \$1,400   |

**Response:**

|   |                      |
|---|----------------------|
| 1 | Less than ^HDHPAMT_A |
| 2 | ^HDHPAMT_A or more   |
| 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:**

There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts or FSAs. Is there one of these accounts or funds with this plan?

**Response:**

**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**

|                                   |                             |                                |                      |
|-----------------------------------|-----------------------------|--------------------------------|----------------------|
| <b>Question ID:</b> INS.0475.00.1 | <b>Variable:</b> INTROCOV_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> |
|-----------------------------------|-----------------------------|--------------------------------|----------------------|

**Question Text:**

The next three questions are about services ^FIRSTPLANA may cover.

**Enter '1' to continue.**

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan   |
|             | Instruction | <pre> if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:         "this plan"     elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"     else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this second plan"     else fill: "this ^HIPNAM2_A plan" </pre> |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}   |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A  |

**Response:**

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

**Universe:**

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know

**Skip Instructions:**

<1> [goto PRRXCOV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0480.00.1 | <b>Variable:</b> PRRXCOV_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANA pay for any of the costs for medications prescribed by a doctor?

**Read if necessary:** Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you were prescribed medications.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan   |
|             | Instruction | <pre>if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:         "this plan"     elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"     else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this second plan"     else fill: "this ^HIPNAM2_A plan"</pre> |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}   |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample 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**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0490.00.1 | <b>Variable:</b> PRDNCOV_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANA pay for any of the costs for dental care?

**Read if necessary:** Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you did have dental care.

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan  |
|             | Instruction | <pre> if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:         "this plan"     elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"     else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this second plan"     else fill: "this ^HIPNAM2_A plan"</pre> |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}  |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample 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**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0500.00.1 | <b>Variable:</b> PRVSCOV_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANA pay for any of the costs for routine vision care, such as glasses and contact lenses?

**Read if necessary:** Even if you have not used this benefit, please answer if this plan would cover at least some of the costs if you did have vision care.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANA | Description | this plan/this first plan/this ^HIPNAM1_A plan/this second plan/this ^HIPNAM2_A plan   |
|             | Instruction | <pre>if PlanNum=1 then     if HIPNAM1_A IN (RF,DK) and HIPNAM2_A= empty fill:         "this plan"     elseif HIPNAM1_A IN (RF,DK) fill: "this first plan"     else fill: "this ^HIPNAM1_A plan" if PlanNum=2 then     if HIPNAM2_A IN (RF,DK) fill: "this second plan"     else fill: "this ^HIPNAM2_A plan"</pre> |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}   |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with private health insurance coverage where a plan name was given or refused or don't know.

**Skip Instructions:**

```
<1,2,RF,DK> If there is another plan [goto bPlan for next plan]
elseif 05 in HIKIND_A [goto CHNAME_A]
elseif 08 in HIKIND_A [goto OPNAME_A]
elseif 09 in HIKIND_A [goto OGNAME_A]
elseif 06 in HIKIND_A [goto MILSPC_A]
else [goto HINOTYR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0510.00.1 Variable: CHNAME\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

Earlier I recorded that you are covered by the Children's Health Insurance Program or CHIP. What is the name of the plan?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ with a CHIP plan

**Skip Instructions:**

&lt;allow 80,RF,DK&gt; [goto CHXCHNG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0520.00.1 Variable: CHXCHNG\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Was your CHIP plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a CHIP plan

**Skip Instructions:**

<1,2,RF,DK> [goto CHPREM\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0530.00.1 Variable: CHPREM\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this CHIP plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a CHIP plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto CHDEDUC\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0540.00.1 Variable: CHDEDUC\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your CHIP plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a CHIP plan

**Skip Instructions:**

```
<1> [goto CHHDHP_A]
<2,RF,DK> if 08 in HIKIND_A [goto OPNAME_A]
  elseif 09 in HIKIND_A [goto OGNAME_A]
  elseif 06 in HIKIND_A [goto MILSPC_A]
  else [goto HINOTYR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0550.00.1 Variable: CHHDHP\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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]

Earlier I recorded that you are covered by a state-sponsored plan. What is the name of the plan?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ with a state-sponsored plan

**Skip Instructions:**

<allow 80,RF,DK> [goto OPXCHNG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0570.00.1 Variable: OPXCHNG\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Was your state-sponsored plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a state-sponsored plan

**Skip Instructions:**

<1,2,RF,DK> [goto OPPREM\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0580.00.1 Variable: OPPREM\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for this state-sponsored plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a state-sponsored plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto OPDEDUC\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0590.00.1 Variable: OPDEDUC\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your state-sponsored plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a state-sponsored plan

**Skip Instructions:**

```
<1>[goto OPHDHP_A]
<2,RF,DK> if 09 in HIKIND_A [goto 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]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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: OGNNAME\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Earlier I recorded that you are covered by an other government program. What is the name of the plan?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who have an other government plan

**Skip Instructions:**

<allow 80,RF,DK> [goto OGXCHNG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0620.00.1 Variable: OGXCHNG\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Was your other government plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have an other government plan

**Skip Instructions:**

<1,2,RF,DK> [goto OGPREM\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0630.00.1 Variable: OGPREM\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount you or a family member pays each month for health care coverage. Do you or a family member pay a premium for your other government plan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have an other government plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [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]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does your other government plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with an other government plan

**Skip Instructions:**

```
<1> [goto OGHDHP_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: OGHDHP\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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]

Earlier I recorded that you are covered by military related health care. What types of military related health care are you covered by?

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

**Response:**

|   |                                   |
|---|-----------------------------------|
| 1 | VA health care                    |
| 2 | TRICARE (CHAMPUS)                 |
| 3 | CHAMP-VA (do not include CHAMPUS) |
| 7 | Refused                           |
| 9 | Don't Know                        |

**Universe:**

Sample Adults 18+ with military related health care

**Skip Instructions:**

<1-3,RF,DK> [goto HINOTYR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0670.00.1 Variable: HILAST\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

How long has it been since you last had health care coverage that paid for doctor's visits or hospital stays?

**Response:**

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

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe.

**Skip Instructions:**

```
<1> [goto HILASTMY_A]
<2,3> [goto HISTOPJOB_A]
<4,5,6,0,RF,DK> [goto RSNHICOST_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0680.00.1 Variable: HILASTMY\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

In the past 12 months, how many months were you without coverage?

If less than 1 month, enter '1'.

**Response:**

|       |                 |
|-------|-----------------|
| 01-12 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ without known health insurance who last had insurance at some time within the last 12 months

**Skip Instructions:**

<1-12,RF,DK> [goto HISTOPJOB\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0690.00.1 Variable: HISTOPJOB\_A Interview Module: Adult Content Type: Annual Core

**Question Text:****?[F1]**

Think about the last time that you did have health care coverage that paid for doctor's visits or hospital stays. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why you are no longer enrolled in your last health care plan.

You or the policyholder retired, lost a job, or changed employers?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPMISS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0700.00.1 Variable: HISTOPMISS\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** Are you no longer enrolled in your last health care plan because...

You missed a deadline for signing up or paying for the coverage?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPAGE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0710.00.1 Variable: HISTOPAGE\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** Are you no longer enrolled in your last health care plan because...

You became ineligible because of your age or because you left school?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPCOST\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0720.00.1 Variable: HISTOPCOST\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** Are you no longer enrolled in your last health care plan because...

The cost for your coverage increased?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPELIG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

**Question ID:** INS.0730.00.1    **Variable:** HISTOPELIG\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

?[F1]

**Read if necessary:** Are you no longer enrolled in your last health care plan because...

You had Medicaid or other public coverage, but were no longer eligible?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHICOST\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0740.00.1    **Variable:** RSNHICOST\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

^INSREASONS Are you currently uninsured because coverage is not affordable?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^INSREASONS | Description | RSNHICOST_A Introduction  |
|             | Instruction | If HILAST_A IN (0,4,5,6,RF,DK) fill: "There are many reasons why people do not have health insurance coverage." If HILAST_A IN (1,2,3) fill: "We just discussed reasons you lost coverage. Now I am going to ask you some questions about why you haven't obtained coverage." |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIWANT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0750.00.1 Variable: RSNHIWANT\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

There are other reasons that people do not have health insurance coverage. ^PLUSCOSTA you currently uninsured because...

...you do not need or want coverage?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTA | Description | In addition to cost, are/Are   |
|            | Instruction | if RSNHICOST_A = 1 then fill "In addition to cost, are"<br>Else fill "Are" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe.

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIELIG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0760.00.1    Variable: RSNHIELIG\_A    Interview Module: Adult    Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTA you currently uninsured because...

...you are not eligible for coverage?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTA | Description | In addition to cost, are/Are   |
|            | Instruction | if RSNHICOST_A = 1 then fill "In addition to cost, are"<br>Else fill "Are" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHICONF\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0770.00.1 Variable: RSNHICONF\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTA you currently uninsured because...

...the process of signing up for coverage is too difficult or confusing?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTA | Description | In addition to cost, are/Are   |
|            | Instruction | if RSNHICOST_A = 1 then fill "In addition to cost, are"<br>Else fill "Are" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIMEET\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0780.00.1 Variable: RSNHIMEET\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTA you currently uninsured because...

...you cannot find a plan that meets your needs?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTA | Description | In addition to cost, are/Are   |
|            | Instruction | if RSNHICOST_A = 1 then fill "In addition to cost, are"<br>Else fill "Are" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicaid probe or the Medicare probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIWAIT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0790.00.1   Variable: RSNHIWAIT\_A      Interview Module: Adult   Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTA you currently uninsured because...

...you applied for coverage but it has not started yet?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTA | Description | In addition to cost, are/Are   |
|            | Instruction | if RSNHICOST_A = 1 then fill "In addition to cost, are"<br>Else fill "Are" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIOTH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0800.00.1 Variable: RSNHIOTH\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Is there another reason that you currently do not have health insurance coverage?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ without known health insurance and answered no, refused or don't know to the Medicare probe or the Medicaid probe

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0810.00.1    Variable: RSNHIOTHSP\_A    Interview Module: Adult    Content Type: Annual Core

**Question Text:**

What is your other reason for not having coverage?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who have another reason for not having coverage

**Skip Instructions:**

<allow 80,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0820.00.1    Variable: HINOTYR\_A    Interview Module: Adult    Content Type: Annual Core

**Question Text:**

In the past 12 months, was there any time when you did NOT have ANY health insurance or coverage?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with known health insurance coverage or responded yes to the medicare probe or medicaid probe

**Skip Instructions:**

<1> [goto HINOTMYR\_A]  
<2,RF,DK> [goto FINISH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0830.00.1 Variable: HINOTMYR\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

In the past 12 months, about how many months were you without coverage?

If less than 1 month, enter '1'.

**Response:**

|       |                 |
|-------|-----------------|
| 01-12 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

**Skip Instructions:**

<1-12,RF,DK> [goto FINISH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0840.00.1 Variable: FINISH\_A Interview Module: Adult Content Type: Annual Core

Question Text:

The Sample Adult health insurance section is now complete.

Enter '1' to continue.

Response:

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

Universe:

Sample Adults 18+

Skip Instructions:

<1> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAY: Difficulty Paying for Health Care**

Question ID: PAY.0010.00.1 Variable: PAYINTRO\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

Now I am going to ask you about your medical bills. Include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care.

^Dormfill

**Enter '1' to continue.**

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^Dormfill | Description | think about family living in family home   |
|           | Instruction | If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "When I ask about your family, please think about your family living at ^HNO ^HNOSUF ^STRNAME." else leave blank |
| ^HNO      | Description | {Value of HNO}   |
|           | Instruction | Fill GEN.HNO   |
| ^HNOSUF   | Description | {Value of HNOSUF}  |
|           | Instruction | Fill GEN.HNOSUF  |
| ^STRNAME  | Description | {Value of STRNAME}   |
|           | Instruction | Fill GEN.STRNAME   |

**Response:**

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

**Universe:**

Sample Adults 18+ living in same family as the Sample Child when the Sample Child PAY section has not been completed  
 or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBLL12M\_C and PAYNOBLLNW\_C  
 or Sample adults living in different families than the Sample Child

**Skip Instructions:**

<1> [goto PAYBLL12M\_A]

**Replicate To:**

PAYINTRO\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAY: Difficulty Paying for Health Care**

Question ID: PAY.0020.00.1 Variable: PAYBLL12M\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

In the past 12 months did ^youanyone have problems paying or were unable to pay any medical bills?

**Read if necessary:** Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^youanyone | Description | you/anyone in the family  |
|            | Instruction | If GEN.PCNT_A=1 fill "you";<br>else fill "anyone in the family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ living in same family as the Sample Child when the Sample Child PAY section has not been completed  
or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M\_C and PAYNOBLLNW\_C  
or Sample adults living in different families than the Sample Child

**Skip Instructions:**

<1,RF,DK> [goto PAYNOBLLNW\_A]  
<2> [goto PAYWORRY\_A]

**Replicate To:**

PAYBLL12M\_C

**2020 National Health Interview Survey (NHIS) Questionnaire****PAY: Difficulty Paying for Health Care**

Question ID: PAY.0030.00.1 Variable: PAYNOBLLNW\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

^DoyouDoesanyoneinfam currently have any medical bills that you are unable to pay at all?

**Fills:**

|                       |             |  |
|-----------------------|-------------|--|
| ^DoyouDoesanyoneinfam | Description | Do you/Does anyone in your family  |
|                       | Instruction | If GEN.PCNT_A=1 fill "Do you";<br>else fill "Does anyone in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ where anyone in the family has difficulty paying medical bills or don't know or refused and Sample Adult is living in same family as the Sample Child when the Sample Child PAY section has not been completed

or Sample Adults living in same family as Sample Child when the Sample Child respondent is not the Sample Adult and the Sample Child respondent answered don't or refused to PAYBILL12M\_C and PAYNOBLLNW\_C

or Sample adults living in different families than the Sample Child AND who said they/anyone in their family has problems paying their medical bills or don't know or refuse to answer if they/anyone in their family has problems paying bills

**Skip Instructions:**

<1,2,RF,DK> [goto PAYWORRY\_A]

**Replicate To:**

PAYNOBLLNW\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**

**PAY: Difficulty Paying for Health Care**

**Question ID:** PAY.0040.00.1    **Variable:** PAYWORRY\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills? Are you very worried, somewhat worried, or not at all worried?

**Response:**

|   |                    |
|---|--------------------|
| 1 | Very worried       |
| 2 | Somewhat worried   |
| 3 | Not at all worried |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DNC: Dental Care**

**Question ID:** DNC.0010.00.2    **Variable:** DNCINTRO\_A                      **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

These next questions ask about your dental care.

[Enter '1' to continue.](#)

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto DENPREV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care**

Question ID: DNC.0020.00.2 Variable: DENPREV\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

About how long has it been since you last had a dental examination or cleaning?

**Read if necessary:** Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<0-6,RF,DK> [goto DENDL12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DNC: Dental Care**

**Question ID:** DNC.0030.00.2    **Variable:** DENDL12M\_A

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

**Question Text:**

During the past 12 months, have you DELAYED getting dental care because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto DENNG12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care**

Question ID: DNC.0040.00.2 Variable: DENNG12M\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 12 months, was there any time when you needed dental care, but DID NOT GET IT because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0010.00.1    **Variable:** UTZINTRO\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Now that we finished talking about dental care, I would like to ask you about other health care.

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto LASTDR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0020.00.1    **Variable:** LASTDR\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

About how long has it been since you last saw a doctor or other health care professional about your health?

**Read if necessary:** *Include doctors seen while a patient in a hospital.*

**Read if necessary:** *Do not include dental care.*

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6> [goto WELLNESS\_A]  
<0,RF,DK> [goto USUALPL\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****UTZ: Utilization**

Question ID: UTZ.0030.00.1 Variable: WELLNESS\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Was this a wellness visit, physical, or general purpose check-up?

**Read if necessary:** This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.

**Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

**Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have seen a doctor

**Skip Instructions:**

<1> [goto USUALPL\_A]  
<2,RF,DK> [goto WELLVIS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****UTZ: Utilization**

Question ID: UTZ.0040.00.1 Variable: WELLVIS\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

About how long has it been since you last saw a doctor or other health professional for a wellness visit, physical, or general purpose check-up?

**Read if necessary:** This kind of visit typically includes: blood pressure, cholesterol, and blood sugar checks, height and weight measurements, and vaccinations. The doctor or other health professional may also discuss topics related to your health such as smoking, alcohol use, diet and exercise. These visits are usually scheduled in advance and occur when you are not sick or injured.

**Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

**Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

**Response:**

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

**Universe:**

Sample Adults 18+ who have seen a doctor, but the last visit was not a wellness visit or they didn't know or refused whether it was a wellness visit

**Skip Instructions:**

<0-6,RF,DK> [goto USUALPL\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0050.00.1    **Variable:** USUALPL\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Is there a place that you USUALLY go to if you are sick and need health care?

**Response:**

|   |                              |
|---|------------------------------|
| 1 | Yes                          |
| 2 | There is NO place            |
| 3 | There is MORE THAN ONE place |
| 7 | Refused                      |
| 9 | Don't Know                   |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,3,RF,DK> [goto USPLKIND\_A]  
<2> [goto URGENT12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****UTZ: Utilization**

Question ID: UTZ.0060.00.1 Variable: USPLKIND\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

What kind of place ^ISITGOMSTOFT - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place?

**Read if necessary:** A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

**Read if necessary:** Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^ISITGOMSTOFT | Description | is it/do you go to most often                                       |
|               | Instruction | If USUALPL_A=1 fill "is it";<br>else fill "do you go to most often" |

**Response:**

|   |   |
|---|---|
| 1 | A doctor's office or health center  |
| 2 | Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store |
| 3 | Emergency room  |
| 4 | A VA Medical Center or VA outpatient clinic   |
| 5 | Some other place  |
| 6 | Does not go to one place most often   |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Adults 18+ with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

**Skip Instructions:**

<1-6,RF,DK> [goto URGENT12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0070.00.1    **Variable:** URGENT12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?

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

**Read if necessary:** Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

**Read if necessary:** This is different from a hospital emergency room.

**Response:**

|       |                 |
|-------|-----------------|
| 00-96 | 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}<br><br>^URGENT12M_A is an unusually large number.<br>Did you visit an urgent care center or clinic<br>in a drug store or grocery store about your<br>health ^URGENT12M_A times in the past 12<br>months?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0080.00.1    **Variable:** EMERGE12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, how many times have you gone to a hospital emergency room about your health?

**Read if necessary:** This includes emergency room visits that resulted in a hospital admission.

**Enter 96 if number of times is 96 or more.**

**Response:**

|       |                 |
|-------|-----------------|
| 00-96 | 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}<br><br>^EMERGE12M_A is an unusually large number.<br>Did you visit a hospital emergency room about<br>your health ^EMERGE12M_A times in the past 12<br>months?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0090.00.1    **Variable:** HOSPONGT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, have you been hospitalized overnight? ^PAST12MER\_A

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^PAST12MER_A | Description | Do not include an overnight stay in the emergency room.   |
|              | Instruction | If ((EMERGE12M_A ge 01 and EMERGE12M_A le 96) or EMERGE12M_A IN (RF,DK)): Fill: "Do not include an overnight stay in the emergency room." |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto MEDDL12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0100.00.1    **Variable:** MEDDL12M\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, have you DELAYED getting medical care because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto MEDNG12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0110.00.1    **Variable:** MEDNG12M\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, was there any time when you needed medical care, but DID NOT GET IT because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription Medication**

**Question ID:** PMD.0010.00.1    **Variable:** RX12M\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

At any time in the past 12 months, did you take prescription medication?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1> [goto RXSK12M_A]  
<2,DK,RF> [goto RXDG12M_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription Medication**

**Question ID:** PMD.0020.00.1    **Variable:** RXSK12M\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, were any of the following true for you?

...You skipped medication doses to save money.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months

**Skip Instructions:**

<1,2,DK,RF> [goto RXLS12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription Medication**

**Question ID:** PMD.0030.00.1    **Variable:** RXLS12M\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** During the past 12 months, were any of the following true for you?

...You took less medication to save money.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto RXDL12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription Medication**

**Question ID:** PMD.0040.00.1    **Variable:** RXDL12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** During the past 12 months, were any of the following true for you?

...You DELAYED filling a prescription to save money.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto RXDG12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription Medication**

**Question ID:** PMD.0050.00.1    **Variable:** RXDG12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, was there any time when you needed prescription medication, but DID NOT GET IT because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****OPD: Opioid Use - ALL**

Question ID: OPD.0010.00.3 Variable: OPD12M\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:****?[F1]**

These next questions are about the use of prescription pain relievers called opioids. When answering these questions, please do not include over-the-counter pain relievers such as aspirin, Tylenol, Advil, or Aleve.

During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional? Examples include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan. If you are not sure, please tell me the name of the drug and I can look it up.

**Press F1 to pull up list of prescription opioids.**

**Enter '1' for yes, if any medications provided are on the list.**

**Enter '2' for no, if no medications provided are on the list.**

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months and OPIODALL\_FLG=1

**Skip Instructions:**

<1> [goto OPD3M\_A]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire****OPD: Opioid Use - ALL****Question ID:** OPD.0020.00.3    **Variable:** OPD3M\_A**Interview Module:** Adult    **Content Type:** Sponsored Content**Question Text:**

During the past 3 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months and also have taken any opioids prescribed by a doctor in the past 12 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****OPD: Opioid Use - ALL**

Question ID: OPD.0030.00.3 Variable: OPDACUTE\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

During the past 3 months, did you take a prescription opioid to treat short-term or acute pain, such as pain due to a broken bone or muscle sprain, pain from dental work, or pain following surgery?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto OPDCHRONIC\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OPD: Opioid Use - ALL**

Question ID: OPD.0040.00.3 Variable: OPDCHRONIC\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

During the past 3 months, did you take a prescription opioid to treat long-term or chronic pain, such as low back pain or neck pain, frequent headaches or migraines, or joint pain or arthritis?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****OPD: Opioid Use - ALL**

Question ID: OPD.0050.00.3 Variable: OPDFREQ\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

During the past 3 months, how often did you take a prescription opioid? Would you say some days, most days, or every day?

**Response:**

|   |            |
|---|------------|
| 1 | Some days  |
| 2 | Most days  |
| 3 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have taken prescribed medication in the past 12 months and have also taken any opioids prescribed by a doctor in the past 3 months for chronic pain

**Skip Instructions:**

&lt;1-3,RF,DK&gt; [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:**

Were you pregnant any time ^AUGUSTYEAR?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^AUGUSTYEAR | Description | period of pregnancy   |
|             | Instruction | If INTERVIEW_MONTH=1-3 "since August 1st, ^LASTYEAR"<br>If INTERVIEW_MONTH=4-7 "from August ^LASTYEAR through March ^YEAR"<br>If INTERVIEW_MONTH=8-12 "since August 1st, ^YEAR" |
| ^LASTYEAR   | Description | Last year   |
|             | Instruction | Fill year prior to current year   |
| ^YEAR       | Description | Year of Interview   |
|             | Instruction | Current Year  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Female sample adults 18-49 years or age is don't know or refused and who are not currently pregnant or don't know if they are currently pregnant or who are currently pregnant and the interview occurred between April-July

**Skip Instructions:**

```
<1,2,DK> [goto LIVEBIRTH_A]
<RF> [goto SHTFLU12M_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0020.00.3    **Variable:** LIVEBIRTH\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

During the past 12 months, did you have a pregnancy that ended in a live birth?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Female sample adults aged 18-49 of age or age is don't know or refused who did not refuse to answer if they are currently pregnant or if they were pregnant in between August and March

**Skip Instructions:**

<1,2,RF,DK> [goto SHTFLU12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0030.00.1    **Variable:** SHTFLU12M\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, have you had a flu vaccination?

**Read if necessary:** A flu vaccination is usually given in the fall and protects against influenza for the flu season.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto SHTFLUM\_A]  
<2,RF,DK> [goto SHTPNUEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0040.01.1 Variable: SHTFLUM\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

**1 of 2**

During what month and year did you receive your most recent flu vaccine?

**Response:**

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

**Universe:**

Sample Adults 18+ who had a flu shot in the past 12 months

**Skip Instructions:**

```
<1-12,DK> [goto SHTFLUY_A]
<RF> if Adult.BMI.PREGNOW_A=1 and GEN.INTERVIEW_MONTH IN (1,2,3,8,9,10,11,12) [goto FLUPREG_A]
elseif PREGFLUYR_A=1 [goto FLUPREG2_A]
else [goto SHTPNUEV_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization 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   |
|----------------|--------------------------------|--|
| ERR1_SHTFLUY_A | Future date hard edit          | {check ERR1_SHTFLUY_A}<br><br>Future date invalid.<br><br>Please correct.          |
| ERR2_SHTFLUY_A | Date > 12 months ago hard edit | {check ERR2_SHTFLUY_A}<br><br>Date more than 12 months ago.<br><br>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:**

Did you get a flu vaccination before or during your current pregnancy?

**Response:**

|   |                  |
|---|------------------|
| 1 | Before pregnancy |
| 2 | During pregnancy |
| 7 | Refused          |
| 9 | Don't Know       |

**Universe:**

Female Sample Adults 18-49 (or don't know or refuse their age) who are currently pregnant and received a flu vaccination in the past 12 months and the interview takes place in Jan-March or Aug-Dec

**Skip Instructions:**

<1,2,RF,DK> [goto SHTPNUEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0060.00.3 Variable: FLUPREG2\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Earlier you said you were pregnant sometime ^AUGUSTYEAR. Did you get a flu vaccination before, during, or after your pregnancy?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^AUGUSTYEAR | Description | period of pregnancy  |
|             | Instruction | If INTERVIEW_MONTH=1-3 "since August 1st, ^LASTYEAR"<br>If INTERVIEW_MONTH=4-7 "from August ^LASTYEAR through<br>March ^YEAR"<br>If INTERVIEW_MONTH=8-12 "since August 1st, ^YEAR" |
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YEAR       | Description | Year of Interview  |
|             | Instruction | Current Year   |

**Response:**

|   |                  |
|---|------------------|
| 1 | Before pregnancy |
| 2 | During pregnancy |
| 3 | After pregnancy  |
| 7 | Refused          |
| 9 | Don't Know       |

**Universe:**

Female sample adults 18-49 years of age who reported a pregnancy during August-March and received a flu vaccination in the past 12 months

**Skip Instructions:**

<1-3,RF,DK> [goto SHTPNUEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0070.00.1    **Variable:** SHTPNUEV\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

A pneumonia shot is also known as a pneumococcal vaccine. Have you ever had a pneumonia shot?

**Read if necessary:** There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®, and conjugate, also known as Prevnar®.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1> [goto SHTPNEUNB_A]
<2,RF,DK> if GEN.AGE_FINAL[PX_A] ge 50 [goto SHTSHINGLE_A]
else if (GEN.AGE_FINAL[PX_A] le 49 or GEN.AGE_FINAL[PX_A] IN (DK,RF)) 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:**

How many pneumonia shots have you ever had?

**Response:**

|   |                               |
|---|-------------------------------|
| 1 | One pneumonia shot            |
| 2 | Two pneumonia shots           |
| 3 | More than two pneumonia shots |
| 7 | Refused                       |
| 9 | Don't Know                    |

**Universe:**

Sample Adults who ever had a pneumonia shot

**Skip Instructions:**

```
<1-3,RF,DK> if GEN.AGE_FINAL[PX_A] ge 50 [goto SHTSHINGLE_A]
elseif LIVEBIRTH_A=1 [goto TDAPPREG_A]
else [goto WORKHEALTH_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0090.00.3 Variable: SHTSHINGLE\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Have you had a vaccine for shingles?

**Read if necessary:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles. The first is Zostavax®, which requires 1 shot and has been available since 2006. The other is Shingrix®, a new vaccine which requires 2 shots and has been available since 2017.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 50+

**Skip Instructions:**

<1> [goto ZOSTAVAX\_A]  
<2,RF,DK> [goto WORKHEALTH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0100.00.3    **Variable:** ZOSTAVAX\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

There are two vaccines now available for shingles. The first is Zostavax®, which requires one shot and has been available since 2006. The other is Shingrix®, a new vaccine which requires 2 shots and has been available since 2017.

Have you ever had Zostavax®, the shingles vaccine that requires one shot?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults age 50 or older who ever had a vaccine for shingles

**Skip Instructions:**

```
<1> [goto ZOSTAVAXYR_A]  
<2,RF,DK> [goto SHINGRIX_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0110.00.3 Variable: ZOSTAVAXYR\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

What year did you get your most recent Zostavax® shot?

**Read if necessary:** The Zostavax® vaccine has been available since 2006.

**Response:**

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

**Universe:**

Sample Adults age 50 or older who had Zostavax vaccine

**Skip Instructions:**

```
<1900-2030> if future date [goto ERR1_ZOSTAVAXYR_A]
elseif date before birth [goto ERR2_ZOSTAVAXYR_A]
else [goto SHINGRIX_A]
<RF,DK> [goto ZOSTAWHEN_A]
```

**Hard Edit:**

| Check Text        | Check Description   | Check Text  |
|-------------------|---|---|
| ERR1_ZOSTAVAXYR_A | Future date hard edit   | {check ERR1_ZOSTAVAXYR_A}<br><br>Future date invalid.<br><br>Please correct.  |
| ERR2_ZOSTAVAXYR_A | Date of most recent<br>Zostavax shot is prior to<br>Sample Adult's birth - hard<br>edit | {check ERR2_ZOSTAVAXYR_A}<br><br>Date of most recent Zostavax® shot is prior<br>to Sample Adult's birth.<br><br>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:**

Was it before 2018?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults aged 50 and older who don't know or refused the year they had a Zostavax vaccination

**Skip Instructions:**

<1,2,RF,DK> [goto SHINGRIX\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0130.00.3    **Variable:** SHINGRIX\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Have you ever had Shingrix®, the new shingles vaccine which requires 2 shots and has been available since 2017?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 50+ who had a shingles vaccine

**Skip Instructions:**

```
<1> [goto SHINGRIXNB_A]  
<2,RF,DK> else [goto WORKHEALTH_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0140.00.3    **Variable:** SHINGRIXNB\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

How many Shingrix® shots have you ever had?

**Response:**

|   |                    |
|---|--------------------|
| 1 | One Shingrix shot  |
| 2 | Two Shingrix shots |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults aged 50 or older who had a Shingrix vaccine

**Skip Instructions:**

<1,2,RF,DK> [goto SHINGRIXYR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0150.00.3 Variable: SHINGRIXYR\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

What year did you get your most recent Shingrix® shot?

**Read if necessary:** The Shingrix® vaccine has been available since 2017.

**Response:**

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

**Universe:**

Sample Adults aged 50 or older who had a Shingrix vaccine

**Skip Instructions:**

```
<1900-2030> if future date [goto ERR1_SHINGRIXYR_A]
elseif date prior to birth [goto ERR2_SHINGRIXYR_A]
else [goto WORKHEALTH_A]
<RF,DK> [goto SHINGWHEN_A]
```

**Hard Edit:**

| Check Text        | Check Description  | Check Text   |
|-------------------|--|--|
| ERR1_SHINGRIXYR_A | Future date hard edit  | {check ERR1_SHINGRIXYR_A}<br><br>Future date invalid.<br><br>Please correct.   |
| ERR2_SHINGRIXYR_A | Date of most recent Shingrix shot is prior to Sample Adult's birth - hard edit | {check ERR2_SHINGRIXYR_A}<br><br>Date of most recent Shingrix® shot is prior to Sample Adult's birth.<br><br>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:**

Was it before 2018?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults aged 50 and older who had a Shingrix vaccination and don't know or refused the year they had it.

**Skip Instructions:**

<1,2,RF,DK> [goto WORKHEALTH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0170.00.03 Variable: TDAPPREG\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

A Tdap vaccination is a tetanus booster shot that also includes pertussis (per-TUH-sis) or whooping cough vaccine. Earlier you said that you had a pregnancy that ended in a live birth during the past 12 months. Did you receive a Tdap vaccine during this pregnancy?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Female Sample Adults less than 49 years old or who don't know or refused their age who had a live birth in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto WORKHEALTH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

**Question ID:** IMS.0180.00.3    **Variable:** WORKHEALTH\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In your work or volunteer activities, do you provide direct medical care to patients, such as being a doctor, nurse, dentist, therapist, home health care worker, or emergency responder?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMS: Immunization with 2020 supplements**

Question ID: IMS.0190.00.3 Variable: WRKHLTHFC\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Even if you do not provide direct medical care to patients, do you do any kind of work or volunteer activities in a health care facility, such as in a hospital, doctor's office, dentist's office, clinic, nursing home, or residential care home?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who do not provide medical care to patients or don't know or refused if they do

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PTC: Physical and other therapeutic care**

**Question ID:** PTC.0010.00.2    **Variable:** EYEEEX12M\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, have you had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto THERA12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**PTC: Physical and other therapeutic care**

**Question ID:** PTC.0020.00.1    **Variable:** THERA12M\_A

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

**Question Text:**

During the past 12 months, did you receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

**Read if necessary:** Do not include mental health therapy.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto HOMEHC12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PTC: Physical and other therapeutic care**

**Question ID:** PTC.0030.00.1    **Variable:** HOMEHC12M\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, did you receive care at home from a nurse or other health professional?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ANX: Anxiety**

**Question ID:** ANX.0010.00.1    **Variable:** ANXFREQ\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

**If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say:** "Please answer based on your usual use of medication."

**Response:**

|   |                    |
|---|--------------------|
| 1 | Daily              |
| 2 | Weekly             |
| 3 | Monthly            |
| 4 | A few times a year |
| 5 | Never              |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-5,RF,DK> [goto ANXMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ANX: Anxiety**

**Question ID:** ANX.0020.00.1    **Variable:** ANXMED\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you take prescription medication for these feelings?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1,RF,DK> [goto ANXLEVEL_A]
<2> if ANXFREQ_A=5 [goto next section]
    else [goto ANXLEVEL_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ANX: Anxiety**

**Question ID:** ANX.0030.00.1    **Variable:** ANXLEVEL\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between?

**Response:**

|   |   |
|---|---|
| 1 | A little                                |
| 2 | A lot                                   |
| 3 | Somewhere in between a little and a lot |
| 7 | Refused                                 |
| 9 | Don't Know                              |

**Universe:**

Sample Adults 18+ who feel worried, anxious, or nervous daily, weekly, monthly, a few times a year or don't know or refused how often OR who do take medication for these feelings or don't know or refused if they take medication for these feelings

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****DEP: Depression**

Question ID: DEP.0010.00.1 Variable: DEPFREQ\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer based on your usual use of medication."

**Response:**

|   |                    |
|---|--------------------|
| 1 | Daily              |
| 2 | Weekly             |
| 3 | Monthly            |
| 4 | A few times a year |
| 5 | Never              |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

&lt;1-5,RF,DK&gt; [goto DEPMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DEP: Depression**

**Question ID:** DEP.0020.00.1    **Variable:** DEPMED\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you take prescription medication for depression?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1,RF,DK> [goto DEPLEVEL_A]
<2> if DEPFREQ_A=5 [goto next section]
else [goto DEPLEVEL_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DEP: Depression**

**Question ID:** DEP.0030.00.1    **Variable:** DEPLEVEL\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between?

**Response:**

|   |   |
|---|---|
| 1 | A little                                |
| 2 | A lot                                   |
| 3 | Somewhere in between a little and a lot |
| 7 | Refused                                 |
| 9 | Don't Know                              |

**Universe:**

Sample Adults 18+ who feel depressed daily, weekly, monthly, a few times a year or refused or don't know how often they feel depressed OR who do take medication or refused or don't know if they take medication for depression.

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****MHC: Mental Health Care**

Question ID: MHC.0010.00.2 Variable: MHRX\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior or mental health?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have not taken medication for worry or don't know or refused if they have and have not taken medication for depression or don't know or refused if they have

**Skip Instructions:**

<1,2,RF,DK> [goto MHTHRPY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****MHC: Mental Health Care**

Question ID: MHC.0020.00.2   Variable: MHTHRPY\_A      Interview Module: Adult   Content Type: Rotating Core

**Question Text:**

During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1,RF,DK> [goto MHTPYNOW_A]  
<2> [goto MHTHDLY_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****MHC: Mental Health Care**

Question ID: MHC.0030.00.2   Variable: MHTPYNOW\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

Are you currently receiving counseling or therapy from a mental health professional?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have received, or refused to answer or don't know if they have received counseling or therapy from a mental health professional in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto MHTHDLY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**MHC: Mental Health Care**

**Question ID:** MHC.0040.00.2    **Variable:** MHTHDLY\_A

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

**Question Text:**

During the past 12 months, have you DELAYED getting counseling or therapy from a mental health professional because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto MHTHND\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MHC: Mental Health Care**

**Question ID:** MHC.0050.00.2    **Variable:** MHTHND\_A                      **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAI: Chronic Pain**

**Question ID:** PAI.0010.00.2    **Variable:** PAIINTRO\_A                      **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

The next question is about pain you may have had in the past three months.

[Enter '1' to continue.](#)

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto PAIFRQ3M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAI: Chronic Pain**

Question ID: PAI.0020.00.2 Variable: PAIFRQ3M\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

In the past three months, how often did you have pain? Would you say never, some days, most days, or every day?

If respondent asks whether they are to answer about their pain when taking their medications, say: "Please answer based on your usual use of medication."

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,RF,DK> [goto next section]  
<2,3,4> [goto PAIAMNT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAI: Chronic Pain**

**Question ID:** PAI.0030.00.2    **Variable:** PAIAMNT\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Thinking about the last time you had pain, how much pain did you have? Would you say a little, a lot, or somewhere in between?

**Response:**

|   |   |
|---|---|
| 1 | A little                                |
| 2 | A lot                                   |
| 3 | Somewhere in between a little and a lot |
| 7 | Refused                                 |
| 9 | Don't Know                              |

**Universe:**

Sample Adults 18+ who had pain some days, most days, or every day in the past 3 months

**Skip Instructions:**

<1-3,RF,DK> [goto PAIOTCMEDS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAI: Chronic Pain**

**Question ID:** PAI.0060.00.3    **Variable:** PAIOTCMEDS\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Over the past three months, did you use any of the following to manage your pain?

...Over-the-counter medications such as aspirin, Tylenol, Advil, or Aleve?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who had pain at least some days in the past 3 months 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:** Over the past three months, did you use any of the following to manage your pain?

...A pain reliever ^opioid prescribed by a doctor, dentist, or other health professional?

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^opioid | Description | other than an opioid   |
|         | Instruction | If OPD.OPD3M_A=1, then fill "other than an opioid"; otherwise, leave blank |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who had pain at least some days in the past 3 months 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:** Over the past three months, did you use any of the following to manage your pain?

...Physical therapy, rehabilitative therapy, or occupational therapy?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who had pain at least some days in the past 3 months 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:** Over the past three months, did you use any of the following to manage your pain?

...Spinal manipulation or other forms of chiropractic care?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:** Over the past three months, did you use any of the following to manage your pain?

...Talk therapies such as cognitive-behavioral therapy (CBT)?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:** Over the past three months, did you use any of the following to manage your pain?

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:** PAIEXERCISE\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Over the past three months, did you use any of the following to manage your pain?

...Other forms of exercise, such as walking, swimming, bike riding, stretching, or strength training?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:** Over the past three months, did you use any of the following to manage your pain?

...Massage?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:** Over the past three months, did you use any of the following to manage your pain?

...Meditation, guided imagery, or other relaxation techniques?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:**

Over the past three months, did you use any other approaches to manage your pain?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have pain at least some days 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:**

The next set of questions asks about injuries.

The first question is about repetitive strain injuries. By this, we mean injuries caused by repeating the same movement over an extended period. Examples include carpal tunnel syndrome, tennis elbow, or tendonitis.

During the past 3 months, did you have any injuries due to repetitive strain?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REP: Repetitive Strain Injury**

**Question ID:** REP.0020.00.2    **Variable:** REPLITIM\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Were any repetitive strain injuries serious enough to limit your usual activities for at least 24 hours?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a repetitive strain injury in the past 3 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****REP: Repetitive Strain Injury**

Question ID: REP.0030.00.2 Variable: REPSAWDOC\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

For the next questions, please think only about the repetitive strain injuries that limited your usual activities for at least 24 hours after the injury occurred.

During the past 3 months, did you talk to or see a doctor or other health professional about your repetitive strain injuries?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

**Skip Instructions:**

<1,2,RF,DK> [goto 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:**

During the past 3 months, how many days of work did you miss because of your repetitive strain injuries?

If respondent says none, no, or 0 days, ask: Did you work at all the past 3 months?

Enter '90' if respondent says they missed every day of work in the past 3 months.

Enter '91' if respondent says they did not work in the past 3 months.

**Response:**

|       |                 |
|-------|-----------------|
| 00-90 | Range of values |
| 91    | Did not work    |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

**Skip Instructions:**

```
<1-90,DK> [goto REPFUTWORK_A]  
<0,RF> [goto REPSTOPCHG_A]  
<91> [goto REPWRKCAUS_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REP: Repetitive Strain Injury**

**Question ID:** REP.0050.00.2    **Variable:** REPFTWRK\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Do you expect to miss any more days of work because of your repetitive strain injuries?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who missed at least one day of work due to repetitive strain injury in past 3 months or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto REPSTOPCHG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REP: Repetitive Strain Injury**

**Question ID:** REP.0060.00.2    **Variable:** REPSTOPCHG\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you stop working or change jobs because of your repetitive strain injuries?

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who missed 0 or more days of work due to repetitive strain injury in past 3 months or refused or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto REPREDUCE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REP: Repetitive Strain Injury**

**Question ID:** REP.0070.00.2    **Variable:** REPREDUCE\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you make a major change in your work activities, such as taking on fewer hours or lighter duties, because of your repetitive strain injuries?

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who missed 0 or more days of work due to repetitive strain injury in past 3 months or refused or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto REPWRKCAUS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REP: Repetitive Strain Injury**

**Question ID:** REP.0080.00.2    **Variable:** REPWRKCAUS\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Have you ever been told by a doctor or other health professional that any of your repetitive strain injuries were likely to be work-related?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were limited in usual activities for at least 24 hours because of repetitive strain injury

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INJ: Injury**

**Question ID:** INJ.0010.00.2    **Variable:** INJINTRO\_A

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

**Question Text:**

The next set of questions asks about SUDDEN injuries. People can be injured accidentally or on purpose. They may hurt themselves or others may cause them to be hurt.

[\*\*Enter '1' to continue.\*\*](#)

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto ANYINJURY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0020.00.2    **Variable:** ANYINJURY\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

^NOTREPS the past 3 months, did you have an accident or an injury where any part of your body was hurt?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^NOTREPS | Description | NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during/During  |
|          | Instruction | If REP.REPSTRAIN_A=1, fill: "NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during"<br>If REP.REPSTRAIN_A=2,RF,DK, "During" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0030.00.2    **Variable:** INJLIMIT\_A

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

**Question Text:**

Did any of these injuries limit your usual activities for at least 24 hours after the injury occurred?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INJ: Injury**

|                                   |                           |                                |                                    |
|-----------------------------------|---------------------------|--------------------------------|------------------------------------|
| <b>Question ID:</b> INJ.0040.00.2 | <b>Variable:</b> NUMINJ_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Rotating Core |
|-----------------------------------|---------------------------|--------------------------------|------------------------------------|

**Question Text:**

For the next questions, please think only about the significant injuries that occurred during the past 3 months. By significant, I mean those injuries that limited your usual activities for at least 24 hours after the injury occurred.

^NOTREPS the past 3 months, how many times did these accidents or injury events occur?

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

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^NOTREPS | Description | NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during/During  |
|          | Instruction | If REP.REPSTRAIN_A=1, fill: "NOT INCLUDING ANY OF THE REPETITIVE STRAIN INJURIES YOU JUST MENTIONED, during"<br>If REP.REPSTRAIN_A=2,RF,DK, "During" |

**Response:**

|       |                 |
|-------|-----------------|
| 01-96 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1-9,RF,DK> [goto INJHOME_A]
<10-96> [goto ERR1_NUMINJ_A], then [goto INJHOME_A]
```

**Soft Edit:**

| Check Text    | Check Description       | Check Text  |
|---------------|-------------------------|---|
| ERR1_NUMINJ_A | High number of injuries | {signal ERR1_NUMINJ_A}<br><br>^NUMINJ_A is an unusually large number.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0050.00.2    **Variable:** INJHOME\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_A occur while you were at your home?

**Read if necessary:** Include the yards, garage, basement, and other places on the home property.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if NUMINJ_A=1 [goto INJSPORTS_A]
elseif NUMINJ_A IN (2-96,RF,DK) [goto INJWORK_A]
<2,RF,DK> [goto INJWORK_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0060.00.2    **Variable:** INJWORK\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_A occur while you were working at a job or business?

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

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported more than 1 injury in the past 3 months or don't know or who reported 1 injury in the past 3 months but did not report an injury at home

**Skip Instructions:**

<1,2,RF,DK> [goto INJSPORTS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0070.00.2 Variable: INJSPORTS\_A Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_A occur while you were playing sports or exercising, including walking, biking, or running, playing baseball, basketball, football or doing any other physical activity?

**Read if necessary:** Include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

<1,2,RF,DK> [goto INJFALL\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0080.00.2    **Variable:** INJFALL\_A

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

**Question Text:**

During the past 3 months, did ^siginj\_A occur as a result of a fall or falling?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if NUMINJ_A=1 [goto INJMOTOR_A]
elseif NUMINJ_A IN (2-96,RF,DK) and INJHOME_A=1 [goto INJFALLHOM_A]
elseif NUMINJ_A IN (2-96,RF,DK) and INJWORK_A=1 [goto INJFALLWRK_A]
else [goto INJMOTOR_A]
<2,RF,DK> [goto INJMOTOR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0090.00.2    **Variable:** INJFALLHOM\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Did any fall occur while you were at your home?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who had more than 1 significant injury or don't know or refused, and were injured as a result of a fall or falling, and who were injured at home

**Skip Instructions:**

```
<1,2,RF,DK> if INJWORK_A=1 [goto INJFALLWRK_A]
else [goto INJMOTOR_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0100.00.2    **Variable:** INJFALLWRK\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Did any fall occur while you were working at a job or business?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who had more than 1 injury or don't know or refused, and were injured as a result of a fall or falling, and who were injured at work

**Skip Instructions:**

<1,2,RF,DK> [goto INJMOTOR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0110.00.2 Variable: INJMOTOR\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_A occur as a result of being in a motor vehicle crash or being hit by a motor vehicle while walking or biking?

**Read if necessary:** Motor vehicles include cars, trucks, vans, buses, motorcycles, motorized scooters, motorized carts, tractors, ATVs, snowmobiles, dune buggies, and other motorized vehicles.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

<1> [goto INJMVTTYPE\_A]  
<2,RF,DK> [goto INJCHORES\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0120.00.2 Variable: INJMVTYPE\_A Interview Module: Adult Content Type: Rotating Core

**Question Text:**

Were you a driver, passenger, bicyclist, pedestrian, or doing something else when this occurred?

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

**Response:**

|   |                |
|---|----------------|
| 1 | Driver         |
| 2 | Passenger      |
| 3 | Bicyclist      |
| 4 | Pedestrian     |
| 5 | Something else |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

Sample Adults 18+ who reported a significant injury from a motor vehicle accident

**Skip Instructions:**

<1-5,RF,DK> [goto INJCHORES\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0130.00.2    **Variable:** INJCHORES\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_A occur while you were doing household activities, such as housework, cooking, home maintenance, or yardwork?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

<1,2,RF,DK> [goto INJSAWDOC\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0140.00.2    **Variable:** INJSAWDOC\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you see or talk to a doctor or other health professional about ^siginj\_A?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who reported non-repetitive strain injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if UTZ.EMERGE12M_A IN (1-96,RF,DK) [goto INJER_A]
elseif UTZ.HOSPONGT_A IN (1,RF,DK) [goto INJHOSP_A]
else [goto INJBONES_A]
<2,RF,DK> [goto INJWRKDAYS_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0150.00.2    **Variable:** INJER\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you go to an emergency room because of ^siginj\_A?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who saw doctor about their injuries and went to the ER at least once in the past 12 months or don't know or refused

**Skip Instructions:**

```
<1,2,RF,DK> if UTZ.HOSPONGT_A IN (1,RF,DK) [goto INJHOSP_A]  
else [goto INJBONES_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0160.00.2    **Variable:** INJHOSP\_A

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

**Question Text:**

During the past 3 months, were you hospitalized overnight because of ^siginj\_A?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who saw doctor about their injuries and reported being hospitalized at least once in the past 12 months or don't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto INJBONES\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0170.00.2    **Variable:** INJBONES\_A

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

**Question Text:**

During the past 3 months, did you have any broken bones as a result of ^siginj\_A?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who saw a doctor about an injury

**Skip Instructions:**

<1,2,RF,DK> [goto INJSTITCH\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0180.00.2    **Variable:** INJSTITCH\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you get any stitches or staples because of ^siginj\_A?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who saw a doctor about an injury

**Skip Instructions:**

<1,2,RF,DK> [goto INJWRKDAY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0190.00.2 Variable: INJWRKDAY\_A Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 3 months, how many days of work did you miss because of ^siginj\_A?

If respondent says none, no, or 0 days, ask: Did you work at all the past 3 months?

Enter '90' if respondent says they missed every day of work in the past 3 months.

Enter '91' if respondent says they did not work in the past 3 months.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|       |                 |
|-------|-----------------|
| 00-90 | Range of values |
| 91    | Did not work    |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who had a significant non-repetitive strain injury in the past 3 months that limited their usual activities for at least 24 hours

**Skip Instructions:**

```
<1-90,DK> [goto INJFUTWRK_A]  
<0,RF> [goto INJSTOPCHG_A]  
<91> [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0200.00.2    **Variable:** INJFUTWRK\_A

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

**Question Text:**

Do you expect to miss any more days of work because of ^siginj\_A that occurred during the past 3 months?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have missed at least one day of work due to injury in past 3 months or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto INJSTOPCHG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0210.00.2 Variable: INJSTOPCHG\_A Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 3 months, did you stop working or change jobs because of ^siginj\_A?

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

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have missed 0 or more days of work due to injury in past 3 months or refused or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto INJREDUCE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0220.00.2    **Variable:** INJREDUCE\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did you make a major change in your work activities, such as taking on fewer hours or lighter duties, because of ^siginj\_A?

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

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_A | Description | your significant injury/any of your significant injuries  |
|           | Instruction | If INJ.NUMINJ_A=1, fill: "your significant injury"<br>If INJ.NUMINJ_A IN (2-96,RF,DK), fill: "any of your significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have missed 0 or more days of work due to injury in past 3 months or refused or don't know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FGE: Fatigue**

**Question ID:** FGE.0010.00.2    **Variable:** FGEOFQTRD\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

In the past 3 months, how often did you feel very tired or exhausted? Would you say never, some days, most days, or every day?

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto next section]  
<2-4,RF,DK> [goto FGELNGTRD\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****FGE: Fatigue**

Question ID: FGE.0020.00.2 Variable: FGELNGTRD\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

Thinking about the last time you felt very tired or exhausted, how long did it last? Would you say some of the day, most of the day, or all of the day?

**Response:**

|   |                 |
|---|-----------------|
| 1 | Some of the day |
| 2 | Most of the day |
| 3 | All of the day  |
| 7 | Refused         |
| 9 | Don't Know      |

**Universe:**

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know

**Skip Instructions:**

<1-3,RF,DK> [goto FGELEVTRD\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FGE: Fatigue**

**Question ID:** FGE.0030.00.2    **Variable:** FGELEVTRD\_A

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

**Question Text:**

Thinking about the last time you felt this way, how would you describe the level of tiredness?  
Would you say a little, a lot, or somewhere in between?

**Response:**

|   |   |
|---|---|
| 1 | A little                                |
| 2 | A lot                                   |
| 3 | Somewhere in between a little and a lot |
| 7 | Refused                                 |
| 9 | Don't Know                              |

**Universe:**

Sample Adults 18+ who felt very tired or exhausted some days, most days, every day, or refused or don't know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0010.00.1 Variable: CIGINTRO\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

These next questions are about cigarette smoking.

[Enter '1' to continue.](#)

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto SMKEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

**Question ID:** CIG.0020.00.1    **Variable:** SMKEV\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto SMKAGE\_A]  
<2,RF,DK> [goto ECIGEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0030.00.2 Variable: SMKAGE\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

How old were you when you FIRST started to smoke fairly regularly?

**Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider as first starting to smoke fairly regularly."**

**Enter '6' if less than 6 years old.**

**Enter '95' if 95 years old or older.**

**Enter '96' if never smoked regularly.**

**Response:**

|       |                        |
|-------|------------------------|
| 06-95 | Range of values        |
| 96    | Never smoked regularly |
| 97    | Refused                |
| 99    | Don't Know             |

**Universe:**

Sample Adults 18+ who ever smoked 100 cigarettes

**Skip Instructions:**

```
<6-95,96,RF,DK> if SMKAGE_A gt GEN.AGE_FINAL and SMKAGE_A ne 96 [goto ERR1_SMKAGE_A]
else [goto SMKNOW_A]
```

**Hard Edit:**

| Check Text    | Check Description                        | Check Text   |
|---------------|--|--|
| ERR1_SMKAGE_A | Age starting smoking exceeds current age | {check ERR1_SMKAGE_A}<br><br>Starting age exceeds current age.<br><br>Please correct |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

**Question ID:** CIG.0040.00.1    **Variable:** SMKNOW\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you NOW smoke cigarettes every day, some days or not at all?

**Response:**

|   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who ever smoked 100 cigarettes

**Skip Instructions:**

```
<1> [goto CIGNOW_A]  
<2> [goto SMK30D_A]  
<3> [goto SMQTN_A]  
<RF,DK> [goto ECIGEV_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

**Question ID:** CIG.0050.00.1    **Variable:** CIGNOW\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

On average, about how many cigarettes do you NOW smoke a day?

Enter '1' if less than 1 cigarette.

Enter '95' if 95 or more cigarettes.

**Response:**

|       |                 |
|-------|-----------------|
| 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:**

On how many of the past 30 days did you smoke a cigarette?

Enter '0' for None.

**Response:**

| 00-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who are current some day smokers

**Skip Instructions:**

```
<0> [goto SMKQT12M_A]  
<1-30,RF,DK> [goto CIG30D_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0070.00.1 Variable: CIG30D\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

On average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

Enter '1' if less than 1.

Enter '95' if 95 or more cigarettes.

**Response:**

| 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,DK,RF> [goto SMKQT12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0080.00.2 Variable: SMKQT12M\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

During the past 12 months, have you stopped smoking for more than one day BECAUSE YOU WERE TRYING TO QUIT SMOKING?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are every day or someday smokers

**Skip Instructions:**

```
<1,2,RF,DK> if UTZ.LASTDR_A=1 [goto SMKTLK_A]
else [goto ECIGEV_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0090.01.2 Variable: SMKQTN\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

**1 of 2**

How long has it been since you quit smoking cigarettes?

**Enter number for time since quit smoking.**

**Response:**

|         |                 |
|---------|-----------------|
| 001-365 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who quit smoking

**Skip Instructions:**

```
<1-365> [goto SMKQTT_P_A]  
<DK,RF> if SMKAGE_A ne 96 [goto FORNUMCIG_A]  
else [goto FORVARCIG_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0090.02.2 Variable: SMKQTPP\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for time since quit smoking.**

**Response:**

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

**Universe:**

Sample Adults 18+ who gave a number for how long ago they quit smoking

**Skip Instructions:**

```
<1-3,RF,DK> if SMKAGE_A ne 96 [goto FORNUMCIG_A]
else [goto FORVARCIG_A]
<4> if SMKERR1_CALC_A lt 15 [goto ERR1_SMKQTPP_A]
elseif SMKERR2_CALC_A gt GEN.AGE_FINAL[PX_A] [goto ERR2_SMKQTPP_A]
elseif SMKAGE_A ne 96 [goto FORNUMCIG_A]
else [goto FORVARCIG_A]
```

**Hard Edit:**

| Check Text     | Check Description   | Check Text   |
|----------------|---|--|
| ERR2_SMKQTPP_A | Age started smoking plus years since quitting is greater than current age | {check ERR2_SMKQTPP_A}<br><br>Age started smoking (^SMKAGE_A years) + years since quitting (^SMKQTN_A) exceeds current age.<br><br>Please correct. |

**Soft Edit:**

| Check Text     | Check Description                            | Check Text  |
|----------------|--|---|
| ERR1_SMKQTPP_A | Former smokers who quit before the age of 15 | {signal ERR1_SMKQTPP_A}<br><br>Respondent quit smoking before age 15?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0120.00.3 Variable: FORNUMCIG\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

When you last smoked FAIRLY REGULARLY, how many cigarettes did you usually smoke per day?

**Smoking regularly is respondent defined. If asked about what this means, say that "It is whatever you consider was the last time you were smoking fairly regularly."**

**Enter '94' if 94 or more cigarettes.**

**Enter '95' if varied.**

**Enter '96' if never smoked cigarettes regularly.**

**Response:**

|       |                        |
|-------|------------------------|
| 01-94 | Range of values        |
| 95    | Varied                 |
| 96    | Never smoked regularly |
| 97    | Refused                |
| 99    | Don't Know             |

**Universe:**

Sample Adults 18+ who are former smokers

**Skip Instructions:**

```
<95,96,DK> [goto FORVARCIG_A]
<1-94,RF> if UTZ.LASTDR_A=1 and ((SMKQTN_A le 365 and SMKQTPP_A=1) or (SMKQTN_A le 52 and
SMKQTPP_A=2) or (SMKQTN_A le 12 and SMKQTPP_A=3) or (SMKQTN_A le 1 and SMKQTPP_A=4)) [goto
SMKTLK_A]
else [goto ECIGEV_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0130.00.3 Variable: FORVARCIG\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

What is the average number of cigarettes that you smoked daily during the longest period that you smoked?

**Read if necessary:** 1 pack equals 20 cigarettes.

**Enter '95' if 95 or more.**

**Response:**

| 01-95 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who answered varied, never, don't know to when they last smoked fairly regularly or said they never smoked regularly and now don't smoke at all

**Skip Instructions:**

```
<1-95,RF,DK> if UTZ.LASTDR_A=1 and ((SMKQTN_A LE 365 and SMKQTPP_A=1) or (SMKQTN_A le 52 and SMKQTPP_A=2) or (SMKQTN_A le 12 and SMKQTPP_A=3) or (SMKQTN_A le 1 and SMKQTPP_A=4)) [goto SMKTLK_A]  
else [goto ECIGEV_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0140.00.2 Variable: SMKTLK\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

In the past 12 months, has a doctor, dentist, or other health professional ADVISED you about ways to stop smoking or prescribed medication to help you quit?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have seen a doctor or other health professional in the past year and are current cigarette smokers or former cigarette smokers who have quit in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto ECIGEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0150.00.1 Variable: ECIGEV\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include JUULs, vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

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

**Do not include marijuana use.**

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**CIG: Cigarettes and E-cigarettes w/ Cigarette History**

Question ID: CIG.0160.00.1 Variable: ECIGNOW\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Do you NOW use e-cigarettes or other electronic vaping products every day, some days, or not at all?

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.

**Response:**

|   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever used e-cigarettes

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0010.00.3 Variable: CIGAREV\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Have you ever smoked a regular cigar, cigarillo, or a little filtered cigar EVEN ONE TIME?

**Read if necessary:** "Cigarillos" are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are Black and Mild, Swisher Sweets, Dutch Masters and Phillies Blunts. Cigarillos are usually sold individually or in packs of 5 or fewer. Little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are Prime Time and Winchester.

**Read if necessary:** Do not include electronic cigars or e-cigarettes.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+

**Skip Instructions:**

<1> [goto CIGARCUR\_A]  
<2,RF,DK> [goto PIPEEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0020.00.3 Variable: CIGARCUR\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Do you NOW smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

**Response:**

|   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+ who have ever smoked a regular cigar, cigarillo, or filtered cigar

**Skip Instructions:**

<1,RF,DK> [goto PIPEEV\_A]  
<2,3> [goto CIGAR30D\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0030.00.3 Variable: CIGAR30D\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

On how many of the past 30 days have you smoked a regular cigar, cigarillo, or little filtered cigar?

**Response:**

| 00-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample adults 18+ who now smoke a regular cigar, cigarillo, or little filtered cigar some days or not at all

**Skip Instructions:**

<0-30,RF,DK> [goto PIPEEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0040.00.3 Variable: PIPEEV\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Have you EVER smoked a pipe filled with tobacco - either a regular pipe, water pipe, or hookah EVEN ONE TIME?

**Read if necessary:** A hookah is a type of water pipe. It is sometimes called a "narghile" (NAR-ge-lee) pipe. Do not include electronic hookah or e-hookahs.

**Read if necessary:** Do not include electronic pipes or e-pipes.

**Read if necessary:** Do not include pipes filled with substances other than tobacco.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+

**Skip Instructions:**

<1> [goto PIPECUR\_A]  
<2,RF,DK> [goto SMOKEELSEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0050.00.3 Variable: PIPECUR\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Do you NOW smoke pipes filled with tobacco - either regular pipes, water pipes, or hookahs, every day, some days, or not at all?

**Read if necessary:** Do not include pipes filled with substances other than tobacco.

**Response:**

|   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+ who have ever smoked a regular pipe, water pipe or hookah filled with tobacco

**Skip Instructions:**

<1-3,RF,DK> [goto SMOKEELSEV\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0060.00.3 Variable: SMOKELOSEV\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus (SNOOSE), or dissolvable tobacco.

Have you ever used smokeless tobacco products EVEN ONE TIME?

**Read if necessary:** Do not include nicotine replacement therapy products such as patch, gum, Lozenge, or spray, which are considered smoking cessation treatments.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****OTB: Other Tobacco**

Question ID: OTB.0070.00.3 Variable: SMOKELESCUR\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

Do you NOW use smokeless tobacco products every day, some days, or not at all?

**Response:**

|   |            |
|---|------------|
| 1 | Every day  |
| 2 | Some days  |
| 3 | Not at all |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+ who have ever used smokeless tobacco products

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNG: Lung Cancer Screening**

**Question ID:** LNG.0010.00.3    **Variable:** CTSCANEV\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

The following questions are about CT scans. During this test, you lie down on your back and are moved through an open, donut-shaped x-ray machine.

Have you EVER HAD a CT scan?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 40+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNG: Lung Cancer Screening**

**Question ID:** LNG.0020.00.3    **Variable:** CTSCANCHST\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Were any of the CT scans of your chest area?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 40+ who have ever had a CT scan

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNG: Lung Cancer Screening**

**Question ID:** LNG.0030.00.3    **Variable:** CTLNGCAN\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

The next question is only about CT scans to check or screen for lung cancer, sometimes called low-dose CT scans.

Were any of the CT scans of your chest area done mainly to check or screen for lung cancer?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 40+ who had a CT scan of their chest area or don't know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNG: Lung Cancer Screening**

**Question ID:** LNG.0040.00.3    **Variable:** CTLNGWHEN\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

When did you have your MOST RECENT CT scan of your chest area done mainly to check or screen for lung cancer?

**Response:**

|   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the past 2 years (1 year but less than 2 years ago)    |
| 3 | Within the past 3 years (2 years but less than 3 years ago)   |
| 4 | Within the past 5 years (3 years but less than 5 years ago)   |
| 5 | Within the past 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more  |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Adults 40+ who had a CT scan to check for lung cancer

**Skip Instructions:**

<1-6,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0010.00.2    **Variable:** DRKLIFE\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

These next questions are about drinking alcoholic beverages.

Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink.

In your ENTIRE LIFE, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto DRK12MN\_A]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0020.01.2    **Variable:** DRK12MN\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

During the past 12 months, how many days per week, per month or per year did you drink any type of alcoholic beverage?

**Read if necessary:** Alcohol includes beer, wine, wine coolers, liquors such as vodka, whiskey or rum, mixed drinks or cocktails with alcohol, and any other type of alcoholic drink.

**Enter number for how often alcoholic beverages were consumed in the past 12 months. Then enter category of response (week, month, year).**

**Enter '0' for Never.**

**Response:**

| Range of values |
|-----------------|
| 000-365         |
| 997             |
| 999             |

**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,RF,DK> [goto DRKAVG12M\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****ALC: Alcohol Use**

Question ID: ALC.0030.00.2 Variable: DRKAVG12M\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

When counting number of drinks, one drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or one shot or 1.5 ounces of liquor. A larger 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

During the past 12 months, on those days that you drank alcoholic beverages, on average, how many DRINKS did you have?

Enter '0' if never drank in the past 12 months.

Enter '1' if 1 or fewer drinks.

Enter '95' if 95 or more drinks.

**Response:**

|       |                 |
|-------|-----------------|
| 00-95 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who drank at least once in the past year or don't know

**Skip Instructions:**

```
<0> [goto DRK12ANYR_A]
<1-3,RF,DK> [goto DRKBNG12M_A]
<4> if GEN.SEX_FINAL=2 [goto DRKANY30D_A]
elseif GEN.SEX_FINAL IN (1,RF,DK) [goto DRKBNG12M_A]
<5-95> [goto DRKANY30D_A]
<10-95> [goto ERR1_DRKAVG12M_A]
```

**Soft Edit:**

| Check Text       | Check Description       | Check Text   |
|------------------|-------------------------|--|
| ERR1_DRKAVG12M_A | 10 or more daily drinks | {signal ERR1_DRKAVG12M_A}<br><br>^DRKAVG12M_A drinks is an usually high number.<br><br>Please verify.<br><br>Do not probe. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0040.00.2    **Variable:** DRK12ANYR\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

In ANY ONE YEAR, have you had at least 12 drinks of any type of alcoholic beverage?

**Read if necessary:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot (1.5 ounces) of liquor. A 40-ounce beer would count as 3 drinks or a cocktail drink with 2 shots would count as 2 drinks.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have not had a drink in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> if DRK12MN\_A ne 0 and UTZ.LASTDR\_A=1 [goto DRKADVISE\_A]  
else [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0050.00.2    **Variable:** DRKBNG12M\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, did you ever have ^BINGE drinks in a day?

**Fills:**

|        |             |  |
|--------|-------------|--|
| ^BINGE | Description | 5 or more/4 or more  |
|        | Instruction | If GEN.SEX_FINAL IN (1,RF,DK) fill: "5 or more"<br>If GEN.SEX_FINAL=2, fill: "4 or more" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who drank less than 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:**

The next question will ask you about ONLY the past 30 days.

During the past 30 days, did you have at least one drink of any type of alcoholic beverage?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who drank 4+ (female)/5+ (male, refused, don't know sex) drinks in a day in the last year or refused or don't know

**Skip Instructions:**

```
<1,RF,DK> [goto DRKBNG30D_A]  
<2> if UTZ.LASTDR_A=1[goto DRKADVISE_A]  
else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0070.00.2    **Variable:** DRKBNG30D\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 30 days, how many times did you have ^BINGE drinks on an occasion?

**Read if necessary:** A drinking occasion is considered to be approximately two hours.

**Enter '0' if none.**

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

**Fills:**

|        |             |  |
|--------|-------------|--|
| ^BINGE | Description | 5 or more/4 or more  |
|        | Instruction | If GENSEX_FINAL IN (1,RF,DK) fill: "5 or more"<br>If GENSEX_FINAL=2, fill: "4 or more" |

**Response:**

|       |                 |
|-------|-----------------|
| 00-60 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who drank in the past 30 days or refused or don't know

**Skip Instructions:**

<0-60,RF,DK> if UTZ.LASTDR\_A=1 and (DRK12MN\_A ge 1 or DRKAVG12M\_A ge 1) [goto DRKADVISE\_A]  
else [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ALC: Alcohol Use**

**Question ID:** ALC.0080.00.2    **Variable:** DRKADVISE\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

In the past 12 months, has a doctor, dentist, or other health professional ADVISED you to stop or cut down on your drinking?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have seen a doctor or other health professional in the past year and have had 1 or more drinks in the past 12 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****PHY: Physical Activity**

Question ID: PHY.0010.01.2 Variable: MODN\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:****1 of 2**

The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your LEISURE time. We are interested in two types of physical activity --- moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate.

How often do you do MODERATE-INTENSITY LEISURE-TIME physical activities?

**If necessary, prompt with:** How many times per day, per week, per month, or per year do you do these activities?

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

**Enter '0' for Never.**

**Enter '996' if unable to do this type of activity.**

**Response:**

|         |                                    |
|---------|------------------------------------|
| 000-995 | Range of values                    |
| 996     | Unable to do this type of activity |
| 997     | Refused                            |
| 999     | Don't Know                         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-995> [goto MODTP\_A]  
<0,996,RF,DK> [goto VIGN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0010.02.2    **Variable:** MODTP\_A                      **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for moderate leisure-time physical activities.**

**Response:**

|   |            |
|---|------------|
| 1 | Per day    |
| 2 | Per week   |
| 3 | Per month  |
| 4 | Per year   |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who do moderate physical activities

**Skip Instructions:**

```
<1-4> if ((MODN_A gt 4 and MODTP_A=1) or (MODN_A gt 28 and MODTP_A=2) or (MODN_A gt 31 and  
MODTP_A=3) or (MODN_A gt 365 and MODTP_A=4)) [goto ERR1_MODN_A]  
else [goto MODLN_A]  
<RF,DK> [goto VIGN_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0020.01.2    **Variable:** MODLN\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

About how long do you do these moderate leisure-time physical activities each time?

**Read if necessary:** Moderate-intensity activities cause moderate increases in breathing or heart rate.

**Enter number for length of moderate leisure-time physical activities.**

**Response:**

|         |                 |
|---------|-----------------|
| 000-995 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who do moderate physical activities

**Skip Instructions:**

<1-995> [goto MODLTP\_A]  
<RF,DK> [goto VIGN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0020.02.2    **Variable:** MODLTP\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for length of moderate leisure-time physical activities.**

**Response:**

|   |            |
|---|------------|
| 1 | Minutes    |
| 2 | Hours      |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who do moderate physical activities

**Skip Instructions:**

```
<1,2> if ((MODLN_A ge 120 and MODLTP_A=1) or (MODLN_A ge 2 and MODLTP_A=2)) [goto ERR1_MODLTP_A]
else [goto VIGN_A]
<RF,DK> [goto VIGN_A]
```

**Soft Edit:**

| Check Text    | Check Description        | Check Text  |
|---------------|--------------------------|---|
| ERR1_MODLTP_A | Unusually high soft edit | {signal ERR1_MODLTP_A}<br><br>^MODLN_A ^MODLTP_A is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0030.01.2    **Variable:** VIGN\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

How often do you do VIGOROUS-INTENSITY LEISURE-TIME physical activities?

**Read if necessary:** Vigorous-intensity activities cause large increases in breathing or heart rate.

**Read if necessary:** How many times per day, per week, per month, or per year do you do these activities?

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

**Enter '0' for Never.**

**Enter '996' if unable to do this type of activity.**

**Response:**

|         | Range of values                    |
|---------|------------------------------------|
| 000-995 |                                    |
| 996     | Unable to do this type of activity |
| 997     | Refused                            |
| 999     | Don't Know                         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<0,996,RF,DK> [goto STRN\_A]  
<1-995> [goto VIGTP\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0030.02.2    **Variable:** VIGTP\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

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

**Response:**

|   |            |
|---|------------|
| 1 | Per day    |
| 2 | Per week   |
| 3 | Per month  |
| 4 | Per year   |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who do vigorous physical activities

**Skip Instructions:**

```
<1-4> if (VIGN_A gt 4 and VIGTP_A=1) or (VIGN_A gt 28 and VIGTP_A=2) or (VIGN_A gt 31 and  
VIGTP_A=3) or (VIGN_A gt 365 and VIGTP_A=4) [goto ERR1_VIGTP_A]  
else [goto VIGLN_A]
```

**Soft Edit:**

| Check Text   | Check Description        | Check Text   |
|--------------|--------------------------|--|
| ERR1_VIGTP_A | Unusually high soft edit | {signal ERR1_VIGTP_A}<br><br>^VIGN_A times per ^VIGTP_A is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0040.01.2    **Variable:** VIGLN\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

About how long do you do these vigorous leisure-time physical activities each time?

**Read if necessary:** Vigorous-intensity activities cause large increases in breathing or heart rate.

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

**Response:**

|         |                 |
|---------|-----------------|
| 000-995 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who do vigorous physical activities

**Skip Instructions:**

<1-995>[goto VIGLTP\_A]  
<RF,DK>[goto STRN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0040.02.2    **Variable:** VIGLTP\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for length of vigorous leisure-time physical activities.**

**Response:**

|   |            |
|---|------------|
| 1 | Minutes    |
| 2 | Hours      |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who do vigorous physical activities

**Skip Instructions:**

```
<1,2> if (VIGLN_A ge 120 and VIGLTP_A=1) or (VIGLN_A ge 2 and VIGLTP_A=2) [goto ERR1_VIGLTP_A]
else [goto STRN_A]
<RF,DK> [goto STRN_A]
```

**Soft Edit:**

| Check Text    | Check Description        | Check Text   |
|---------------|--------------------------|--|
| ERR1_VIGLTP_A | Unusually high soft edit | {signal ERR1_VIGLTP_A}<br><br>^VIGLN_A ^VIGLNTP_A is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0050.01.2    **Variable:** STRN\_A                                  **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

Including activities that you mentioned earlier, how often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as sit-ups, push-ups, or lifting weights?

**Read if necessary:** How many times per day, per week, per month, or per year do you do these activities?

**Enter number for strengthening activities.**

**Enter '0' for Never.**

**Enter '996' for Unable to do this type of activity.**

**Response:**

|         | Range of values                    |
|---------|------------------------------------|
| 000-995 |                                    |
| 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}<br><br>^STRN_A times per ^STRTP_A is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire****WLK: Walking**

Question ID: WLK.0010.00.2 Variable: WLKTRAN\_A

Interview Module: Adult Content Type: Rotating Core

**Question Text:**

The next questions are about walking for transportation. This is walking you might have done to travel to and from work, to do errands, or to go from place to place. I will ask you separately about walking for other reasons like relaxation, exercise, or walking the dog.

In the past 7 days, did you walk for transportation?

**Read if necessary:** *Include walking to or from a bus, train, or rail stop.*

**Read if necessary:** *Do not include walking for relaxation or exercise.*

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are able to walk

**Skip Instructions:**

<1> [goto WLKTRANDAY\_A]  
<2,RF,DK> [goto WLKLEIS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0020.00.2    **Variable:** WLKTRANDAY\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

In the past 7 days, how many days did you walk for transportation?

**Response:**

| 01-07 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who have walked for transportation in the past 7 days

**Skip Instructions:**

<1-7> [goto WLKTRANPD\_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:**

On average, how many times per day did you walk for transportation?

**Response:**

| 01-94 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who have walked for transportation at least one day in the past 7 days

**Skip Instructions:**

<1-94> [goto WLKTRANLGT\_A]  
<RF,DK> [goto WLKLEIS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0040.01.2    **Variable:** WLKTRANLGT\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

^WALKTIMETP

**Enter number for length of walk for transportation.**

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^WALKTIMETP | Description | How long did that walk take?/On average, how long did those walks take?   |
|             | Instruction | If WLKTRANDAY_A=1 and WLKTRANPD_A=1, fill: "How long did that walk take?"<br>else fill "On average, how long did those walks take?" |

**Response:**

|         |                 |
|---------|-----------------|
| 000-995 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who have walked for transportation at least one time in the past 7 days

**Skip Instructions:**

<1-995> [goto WLKTRANTP\_A]  
<RF,DK> [goto WLKLEIS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0040.02.2    **Variable:** WLKTRANTP\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for length of walking for transportation.**

**Response:**

|   |            |
|---|------------|
| 1 | Minutes    |
| 2 | Hours      |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who entered a number for how long they walked for transportation in the past 7 days

**Skip Instructions:**

```
<1,2> if ((WLKTRANLGT_A GT 119 and WLKTRANTP_A=1) or (WLKTRANLGT_A GT 1 and WLKTRANTP_A=2))[goto  
ERR1_WLKTRANLGT_A]  
else [goto WLKLEIS_A]  
<RF,DK> [goto WLKLEIS_A]
```

**Soft Edit:**

| Check Text        | Check Description                                 | Check Text  |
|-------------------|---|---|
| ERR1_WLKTRANLGT_A | Amount of time walking is over 2 hours on average | {signal ERR1_WLKTRANLGT_A}<br><br>Amount of time walking is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0050.00.2    **Variable:** WLKLEIS\_A

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

**Question Text:**

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. In the past 7 days, did you walk for any of these reasons?

**Read if necessary:** Do not include walking for transportation.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are able to walk

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0060.00.2    **Variable:** WLKLEISDAY\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

In the past 7 days, how many days did you walk for leisure or exercise?

**Read if necessary:** Walked for fun, relaxation, exercise, or to walk the dog.

**Read if necessary:** Do not include walking for transportation.

**Response:**

| Range of values |
|-----------------|
| 01-07           |
| 97              |
| 99              |

**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:**

On average, how many times per day did you walk for leisure or exercise?

**Response:**

| 01-94 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+ who have walked for leisure at least one day in the past 7 days

**Skip Instructions:**

<1-94> [goto WLKLEISLGT\_A]  
<RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0080.01.2    **Variable:** WLKLEISLGT\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**1 of 2**

^WALKTIMELE

**Enter number for length of walk for fun, relaxation, or exercise.**

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^WALKTIMELE | Description | How long did that walk take?/On average, how long did those walks take?  |
|             | Instruction | If WLKLEISDAY_A=1 and WLKLEISTPD_A=1, fill: "How long did that walk take?"<br>else, fill: "On average, how long did those walks take?" |

**Response:**

|         |                 |
|---------|-----------------|
| 000-995 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who have walked for leisure at least once in the past 7 days

**Skip Instructions:**

<1-995> [goto WLKLEISTP\_A]  
<RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**WLK: Walking**

**Question ID:** WLK.0080.02.2    **Variable:** WLKLEISTP\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

**2 of 2**

**Enter time period for length of walking for fun, relaxation, or exercise.**

**Response:**

|   |            |
|---|------------|
| 1 | Minutes    |
| 2 | Hours      |
| 7 | Refused    |
| 9 | Don't know |

**Universe:**

Sample Adults 18+ who gave a number for amount of time walked for leisure in the past 7 days

**Skip Instructions:**

```
<1,2> if ((WLKLEISLGT_A GT 119 and WLKLEISTP_A=1) or (WLKLEISLGT_A GT 1 and WLKLEISTP_A=2))  
[goto ERR1_WLKLEISLGT_A], then [goto next section]  
<RF,DK>[goto next section]
```

**Soft Edit:**

| Check Text        | Check Description                                 | Check Text  |
|-------------------|---|---|
| ERR1_WLKLEISLGT_A | Amount of time walking is over 2 hours on average | {signal ERR1_WLKLEISLGT_A}<br><br>Amount of time walking is unusually high.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0010.00.3    **Variable:** HOMEWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

How often does the ^TLwalking you reported earlier take place near your home?

Would you say almost always, most of the time, some of the time, or never?

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^TLwalking | Description | walking for leisure and transportation/walking for leisure/walking for transportation   |
|            | Instruction | If WLK.WLKLEIS_A=1 and WLK.WLKTRAN_A=1, fill: "walking for leisure and transportation"<br>elseif WLK.WLKLEIS_A=1, fill: "walking for leisure"<br>elseif WLK.WLKTRAN_A=1, fill: "walking for transportation" |

**Response:**

|   |                  |
|---|------------------|
| 1 | Almost always    |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | Never            |
| 7 | Refused          |
| 9 | Don't know       |

**Universe:**

Sample Adults 18+ who report walking for transportation or leisure

**Skip Instructions:**

<1-4,RF,DK> [goto ROADSWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0020.00.3    **Variable:** ROADSWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

The next questions are about where you live. By where you live we mean in your neighborhood or near your home.

Where you live, are there roads, sidewalks, paths or trails where you can walk?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto SHOPSWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0030.00.3    **Variable:** SHOPSWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Are there shops, stores, or markets that you can walk to?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto TRANSITWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0040.00.3    **Variable:** TRANSITWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Are there bus or transit stops that you can walk to?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto FUNWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0050.00.3    **Variable:** FUNWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Are there places like movies, libraries, or places of worship that you can walk to?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto RELAXWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0060.00.3    **Variable:** RELAXWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Are there places that you can walk to that help you relax, clear your mind, and reduce stress?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto SIDEWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0070.00.3    **Variable:** SIDEWLK\_A                      **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Where you live, do most streets have sidewalks?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto TRAFFICWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0080.00.3    **Variable:** TRAFFICWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Does traffic make it unsafe for you to walk?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto CRIMEWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0090.00.3    **Variable:** CRIMEWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Does crime make it unsafe for you to walk?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ANIMALWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0100.00.3    **Variable:** ANIMALWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Where you live...

Do dogs or other animals make it unsafe for you to walk?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto WEATHERWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0110.00.3    **Variable:** WEATHERWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

How often does the weather make you less likely to walk?

Would you say almost always, most of the time, some of the time, or never?

**Read if necessary:** We mean any kind of bad weather that makes you less likely to walk, such as hot, cold, rainy, snowy, and windy weather.

**Response:**

|   |                  |
|---|------------------|
| 1 | Almost always    |
| 2 | Most of the time |
| 3 | Some of the time |
| 4 | Never            |
| 7 | Refused          |
| 9 | Don't know       |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto PEOPLEWLK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ENV: Perceptions of the Walking Environment**

**Question ID:** ENV.0120.00.3    **Variable:** PEOPLEWLK\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

How often are there people walking within sight of your home?

Would you say every day, every 2 to 3 days, about once a week, or less than once a week?

**Response:**

|   |                       |
|---|-----------------------|
| 1 | Every day             |
| 2 | Every 2 to 3 days     |
| 3 | About once a week     |
| 4 | Less than once a week |
| 7 | Don't know            |
| 9 | Refused               |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0010.00.3    **Variable:** SUNINTRO\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

The next questions are about sun exposure.

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto SUNSKIN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****SUN: Sun Care and Protection**

Question ID: SUN.0020.00.3 Variable: SUNSKIN\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

After several months of not being in the sun, if you THEN went out into the sun without sunscreen or protective clothing for one hour, which of these would happen to your skin?

Would you get a severe sunburn with blisters, have a moderate sunburn with peeling, burn mildly with some or no darkening or tanning, turn darker without sunburn, or would nothing happen to your skin?

**Read if necessary:** Even if you did not go out in the sun, what would happen if you did? Use the most recent experience. If not, then think about the past.

**Read if necessary:** By "sunburn" we mean even a small part of your skin turns red or hurts for 12 hours or more.

**Do not read the choice "do not go out in the sun." Select this choice if respondent volunteers.**

**Response:**

|    |   |
|----|---|
| 01 | Get a severe sunburn with blisters            |
| 02 | Have a moderate sunburn with peeling          |
| 03 | Burn mildly with some or no darkening/tanning |
| 04 | Turn darker without sunburn                   |
| 05 | Nothing would happen to my skin               |
| 06 | Do not go out in the sun                      |
| 07 | Other   |
| 97 | Refused                                       |
| 99 | Don't Know                                    |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

&lt;1-7,RF,DK&gt; [goto SUNSHADE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0030.00.3    **Variable:** SUNSHADE\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

When you go outside on a sunny day, for more than one hour, how often do you...

...Stay in the shade?

Would you say always, most of the time, sometimes, rarely, or never stay in the shade?

**Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.**

**Response:**

|   |  |
|---|--|
| 1 | Always   |
| 2 | Most of the time                                       |
| 3 | Sometimes  |
| 4 | Rarely   |
| 5 | Never  |
| 6 | Don't go outside on a sunny day for more than one hour |
| 7 | Refused  |
| 9 | Don't Know   |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6,RF,DK> [goto SUNHAT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0040.00.3    **Variable:** SUNHAT\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

When you go outside on a sunny day, for more than one hour, how often do you...

...Wear a hat that shades your face, ears AND neck such as a hat with a wide brim all around?

Would you say always, most of the time, sometimes, rarely, or never wear a hat?

**Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.**

**Response:**

|   |  |
|---|--|
| 1 | Always   |
| 2 | Most of the time                                       |
| 3 | Sometimes  |
| 4 | Rarely   |
| 5 | Never  |
| 6 | Don't go outside on a sunny day for more than one hour |
| 7 | Refused  |
| 9 | Don't Know   |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6,RF,DK> [goto SUNSHIRT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0050.00.3    **Variable:** SUNSHIRT\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** When you go outside on a sunny day, for more than one hour, how often do you...

...Wear a long-sleeved shirt?

**Read if necessary:** Would you say always, most of the time, sometimes, rarely, or never wear a long-sleeved shirt?

**Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.**

**Response:**

|   |  |
|---|--|
| 1 | Always   |
| 2 | Most of the time                                       |
| 3 | Sometimes  |
| 4 | Rarely   |
| 5 | Never  |
| 6 | Don't go outside on a sunny day for more than one hour |
| 7 | Refused  |
| 9 | Don't Know   |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6,RF,DK> [goto SUNSCREEN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0060.00.3    **Variable:** SUNSCREEN\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** When you go outside on a sunny day, for more than one hour, how often do you...

...Use sunscreen?

**Read if necessary:** Would you say always, most of the time, sometimes, rarely, or never use sunscreen?

**Do not read the choice "don't go outside on a sunny day for more than one hour." Select this choice if respondent volunteers.**

**Response:**

|   |  |
|---|--|
| 1 | Always   |
| 2 | Most of the time                                       |
| 3 | Sometimes  |
| 4 | Rarely   |
| 5 | Never  |
| 6 | Don't go outside on a sunny day for more than one hour |
| 7 | Refused  |
| 9 | Don't Know   |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6,RF,DK> [goto SUNTAN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0070.00.3    **Variable:** SUNTAN\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

When spending time outdoors, how often do you try to get some sun for the purpose of developing a tan?

**Read if necessary:** Would you say always, most of the time, sometimes, rarely, or never?

**Do not read the choice "don't spend time outdoors." Select this choice if respondent volunteers.**

**Response:**

|   |                           |
|---|---------------------------|
| 1 | Always                    |
| 2 | Most of the time          |
| 3 | Sometimes                 |
| 4 | Rarely                    |
| 5 | Never                     |
| 6 | Don't spend time outdoors |
| 7 | Refused                   |
| 9 | Don't Know                |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-6,RF,DK> [goto ANYSBURN\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0080.00.3    **Variable:** ANYSBURN\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

During the past 12 months, did you ever have a sunburn?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1> [goto NUMSBURNS_A]  
<2,RF,DK> [goto SUNBED_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SUN: Sun Care and Protection**

**Question ID:** SUN.0090.00.3    **Variable:** NUMSBURNS\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

During the past 12 months, how many times have you had a sunburn?

**Response:**

|         |                 |
|---------|-----------------|
| 001-365 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who have had a sunburn in the past 12 months

**Skip Instructions:**

<1-39,RF,DK> [goto SUNBED\_A]  
<40-365> [goto ERR1\_NUMSBURNS\_A], then [goto SUNBED\_A]

**Soft Edit:**

| Check Text       | Check Description                 | Check Text  |
|------------------|-----------------------------------|---|
| ERR1_NUMSBURNS_A | Unusually high number of sunburns | {signal ERR1_NUMSBURNS_A}<br><br>^NUMSBURNS is an unusually high number.<br><br>Please confirm. |

**2020 National Health Interview Survey (NHIS) Questionnaire****SUN: Sun Care and Protection**

Question ID: SUN.0130.00.3 Variable: SUNBED\_A

Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do NOT include times you have gotten a spray tan.

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<0-99,RF,DK> [goto next section]  
<100-365> [goto ERR1\_SUNBED\_A], then [goto next section]

**Soft Edit:**

| Check Text    | Check Description                         | Check Text  |
|---------------|---|---|
| ERR1_SUNBED_A | Unusually high number of tanning bed uses | {signal ERR1_SUNBED_A}<br><br>^SUNBED is an unusually high number.<br><br>Please confirm. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DPV: Diabetes Prevention**

**Question ID:** DPV.0010.00.2    **Variable:** ADVACTIVE\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, has a doctor or other health professional ADVISED you to  
...Increase the amount of physical activity or exercise you get?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ADVEAT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DPV: Diabetes Prevention**

**Question ID:** DPV.0020.00.3    **Variable:** ADVEAT\_A                          **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

During the past 12 months, has a doctor or other health professional ADVISED you to  
...Reduce the amount of fat or calories in your diet?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto ADVWGTPRG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****DPV: Diabetes Prevention**

Question ID: DPV.0030.00.3    Variable: ADVWGTPRG\_A

Interview Module: Adult    Content Type: Sponsored Content

**Question Text:**

**Read if necessary:** During the past 12 months, has a doctor or other health professional ADVISED you to

...Participate in a weight loss program?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto NOWACTIVE\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DPV: Diabetes Prevention**

**Question ID:** DPV.0040.00.3    **Variable:** NOWACTIVE\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Are you NOW  
...Increasing your physical activity or exercise?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1,2,RF,DK> [goto NOWEAT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DPV: Diabetes Prevention**

**Question ID:** DPV.0050.00.3    **Variable:** NOWEAT\_A                          **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

Are you NOW

...Reducing the amount of fat or calories in your diet?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adult 18+

**Skip Instructions:**

<1,2,RF,DK> [goto NOWWGTPRG\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DPV: Diabetes Prevention**

**Question ID:** DPV.0060.00.3    **Variable:** NOWWGTPRG\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

**Read if necessary:** Are you NOW  
...Participating in a weight loss program?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep**

**Question ID:** SLP.0010.01.2    **Variable:** SLPHOURS\_A

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

**Question Text:**

On average, how many hours of sleep do you get in a 24-hour period?

**Enter hours in whole numbers, rounding 30 minutes (1/2 hour) or more UP to the next whole hour and dropping 29 or fewer minutes.**

**Enter 1 if the respondent reports less than 1 hour of sleep.**

**Response:**

|       |                 |
|-------|-----------------|
| 01-24 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-5> [goto ERR1\_SLPHOURS\_A]  
<6-24,RF,DK> [goto SLPREST\_A]

**Soft Edit:**

| Check Text      | Check Description              | Check Text  |
|-----------------|--------------------------------|---|
| ERR1_SLPHOURS_A | Soft error for few sleep hours | {signal ERR1_SLPHOURS_A}<br><br>Average number of hours of sleep is<br>^SLPHOURS.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep**

**Question ID:** SLP.0020.00.2    **Variable:** SLPREST\_A

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

**Question Text:**

During the past 30 days, how often did you wake up feeling well-rested?

Would you say never, some days, most days, or every day?

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto SLPFLL\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep**

**Question ID:** SLP.0030.00.2    **Variable:** SLPFLL\_A                      **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

During the past 30 days, how often did you have trouble falling asleep?

Would you say never, some days, most days, or every day?

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto SLPSTY\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep**

**Question ID:** SLP.0040.00.2    **Variable:** SLPSTY\_A

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

**Question Text:**

**Read if necessary:** During the past 30 days...

How often did you have trouble staying asleep?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Include waking up too early.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1-4,RF,DK> [goto SLPMED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep**

**Question ID:** SLP.0050.00.2    **Variable:** SLPMED\_A

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

**Question Text:**

**Read if necessary:** During the past 30 days...

How often did you take any medication to help you fall asleep or stay asleep? Include both prescribed and over-the-counter medications.

**Read if necessary:** Would you say never, some days, most days, or every day?

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**ORN: Sexual Orientation**

**Question ID:** ORN.0010.00.1    **Variable:** ORNINTRO\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Next we have some questions about your demographic characteristics, including sexual orientation, income, employment, and veteran status. Like all your answers, these will be used to understand the health of different groups in the population and will be kept confidential.

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto ORIENT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****ORN: Sexual Orientation**

Question ID: ORN.0020.00.1 Variable: ORIENT\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Do you think of yourself as ^gaylesbian; straight, that is, not ^gaylesbian; bisexual; something else; or you don't know the answer?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^gaylesbian | Description | gay/lesbian or gay  |
|             | Instruction | If GENSEX_FINAL=1 fill "gay";<br>else if GENSEX_FINAL='2',RF,DK fill "lesbian or gay" |

**Response:**

|   |                                    |
|---|------------------------------------|
| 1 | ^GayLesbian                        |
| 2 | Straight, that is, not ^gaylesbian |
| 3 | Bisexual                           |
| 4 | Something else                     |
| 5 | I don't know the answer            |
| 7 | Refused                            |
| 9 | Don't Know                         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

&lt;1-5,RF&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**MAR: Marital Status**

**Question ID:** MAR.0010.00.1    **Variable:** MARITAL\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

The next questions are about marriage and cohabitation. Are you now married, living with a partner together as an unmarried couple, or neither?

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

**Response:**

|   |   |
|---|---|
| 1 | Married   |
| 2 | Living with a partner together as an unmarried couple |
| 3 | Neither   |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Adults 18+ and the Child PAR section has not been completed for the Sample Adult or the Child PAR section has been completed for the Sample Adult and the Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> [goto SPOUSLIV_A]
<2> if GEN.PCNT16PLUS=1 [got ERR1_MARITAL_A] else [goto PARTNERWHO_A]
<3,RF,DK> [goto EVRMARRIED_A]
```

**Soft Edit:**

| Check Text     | Check Description  | Check Text   |
|----------------|--|--|
| ERR1_MARITAL_A | One person eligible to be living with a partner in household soft edit | {signal ERR1_MARITAL_A}<br><br>Respondent is the only person 16 or older on the household roster. There is no one else eligible to select. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0020.00.1    **Variable:** SPOUSLIV\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Does your spouse live here?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are married

**Skip Instructions:**

```
<1> if GEN.PCNT16PLUS=1 [goto ERR1_SPOUSLIV_C] else [goto SPOUSWHO_A]  
<2> [goto SPOUSEP_A]  
<RF,DK> [goto next section]
```

**Soft Edit:**

| Check Text      | Check Description   | Check Text  |
|-----------------|---|---|
| ERR1_SPOUSLIV_C | Only one person eligible to be married in household soft edit | {signal ERR1_SPOUSLIV_C}<br><br>Respondent is the only person 16 or older on the household roster. There is no one else eligible to select. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

Question ID: MAR.0030.00.1 Variable: SPOUSWHO\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Which person is your spouse?

Enter line number of spouse.

Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

**Response:**

|    |                   |
|----|-------------------|
| 00 | Not on roster     |
| 01 | 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:**

I previously recorded ^SPOUSENAME's ^spousesex. Is this correct?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^SPOUSENAME | Description | Name of spouse  |
|             | Instruction | Fill name of spouse selected at SPOUSWHO_A  |
| ^spousesex  | Description | sex is male/sex is female/sex was not provided  |
|             | Instruction | if GEN.SEX_FINAL[person selected at SPOUSWHO_A]=1, fill "sex is male"<br>if GEN.SEX_FINAL[person selected at SPOUSWHO_A]=2, fill "sex is female"<br>if GEN.SEX_FINAL[person selected at SPOUSWHO_A] IN (DK,RF), fill "sex was not provided" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with spouse in household who entered a line number for their spouse

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0050.00.1    **Variable:** SPOUNEWSEX\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Is ^SPOUSENAME male or female?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with spouse with incorrect sex

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0060.00.1    **Variable:** SPOUSEP\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Does your spouse not live here because you and your spouse are legally separated?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ whose spouse does not live in the household

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0070.00.1    **Variable:** PARTNERWHO\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Which person is your partner?

Enter line number of partner.

Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

**Response:**

|    |                   |
|----|-------------------|
| 00 | Not on roster     |
| 01 | 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:**

I previously recorded ^PARTNERNAME's ^partnersex. Is this correct?

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^PARTNERNAME | Description | Name of partner   |
|              | Instruction | Fill name of partner selected at PARTNERWHO_A   |
| ^partnersex  | Description | sex is male/sex is female/sex was not provided  |
|              | Instruction | if GEN SEX FINAL[person selected at PARTNERWHO_A]=1, fill "sex is male"<br>if GEN SEX FINAL[person selected at PARTNERWHO_A]=2, fill "sex is female"<br>if GEN SEX FINAL[person selected at PARTNERWHO_A] IN (DK,RF), fill "sex was not provided" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with partner in household who entered a line number for their partner

**Skip Instructions:**

<1,RF,DK> [goto EVRMARRIED\_A]  
<2> [goto PARTNEWSEX\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0090.00.1    **Variable:** PARTNEWSEX\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Is ^PARTNERNAME male or female?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with partner with incorrect sex

**Skip Instructions:**

<1,2,RF,DK> [goto EVRMARRIED\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0100.00.1    **Variable:** EVRMARRIED\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Have you ever been married?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are living with unmarried partner or who are not married or living with an unmarried partner or refused or don't know

**Skip Instructions:**

```
<1> if MARITAL_A=2 [goto LEGALSTAT_A]
elseif MARITAL_A=3 [goto WIDIVSEP_A]
else [goto next section]
<2,RF,DK> [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

**Question ID:** MAR.0110.00.1    **Variable:** LEGALSTAT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

What is your current legal marital status? Are you married, widowed, divorced, or separated?

**Response:**

|   |            |
|---|------------|
| 1 | Married    |
| 2 | Widowed    |
| 3 | Divorced   |
| 4 | Separated  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are living with a partner but have been married

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MAR: Marital Status**

Question ID: MAR.0120.00.1 Variable: WIDIVSEP\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Are you widowed, divorced, or separated?

**Response:**

|   |            |
|---|------------|
| 1 | Widowed    |
| 2 | Divorced   |
| 3 | Separated  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who are neither living with a partner nor married, but have been married

**Skip Instructions:**

<1-3,RF,DK> [goto FINISH\_MAR\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**MAR: Marital Status**

Question ID: MAR.0130.00.1   Variable: FINISH\_MAR\_A      Interview Module: Adult   Content Type: Annual Core

**Question Text:**

The Sample Adult MAR section is now complete.

Enter '1' to continue.

**Response:**

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

**Universe:**

Sample Adults 18+ and the Child PAR section has not been completed for the Sample Adult or the Child PAR section has been completed for the Sample Adult and the Sample Adult is not the Sample Child respondent

**Skip Instructions:**

<1> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VET: Veterans Status**

**Question ID:** VET.0010.00.1    **Variable:** AFVET\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****VET: Veterans Status**

Question ID: VET.0020.00.1 Variable: AFVETTRN\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Were you on active duty ONLY for training in the Reserves or National Guard?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever served in the armed forces

**Skip Instructions:**

<1> [goto VADISB\_A]  
<2,RF,DK> [goto COMBAT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****VET: Veterans Status**

Question ID: VET.0030.001    Variable: COMBAT\_A    Interview Module: Adult    Content Type: Annual Core

**Question Text:**

Did you ever serve in a foreign country during a time of armed conflict or on a humanitarian or peace-keeping mission?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever served in the armed forces and who were not only activated for training in the Reserves or National Guard

**Skip Instructions:**

<1,2,RF,DK> [goto VADISB\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VET: Veterans Status**

**Question ID:** VET.0040.00.1    **Variable:** VADISB\_A                      **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you have a VA service-connected disability rating?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever served in the armed forces

**Skip Instructions:**

<1,2,RF,DK> [goto VAHOSP\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire****VET: Veterans Status**

Question ID: VET.0050.00.1 Variable: VAHOSP\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

During the past 12 months, did you receive any care at a Veteran's Health Administration facility or receive any other health care paid for by the VA?

**Read if necessary:** Veteran's Health Administration facilities include VA hospitals, VA medical centers, VA outpatient clinics, and VA nursing homes.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever served in the armed forces

**Skip Instructions:**

```
<1> [goto next section]
<2,RF,DK> if 1 IN Adult.INS.MILSPC_A [goto next section]
else [goto VACAREEV]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****VET: Veterans Status**

Question ID: VET.0060.00.1 Variable: VACAREEV\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Have you ever enrolled in or used VA health care?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who have ever served in the armed forces and did not receive care at a VHA facility or other health care paid for by the VA in the past 12 months and did not report VA health care when asked about insurance

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NAT: Nativity**

**Question ID:** NAT.0010.00.1    **Variable:** NATUSBORN\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

^Askverify\_A Were you born in the United States or a U.S. territory?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NAT: Nativity**

**Question ID:** NAT.0020.00.1    **Variable:** NATSTBORN\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

In what state or U.S. territory were you born?

**Response:**

| 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:**

In what year did you come to the United States to stay?

**Response:**

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

**Universe:**

Sample Adults 18+ not born in the United States or U.S. territory

**Skip Instructions:**

```
<1900-Current Year,RF,DK> if NATUSYR_A is a future year [goto ERR1_NATUSYR_A]
if NATUSYR_A lt VFY.BYEAR_A [goto ERR2_NATUSYR_A]
else [goto CITIZEN_A]
```

**Hard Edit:**

| Check Text     | Check Description             | Check Text  |
|----------------|-------------------------------|---|
| ERR1_NATUSYR_A | Future year hard edit         | {check ERR1_NATUSYR_A}<br><br>Future year invalid. Please correct.            |
| ERR2_NATUSYR_A | Year prior to birth hard edit | {check ERR2_NATUSYR_A}<br><br>Year is prior to date of birth. Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NAT: Nativity**

**Question ID:** NAT.0050.00.1    **Variable:** CITIZEN\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Are you a citizen of the United States?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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:**

Were you born abroad to an American parent, born abroad and adopted by an American parent, or did you become a U.S. citizen by naturalization?

**Response:**

|   |   |
|---|---|
| 1 | Born abroad to American parent                |
| 2 | Born abroad and adopted by an American parent |
| 3 | Became U.S. citizen by naturalization         |
| 7 | Refused                                       |
| 9 | Don't Know                                    |

**Universe:**

Sample Adults 18+ not born in the United States or a United States territory or born in the U.S. territory of American Samoa but are U.S. citizens

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

**Question ID:** SCH.0010.00.1    **Variable:** SCHCURENR\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Are you currently enrolled in or attending school?

**Read if necessary:** School includes high school, college, trade school, and professional school.  
Students may be enrolled part-time or full-time.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

**Question ID:** SCH.0020.00.1    **Variable:** SCHDYSMSS\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, about how many days of school did you miss because you had an illness, injury, or disability?

**Response:**

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

**Universe:**

Sample Adults 18+ who are currently enrolled in school

**Skip Instructions:**

```
<0-99,RF,DK> [goto next section]  
<100-365> [goto ERR1_SCHDYSMSS_A]
```

**Soft Edit:**

| Check Text       | Check Description   | Check Text  |
|------------------|---------------------|---|
| ERR1_SCHDYSMSS_A | Missed 100-365 days | {signal ERR1_SCHDYSMSS_A}<br><br>^SCHDYSMSS_A is an unusually large number.<br>Did you miss ^SCHDYSMSS_A days of school<br>because of illness, injury, or disability?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0010.00.1    **Variable:** EMPLASTWK\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

LAST WEEK, did you work for pay at a job or business?

If the respondent says ^heshe they work, but not for pay, at a family-owned job or business, enter '1' for yes.

**Fills:**

|                  |             |  |
|------------------|-------------|--|
| ^heshe they work | Description | he works/she works/they work   |
|                  | Instruction | elseif GEN.SEX_FINAL=1 fill "he works"<br>elseif GEN.SEX_FINAL=2 fill "she works"<br>elseif GEN.SEX_FINAL=DK,RF fill "they work" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0020.00.1    **Variable:** EMPNOWRK\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Did you have a job or business LAST WEEK, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were not working for pay at a job or business last week

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0030.00.1    **Variable:** EMPWRKHS\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

How many hours ^LASTUSUAL in total at ALL jobs or businesses?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^LASTUSUAL | Description | did you work LAST WEEK/do you USUALLY work per week  |
|            | Instruction | If EMPLASTWK_A=1 fill "did you work LAST WEEK"<br>else if EMPNOWRK_A=1 fill "do you USUALLY work per week" |

**Response:**

|         |                 |
|---------|-----------------|
| 001-168 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week

**Skip Instructions:**

```
<1-34> if EMPNOWRK_A =1 [goto EMDWHOWRK_A]
elseif EMPLASTWK_A =1 [goto EMPWKFT_A]
<35-94> [goto EMDWHOWRK_A]
<95-168> [goto ERR_EMPWRKHS_A], then [goto EMDWHOWRK_A]
<RF,DK> [goto EMPWKFT_A]
```

**Soft Edit:**

| Check Text     | Check Description   | Check Text   |
|----------------|---|--|
| ERR_EMPWRKHS_A | Hours worked last week/usually work per week unusually high | {signal ERR_EMPWRKHS_A}<br><br>^EMPWRKHS_A hours is unusually high.<br>Please verify. Make corrections if necessary. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0040.00.1    **Variable:** EMPWKFT\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Do you USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who refused or didn't know how many hours they worked last week or who were working for pay at a job or business last week and who worked less than 35 hours last week

**Skip Instructions:**

<1,2,RF,DK> [goto EMDWHOWRK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0050.00.1    **Variable:** EMPRSNOWK\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

What is the MAIN reason you were not working for pay at a job or business last week?

**Probe if necessary.**

**Response:**

|    |  |
|----|--|
| 01 | Unemployed, laid off, seasonal/contract work, looking for work |
| 02 | Seasonal/contract work   |
| 03 | Retired  |
| 04 | Unable to work for health reasons/disabled                     |
| 05 | Taking care of house or family                                 |
| 06 | Going to school  |
| 07 | Working at job/business but not for pay                        |
| 08 | Other  |
| 97 | Refused  |
| 99 | Don't Know   |

**Universe:**

Sample Adults 18+ who were not working for pay and were not on temporary leave from a job or business last week

**Skip Instructions:**

<1,3,4,5,6,8,RF,DK> [goto EMPLSTWRK\_A]  
<2,7> [goto EMDWHOWRK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0060.00.1    **Variable:** EMPLSTWRK\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

When was the last time you worked for pay at a job or business, even if only for a few days?

**Response:**

|   |                           |
|---|---------------------------|
| 1 | Within the past 12 months |
| 2 | 1-5 years ago             |
| 3 | Over 5 years ago          |
| 4 | Never worked              |
| 7 | Refused                   |
| 9 | Don't Know                |

**Universe:**

Sample Adults 18+ whose main reason for not working last week was because they couldn't find work, were retired, unable to work for health reasons, taking care of the house/family, going to school, or some other reason, or refused or didn't know

**Skip Instructions:**

<1> [goto EMDWHOWRK\_A]  
<2-4,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

Question ID: EMP.0070.00.2 Variable: EMDWHWRK\_A Interview Module: Adult Content Type: Rotating Core

**Question Text:**

^JOBFOR whom ^dodid you work ^job?

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

**Read if necessary for those with more than one MAIN job or business:** Where ^dodid you work for the most amount of time?

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^JOBFOR | Description | For/Thinking about the MAIN job you held in the past 12 months, for  |
|         | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7)<br>fill: "For"<br>elseif EMPLSTWRK_A=1 fill: "Thinking about the MAIN job you held in the past 12 months, for" |
| ^dodid  | Description | Do/Did   |
|         | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7),<br>fill: "Do"<br>If EMPLSTWRK_A=1, fill: "Did"  |
| ^job    | Description | at your MAIN job or business   |
|         | Instruction | if (EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7))<br>fill: "at your MAIN job or business"<br>else no fill  |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

<verbatim,RF,DK> [goto EMDKINDIND\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0080.00.2    **Variable:** EMDKINDIND\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

What kind of business or industry ^iswas this?

**Read if necessary:** For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.

**Fills:**

|        |             |  |
|--------|-------------|--|
| ^iswas | Description | is/was   |
|        | Instruction | If EMPLASTWK_A=1 OR EMPNOWRK_A=1 OR EMPSNOWK_A IN (2,7)<br>fill: "is"<br>If EMPLSTWRK_A=1, fill: "was" |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

<verbatim,RF,DK> [goto EMDKINDWRK\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0090.00.2    **Variable:** EMDKINDWRK\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

What kind of work ^arewere you doing?

**Read if necessary:** For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^arewere | Description | are/were  |
|          | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7),<br>fill: "are"<br>If EMPLSTWRK_A=1, fill: "were" |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

<verbatim,RF,DK> [goto EMDIMPACT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0100.00.2    **Variable:** EMDIMPACT\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

What ^arewere your most important activities or duties on this job or business?

**Read if necessary:** For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records.

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^arewere | Description | are/were  |
|          | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7),<br>fill: "are"<br>If EMPLSTWRK_A=1, fill: "were" |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

<verbatim,RF,DK> [goto EMDSPRVIS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0110.00.2    **Variable:** EMDSPRVIS\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

^DoDid you supervise other employees as part of your job?

**Fills:**

|        |             |  |
|--------|-------------|--|
| ^DoDid | Description | do/did   |
|        | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A=2,7, fill:<br>"do"<br>If EMPLSTWRK_A=1, fill: "did" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto EMDWRKCAT\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0120.00.2    **Variable:** EMDWRKCAT\_A    **Interview Module:** Adult    **Content Type:** Rotating Core

**Question Text:**

Which of these BEST describes your MAIN job or ^WRKCAT?

[Read answer choices.](#)

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^WRKCAT | Description | work situation/business in the past 12 months  |
|         | Instruction | If EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7),<br>fill: "work situation"<br>If EMPLSTWRK_A=1, fill: "business in the past 12 months" |

**Response:**

|   |  |
|---|--|
| 1 | Employee of a PRIVATE company for wages                      |
| 2 | A FEDERAL government employee                                |
| 3 | A STATE government employee                                  |
| 4 | A LOCAL government employee                                  |
| 5 | Self-employed in OWN business, professional practice or farm |
| 6 | Working WITHOUT PAY in a family-owned business or farm       |
| 7 | Refused  |
| 9 | Don't Know   |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week, or who have seasonal/contract work, or who work, but not for pay, or who did not have a job or business last week but had a job or business in the past 12 months

**Skip Instructions:**

```
<1-6,RF,DK> if (EMPLASTWK_A=1 or EMPNOWRK_A=1 or EMPSNOWK_A IN (2,7)) [goto EMPPDSKLV_A]
else [goto EMPDYSMSS_A]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0130.00.1    **Variable:** EMPPDSKLV\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Regarding your job or work ^LASTWK, is paid sick leave available if you need it?

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^LASTWK | Description | last week  |
|         | Instruction | if EMPWRKRS_A IN (1-168,RF,DK) fill: "last week"<br>else fill: blank |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay

**Skip Instructions:**

<1,2,RF,DK> [goto EMPOFFHI\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

**Question ID:** EMP.0140.00.1    **Variable:** EMPOFFHTI\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Regarding your job or work ^LASTWK, was health insurance offered to you through your workplace?

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^LASTWK | Description | last week  |
|         | Instruction | if EMPWRKHS_A IN (1-168,RF,DK) fill: "last week"<br>else fill: blank |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay

**Skip Instructions:**

<1,2,RF,DK> [goto EMPDYSMSS\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**EMP: Employment**

Question ID: EMP.0150.00.1 Variable: EMPDYSMSS\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

During the past 12 months, about how many days of work did you miss because you had an illness, injury, or disability?

**Read if necessary:** Do not include family or ^paternitymaternity leave.

**Fills:**

|                     |             |   |
|---------------------|-------------|---|
| ^paternitymaternity | Description | paternity/maternity/maternity or paternity  |
|                     | Instruction | If GENSEX_FINAL=1 fill "paternity"<br>else if GENSEX_FINAL=2 fill "maternity"<br>else if GENSEX_FINAL=DK,RF fill "maternity or paternity" |

**Response:**

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

**Universe:**

Sample Adults 18+ who were working at or were on temporary leave from a paid job or business last week; or who have seasonal/contract work; or who work, but not for pay or who are not currently working but who had some period of employment in the past 12 months

**Skip Instructions:**

<0-99,RF,DK> [goto next section]  
<100-365> [goto ERR\_EMPDYSMSS\_A], then [goto next section]

**Soft Edit:**

| Check Text      | Check Description  | Check Text   |
|-----------------|--|--|
| ERR_EMPDYSMSS_A | Days of work missed in the past 12 months unusually high | {signal ERR_EMPDYSMSS_A}<br><br>^EMPDYSMSS_A days is unusually high. Please verify. Make corrections if necessary. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FEM: Employment of family members**

**Question ID:** FEM.0010.00.1    **Variable:** FEMINTRO\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Now I'm going to ask you about some of the other members of your family.

**Enter '1' to continue.**

**Response:**

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

**Universe:**

If Sample Adult lives in a family with at least one other adult AND  
(Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FEM section has not  
been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the  
Sample Child FEM section was answered with RF/DK and the person answering the SC interview and  
the SA are different people.

**Skip Instructions:**

<1>[goto tblFEM\_A]

**Replicate To:**

|            |
|------------|
| FEMINTRO_C |
|------------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FEM: Employment of family members**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: FEM.0030.00.1 | Variable: FEMWORK_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

Does ^ALIASNAME work for pay at a job or business?

If the respondent says ^heshe they work, but not for pay, at a family-owned job or business, enter '1' for yes.

**Fills:**

|                  |             |  |
|------------------|-------------|--|
| ^ALIASNAME       | Description | {Value of ALIAS}   |
|                  | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |
| ^heshe they work | Description | he works/she works/they work   |
|                  | Instruction | elseif GEN.SEX_FINAL=1 fill "he works"<br>elseif GEN.SEX_FINAL=2 fill "she works"<br>elseif GEN.SEX_FINAL=DK,RF fill "they work" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

If Sample Adult lives in a family with at least one other adult AND  
 (Sample Child and Sample Adult are not in the same family  
 OR Sample Child and Sample Adult are in the same family AND Sample Child FEM section has not  
 been completed  
 OR the Sample Adult and Sample Child are in the same family and every question asked in the  
 Sample Child FEM section was answered with RF/DK and the person answering the SC interview and  
 the SA are different people.

**Skip Instructions:**

```
<1> [goto FEMWKFT_A]
<2,DK,RF> if there is another adult in the family [goto FEMWORK_A] for the next adult 18+
else [goto next section]
```

**Replicate To:**

|           |
|-----------|
| FEMWORK_C |
|-----------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FEM: Employment of family members**

Question ID: FEM.0040.00.1 Variable: FEMWKFT\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Does ^ALIASNAME usually work 35 hours or more per week in total at ^hishertheir job or jobs?

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^ALIASNAME   | Description | {Value of ALIAS}  |
|              | Instruction | Fill value from Roster.HHC.ALIAS[PX]  |
| ^hishertheir | Description | his/her/their   |
|              | Instruction | If GEN.SEX_FINAL=1 fill "his";<br>else if GEN.SEX_FINAL=2 fill "her";<br>else if GEN.SEX_FINAL IN (DK, RF) fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

If Sample Adult lives in a family with at least one other adult AND  
 (Sample Child and Sample Adult are not in the same family  
 OR Sample Child and Sample Adult are in the same family AND Sample Child FEM section has not  
 been completed  
 OR the Sample Adult and Sample Child are in the same family and every question asked in the  
 Sample Child FEM section was answered with RF/DK and the person answering the SC interview and  
 the SA are different people.

**Skip Instructions:**

<1,2,DK,RF> if another adult in the family [goto FEMWORK\_A] for the next adult 18+  
 else [goto next section]

**Replicate To:**

FEMWKFT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INC: Family Income**

**Question ID:** INC.0010.00.1    **Variable:** INCINTRO\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

The next questions are about your total ^FAMILY income in ^LASTYEAR BEFORE TAXES. ^INCSAFAM

**Read if necessary:** Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will remain confidential.

**Enter '1' to continue.**

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^FAMILY   | Description | family  |
|           | Instruction | If PCNT_A > 1 fill "family"   |
| ^LASTYEAR | Description | Last year   |
|           | Instruction | Fill year prior to current year   |
| ^INCSAFAM | Description | Based on questions asked earlier we have that your family consists of ^SAFAM.   |
|           | Instruction | If more than one person in the Sample Adult's family, fill "Based on questions asked earlier we have that your family consists of ^SAFAM." else no fill   |
| ^SAFAM    | Description | List of people in SA's family   |
|           | Instruction | For all people with FAMILYA_FLG =1 and are not Household Respondent, fill with their names.<br>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list.<br>Include Sample Adult in this list. |

**Response:**

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

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed  
 OR the Sample Adult and Sample Child are not in the same family  
 OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

<1> [goto INCWRKO\_A]

**Replicate To:**

INCINTRO\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INC: Family Income**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INC.0020.00.1 | <b>Variable:</b> INCWRKO_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

In ^LASTYEAR, did ^YOUFAM18YRS receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

*^INCSAFAMoptional*

**Fills:**

|                   |             |   |
|-------------------|-------------|---|
| ^LASTYEAR         | Description | Last year   |
|                   | Instruction | Fill year prior to current year   |
| ^YOUFAM18YRS      | Description | you/you or any family members 18 or older   |
|                   | Instruction | If PCNT18UP_A=1 fill "you"<br>else if PCNT18UP_A GT 1 fill "you or any family members 18 or older"  |
| ^INCSAFAMoptional | Description | Read if necessary: For the purpose of this survey, your family includes ^FAMVERSA_fill  |
|                   | Instruction | If more than one person in the Sample Adult's family, fill<br>"* Read if necessary: For the purpose of this survey, your family includes ^FAMVERSA_fill."<br>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:<br><br>-people related via REL (FAMA_REL_FLG = 1) or<br>-people who are related to the SA (RELATE = 1-13) or<br>-people in SC's family and the 1st person in HH in SC's family are related to the SA (RELATE = 1-13)<br><br>Do not include Sample Adult on list.<br><br>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list.<br>If only one person on the list of names and person ne Roster.HHC.HHRESPAVAIL, follow list with "is".<br>If more than one person on the list or only one person on list and person is Household Respondent (Roster.HHC.HHRESPAVAIL), follow list with "are". |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed

OR the Sample Adult and Sample Child are not in the same family

OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

<1,2,RF,DK> [goto INCINTER\_A]

**Replicate To:**

INCWRKO\_C

**2020 National Health Interview Survey (NHIS) Questionnaire****INC: Family Income**

Question ID: INC.0030.00.1 Variable: INCINTER\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

In ^LASTYEAR, did ^YOUFAMHERE receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1,2,DK> [goto INCSSRR_A]
<RF> if INCWRKO_A IN (1,2,DK) [goto INCSSRR_A]
else [goto next section]
```

**Replicate To:**

INCINTER\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0040.00.1    **Variable:** INCSSRR\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Income from Social Security or Railroad Retirement?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

**Skip Instructions:**

<1,2,RF,DK> [goto INCSSISSDI\_A]

**Replicate To:**

INCSSRR\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0050.00.1    **Variable:** INCSSISSDI\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

**Skip Instructions:**

<1> [goto SSISSDIBTH\_A]  
<2,RF,DK> [goto INCWELF\_A]

**Replicate To:**

INCSSISSDI\_C

**2020 National Health Interview Survey (NHIS) Questionnaire****INC: Family Income**

Question ID: INC.0060.00.1   Variable: SSISSDIBTH\_A      Interview Module: Adult   Content Type: Annual Core

**Question Text:**

Was this Supplemental Security Income, SSI, Social Security Disability Income, SSDI, or both?

**Response:**

|   |                   |
|---|-------------------|
| 1 | SSI               |
| 2 | SSDI              |
| 3 | Both SSI and SSDI |
| 7 | Refused           |
| 9 | Don't Know        |

**Universe:**

Sample Adults 18+ where someone in the family gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

<1-3,RF,DK> [goto SSISSDIDSB\_A]

**Replicate To:**

SSISSDIBTH\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0070.00.1    **Variable:** SSISSDIDSB\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was this received as a disability benefit?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+ where someone in the family gets SSI or SSDI and Sample Child and Sample Adult are in the same family and the INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> if GEN.PCNT_A gt 1 [goto SSISSDIP_A]
elseif GEN.PCNT_A=1 [goto INCWELF_A]
<2,RF,DK> [goto INCWELF_A]
```

**Replicate To:**

SSISSDIDSB\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: INC.0090.00.1 | Variable: SSISSDIP_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

In ^LASTYEAR, who received this disability benefit?

**Read if necessary:** Do NOT include a benefit received on behalf of someone else.

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

**Fills:**

|           |             |                                 |
|-----------|-------------|---------------------------------|
| ^LASTYEAR | Description | Last year                       |
|           | Instruction | Fill year prior to current year |

**Response:**

|    |                   |
|----|-------------------|
| 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:**

In ^LASTYEAR, did ^YOUFAMHERE receive...

Any public assistance or welfare payments from the state or local welfare office?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

**Skip Instructions:**

<1,2,RF,DK> [goto INCRETIRE\_A]

**Replicate To:**

INCWELF\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0110.00.1    **Variable:** INCRETIRE\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Income from retirement, survivor, or disability pensions?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

**Skip Instructions:**

<1,2,RF,DK> [goto INCOTHR\_A]

**Replicate To:**

INCRETIRE\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0120.00.1    **Variable:** INCOTHR\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE receive...

Any other sources of income such as VA payments from the Veterans Benefits Administration, unemployment compensation, child support, or alimony?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^LASTYEAR   | Description | Last year  |
|             | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE | Description | you/you or any family members  |
|             | Instruction | If PCNT_A=1 fill "you"<br>else if PCNT_A GT 1 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent and the Sample Adult did not refuse both the income from wages and income from accounts questions

**Skip Instructions:**

<1,2,RF,DK> [goto INCTOTAL\_A]

**Replicate To:**

INCOTHR\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: INC.0130.00.1 | Variable: INCTOTAL_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

^INCALLFAM

What is your best estimate of ^TOTALINCOME from all sources, before taxes, in ^LASTYEAR?

Enter '999995' if the reported income \$999,995 or greater.

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^INCALLFAM   | Description | INCTOTAL_A Introduction   |
|              | Instruction | IF PCNT_A GT 1 fill "When answering this next question, please remember to include your income PLUS the income of all family members living in this household." |
| ^TOTALINCOME | Description | your total income/the total income of all family members  |
|              | Instruction | If PCNT_A=1 fill "your total income" else if PCNT_A GT 1 fill "the total income of all family members"  |
| ^LASTYEAR    | Description | Last year   |
|              | Instruction | Fill year prior to current year   |

**Response:**

|               |                 |
|---------------|-----------------|
| 000000-999995 | Range of values |
| 999997        | Refused         |
| 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   |
|-----------------|----------------------|--|
| ERR1_INCTOTAL_A | Income low soft edit | {signal ERR1_INCTOTAL_A}<br><br>Do not read to the respondent.<br><br>^INCTOTAL_A is unusually low. Make corrections if necessary. |

|                 |                       |   |
|-----------------|-----------------------|---|
| ERR2_INCTOTAL_A | Income high soft edit | {signal ERR2_INCTOTAL_A}  |
|                 |                       | <p>Do not read to the respondent.</p> <p><sup>^</sup>INCTOTAL_A is unusually high. Make corrections if necessary.</p> |

Replicate To:

INCTOTAL\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0150.00.1    **Variable:** INC250PCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than ^250POVERTY\_A or ^250POVERTY\_A or more?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^FAMILY       | Description | family                                      |
|               | Instruction | If PCNT_A > 1 fill "family"                 |
| ^250POVERTY_A | Description | 250% of poverty threshold                   |
|               | Instruction | Fill value stored in Adult.INC.INC250FILL_A |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^250POVERTY_A |
| 2 | ^250POVERTY_A or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adult 18+ who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> [goto INC138PCT_A]
<2> if GEN.PCNT_A IN (1,2) [goto INC75K_A]
else if GEN.PCNT_A=4 or GEN.PCNT_A ge 7 [goto INC400PCT_A]
else if GEN.PCNT_A IN (3,5,6) [goto INC100K_A]
<RF,DK> [goto next section]
```

**Replicate To:**

INC250PCT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0160.01.1    **Variable:** INC138PCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than ^138POVERTY\_A or ^138POVERTY\_A or more?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^FAMILY       | Description | family                                      |
|               | Instruction | If PCNT_A > 1 fill "family"                 |
| ^138POVERTY_A | Description | 138% of poverty threshold                   |
|               | Instruction | Fill value stored in Adult.INC.INC138FILL_A |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^138POVERTY_A |
| 2 | ^138POVERTY_A or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adult 18+ answered less than 250% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> [goto INC100PCT_A]
<2> [goto INC200PCT_A]
<RF,DK> [goto next section]
```

**Replicate To:**

INC138PCT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0170.01.1    **Variable:** INC100PCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than ^100POVERTY\_A or ^100POVERTY\_A or more?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^FAMILY       | Description | family                                      |
|               | Instruction | If PCNT_A > 1 fill "family"                 |
| ^100POVERTY_A | Description | 100% of poverty threshold                   |
|               | Instruction | Fill value stored in Adult.INC.INC100FILL_A |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^100POVERTY_A |
| 2 | ^100POVERTY_A or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adults 18+ who answered less than 138% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

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

**Replicate To:**

INC100PCT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0180.01.1    **Variable:** INC200PCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than ^200POVERTY\_A or ^200POVERTY\_A or more?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^FAMILY       | Description | family                                      |
|               | Instruction | If PCNT_A > 1 fill "family"                 |
| ^200POVERTY_A | Description | 200% of poverty threshold                   |
|               | Instruction | Fill value stored in Adult.INC.INC200FILL_A |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^200POVERTY_A |
| 2 | ^200POVERTY_A or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adults 18+ who answered 138% of poverty or more and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

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

**Replicate To:**

INC200PCT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0190.00.1    **Variable:** INC75K\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than \$75,000 or \$75,000 or more?

**Fills:**

|         |             |                             |
|---------|-------------|-----------------------------|
| ^FAMILY | Description | family                      |
|         | Instruction | If PCNT_A > 1 fill "family" |

**Response:**

|   |                    |
|---|--------------------|
| 1 | Less than \$75,000 |
| 2 | \$75,000 or more   |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults 18+ who answered 250% of poverty threshold or more and is from a 1 or 2 person family and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> [goto INC400PCT_A]  
<2> [goto INC100K_A]  
<RF,DK> [goto next section]
```

**Replicate To:**

INC75K\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0200.00.1    **Variable:** INC100K\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than \$100,000 or \$100,000 or more?

**Fills:**

|         |             |                             |
|---------|-------------|-----------------------------|
| ^FAMILY | Description | family                      |
|         | Instruction | If PCNT_A > 1 fill "family" |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Less than \$100,000 |
| 2 | \$100,000 or more   |
| 7 | Refused             |
| 9 | Don't Know          |

**Universe:**

Sample Adults 18+ who answered \$75,000 or more OR answered 250% of poverty threshold or more and is from a 3,5, or 6 person family and Sample Adult and Sample Child are in the same family and the Sample Child INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family, Sample Child respondent answered all questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```
<1> if GEN.PCNT_A IN (1,2,5,6) [goto next section]
    elseif GEN.PCNT_A=3 [goto INC400PCT_A]
<2> if GEN.PCNT_A IN (1,2,3) [goto INC150K_A]
    elseif GEN.PCNT_A IN (5,6) [goto INC400PCT_A]
<RF,DK> [goto next section]
```

**Replicate To:**

INC100K\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0210.01.1    **Variable:** INC400PCT\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than ^400POVERTY\_A or ^400POVERTY\_A or more?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^FAMILY       | Description | family                                      |
|               | Instruction | If PCNT_A > 1 fill "family"                 |
| ^400POVERTY_A | Description | 400% of poverty threshold                   |
|               | Instruction | Fill value stored in Adult.INC.INC400FILL_A |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^400POVERTY_A |
| 2 | ^400POVERTY_A or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Adults 18+ and answered less than \$75,000  
 OR  
 answered less than \$100,000 and is from a 3 person family  
 OR  
 answered \$100,000 or more and is from a 5 or 6 person family or answered 250% of poverty  
 threshold or more and is from a 4 or 7+ person family  
 and Sample Adult and Sample Child are in the same family and the Sample Child INC section has  
 not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample  
 Adult and Sample Child are in the same family, Sample Child respondent answered all questions  
 asked in the INC section with dk/rf and Sample Adult is not the Sample Child respondent

**Skip Instructions:**

```

<1> if GEN.PCNT_A ge 8 [goto INC150K_A]
else [goto next section]
<2> if GEN.PCNT_A IN (1,2,3) or GEN.PCNT_A ge 6 [goto next section]
else if GEN.PCNT IN (4,5) [goto INC150K_A]
<RF,DK> [goto next section]

```

**Replicate To:**

INC400PCT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0220.00.1    **Variable:** INC150K\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Was your total ^FAMILY income from all sources less than \$150,000 or \$150,000 or more?

**Fills:**

|         |             |                             |
|---------|-------------|-----------------------------|
| ^FAMILY | Description | family                      |
|         | Instruction | If PCNT_A > 1 fill "family" |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Less than \$150,000 |
| 2 | \$150,000 or more   |
| 7 | Refused             |
| 9 | Don't Know          |

**Universe:**

Sample Adults 18+  
answered \$100,000 or more and is from 1,2 or 3 person family OR  
respondent answered 400% of poverty or more and is from 4 or 5 person family OR respondent  
answered less than 400% of poverty and is from a family of 8 or more persons  
and Sample Adult and Sample Child are in the same family and the Sample Child INC section has  
not been completed OR  
the Sample Adult and Sample Child are not in the same family OR  
Sample Adult and Sample Child are in the same family, Sample Child respondent answered all  
questions asked in the INC section with dk/rf and Sample Adult is not the Sample Child  
respondent

**Skip Instructions:**

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

**Replicate To:**

INC150K\_C

## 2020 National Health Interview Survey (NHIS) Questionnaire

## FOO: Food Related Programs

Question ID: FOO.0010.00.1 Variable: FSNAP12M\_A Interview Module: Adult Content Type: Annual Core

## Question Text:

At any time in the last 12 months did ^YOUFAMLVHERE\_A receive ^FSSNAPNM?

**Read if necessary:** This program puts money on a SNAP EBT card that you can only use to buy food.

## Fills:

|                 |             |  |
|-----------------|-------------|--|
| ^YOUFAMLVHERE_A | Description | you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME   |
|                 | Instruction | If GEN.PCNT_A=1, fill: "you";<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here"<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME" |
| ^FSSNAPNM       | Description | food stamp benefits/[state food stamp program name]  |

## Response:

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the 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 Child FOO section was asked to someone other than the Sample Adult respondent and this person answered all questions asked in the FOO section with RF or DK.

**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 next section]
```

**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:**

Did ^YOUFAMLVHERE\_A receive ^FSSNAPNM in the LAST 30 days?

**Read if necessary:** This program puts money on a SNAP EBT card that you can only use to buy food.

**Fills:**

|                 |             |  |
|-----------------|-------------|--|
| ^YOUFAMLVHERE_A | Description | you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME   |
|                 | Instruction | If GEN.PCNT_A=1, fill: "you";<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here"<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME" |
| ^FSSNAPNM       | Description | food stamp benefits/[state food stamp program name]  |

### Response:

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ living in families where someone received food stamps in the last 12 months AND Sample Adult and Sample Child are in the same family and the 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 child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

**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 next section]
```

**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:**

At any time in the last 12 months did ^YOUFAMLVHERE\_A receive benefits from the WIC program, that is, the Women, Infants, and Children program?

**Fills:**

|                 |             |  |
|-----------------|-------------|--|
| ^YOUFAMLVHERE_A | Description | you/any family members living here/you or any family members living at ^HNO ^HNOSUF ^STRNAME   |
|                 | Instruction | If GEN.PCNT_A=1, fill: "you";<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS ne 1, fill: "any family members living here"<br>elseif GEN.PCNT_A gt 1 and Roster.HHC.tb1NAME.bPerson [PX_A].ONOFFCAMPUS=1, fill "you or any family members living at ^HNO ^HNOSUF ^STRNAME" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ living in families with females 12-55 years of age or children 0-5 years of age and Sample Adult and Sample Child are in the same family and the 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 child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

**Skip Instructions:**

```
<1,2,RF,DK> if PCNTC517_A ge 1 [goto FLUNCH12M_A]
else [goto next section]
```

**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:**

At any time in the last 12 months, did ^SCCHILDFAM\_A receive free or reduced-cost breakfasts or lunches at school?

**Read if necessary:** The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^SCCHILDFAM_A | Description | ^ALIASNAME/any child in your family  |
|               | Instruction | if PCNT517_A=1, fill: ^ALIASNAME of child in Sample Adult family,<br>elseif PCNT517_A gt 1, fill "any child in your family", |
| ^ALIASNAME    | Description | {Value of ALIAS}   |
|               | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ living in families with children between the ages of 5-17 and Sample Adult and Sample Child are in the same family and the 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 child respondent answered refused or don't know to all questions in the sample child FOO section and the sample child respondent is not the sample adult respondent.

**Skip Instructions:**

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

**Replicate To:**

FLUNCH12M\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0010.00.3    **Variable:** FDSINTRO\_A

**Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

These next questions are about whether ^youyourfamily\_A ^waswere always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for ^youyourfamily\_A in the last 30 days.

**Enter '1' to continue.**

**Fills:**

|                  |             |   |
|------------------|-------------|---|
| ^youyourfamily_A | Description | you/your family                         |
|                  | Instruction | If PCNT_A=1 "you"<br>else "your family" |
| ^waswere         | Description | were/was                                |
|                  | Instruction | If PCNT_A=1 "were"<br>else "was"        |

**Response:**

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

**Universe:**

Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

**Skip Instructions:**

<1> [goto FDSRUNOUT\_A]

**Replicate To:**

FDSINTRO\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

Question ID: FDS.0020.00.3 Variable: FDSRUNOUT\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

The first statement is "^IWe\_A worried whether ^myour\_A food would run out before ^Iwe\_A got money to buy more." Was that often true, sometimes true, or never true for ^youyourfamily\_A in the last 30 days?

**Fills:**

|                  |             |  |
|------------------|-------------|--|
| ^IWe_A           | Description | I/We                                       |
|                  | Instruction | If PCNT_A=1 fill: "I"<br>else fill: "We"   |
| ^myour_A         | Description | my/our                                     |
|                  | Instruction | If PCNT_A=1 fill: "my"<br>else fill: "our" |
| ^youyourfamily_A | Description | you/your family                            |
|                  | Instruction | If PCNT_A=1 "you"<br>else "your family"    |

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
 OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
 OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

**Skip Instructions:**

<1-3,RF,DK> [goto FDSDLAST\_A]

**Replicate To:**

FDSRUNOUT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

Question ID: FDS.0030.00.3    Variable: FDSDLAST\_A    Interview Module: Adult    Content Type: Sponsored Content

**Question Text:**

"The food that ^Iwe\_A bought just didn't last, and ^Iwe\_A didn't have money to get more." Was that often true, sometimes true, or never true for ^youyourfamily\_A in the last 30 days?

**Fills:**

|                  |             |   |
|------------------|-------------|---|
| ^Iwe_A           | Description | I/we                                    |
|                  | Instruction | If PCNT_A=1 fill "I"<br>else fill "we"  |
| ^youyourfamily_A | Description | you/your family                         |
|                  | Instruction | If PCNT_A=1 "you"<br>else "your family" |

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
 OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
 OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

**Skip Instructions:**

<1-3,RF,DK> [goto FDSDLBALANCE\_A]

**Replicate To:**

FDSDLAST\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

Question ID: FDS.0040.00.3    Variable: FDSBALANCE\_A    Interview Module: Adult    Content Type: Sponsored Content

**Question Text:**

^IWe\_A couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for ^youyourfamily\_A in the last 30 days?

**Fills:**

|                  |             |  |
|------------------|-------------|--|
| ^IWe_A           | Description | I/We                                     |
|                  | Instruction | If PCNT_A=1 fill: "I"<br>else fill: "We" |
| ^youyourfamily_A | Description | you/your family                          |
|                  | Instruction | If PCNT_A=1 "you"<br>else "your family"  |

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
 OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
 OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people.

**Skip Instructions:**

```
<1-2> [goto FDSSKIP_A]
<3,RF,DK> if FDSSRUNOUT_A IN (1,2) OR FDSSLAST_A IN (1,2) [goto FDSSKIP_A];
else [goto next section]
```

**Replicate To:**

|              |
|--------------|
| FDSBALANCE_C |
|--------------|

**2020 National Health Interview Survey (NHIS) Questionnaire****FDS: Food Security**

Question ID: FDS.0050.00.3 Variable: FDSSKIP\_A Interview Module: Adult Content Type: Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_A ever cut the size of your meals or skip meals because there wasn't enough money for food?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youorother_A | Description | you/you or other adults in your family                                   |
|               | Instruction | If PCNT18UP_A=1: fill "you"<br>else "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals

**Skip Instructions:**

<1> [goto FDSSKIPDYS\_A]  
<2,RF,DK> [goto FDSSLSS\_A]

**Replicate To:**

FDSSKIP\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0060.00.3    **Variable:** FDSSKIPDYS\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, how many days did this happen?

**Response:**

| 01-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent said that they or other adults in their family cut the size of their meals or skipped meals due to cost.

**Skip Instructions:**

<1-30,RF,DK> [goto FDSLESS\_A]

**Replicate To:**

FDSSKIPDYS\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0070.00.3    **Variable:** FDSLESS\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_A ever eat less than you felt you should because there wasn't enough money for food?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youorother_A | Description | you/you or other adults in your family                                   |
|               | Instruction | If PCNT18UP_A=1: fill "you"<br>else "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

<1,2,RF,DK> [goto FDSHUNGRY\_A]

**Replicate To:**

FDSLESS\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0080.00.3    **Variable:** FDSHUNGRY\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, were ^youorother\_A ever hungry but didn't eat because there wasn't enough money for food?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youorother_A | Description | you/you or other adults in your family                                   |
|               | Instruction | If PCNT18UP_A=1: fill "you"<br>else "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

<1,2,RF,DK> [goto FDSWEIGHT\_A]

**Replicate To:**

FDSHUNGRY\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0090.00.3    **Variable:** FDSWEIGHT\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_A lose weight because there wasn't enough money for food?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youorother_A | Description | you/you or other adults in your family                                   |
|               | Instruction | If PCNT18UP_A=1: fill "you"<br>else "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

```
<1> [goto FDSNOTEAT_A]  
<2,RF,DK> if FDSSKIP_A=1 or FDSLESS_A=1 or FDSHUNGRY_A=1 [goto FDSNOTEAT_A]; else [goto next section]
```

**Replicate To:**

FDSWEIGHT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0100.00.3    **Variable:** FDSNOTEAT\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_A ever not eat for a whole day because there wasn't enough money for food?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youorother_A | Description | you/you or other adults in your family                                   |
|               | Instruction | If PCNT18UP_A=1: fill "you"<br>else "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.

**Skip Instructions:**

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

**Replicate To:**

FDSNOTEAT\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0110.00.3    **Variable:** FDSNEDAYS\_A    **Interview Module:** Adult    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, how many days did this happen?

**Response:**

| 01-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

The Sample Child and Sample Adult are not in the same family  
OR Sample Child and Sample Adult are in the same family AND Sample Child FDS section has not been completed  
OR the Sample Adult and Sample Child are in the same family and every question asked in the Sample Child FDS section was answered with RF/DK and the person answering the SC interview and the SA are different people and respondent didn't eat for a whole day in last 30 days because there wasn't enough money for food

**Skip Instructions:**

<1-30,RF,DK> [goto next section]

**Replicate To:**

FDSNEDAYS\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

Question ID: HOU.0010.00.1 Variable: HOUYRSLIV\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

About how long ^YRSLIV?

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^YRSLIV  | Description | have you lived at ^HNO ^HNOSUF ^STRNAME/have you lived in this house/apartment  |
|          | Instruction | If Roster.HHC.tblname.bPerson[PX_A]ONOFFCAMPUS=1 fill "have you lived at ^HNO ^HNOSUF ^STRNAME"<br>else fill "have you lived in this house/apartment" |
| ^HNO     | Description | {Value of HNO}  |
|          | Instruction | Fill GEN.HNO  |
| ^HNOSUF  | Description | {Value of HNOSUF}   |
|          | Instruction | Fill GEN.HNOSUF   |
| ^STRNAME | Description | {Value of STRNAME}  |
|          | Instruction | Fill GEN.STRNAME  |

**Response:**

|   |                    |
|---|--------------------|
| 1 | Less than 1 year   |
| 2 | 1 to 3 years       |
| 3 | 4 to 10 years      |
| 4 | 11 to 20 years     |
| 5 | More than 20 years |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1-5,RF,DK> if ((GEN.SAMEFAM_FLG=1 and GEN.HOU_FLG_C=empty) or (GEN.SAMEFAM_FLG ne 1) or  

(GEN.SAMEFAM_FLG=1 and GEN.HOU_FLG_C=2 and GEN.SARESPSC_FLG ne 1))[goto HOUTENURE_A]  

else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: HOU.0020.00.1 | Variable: HOUTENURE_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

^HOUTEN owned or rented by you ^SOMEFAM\_A?

If house has a mortgage, record as owned.

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^HOUTEN    | Description | Is this house/apartment at ^HNO ^HNOSUF ^STRNAME/Is this house/apartment  |
|            | Instruction | If Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS=1, fill "Is the house/apartment at ^HNO ^HNOSUF ^STRNAME" else fill "Is this house/apartment" |
| ^HNO       | Description | {Value of HNO}  |
|            | Instruction | Fill GEN.HNO  |
| ^HNOSUF    | Description | {Value of HNOSUF}   |
|            | Instruction | Fill GEN.HNOSUF   |
| ^STRNAME   | Description | {Value of STRNAME}  |
|            | Instruction | Fill GEN.STRNAME  |
| ^SOMEFAM_A | Description | or someone in your family   |
|            | Instruction | If PCNT18UP_A=1 fill: blank<br>If PCNT18UP_A gt 1 fill: "or someone in your family"   |

**Response:**

|   |                       |
|---|-----------------------|
| 1 | Owned or being bought |
| 2 | Rented                |
| 3 | Other arrangement     |
| 7 | Refused               |
| 9 | Don't Know            |

**Universe:**

Sample Adults 18+ and Sample Adult and Sample Child are in the same family and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample child respondent answered refused or don't know to all questions in the sample child HOU section and the sample child respondent is not the sample adult respondent.

**Skip Instructions:**

<1,3,RF,DK> [goto next section]  
<2> [goto HOUVASST\_A]

**Replicate To:**

|             |
|-------------|
| HOUTENURE_C |
|-------------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

Question ID: HOU.0030.00.1   Variable: HOUGVASST\_A      Interview Module: Adult   Content Type: Annual Core

**Question Text:**

^HOUGVT paying lower rent because the Federal, State, or local government is paying part of the cost?

**Read if necessary:** Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

**Fills:**

|         |             |   |
|---------|-------------|---|
| ^HOUGVT | Description | Are you/Are you or anyone in your family/Is your family at ^HNO ^HNOSUF ^STRNAME  |
|         | Instruction | If Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS ne 1 and GEN.PCNT18UP_A=1, fill "Are you"<br>elseif Roster.HHC.tblName.bPerson[PX_A].ONOFFCAMPUS ne 1 and PCNT18UP_A gt 1, fill "Are you or anyone in your family"<br>elseif Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "Is your family at ^HNO ^HNOSUF ^STRNAME" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ with a house/apartment that is being rented AND Sample Adult and Sample Child are in the same family and the house/apartment is being owned/rented and the HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family section

**Skip Instructions:**

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

**Replicate To:**

HOUGVASST\_C

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REC: Person's name**

**Question ID:** REC.0010.00.1    **Variable:** LNKFNAME\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

**Ask or verify:** What is your full name?

**Enter first name.**

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<allow 20,RF,DK> [goto LNKNAME\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REC: Person's name**

**Question ID:** REC.0020.00.1    **Variable:** LNKNAME\_A    **Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Enter middle name.

Press "Enter" to skip to last name if respondent has no middle name.

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<allow 20,RF,DK> [goto LNKNAME\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REC: Person's name**

**Question ID:** REC.0030.00.1    **Variable:** LNKLNNAME\_A

**Interview Module:** Adult    **Content Type:** Annual Core

**Question Text:**

Enter last name.

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<allow 20,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**TEL: Telephone Use**

Question ID: TEL.0010.00.1 Variable: TELCURWRK\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Is there at least one telephone INSIDE ^HOME that is currently working and is not a cell phone?

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^HOME    | Description | your home at ^HNO ^HNOSUF ^STRNAME/your home  |
|          | Instruction | If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "your home at ^HNO ^HNOSUF ^STRNAME"<br>else fill "your home" |
| ^HNO     | Description | {Value of HNO}  |
|          | Instruction | Fill GEN.HNO  |
| ^HNOSUF  | Description | {Value of HNOSUF}   |
|          | Instruction | Fill GEN.HNOSUF   |
| ^STRNAME | Description | {Value of STRNAME}  |
|          | Instruction | Fill GEN.STRNAME  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ where the Sample Adult and Sample Child are in the same family but TELCURWRK\_C has not been asked OR Sample Adult and Sample Child are in the same family, TELCURWRK\_C was answered don't know or refused and the Sample Adult is not the Sample Child Respondent or where the Sample Adult does not live in same family as Sample Child

**Skip Instructions:**

<1,2,RF,DK> [goto TELCEL\_A]

**Replicate To:**

TELCURWRK\_C

**2020 National Health Interview Survey (NHIS) Questionnaire****TEL: Telephone Use**

Question ID: TEL.0020.00.1 Variable: TELCEL\_A Interview Module: Adult Content Type: Annual Core

**Question Text:**

Do you have a working cell phone?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+

**Skip Instructions:**

```
<1> if TELCURWRK_A=1 or (TELCURWRK_C=1 and GEN.SAMEFAM_FLG=1)[goto PHONEUSE_A]
else[goto TLNO_TEL_SA]

<2,RF,DK> if (GEN.SAMEFAM_FLG=1 and PHONELIVE_C=empty) or (GEN.SAMEFAM_FLG=1 and PHONELIVE_C IN
(DK,RF) 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**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> TEL.0030.00.1 | <b>Variable:</b> PHONELIVE_A | <b>Interview Module:</b> Adult | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

Do you live with anyone ^ATHOME who has a working cell phone?

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^ATHOME  | Description | at your home at {Value of HNO} {Value of HNOSUF} {Value of STRNAME}   |
|          | Instruction | If Roster.HHC.tblNAME.bPerson[PX_A].ONOFFCAMPUS=1, fill "at your home at ^HNO ^HNOSUF ^STRNAME"<br>else leave blank |
| ^HNO     | Description | {Value of HNO}  |
|          | Instruction | Fill GEN.HNO  |
| ^HNOSUF  | Description | {Value of HNOSUF}   |
|          | Instruction | Fill GEN.HNOSUF   |
| ^STRNAME | Description | {Value of STRNAME}  |
|          | Instruction | Fill GEN.STRNAME  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Adults 18+ in a family with at least one other person without working cell phones where Sample Adult does not live in same family as Sample Child or Sample Adult and Sample Child are in the same family but PHONELIVE\_C has not been asked OR Sample Adult and Sample Child are in the same family, PHONELIVE\_C was answered dk/rf and the Sample Adult is not the Sample Child Respondent.

**Skip Instructions:**

<1,2,RF,DK> [goto TLNO\_TEL\_SA]

**Replicate To:**

|             |
|-------------|
| PHONELIVE_C |
|-------------|

**2020 National Health Interview Survey (NHIS) Questionnaire****TEL: Telephone Use**

Question ID: TEL.0040.00.1 Variable: PHONEUSE\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

Of all the telephone calls that you answer, are all or almost all on your cell phones, some on your cell phone and some on your home phone, or very few or none on your cell phones?

**Response:**

|   |   |
|---|---|
| 1 | All or almost all calls received on cell phones         |
| 2 | Some received on cell phones and some on regular phones |
| 3 | Very few or none on cell phones                         |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Adults 18+ with working personal cell phone and who said they have a working land-line in household or in the same family as sample child respondent who said they have a working landline in the household.

**Skip Instructions:**

<1-3,RF,DK> [goto TLNO\_TEL\_SA]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNK: Linkage**

Question ID: LNK.0010.00.1 Variable: LNKINTRO\_A

Interview Module: Adult Content Type: Annual Core

**Question Text:**

?[F1]

We would like the last four digits of your Social Security Number<sup>^medicarenum</sup>. This information will help us link your survey data with health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics (NCHS) uses this information for research purposes only. Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other answers you have provided, this information will remain confidential.

**Read if necessary:** The specific federal laws protecting your privacy and the confidentiality of your data are the Public Health Service Act (Title 42, U.S.C., Section 242m(d)), the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III, Public Law No. 115-435), and the Privacy Act of 1974 (5 U.S.C. § 552a).

**Read if necessary:** NCHS collects health-related data from other government agencies, including records from Medicare and Medicaid Services, Social Security, housing, and death certificates. If you agree, NCHS will attempt to link records such as these with your survey data to give a fuller picture of the kinds of things that affect health. NCHS does this linkage. Your name and your information are not given to these agencies.

**Read if necessary: If asked:** Your data will not be linked to records from the IRS (Internal Revenue Service) or ICE (Immigration and Customs Enforcement).

Enter '1' to continue.

**Fills:**

|                         |             |   |
|-------------------------|-------------|---|
| <sup>^medicarenum</sup> | Description | , and the last four characters of your Medicare number  |
|                         | Instruction | If INS.HIKIND_A=2 or INS.MCAREPRB_A=1, fill ", and the last four characters of your Medicare number" else, fill nothing |

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto SSN4\_A]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNK: Linkage**

|                            |                  |                         |                           |
|----------------------------|------------------|-------------------------|---------------------------|
| Question ID: LNK.0020.00.1 | Variable: SSN4_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|------------------|-------------------------|---------------------------|

**Question Text:**

?[F1]

What are the last four digits of your Social Security Number?

**Read if necessary:** Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal Laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.

**Read if asked about specific laws:** The specific federal Laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

**Enter 'N' for no Social Security Number.**

**Response:**

|           |                           |
|-----------|---------------------------|
| 0001-9999 | Range of values           |
| N         | No Social Security Number |
| 99997     | Refused                   |
| 99999     | Don't Know                |

**Skip Instructions:**

```

if SSN4_A=000-999 [goto ERR2_SS4_A]
elseif SSN4_A NOT IN (N,RF,DK,000-999,0001-9999) [goto ERR3_SS4_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_SS4_A | Entered less than four digits hard edit                          | {check ERR2_SS4_A}  You must enter all four of the last four digits of the Social Security Number.  Please correct.   |
| ERR3_SS4_A | SSN last four digits are 0000 or a letter other than N hard edit | {check ERR3_SS4_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

What are the last four characters of your Medicare or Health Insurance Claim Number?

**Read if necessary:** Providing this information is voluntary. There will be no effect on your benefits if you do not provide this information. Federal Laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.

**Read if asked about specific laws:** The specific federal Laws protecting your privacy and the confidentiality of your data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

Reports from memory are acceptable if the Medicare card (or some other form of documentation) is not available.

Enter the last four characters, which should be letter-letter-number-number.

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 9997     | Refused         |
| 9999     | Don't Know      |

**Universe:**

Sample adults 18+ who have Medicare

**Skip Instructions:**

```
if anything lt 4 alphanumeric characters [goto ERR1_LAST4C_A]
elseif SSN4_A IN (N,RF,DK) or LAST4C_A IN (RF,DK) [goto RLINK_A]
else [goto next section]
```

**Hard Edit:**

| Check Text    | Check Description                      | Check Text   |
|---------------|--|--|
| ERR1_LAST4C_A | Medicare number less than 4 characters | {check ERR1_LAST4C_A}<br><br>You must enter all four of the last four alphanumeric characters of the Medicare number.<br><br>Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNK: Linkage**

|                            |                   |                         |                           |
|----------------------------|-------------------|-------------------------|---------------------------|
| Question ID: LNK.0060.00.1 | Variable: RLINK_A | Interview Module: Adult | Content Type: Annual Core |
|----------------------------|-------------------|-------------------------|---------------------------|

**Question Text:**

?[F1]

May we try to link your survey data without a ^SSNMEDNUM?

**Read if necessary:** Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title III of Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

**Fills:**

| ^SSNMEDNUM | Description | consent by SSN or Medicare number   |
|------------|-------------|---|
|            | Instruction | <pre>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= "social security number"  elseif ((SSN4_A ge 0001 and SSN4_A le 9999) and (Adult.INS.HIKIND_A = 2 or Adult.INS.MCAREPRB_A =1) and (MCN04_A IN (RF, DK) or (LAST4C_A IN (RF,DK))) fill = "Medicare or Health Insurance Claim Number"  else fill = "social security number, Medicare or Health Insurance Claim Number"</pre> |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample adults 18+ who answered no SSN or refused or don't know last 4 digits of SSN or who answered refused or don't know at last 4 of Medicare number

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**THX: Thanks**

|                           |                    |                         |                           |
|---------------------------|--------------------|-------------------------|---------------------------|
| Question ID: THX.0080.001 | Variable: THANKS_A | Interview Module: Adult | Content Type: Annual Core |
|---------------------------|--------------------|-------------------------|---------------------------|

**Question Text:**

Thank respondent for answering these questions. If there is a Sample Child interview to complete, ask for appropriate person to respond to these questions.

Enter '1' to continue.

**Response:**

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

**Universe:**

Sample Adults 18+

**Skip Instructions:**

<1> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0040.00.1 Variable: CURRES\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

The next questions are about ^SCNAME.

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

**If Sample Child respondent refuses to participate enter CTRL-R.**

**Fills:**

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

**Response:**

|    |                   |
|----|-------------------|
| 01 | Name of Person 1  |
| 02 | Name of Person 2  |
| 03 | Name of Person 3  |
| 04 | Name of Person 4  |
| 05 | Name of Person 5  |
| 06 | Name of Person 6  |
| 07 | Name of Person 7  |
| 08 | Name of Person 8  |
| 09 | Name of Person 9  |
| 10 | Name of Person 10 |
| 11 | Name of Person 11 |
| 12 | Name of Person 12 |
| 13 | Name of Person 13 |
| 14 | Name of Person 14 |
| 15 | Name of Person 15 |
| 16 | Name of Person 16 |
| 17 | Name of Person 17 |
| 18 | Name of Person 18 |
| 19 | Name of Person 19 |
| 20 | Name of Person 20 |
| 21 | Name of Person 21 |
| 22 | Name of Person 22 |
| 23 | Name of Person 23 |
| 24 | Name of Person 24 |
| 25 | Name of Person 25 |
| 97 | Refused           |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<RF>  if CBSTAT_A=1[goto BCK.THANKS_CB]
else if OUTCOME=215 [goto BCK.THANKS_INSUF]
else [goto BCK.THANKS_SUF]
If CURRES_C not in Roster.FAM.KNOWSC [goto KNOAVAIL_C]
Else if CURRES_C ne LNO_HHRESP AND CURRES_C in Roster.FAM.KNOWSC [goto AVAIL_C]
Else if CURRES_C = LNO_HHRESP AND CURRES_C in Roster.FAM.KNOWSC AND CURRES_C not in
Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
Else if CURRES_C = LNO_HHRESP AND CURRES_C in Roster.FAM.KNOWSC AND CURRES_C in
Roster.bREL.bPerson[PX_C].PARENTS[goto VFYALL_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VFY: Verification and demographic details**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> VFY.0060.00.1 | <b>Variable:</b> KNOAVAIL_C | <b>Interview Module:</b> Child | <b>Content Type:</b> 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)<br>fill : "* If there are no other knowledgeable people to select then press the end key."<br>ELSE<br>fill : "I have recorded that ^KNOWSC ^areis_c knowledgeable about and responsible for ^SCNAME's health care. ^WHOIS currently available and willing to answer these questions?" |
| ^KNOWSC            | Description | List of household members who are knowledgeable about and responsible for the Sample Child  |
|                    | Instruction | KNOWSC = list of people identified as being knowledge about and responsible for ^SCNAME's health as selected in Roster.FAM.KNOWSC. Add "and" before last name if list > 1.  |
| ^areis_c           | Description | is/are  |
|                    | Instruction | If KNOAVAIL_Count = 1, fill 'is', else fill 'are'   |
| ^SCNAME            | Description | Sample child's name   |
|                    | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^WHOIS             | Description | Is {Value of ALIAS}/Who is  |
|                    | Instruction | If KNOAVAIL_Count = 1, fill "Is Alias[I]" else fill "Who is"  |
| ^KNOAVAIL_C_fill_2 | Description | FR Instruction  |
|                    | Instruction | If (ActiveNotKnow_Count > 0)<br>fill : "* People listed in gray have said that they are not knowledgeable about the SC. If you incorrectly set someone as not knowledgeable then you may select that person and continue the interview."  |

**Response:**

|    |                   |
|----|-------------------|
| 01 | Name of Person 1  |
| 02 | Name of Person 2  |
| 03 | Name of Person 3  |
| 04 | Name of Person 4  |
| 05 | Name of Person 5  |
| 06 | Name of Person 6  |
| 07 | Name of Person 7  |
| 08 | Name of Person 8  |
| 09 | Name of Person 9  |
| 10 | Name of Person 10 |
| 11 | Name of Person 11 |

|    |                   |
|----|-------------------|
| 12 | Name of Person 12 |
| 13 | Name of Person 13 |
| 14 | Name of Person 14 |
| 15 | Name of Person 15 |
| 16 | Name of Person 16 |
| 17 | Name of Person 17 |
| 18 | Name of Person 18 |
| 19 | Name of Person 19 |
| 20 | Name of Person 20 |
| 21 | Name of Person 21 |
| 22 | Name of Person 22 |
| 23 | Name of Person 23 |
| 24 | Name of Person 24 |
| 25 | Name of Person 25 |
| 97 | Refused           |

**Universe:**

Sample Children 0-17 and at least one knowledgeable person is still eligible for selection and speaking to the initial respondent and they are not knowledgeable OR speaking to a new respondent

**Skip Instructions:**

```
<01-25> [goto INTMODE_C]
<RF> if CBSTAT_A=1[goto BCK.THANKS_CB]
else if OUTCOME=215 [goto BCK.THANKS_INSUF]
else [goto BCK.THANKS_SUF]
<F9> [goto bCallback.ARRANGE_CALLBACK]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0080.00.1 Variable: INTMODE\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

How are you contacting ^KNOAVAIL\_C?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^KNOAVAIL_C | Description | Name of person selected at KNOAVAIL_C                               |
|             | Instruction | Display name of person whose line number was selected at KNOAVAIL_C |

**Response:**

|   |                |
|---|----------------|
| 1 | Personal visit |
| 2 | Telephone      |

**Universe:**

Sample Children 0-17 and interviewer is speaking to a new respondent

**Skip Instructions:**

```
<1> if HHRESPSC_FLG ne 1 [goto AVAIL_C]
else if HHRESPSC_FLG=1 and LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
else [goto VFYALL_C]
<2> [goto TINTRO_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

|                            |                    |                         |                           |
|----------------------------|--------------------|-------------------------|---------------------------|
| Question ID: VFY.0090.00.1 | Variable: TINTRO_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|--------------------|-------------------------|---------------------------|

**Question Text:**

Hello, my name is ([say your name](#)). I'm calling from the U.S. Census Bureau. We are conducting the National Health Interview Survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC). This is a nationwide survey about the health of both adults and children. I have some information from ^HHRESP. ^HHSEX told me that you would be a good person to talk to about the health of ^SCNAME.

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

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

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

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^HHRESP | Description | {Value of HHRESPAVAIL}   |
|         | Instruction | Display the name of the person selected at Roster.HHC.HHRESPAVAIL  |
| ^HHSEX  | Description | He/She/They  |
|         | Instruction | If GEN SEX FINAL[LNO_HHRESP]=1, fill: He<br>elseif GEN SEX FINAL[LNO_HHRESP]=2, fill: She<br>elseif GEN SEX FINAL[LNO_HHRESP] in (DK,RF), fill: They |
| ^SCNAME | Description | Sample child's name  |
|         | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent

**Skip Instructions:**

```
<1,RF,DK> [goto ATTN_C]
<2> [goto LETTER_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0100.00.1 Variable: ATTN\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

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

[Enter 1 to continue.](#)

**Response:**

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

**Universe:**

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent who is driving

**Skip Instructions:**

<1> [goto bCallback.CB\_POSSIBLE]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0110.00.1 Variable: LETTER\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

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

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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,DK,RF> [goto S\_INTRO\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0120.00.1 Variable: S\_INTRO\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

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

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

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

**Fills:**

|         |             |  |
|---------|-------------|--|
| ^SCTIME | Description | 20/30  |
|         | Instruction | If ASTAT=1 and SAMEFAM_FLG=1, fill: 20<br>Else, fill: 30 |

**Response:**

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

**Universe:**

Sample Children 0-17 and interviewer is conducting a telephone interview with new respondent who is not driving

**Skip Instructions:**

```
<1> if HHRESPSC_FLG ne 1 [goto AVAIL_C]
else if HHRESPSC_FLG=1 and LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS[goto RELTIV_C]
else [goto VFYALL_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0130.00.1 Variable: AVAIL\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

I have recorded that you are knowledgeable about and responsible for ^SCNAME's health care. Is that correct?

**Fills:**

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

**Response:**

|   |         |
|---|---------|
| 1 | Yes     |
| 2 | No      |
| 7 | Refused |

**Universe:**

Sample Children 0-17 and at least one knowledgeable person is still eligible for section AND initial respondent wasn't the HH Resp and is knowledgeable OR picked a new respondent and respondent is not driving

**Skip Instructions:**

```
<1>If (LNO_SCRESP not in Roster.bREL.bPerson[PX_C].PARENTS) {respondent is not a parent} [goto  
RELTIV_C]  
Else If Roster.tblName.bPerson[PX_C].ONOFFCAMPUS in (1,RF,DK) {Sample Child is on campus} [goto  
VFYONCAMP_C]  
Else [goto VFYALL_C]  
<2> if KNOAVAIL_Count gt 0 [goto KNOAVAIL_C]  
Else [goto NOMORE_C]  
<RF>  if CBSTAT_A=1[goto BCK.THANKS_CB]  
else if OUTCOME=215 [goto BCK.THANKS_INSUF]  
else [goto BCK.THANKS_SUF]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

|                            |                    |                         |                           |
|----------------------------|--------------------|-------------------------|---------------------------|
| Question ID: VFY.0150.00.1 | Variable: RELTIV_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|--------------------|-------------------------|---------------------------|

**Question Text:**

What is your relationship to ^SCNAME?

**Fills:**

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

**Response:**

|    |  |
|----|--|
| 01 | Parent (Biological, adoptive, or step) |
| 02 | Grandparent                            |
| 03 | Aunt/Uncle                             |
| 04 | Brother/Sister                         |
| 05 | Other relative                         |
| 06 | Legal guardian                         |
| 07 | Foster parent                          |
| 08 | Other non-relative                     |
| 97 | Refused                                |
| 99 | Don't Know                             |

**Universe:**

Sample Children 0-17 where the current respondent has not refused AND at least one person is knowledgeable about and responsible for the sample child AND the respondent is not driving while on the telephone AND the respondent has not refused or said he/she is not available AND the respondent was not identified as a parent in the roster section

**Skip Instructions:**

```
<9> [goto ERR_RELТИV_C]
<4,5,8,RF,DK> [goto VFYRESP_C]
<1,2,3,6,7> if Roster.tblNAME.bPerson.[PX.C].ONOFFCAMPUS IN (1,RF,DK) and HHRESPSC_FLG ne 1
[goto VFYONCAMP_C]
Else [goto VFYALL_C]
```

**Soft Edit:**

| Check Text   | Check Description  | Check Text            |
|--------------|--------------------|-----------------------|
| ERR_RELТИV_C | RELТИV_C soft edit | {signal ERR_RELТИV_C} |

The spouse or partner of the Sample Child cannot answer questions about him/her.

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0180.00.1 Variable: VFYRESP\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

To confirm, are you RESPONSIBLE FOR ^SCNAME's health care?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 where person identified as Child respondent is Brother/Sister, Other Relative, Other Non-relative, Refused or Don't Know.

**Skip Instructions:**

```
<2,RF,DK>if KNOAVAIL_Count > 0 [goto KNOAVAIL_C]
else [goto NOMORE_C]
<1> if Roster.tblName.bPerson[PX_C].ONOFFCAMPUS in (1,RF,DK) [goto VFYONCAMP_C]
Else [goto VFYALL_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0190.00.1 Variable: VFYONCAMP\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

I want to confirm some information.

Does ^SCNAME live in on-campus housing or off-campus housing?

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

**Fills:**

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

**Response:**

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

**Universe:**

A person who is knowledgeable or responsible for the sample child's health is available and the Sample Child is living in on-campus housing and the Sample Child respondent is not the household respondent and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

<1,RF,DK> [goto VFYALL\_C]  
<2> [goto NOMORE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

|   |               |   |          |                   |       |               |             |
|---|---------------|---|----------|-------------------|-------|---------------|-------------|
| Question ID:  | VFY.0200.00.1 | Variable:   | VFYALL_C | Interview Module: | Child | Content Type: | Annual Core |
| <b>Question Text:</b>   |               |   |          |                   |       |               |             |
| Please verify the following information about the sample child before proceeding:   |               |   |          |                   |       |               |             |
| I have recorded ^childvsex, ^AGE_C, ^NATORG_C, and ^RACE_C. Would you like to make any changes to this ^additionalinfo_C? |               |   |          |                   |       |               |             |
| <b>^RACEVRBATValue_C</b>  |               |   |          |                   |       |               |             |
| If respondent "refuses" or says "don't know", enter "2" for "no."   |               |   |          |                   |       |               |             |
| <b>Fills:</b>   |               |   |          |                   |       |               |             |
| ^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: " <sup>^SCNAME</sup> is male"<br>If SEX_FINAL=2, fill: " <sup>^SCNAME</sup> is female"<br>If SEX_FINAL=DK, fill: " <sup>^SCNAME</sup> 's sex is not known"<br>If SEX_FINAL=RF, fill: " <sup>^SCNAME</sup> 's sex was not provided"  |          |                   |       |               |             |
| ^SCNAME   | Description   | Sample child's name   |          |                   |       |               |             |
|   | Instruction   | Fill ALIAS of HHSTAT_C=1  |          |                   |       |               |             |
| ^AGE_C  | Description   | ^SCNAME is ^AGENO_C ^AGETP_C old/^SCNAME is under 18  |          |                   |       |               |             |
|   | Instruction   | If AGE_FINAL NE ('RF', 'DK'), fill: " <sup>^SCNAME</sup> is ^AGENO_C ^AGETP_C old"<br>If AGE_FINAL IN ('RF', 'DK'), fill: " <sup>^SCNAME</sup> is under 18"   |          |                   |       |               |             |
| ^AGENO_C  | Description   | {Value of AGENO}  |          |                   |       |               |             |
|   | Instruction   | Fill value from Roster.HHC.AGENO[PX]  |          |                   |       |               |             |
| ^AGETP_C  | Description   | {Value of AGETP}  |          |                   |       |               |             |
|   | Instruction   | Fill value from Roster.HHC.AGETP[PX]  |          |                   |       |               |             |
| ^NATORG_C   | Description   | Verify Hispanic or Latino origin  |          |                   |       |               |             |
|   | Instruction   | If NATO_FINAL=1 fill: " <sup>^SCNAME</sup> is of Hispanic or Latino Origin"<br>If NATO_FINAL=2 fill: " <sup>^SCNAME</sup> is not of Hispanic or Latino Origin"<br>If NATO_FINAL=DK fill: "whether <sup>^SCNAME</sup> is of Hispanic or Latino Origin is not known"<br>If NATO_FINAL=RF fill: "information about whether <sup>^SCNAME</sup> is of Hispanic or Latino Origin was not provided"  |          |                   |       |               |             |
| ^RACE_C   | Description   | ^SCNAME is ^RACEFILLAND_C/^SCNAME's race is not known/^SCNAME's race was not provided   |          |                   |       |               |             |
|   | Instruction   | If GEN.RACE_FINAL[PX_C].RACE_FINAL NE 'RF' OR 'DK', fill: " <sup>^SCNAME</sup> is ^RACEFILLAND_C."<br>If GEN.RACE_FINAL[PX_C].RACE_FINAL='DK', fill: <sup>^SCNAME</sup> 's race is not known"<br>If GEN.RACE_FINAL[PX_C].RACE_FINAL='RF', fill: <sup>^SCNAME</sup> 's race was not provided"  |          |                   |       |               |             |
| ^RACEFILLAND_C  | Description   | Categories selected at the RACE screen  |          |                   |       |               |             |
|   | Instruction   | Fill categories selected at the GEN.RACE_FINAL [PX_C].RACE_FINAL screen. If more than two categories separate the categories with commas. Add the word "and" before the last category.<br>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<br>elseif HRESPSC_FLG=1 display GEN.RACE_FINAL [PX_C].RACE_VRBAT_FINAL<br>else display "some other race" |          |                   |       |               |             |
| ^additionalinfo_C   | Description   | if any information is missing "or provide additional information about"   |          |                   |       |               |             |
|   | Instruction   | See attachment for fill instructions  |          |                   |       |               |             |
| ^RACEVRBATValue_C   | Description   | Information collected at RACE_VRBAT for Sample Child  |          |                   |       |               |             |

|             |             |  |
|-------------|-------------|--|
|             | Instruction | IF GEN.HHRESPSC_FLG ne 1 and GEN.RACE_FINAL[PX_C].RACE_VRBAT_FINAL ne (empty,RF,DK), fill "* If respondent wants information on which other race ^SCNAME is listed as, say ^RACE_VRBAT." |
| ^RACE_VRBAT | Description | {Value of RACE_VRBAT_FINAL}  |
|             | Instruction | Fill value from GEN.RACE_FINAL[PX].RACE_VRBAT_FINAL  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 where a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```

<1> [goto VFYDEM_C]
<2> if GEN.SEX_FINAL[PX_C] IN (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.0210.00.1 Variable: VFYDEM\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** What should I change?

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

**Response:**

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

**Universe:**

Sample children 0-17 would like to change demographic information

**Skip Instructions:**

```
If '1' NOT IN VFYDEM_C and GEN.SEX_FINAL[PX_C] IN ('DK','RF') [goto SEXGUESS_C]
elseif '1' IN VFYDEM_C [goto NEWSEX_C]
elseif '2' IN VFYDEM_C [goto NEWAGENO_C]
elseif '3' IN VFYDEM_C [goto NEWNATORG_C]
elseif '4' IN VFYDEM_C [goto NEWRACE_C]
<RF,DK> If GEN.SEX_FINAL[PX_C] IN ('DK','RF') [goto SEXGUESS_C]

elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0220.00.1 Variable: NEWSEX\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is ^SCNAME male or female?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Male       |
| 2 | Female     |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Respondent said sample child's sex is not correct

**Skip Instructions:**

```
if GEN.SEX_FINAL[PX_C]=DK,RF and NEWSEX_C=DK,RF [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 BMONT_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0230.00.1 Variable: SEXGUESS\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Enter your best guess of ^SCNAME's sex

**Fills:**

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

**Response:**

|   |        |
|---|--------|
| 1 | Male   |
| 2 | Female |

**Universe:**

Sample children for whom there is no sex provided by the household respondent and did not give a sex when asked to verify information and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```
<1,2>
if '2' IN VFYDEM_C [goto NEWAGENO_C]
elseif '3' IN VFYDEM_C [goto NEWNATORG_C]
elseif '4' IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONT_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0240.01.1 Variable: NEWAGENO\_C Interview Module: Child Content Type: Annual Core

Question Text:

**1 of 2**

How old is ^SCNAME?

**Enter number for age.**

Fills:

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

Response:

|         |                 |
|---------|-----------------|
| 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 | Day(s)   |
| 2 | Week(s)  |
| 3 | Month(s) |
| 4 | Year(s)  |

Universe:

Valid number entered at NEWAGENO\_C

Skip Instructions:

```
<1,2,3,4> if '3' IN VFYDEM_C [goto NEWNATORG_C]
elseif '4' IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0260.00.1 Variable: NEWNATORG\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is ^SCNAME Hispanic or Latino?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 whose Hispanic Origin is not correct

**Skip Instructions:**

```
<1,2,RF,DK> if '4' IN VFYDEM_C [goto NEWRACE_C]
elseif NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0270.00.1 Variable: NEWRACE\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

What race or races is ^SCNAME? Please select 1 or more of these categories:

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

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Children 0-17 whose race is not correct

**Skip Instructions:**

```
if NATO_FINAL=1 [goto HISPTYPE_C]
elseif RACE_FINAL=6 [goto PITYPE_C]
elseif RACE_FINAL=7 [goto ASIANTYPE_C]
elseif RACE_FINAL=8 [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0280.00.1   Variable: HISPTYPE\_C      Interview Module: Child   Content Type: Annual Core

**Question Text:**

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

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

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^CHICANOA | Description | Chicano/Chicano or Chicana   |
|           | Instruction | If SEX_FINAL = 1 fill: "Chicano"<br>if SEX_FINAL = 2,DK,RF fill "Chicano or Chicana" |
| ^LATINOA  | Description | Latino/Latino or Latina  |
|           | Instruction | If SEX_FINAL= 1 fill: "Latino"<br>if SEX_FINAL = 2,DK,RF fill "Latino or Latina"     |

**Response:**

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

**Universe:**

Sample Children 0-17 are of Hispanic Origin and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```

<7> [goto HISPOOTHER_C]
<1-6,DK,RF>
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: HISPOOTHER_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|------------------------|-------------------------|---------------------------|

**Question Text:**

?[F1]

What is ^SCNAME's Hispanic or Latino ancestry or origin? If ^SCNAME has more than one, tell me all of them.

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

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

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

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| ZZ       | Other           |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child is of Other Hispanic Origin

**Skip Instructions:**

```
<ZZ> [goto HISPVRBAT_C]
<lookup table selection,RF,DK>
if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]
elseif GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in ('ZZ',RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

**Question ID:** VFY.0300.00.1    **Variable:** HISPVRBAT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** What is ^SCNAME's Hispanic or Latino ancestry or origin? If ^SCNAME has more than one, tell me all of them.

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child 0-17 where some other Hispanic Ancestry is reported and this is not chosen from the picklist

**Skip Instructions:**

```
<allow 80,RF,DK> if GEN.RACE_FINAL[PX_C]=6 [goto PITYPE_C]
elseif GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in ('ZZ',RF,DK))) [goto RACEOTHER_C]
else [goto BMONTD_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

**Question ID:** VFY.0310.00.1    **Variable:** PITYPE\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

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

**Enter all that apply, separate with comma**

**Fills:**

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

**Response:**

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

**Universe:**

Sample children 0-17 identified as Pacific Islanders and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```
<3> [goto PIOTHER_C]
<1,2,RF,DK> if GEN.RACE_FINAL[PX_C]=7 [goto 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 BMONT_H_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****VFY: Verification and demographic details**

Question ID: VFY.0320.00.1 Variable: PIOTHER\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

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

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

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| ZZ       | Other           |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child who is "Other Pacific Islander"

**Skip Instructions:**

```
<ZZ> [goto PIVRBAT_C]
<lookup table selection, RF, DK>
if GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in ('ZZ','RF','DK'))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

**Question ID:** VFY.0330.00.1    **Variable:** PIVRBAT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child are some other group of Pacific Islander and this is not chosen from the picklist

**Skip Instructions:**

```
<allow 80,RF,DK>
if GEN.RACE_FINAL[PX_C]=7 [goto ASIANTYPE_C]
elseif GEN.RACE_FINAL[PX_C]=8 and (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:**

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

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Children 0-17 identified as Asian and a person who is knowledgeable or responsible for the sample child's health has been identified and that knowledgeable person has not refused and the Sample Child lives on campus or refused or don't know and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```
<7> [goto ASIANOTHER_C]
<1-6,RF,DK>
elseif GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (GEN.HHRESPSC_FLG ne 1 and Roster.HHC.RACE_SP
[PX_C] in ('ZZ','RF','DK'))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0350.00.1 Variable: ASIANOTHER\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

What is ^SCNAME's specific Asian ethnic group or groups? If ^SCNAME has more than one, tell me all of them.

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

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

(Asian) Indian  
Chinese  
Filipino  
Japanese  
Korean  
Vietnamese

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | 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,DK,RF>
if GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (NEWRACE_C=EMPTY and GEN.HHRESPSC_FLG ne 1 and
ROSTER.HHC.RACE_SP[PX_C] IN (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****VFY: Verification and demographic details**

Question ID: VFY.0360.00.1 Variable: ASIANVRBAT\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** What is ^SCNAME's specific Asian ethnic group or groups? If ^SCNAME has more than one, tell me all of them.

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child is some other ethnic group of Asian and this is not chosen from the picklist

**Skip Instructions:**

```
<allow 80,RF,DK>
if GEN.RACE_FINAL[PX_C]=8 and (NEWRACE_C=8 or (NEWRACE_C=EMPTY and GEN.HHRESPSC_FLG ne 1 and
ROSTER.HHC.RACE_SP[PX_C] IN (ZZ,RF,DK))) [goto RACEOTHER_C]
else [goto BMONTH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0370.00.1 Variable: RACEOTHER\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

What other race or races is ^SCNAME?

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

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

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | 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 BMONT\_H\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

**Question ID:** VFY.0380.00.1    **Variable:** RACEVRBAT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** What other race or races is ^SCNAME?

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Child's race was change to include "some other race" in verification section or where the Sample Child respondent is not the Household respondent and were identified by the household respondent as being "some other race" not on the roster other race picklist and the Sample Child Respondent did not select it from the Sample Adult other race picklist.

**Skip Instructions:**

<verbatim,RF,DK> [goto BMONT\_H\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0410.01.1 Variable: BMONTH\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**1 of 3**

What is ^SCNAME's date of birth?  
Please give month, day, and year for the date of birth.

**Enter month of birth.**

**Fills:**

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

**Response:**

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

**Universe:**

A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL\_C AND date of birth was verified as incorrect fewer than 2 times and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

<1-12,RF,DK> [goto BDAY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0410.02.1 Variable: BDAY\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**2 of 3**

**Enter day of birth.**

**Response:**

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

**Universe:**

A person who is knowledgeable or responsible for the sample child's health is available or there is only one parent over 18 and no other adults in the child's family or there are more than two adults and one of them is a parent who was identified as available at AVAIL\_C AND date of birth was verified as incorrect fewer than 2 times and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

<1-31,RF,DK> Only allow valid days for month entered. if days not valid [goto ERR\_BDAY\_C]  
else [goto BYEAR\_C]

**Hard Edit:**

| Check Text | Check Description                        | Check Text   |
|------------|--|--|
| ERR_BDAY_C | Invalid day for selected month hard edit | {check ERR_BDAY_C}<br>^BDAY_C is not a valid day for ^BMONT_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 BMONT_H_C gt current month) or
(BYEAR_C=current year and BMONT_H_C=current month and BDAY_C gt current day) [goto ERR_BYEAR_C]

elseif BDAY_C=29 and BMONT_H_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 (DK,RF) and AGETEMP_C not IN (DK,RF) and AGETEMP_C ne AGE_CALC_C) AND
(AGETEMP_C not IN (DK,RF) and AGETEMP_C ne AGE_CALCMINUS1_C)) and DOB_COUNT_C ne 1 [goto
VFYDOB_C]

elseif (AGETEMP_C eq AGE_CALC_C or AGE_CALCMINUS1_C) or DOB_COUNT_C=1
  if AGE_FINAL ge 18 [goto NOMORE_C]
  else [goto next section]

```

**Hard Edit:**

| Check Text     | Check Description                        | Check Text   |
|----------------|--|--|
| ERR_BYEAR_C    |  | {check ERR_BYEAR_C}<br><br>Future date invalid.                          |
| ERR_BDAYLEAP_C | Invalid day for selected month hard edit | {check ERR_BDAYLEAP_C}<br><br>^BDAY_C is not a valid day for ^BMONT_H_C. |

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VFY: Verification and demographic details**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> VFY.0430.00.1 | <b>Variable:</b> VFYDOB_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

There is a difference between the age the computer calculated from ^SCNAME's date of birth of ^AGEDOB\_C\_fill and the age I had previously recorded of ^TEMPAGE\_C.

I recorded ^SCNAME's ^dateofbirth\_C

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^SCNAME        | Description | Sample child's name  |
|                | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^AGEDOB_C_fill | Description | Age(s) calculated from Date of Birth for SC  |
|                | Instruction | Fill one age calculated from AGE_CALC_C as "(age) year(s) old"<br>Fill two ages calculated from AGE_CALC_C and AGE_CALCMINUS1_C as "(age) or (age) year(s) old"<br>If AGE_CALC_C or AGE_CALCMINUS1_C is equal to 0, then display as "less than 1"  |
| ^TEMPAGE_C     | Description | {Value of AGETEMP_C} year(s) old/less than 1   |
|                | Instruction | fill value of AGETEMP_C as "(age) year(s) old"<br>If AGETEMP_C is equal to 0, then display as "less than 1"  |
| ^dateofbirth_C | Description | date of birth when any of BDAY_C, BMONT_C or BYEAR_C are not valid   |
|                | Instruction | If BDAY_C, BMONT_C and BYEAR_C are all valid, fill: "date of birth as ^BMONT_C ^BDAY_C, ^BYEAR_C, is that correct?"<br>If only BMONT_C and BYEAR_C are valid, fill: "date of birth as ^BMONT_C ^BYEAR_C, is that correct?"<br>If only BDAY_C and BYEAR_C are valid, fill: "year of birth as ^BYEAR_C, is that correct?"<br>If only BYEAR_C is valid, fill: "year of birth as ^BYEAR_C, is that correct?" |
| ^BMONT_C       | Description | {Value of BMONT_C}   |
|                | Instruction | Fill value from Child.VFY.BMONT_C  |
| ^BDAY_C        | Description | {Value of BDAY_C}  |
|                | Instruction | Fill value from Child.VFY.BDAY_C   |
| ^BYEAR_C       | Description | {Value of BYEAR_C}   |
|                | Instruction | Fill value from Child.VFY.BYEAR_C  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children whose age provided in either HHC or NEWAGE\_C does not match either age calculated from date of birth information and the Sample Child's spouse or partner is not the respondent

**Skip Instructions:**

```
<1,RF,DK> if GEN.AGE_FINAL[PX_C] gt 18 [goto NOMORE_C]
else [goto next section]
```

```
<2> if DOB_COUNT_C le 1 [goto BMONT_C]
elseif GEN.AGE_FINAL[PX_C] gt 18 [goto NOMORE_C]
else [goto next section]
```



**2020 National Health Interview Survey (NHIS) Questionnaire**  
**VFY: Verification and demographic details**

Question ID: VFY.0440.00.1 Variable: NOMORE\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**^SCNAME no longer meets the requirements to be sample child for this family. End this interview and begin the Sample Adult Interview. If there is no Sample Adult or the Sample Adult interview has been completed, EXIT**

**^auxNoMore**

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

**Enter '1' to continue.**

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^SCNAME    | Description | Sample child's name   |
|            | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^auxNoMore | Description | If there is still a knowledgeable respondent available, back up and select that person.                                 |
|            | Instruction | IF KNOAVAIL_Count = 0, fill "* If there is still a knowledgeable respondent available, back up and select that person." |

**Response:**

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

**Universe:**

Sample child whose age is now over 17 or whose age is refused or don't know or who lives off-campus or there is no knowledgeable sample child respondent

**Skip Instructions:**

If there is a callback set for Sample Adult [goto BCK.THANKS\_CB]  
else if GEN.OUTCOME IN 215 [goto BCK.THANKS\_INSUF]  
else [goto BCK.THANKS\_SUF]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HIS: Health Status**

**Question ID:** HIS.0010.00.1    **Variable:** PHSTAT\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Would you say ^SCNAME's health in general is excellent, very good, good, fair, or poor?

**Fills:**

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

**Response:**

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

**Universe:**

Sample Children 0-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**AST: Asthma**

**Question ID:** AST.0010.00.1    **Variable:** ASTINTRO\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

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

**Enter '1' to continue.**

**Response:**

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

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto ASEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**AST: Asthma**

**Question ID:** AST.0020.00.1    **Variable:** ASEV\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Has a doctor or other health professional EVER told you that ^SCNAME had asthma?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**AST: Asthma**

**Question ID:** AST.0030.00.1    **Variable:** ASTILL\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME still have asthma?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who were ever told they have asthma

**Skip Instructions:**

<1,2,RF,DK> [goto ASAT12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0040.00.1    **Variable:** ASAT12M\_C**Interview Module:** Child    **Content Type:** Annual Core**Question Text:**

During the past 12 months, has ^SCNAME had an episode of asthma or an asthma attack?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who were ever told they had asthma

**Skip Instructions:**

<1,2,RF,DK> [goto ASER12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma**

Question ID: AST.0050.00.1 Variable: ASER12M\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

During the past 12 months, did ^SCNAME have to visit an emergency room or urgent care center because of ^hisher\_C asthma?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who were ever told they had asthma

**Skip Instructions:**

```
<1,2,RF,DK> if ASTILL_C=1 or ASAT12M_C=1 [goto ASHOSP12M_C]  
else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma**

Question ID: AST.0060.00.3 Variable: ASHOSP12M\_C Interview Module: Child Content Type: Sponsored Content

**Question Text:**

During the past 12 months, has ^SCNAME stayed overnight in a hospital because of ^hisher\_C asthma?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who still have asthma or had an asthma attack in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto ASDAYS12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**AST: Asthma**

**Question ID:** AST.0070.00.3    **Variable:** ASDAYS12M\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

During the past 12 months, how many days of ^DAYCARESCHOOL did ^SCNAME miss because of ^hisher\_C asthma?

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^DAYCARESCHOOL | Description | daycare/school or daycare/school   |
|                | Instruction | If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2,<br>fill: "daycare"<br>If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5,<br>fill: "school or daycare"<br>if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17,<br>fill: "school" |
| ^SCNAME        | Description | Sample child's name  |
|                | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C      | Description | his/her/their  |
|                | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"  |

**Response:**

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

**Universe:**

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

**Skip Instructions:**

```
<0-99,RF,DK> [goto ASINHALE3M_C]
<100-365> [goto ERR1_ASDDAYS12M_C]
```

**Soft Edit:**

| Check Text        | Check Description                           | Check Text  |
|-------------------|---|---|
| ERR1_ASDDAYS12M_C | Soft edit for 100-365 days of missed school | {signal ERR1_ASDDAYS12M_C}<br><br><sup>^ASDDAYS12M_C</sup> is an unusually large number, did ^SCNAME miss ^ASDDAYS12M_C days of school because of illness, injury, or disability?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma**

Question ID: AST.0080.00.3 Variable: ASINHALE3M\_C Interview Module: Child Content Type: Sponsored Content

**Question Text:**

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

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto ASPREVR\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****AST: Asthma****Question ID:** AST.0090.00.3    **Variable:** ASPREVR\_C**Interview Module:** Child    **Content Type:** Sponsored Content**Question Text:**

Is ^SCNAME NOW taking a preventive asthma medication every day, some days, most days, or never?

**Fills:**

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

**Response:**

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

**Universe:**

Sample children 0-17 who still have asthma or had an asthma attack in the past 12 months

**Skip Instructions:**

&lt;1-4,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0010.00.1    **Variable:** PREDIB\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

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

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto DIBEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DIB: Diabetes**

**Question ID:** DIB.0020.00.1    **Variable:** DIBEV\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

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

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^NOTPRED | Description | Not including prediabetes, has/Has   |
|          | Instruction | If PREDIB_C=1: "Not including prediabetes, has"<br>If PREDIB_C IN ('2','DK','RF'): "Has" |
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0010.00.1 Variable: ADHDEV\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Has a doctor or other health professional ever told you that ^SCNAME had Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

**Read if necessary:** *Health professionals can include school psychologists and school nurses.*

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1> [goto ADHDNW\_C]  
<2,RF,DK> [goto IDEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0020.00.1 Variable: ADHDNW\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME currently have Attention-Deficit/Hyperactivity Disorder or ADHD or Attention-Deficit Disorder or ADD?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17 who had an ADHD diagnosis

**Skip Instructions:**

<1,2,RF,DK> [goto IDEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****DLD: Developmental and Learning Disabilities**

Question ID: DLD.0030.00.1 Variable: IDEV\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Has a doctor or other health professional ever told you that ^SCNAME had an intellectual disability, also known as mental retardation?

**Read if necessary:** *Health professionals can include school psychologists and school nurses.*

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1> [goto IDNW_C]
<2,RF,DK> [goto ASDEV_C] if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17, else [goto
DDEV_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0040.00.1 Variable: IDNW\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME currently have an intellectual disability, also known as mental retardation?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who had an intellectual disability diagnosis

**Skip Instructions:**

```
<1,2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto ASDEV_C]
else [goto DDEV_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0050.00.1 Variable: ASDEV\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Has a doctor or other health professional ever told you that ^SCNAME had Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

**Read if necessary:** *Health professionals can include school psychologists and school nurses.*

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1> [goto ASDNW\_C]  
<2,RF,DK> [goto DDEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0060.00.1 Variable: ASDNW\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME currently have Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17 who had an autism spectrum disorder diagnosis

**Skip Instructions:**

<1,2,RF,DK> [goto DDEV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0070.00.1 Variable: DDEV\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

^NOTEVER a doctor or other health professional ever told you that ^SCNAME had any other developmental delay?

**Read if necessary:** Health professionals can include school psychologists and school nurses.

**Read if necessary:** Developmental delays are significant delays in a child's development. Examples include cognitive, motor, speech, social, emotional and behavioral delays.

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^NOTEVER | Description | Has/Not including (ADHD, intellectual disability, autism spectrum disorder), has  |
|          | Instruction | If ADHDEV_C ne 1 AND IDEV_C ne 1 and ASDEV_C ne 1 fill:<br>"Has"<br>If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C ne 1 fill: "Not including ADHD, has"<br>If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C ne 1 fill: "Not including an intellectual disability, has"<br>If ADHDEV_C ne 1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Not including autism spectrum disorder, has"<br>If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C ne fill: "Not including ADHD or an intellectual disability, has"<br>If ADHDEV_C=1 AND IDEV_C ne 1 and ASDEV_C=1 fill: "Not including ADHD or autism spectrum disorder, has"<br>If ADHDEV_C ne 1 AND IDEV_C=1 and ASDEV_C=1 fill: "Not including an intellectual disability or autism spectrum disorder, has"<br>If ADHDEV_C=1 AND IDEV_C=1 and ASDEV_C=1 fill: "Not including ADHD, an intellectual disability or autism spectrum disorder, has" |
| ^SCNAME  | Description | Sample child's name   |
|          | Instruction | Fill ALIAS of HHSTAT_C=1  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1> [goto DDNW_C]
<2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto LDEV_C]
else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0080.00.1 Variable: DDNW\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME still have this other developmental delay?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who had any other developmental delay diagnosis

**Skip Instructions:**

```
<1,2,RF,DK> if GEN.AGE_FINAL[PX_C] ge 2 and GEN.AGE_FINAL[PX_C] le 17 [goto LDEV_C]
else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0090.00.1 Variable: LDEV\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Has a representative from a school or a health professional ever told you that ^SCNAME had a learning disability?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DLD: Developmental and Learning Disabilities**

Question ID: DLD.0100.00.1 Variable: LDNW\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME currently have a learning disability?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17 who had a learning disability diagnosis

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Height and Weight - Rotate**

Question ID: BMI.0010.01.2 Variable: HEIGHTFT\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

How tall is ^SCNAME without shoes?

Enter feet.

If the child's height is given in inches, press '0' at feet and enter the measure in inches (36 inches maximum).

Enter 'M' to record metric measurements.

**Fills:**

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

**Response:**

|    |                    |
|----|--------------------|
| 00 | 0 feet             |
| 01 | 1 foot             |
| 02 | 2 feet             |
| 03 | 3 feet             |
| 04 | 4 feet             |
| 05 | 5 feet             |
| 06 | 6 feet             |
| 07 | 7 feet             |
| M  | Answered in Metric |
| 97 | Refused            |
| 99 | Don't Know         |

**Universe:**

Sample Children 10-17

**Skip Instructions:**

```
if HEIGHTFT_C ne <0-7,RF,DK,M> [goto ERR1_HEIGHTFT_C]
<0-7> [goto HEIGHTIN_C]
<RF,DK> [goto WEIGHTLB_C]
<M> [goto HEIGHTM_C]
```

**Hard Edit:**

| Check Text      | Check Description            | Check Text  |
|-----------------|------------------------------|---|
| ERR1_HEIGHTFT_C | Hard edit for height in feet | {check ERR1_HEIGHTFT_C}<br><br>Only 0-7, Don't know/Refused, or M allowed in this field.<br><br>Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Height and Weight - Rotate**

Question ID: BMI.0010.02.2    Variable: HEIGHTIN\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

Enter inches.

Enter '0' if exactly ^HEIGHTFT\_C feet tall.

**Fills:**

|             |             |                                      |
|-------------|-------------|--------------------------------------|
| ^HEIGHTFT_C | Description | {Value of HEIGHTFT_C}                |
|             | Instruction | Fill value from Child.BMI.HEIGHTFT_C |

**Response:**

|       |                 |
|-------|-----------------|
| 00-36 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Children 10-17 whose height in feet is 0-7

**Skip Instructions:**

```

if (HEIGHTFT_C=0) and (HEIGHTIN_C=0) [goto ERR1_HEIGHTIN_C]
elseif HEIGHTFT_C=1-7 and HEIGHTIN_C ge 12 [goto ERR2_HEIGHTIN_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (CHTINCH_C lt 50 or CHTINCH_C gt 60)) or
(GEN.AGE_FINAL=011 and (CHTINCH_C lt 52 or CHTINCH_C gt 62)) or
(GEN.AGE_FINAL=012 and (CHTINCH_C lt 53 or CHTINCH_C gt 64)) or
(GEN.AGE_FINAL=013 and (CHTINCH_C lt 56 or CHTINCH_C gt 67)) or
(GEN.AGE_FINAL=014 and (CHTINCH_C lt 58 or CHTINCH_C gt 70)) or
(GEN.AGE_FINAL=015 and (CHTINCH_C lt 61 or CHTINCH_C gt 72)) or
(GEN.AGE_FINAL=016 and (CHTINCH_C lt 63 or CHTINCH_C gt 74)) or
(GEN.AGE_FINAL=017 and (CHTINCH_C lt 63 or CHTINCH_C gt 74))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (CHTINCH_C lt 50 or CHTINCH_C gt 60)) or
(GEN.AGE_FINAL=011 and (CHTINCH_C lt 51 or CHTINCH_C gt 62)) or
(GEN.AGE_FINAL=012 and (CHTINCH_C lt 54 or CHTINCH_C gt 65)) or
(GEN.AGE_FINAL=013 and (CHTINCH_C lt 57 or CHTINCH_C gt 67)) or
(GEN.AGE_FINAL=014 and (CHTINCH_C lt 58 or CHTINCH_C gt 68)) or
(GEN.AGE_FINAL=015 and (CHTINCH_C lt 59 or CHTINCH_C gt 69)) or
(GEN.AGE_FINAL=016 and (CHTINCH_C lt 59 or CHTINCH_C gt 69)) or
(GEN.AGE_FINAL=017 and (CHTINCH_C lt 59 or CHTINCH_C gt 69))) [goto ERR3_HEIGHTIN_C]
else <0-36,RF,DK> [goto WEIGHTLB_C]
```

**Hard Edit:**

| Check Text      | Check Description              | Check Text  |
|-----------------|--------------------------------|---|
| ERR1_HEIGHTIN_C | Hard edit for height in inches | {check ERR1_HEIGHTIN_C}<br><br>Must enter an answer in at least the inches item.<br><br>Please correct. |
| ERR2_HEIGHTIN_C | Hard edit for height in inches | {check ERR2_HEIGHTIN_C}<br><br>Number of inches exceeds maximum allowed.<br><br>Please correct.         |

**Soft Edit:**

| Check Text      | Check Description              | Check Text  |
|-----------------|--------------------------------|---|
| ERR3_HEIGHTIN_C | Soft edit for height in inches | {signal ERR3_HEIGHTIN_C}<br><br>Please verify that the height was entered correctly. Probe only if necessary. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BMI: Height and Weight - Rotate**

Question ID: BMI.0010.04.2 Variable: HEIGHTM\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

How tall is ^SCNAME without shoes?

Enter height in metric.

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

**Fills:**

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

**Response:**

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

**Universe:**

Sample Children 10-17 whose current height will be entered in metric

**Skip Instructions:**

<0-2> [goto 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 |
|---------|-----------------|

**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   |
|-----------------|-------------------------------------|--|
| ERR1_HEIGHTCM_C | Hard edit for height in centimeters | {check ERR1_HEIGHTCM_C}<br><br>Must enter an answer at least in centimeters item.<br><br>Please correct. |
| ERR2_HEIGHTCM_C | Hard edit for height in centimeters | {check ERR2_HEIGHTCM_C}<br><br>Total height exceeds maximum allowed.<br><br>Please correct.              |

**Soft Edit:**

| Check Text      | Check Description                   | Check Text  |
|-----------------|-------------------------------------|---|
| ERR3_HEIGHTCM_C | Soft edit for height in centimeters | {signal ERR3_HEIGHTCM_C}<br><br>Please verify that the height was entered correctly. Probe only if necessary. |



**2020 National Health Interview Survey (NHIS) Questionnaire**

**BMI: Height and Weight - Rotate**

**Question ID:** BMI.0020.01.2    **Variable:** WEIGHTLB\_C

**Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

How much does ^SCNAME weigh now?

**Enter 'M' to record metric measurements.**

**Enter '500' if 500 pounds or more.**

**Fills:**

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

**Response:**

|         |                    |
|---------|--------------------|
| 001-500 | Range of values    |
| M       | Answered in Metric |
| 997     | Refused            |
| 999     | Don't Know         |

**Universe:**

Sample Children 10-17

**Skip Instructions:**

```

if WEIGHTLB_C lt 1 or WEIGHTLB_C gt 500 [goto ERR1_WEIGHTLB_C]
elseif (GEN.SEX_FINAL=1 and
(GEN.AGE_FINAL=010 and (WEIGHTLB_C lt 53 or WEIGHTLB_C gt 109)) or
(GEN.AGE_FINAL=011 and (WEIGHTLB_C lt 59 or WEIGHTLB_C gt 124)) or
(GEN.AGE_FINAL=012 and (WEIGHTLB_C lt 65 or WEIGHTLB_C gt 140)) or
(GEN.AGE_FINAL=013 and (WEIGHTLB_C lt 73 or WEIGHTLB_C gt 155)) or
(GEN.AGE_FINAL=014 and (WEIGHTLB_C lt 82 or WEIGHTLB_C gt 170)) or
(GEN.AGE_FINAL=015 and (WEIGHTLB_C lt 92 or WEIGHTLB_C gt 184)) or
(GEN.AGE_FINAL=016 and (WEIGHTLB_C lt 101 or WEIGHTLB_C gt 196)) or
(GEN.AGE_FINAL=017 and (WEIGHTLB_C lt 109 or WEIGHTLB_C gt 207))) or
(GEN.SEX_FINAL=2 and
(GEN.AGE_FINAL=010 and (WEIGHTLB_C lt 53 or WEIGHTLB_C gt 113)) or
(GEN.AGE_FINAL=011 and (WEIGHTLB_C lt 59 or WEIGHTLB_C gt 129)) or
(GEN.AGE_FINAL=012 and (WEIGHTLB_C lt 66 or WEIGHTLB_C gt 145)) or
(GEN.AGE_FINAL=013 and (WEIGHTLB_C lt 74 or WEIGHTLB_C gt 160)) or
(GEN.AGE_FINAL=014 and (WEIGHTLB_C lt 81 or WEIGHTLB_C gt 171)) or
(GEN.AGE_FINAL=015 and (WEIGHTLB_C lt 87 or WEIGHTLB_C gt 180)) or
(GEN.AGE_FINAL=016 and (WEIGHTLB_C lt 92 or WEIGHTLB_C gt 186)) or
(GEN.AGE_FINAL=017 and (WEIGHTLB_C lt 96 or WEIGHTLB_C gt 190))) [goto ERR2_WEIGHTLB_C]
<1-500,RF,DK> [goto next section]
<M> [goto WEIGHTKG_C]
```

**Hard Edit:**

| Check Text      | Check Description               | Check Text  |
|-----------------|---------------------------------|---|
| ERR1_WEIGHTLB_C | Hard error for weight in pounds | {check ERR1_WEIGHTLB_C}<br><br>Weight is out of range (1-500).<br><br>Please correct. |

**Soft Edit:**

| Check Text      | Check Description              | Check Text  |
|-----------------|--------------------------------|---|
| ERR2_WEIGHTLB_C | Soft edit for weight in pounds | {signal ERR2_WEIGHTLB_C}<br><br>Please verify that the weight was entered correctly. Probe only if necessary. |

**2020 National Health Interview Survey (NHIS) Questionnaire**

**BMI: Height and Weight - Rotate**

**Question ID:** BMI.0020.02.2    **Variable:** WEIGHTKG\_C

**Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

How much does ^SCNAME weigh now?

Enter weight in kilograms.

Enter '226' if 226 kilograms or more.

**Fills:**

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

**Response:**

|         |                 |
|---------|-----------------|
| 001-226 | Range of values |
| 997     | Refused         |
| 999     | Don't Know      |

**Universe:**

Sample Children 10-17 whose weight will be entered in metric

**Skip Instructions:**

```

if WEIGHTKG_C lt 1 or WEIGHTKG_C gt 226 [goto ERR1_WEIGHTKG_C]
elseif (GEN SEX_FINAL=1 and
(GEN AGE_FINAL=010 and (WEIGHTKG_C lt 24 or WEIGHTKG_C gt 49)) or
(GEN AGE_FINAL=011 and (WEIGHTKG_C lt 27 or WEIGHTKG_C gt 56)) or
(GEN AGE_FINAL=012 and (WEIGHTKG_C lt 29 or WEIGHTKG_C gt 63)) or
(GEN AGE_FINAL=013 and (WEIGHTKG_C lt 33 or WEIGHTKG_C gt 70)) or
(GEN AGE_FINAL=014 and (WEIGHTKG_C lt 37 or WEIGHTKG_C gt 77)) or
(GEN AGE_FINAL=015 and (WEIGHTKG_C lt 42 or WEIGHTKG_C gt 83)) or
(GEN AGE_FINAL=016 and (WEIGHTKG_C lt 46 or WEIGHTKG_C gt 89)) or
(GEN AGE_FINAL=017 and (WEIGHTKG_C lt 49 or WEIGHTKG_C gt 94))) or
(GEN SEX_FINAL=2 and
(GEN AGE_FINAL=010 and (WEIGHTKG_C lt 24 or WEIGHTKG_C gt 51)) or
(GEN AGE_FINAL=011 and (WEIGHTKG_C lt 27 or WEIGHTKG_C gt 59)) or
(GEN AGE_FINAL=012 and (WEIGHTKG_C lt 30 or WEIGHTKG_C gt 66)) or
(GEN AGE_FINAL=013 and (WEIGHTKG_C lt 33 or WEIGHTKG_C gt 72)) or
(GEN AGE_FINAL=014 and (WEIGHTKG_C lt 37 or WEIGHTKG_C gt 78)) or
(GEN AGE_FINAL=015 and (WEIGHTKG_C lt 40 or WEIGHTKG_C gt 82)) or
(GEN AGE_FINAL=016 and (WEIGHTKG_C lt 42 or WEIGHTKG_C gt 84)) or
(GEN AGE_FINAL=017 and (WEIGHTKG_C lt 43 or WEIGHTKG_C gt 86))) [goto ERR2_WEIGHTKG_C]
<1-226,RF,DK> [goto next section]
```

**Hard Edit:**

| Check Text      | Check Description                 | Check Text  |
|-----------------|-----------------------------------|---|
| ERR1_WEIGHTKG_C | Hard edit for weight in kilograms | {check ERR1_WEIGHTKG_C}<br><br>Weight is out of range (1-226).<br><br>Please correct. |

**Soft Edit:**

| Check Text      | Check Description                 | Check Text  |
|-----------------|-----------------------------------|---|
| ERR2_WEIGHTKG_C | Soft edit for weight in kilograms | {signal ERR2_WEIGHTKG_C}<br><br>Please verify that the weight was entered correctly. Probe only if necessary. |



**2020 National Health Interview Survey (NHIS) Questionnaire****VIS: Vision**

Question ID: VIS.0010.00.1 Variable: VISINTRO\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

I would like to ask you some questions about difficulties ^SCNAME may have.

**Enter '1' to continue.**

**Fills:**

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

**Response:**

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

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1> [goto WEARGLSS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****VIS: Vision**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: VIS.0020.00.1 | Variable: WEARGLSS_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

Does ^SCNAME wear glasses ^CONTACTS?

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

**Fills:**

|           |             |                                      |
|-----------|-------------|--------------------------------------|
| ^SCNAME   | Description | Sample child's name                  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1             |
| ^CONTACTS | Description | or contact lenses                    |
|           | Instruction | If AGE=5-17 fill "or contact lenses" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1,2,DK,RF> [goto VISIONDF\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**VIS: Vision**

**Question ID:** VIS.0030.00.1    **Variable:** VISIONDF\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

^GLASSCONTACT ^SCNAME have difficulty seeing? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^GLASSCONTACT | Description | When wearing glasses ^CONTACTS does/Does  |
|               | Instruction | If WEARGLSS_C=1 fill "When wearing glasses ^CONTACTS does"<br>else if WEARGLSS_C ne 1 "Does"  |
| ^CONTACTS     | Description | or contact lenses   |
|               | Instruction | If AGE=5-17 fill "or contact lenses"  |
| ^SCNAME       | Description | Sample child's name   |
|               | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^heshe_C      | Description | he/she/they   |
|               | Instruction | If GEN SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN SEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 2-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HEA: Hearing**

**Question ID:** HEA.0010.00.1    **Variable:** HEARAID\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME use a hearing aid?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1,2,DK,RF> [goto HEARINGDF\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HEA: Hearing**

Question ID: HEA.0020.00.1 Variable: HEARINGDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

^USEHRAID\_C ^SCNAME have difficulty hearing sounds like people's voices or music? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^USEHRAID_C | Description | When using ^hisher_C hearing aid(s) does/Does  |
|             | Instruction | If HEARAID_C=1 fill "When using ^hisher_C hearing aid(s) does " else fill "Does "  |
| ^hisher_C   | Description | his/her/their  |
|             | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C    | Description | he/she/they  |
|             | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 2-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

**Question ID:** MOB.0010.00.1    **Variable:** EQUIP\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME use any equipment or receive assistance for walking?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

```
<1> if GEN.AGE_FINAL[PX_C]=2-4 [goto NOEQWLKDF_C]
else if GEN.AGE_FINAL[PX_C] ge 5 [goto NOEQWLK100_C]
<2,RF,DK> if GEN.AGE_FINAL[PX_C]=2-4 [goto WLKDF_C]
else if GEN.AGE_FINAL[PX_C] ge 5 [goto WLK100_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

Question ID: MOB.0020.00.1 Variable: NOEQWLKDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Without using ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN(SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN(SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN(SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^heshe_C  | Description | he/she/they   |
|           | Instruction | If GEN(SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN(SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN(SEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 2-4 who use equipment or assistance for walking

**Skip Instructions:**

<1-4,RF,DK> [goto EQWLKDF\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: MOB.0030.00.1 | Variable: EQWLKDF_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

When using ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C  | Description | he/she/they  |
|           | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 2-4 who use equipment or assistance for walking

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

Question ID: MOB.0040.00.1 Variable: WLKDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty walking? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 2-4 who do not use equipment or assistance for walking or Refused or Don't Know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

Question ID: MOB.0050.00.1 Variable: NOEQWLK100\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

WITHOUT USING ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C  | Description | he/she/they  |
|           | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 5-17 who use equipment or assistance for walking

**Skip Instructions:**

```
<1-3,RF,DK> [goto NOEQWLK13M_C]
<4> [goto EQWLK100_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**MOB: Mobility**

|                                   |                               |                                |                                  |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> MOB.0060.00.1 | <b>Variable:</b> NOEQWLK13M_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|

**Question Text:**

WITHOUT USING ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C  | Description | he/she/they  |
|           | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot difficulty walking 100 yards when not using their equipment/assistance or Refused or Don't Know

**Skip Instructions:**

<1-4,RF,DK> [goto EQWLK100\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: MOB.0070.00.1 | Variable: EQWLK100_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

WHEN USING ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block.

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C  | Description | He/She/They  |
|           | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They"                                     |

**Response:**

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

**Universe:**

Sample Children 5-17 who use equipment or assistance for walking.

**Skip Instructions:**

```
<1-3,RF,DK> [goto EQWLK13M_C]
<4> [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: MOB.0080.00.1 | Variable: EQWLK13M_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

WHEN USING ^hisher\_C equipment or assistance, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C  | Description | he/she/they  |
|           | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 5-17 who use equipment or assistance for walking and have no, some or a lot of difficulty walking 100 yards when using their equipment/assistance or Refused or Don't Know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

Question ID: MOB.0090.00.1 Variable: WLK100\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty walking 100 yards on level ground? That would be about the length of 1 football field or 1 city block. Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 5-17 who do not use equipment or assistance for walking or Refused or Don't Know

**Skip Instructions:**

<1-3,RF,DK> [goto WLK13M\_C]  
<4> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MOB: Mobility**

Question ID: MOB.0100.00.1 Variable: WLK13M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty walking a third of a mile on level ground? That would be about the length of 5 football fields or 5 city blocks.

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | He/She/They  |
|          | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They" |

**Response:**

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

**Universe:**

Sample Children 5-17 who do not use equipment or assistance for walking and have no difficulty, some difficulty, or a lot of difficulty walking 100 yards or Refused or Don't Know

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**UPP: Upper Body, Motor skills and self care**

Question ID: UPP.0010.00.1 Variable: PICKUPDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty picking up small objects with ^hisher\_C hands?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^heshe_C  | Description | he/she/they  |
|           | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 2-4

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****UPP: Upper Body, Motor skills and self care**

Question ID: UPP.0020.00.1 Variable: SELFCAREDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have difficulty with self care, such as eating or dressing?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | He/She/They  |
|          | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They" |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COM: Communication**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: COM.0010.00.1 | Variable: UNDRSTYOU_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

Does ^SCNAME have difficulty understanding you?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 2-4

**Skip Instructions:**

<1-4,RF,DK> [goto UNDRSTCHD\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COM: Communication**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: COM.0020.00.1 | Variable: UNDRSTCHD_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

When ^SCNAME speaks, do you have difficulty understanding ^himherthem\_C?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^SCNAME       | Description | Sample child's name   |
|               | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^himherthem_C | Description | him/her/them  |
|               | Instruction | if GENSEX_FINAL[PX_C]=1 fill "him";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "them" |
| ^heshe_C      | Description | he/she/they   |
|               | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"          |

**Response:**

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

**Universe:**

Sample Children 2-4

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COM: Communication**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: COM.0030.00.1 | Variable: UNDRSTIHH_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

When ^SCNAME speaks, ^doesheshedothey\_C have difficulty being understood by people inside of this household?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|                    |             |  |
|--------------------|-------------|--|
| ^SCNAME            | Description | Sample child's name  |
|                    | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^doesheshedothey_C | Description | does he/does she/do they   |
|                    | Instruction | If SEX=1 fill: "does he"<br>If SEX=2 fill: "does she"<br>If SEX IN ('RF','DK') fill: "do they"           |
| ^heshe_C           | Description | He/She/They  |
|                    | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They" |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

<1-4,RF,DK> [goto UNDRSTOHH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COM: Communication**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: COM.0040.00.0 | Variable: UNDRSTOHH_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

When ^SCNAME speaks, ^doesheshedothey\_C have difficulty being understood by people outside of this household?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|                    |             |  |
|--------------------|-------------|--|
| ^SCNAME            | Description | Sample child's name  |
|                    | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^doesheshedothey_C | Description | does he/does she/do they   |
|                    | Instruction | If SEX=1 fill: "does he"<br>If SEX=2 fill: "does she"<br>If SEX IN ('RF','DK') fill: "do they"           |
| ^heshe_C           | Description | He/She/They  |
|                    | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They" |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

Question ID: COG.0010.00.1 Variable: LEARNDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty learning things?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto REMEMBERDF\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**COG: Cognition**

Question ID: COG.0020.00.1 Variable: REMEMBERDF\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty remembering things?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**ANX: Anxiety**

**Question ID:** ANX.0010.00.1    **Variable:** ANXFREQ\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

How often does ^SCNAME seem very anxious, nervous, or worried? Would you say: daily, weekly, monthly, a few times a year, or never?

**Fills:**

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

**Response:**

|   |                    |
|---|--------------------|
| 1 | Daily              |
| 2 | Weekly             |
| 3 | Monthly            |
| 4 | A few times a year |
| 5 | Never              |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**DEP: Depression**

**Question ID:** DEP.0010.00.1    **Variable:** DEPFREQ\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

How often does ^SCNAME seem very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?

**Fills:**

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

**Response:**

|   |                    |
|---|--------------------|
| 1 | Daily              |
| 2 | Weekly             |
| 3 | Monthly            |
| 4 | A few times a year |
| 5 | Never              |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****BEH: Behavior**

Question ID: BEH.0010.00.1 Variable: BEHDFPLYG\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty playing? Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | He/She/They  |
|          | Instruction | If SEX_FINAL_C=1 fill "He"<br>else if SEX_FINAL_C=2 fill "She"<br>elseif SEX_FINAL_C =blank: fill "They" |

**Response:**

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

**Universe:**

Sample Children 2-4

**Skip Instructions:**

&lt;1-4,RF,DK&gt; [goto BEHKBHYG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BEH: Behavior**

**Question ID:** BEH.0020.00.1    **Variable:** BEHKBHYG\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Compared with children of the same age, how much does ^SCNAME kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?

**Fills:**

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

**Response:**

|   |                  |
|---|------------------|
| 1 | Not at all       |
| 2 | The same or less |
| 3 | More             |
| 4 | A lot more       |
| 7 | Refused          |
| 9 | Don't Know       |

**Universe:**

Sample Children 2-4

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**BEH: Behavior**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> BEH.0030.00.1 | <b>Variable:</b> BEHDFCNTR_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

Compared with children of the same age, does ^SCNAME have difficulty controlling ^hisher\_C behavior?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^heshe_C  | Description | he/she/they   |
|           | Instruction | If GEN SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN SEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

<1-4,RF,DK> [goto BEHDFCFS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**BEH: Behavior**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> BEH.0040.00.1 | <b>Variable:</b> BEHdffcs_c | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^SCNAME have difficulty concentrating on an activity that ^heshe\_C enjoys doing?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |
| ^s       | Description | s  |
|          | Instruction | if SEX_FINAL[PX_C]=1,2 fill "s"<br>else fill blank   |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

<1-4,RF,DK> [goto BEHDFCHG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BEH: Behavior**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: BEH.0050.00.1 | Variable: BEHDFCHG_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

Does ^SCNAME have difficulty accepting changes in ^hisher\_C routine?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^heshe_C  | Description | he/she/they   |
|           | Instruction | If GEN.SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN.SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN.SEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

<1-4,RF,DK> [goto BEHDFMKFR\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BEH: Behavior**

Question ID: BEH.0060.00.1 Variable: BEHDFMKFR\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have difficulty making friends?

**Read if necessary:** Would you say ^SCNAME has: no difficulty, some difficulty, a lot of difficulty, or ^heshe\_C cannot do this at all?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^SCNAME  | Description | Sample child's name  |
|          | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^heshe_C | Description | he/she/they  |
|          | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

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

**Universe:**

Sample Children 5-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**

**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0010.00.1 Variable: BSCINTRO\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

The following statements are not to be read to the respondent. They are displayed and included here for legal reasons.

The Baby Pediatric Symptom Checklist is part of the larger Survey of Well-being of Young Children, copyrighted by Tufts Medical Center. For more information go to  
<https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx>

Enter '1' to continue.

**Response:**

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

**Universe:**

Sample Children under 2 years

**Skip Instructions:**

<1> [goto BSCNWPLL\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0020.00.1 Variable: BSCNWPL\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

These next questions are about ^SCNAME's behavior. Think about what you would expect of other children the same age, and tell me how much each statement applies to ^SCNAME.

Does ^SCNAME have a hard time being with new people? Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCNWPLCS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0030.00.1 Variable: BSCNWPLCS\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have a hard time in new places? Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCCHG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0040.00.1 Variable: BSCCHG\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have a hard time with change?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCHLOPPL\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0050.00.1 Variable: BSCHLOPPL\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME mind being held by other people?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCCRALT\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0060.00.1 Variable: BSCCRYALT\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME cry a lot?

**Read if necessary:** Would you say not at all, somewhat, or very much?**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

&lt;1-3,RF,DK&gt; [goto BSCCLMDWN\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0070.00.1 Variable: BSCCLMDWN\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have a hard time calming down?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCFUSSY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0080.00.1 Variable: BSCFUSSY\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is ^SCNAME fussy or irritable?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCSTHE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0090.00.1 Variable: BSCSTHE\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is it hard to comfort ^SCNAME?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCSCHD\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0100.00.1 Variable: BSCSCHD\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Is it hard to keep ^SCNAME on a schedule or routine?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCPTSLP\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0110.00.1 Variable: BSCPTSLP\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is it hard to put ^SCNAME to sleep?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCSTYSLP\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0120.00.1 Variable: BSCSTYSLP\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Does ^SCNAME have trouble staying asleep?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

<1-3,RF,DK> [goto BSCPRLKSL\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****BSC: Baby Pediatric Symptom Checklist**

Question ID: BSC.0130.00.1 Variable: BSCPRLKSL\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

Is it hard for ^youmembersoffamily to get enough sleep because of ^SCNAME?

**Read if necessary:** Would you say not at all, somewhat, or very much?

**Fills:**

|                     |             |  |
|---------------------|-------------|--|
| ^youmembersoffamily | Description | you/members of your family                                   |
|                     | Instruction | If PCNT='2' fill "you"<br>else fill "members of your family" |
| ^SCNAME             | Description | Sample child's name  |
|                     | Instruction | Fill ALIAS of HHSTAT_C=1                                     |

**Response:**

|   |            |
|---|------------|
| 1 | Not at all |
| 2 | Somewhat   |
| 3 | Very much  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children with Age under 2 years

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

Question ID: SCH.0010.00.1 Variable: SCHDYSMSS\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

During the past 12 months, about how many days of school did ^SCNAME miss because ^HeShe\_C had an illness, injury, or disability?

**Enter '996' if child did not go to school in the past 12 months.**

**Fills:**

|          |             |   |
|----------|-------------|---|
| ^SCNAME  | Description | Sample child's name   |
|          | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^HeShe_C | Description | he/she/they   |
|          | Instruction | If GEN.SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN.SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN.SEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

|         |                             |
|---------|-----------------------------|
| 000-365 | Range of values             |
| 996     | No school in past 12 months |
| 997     | Refused                     |
| 999     | Don't Know                  |

**Universe:**

Sample Children 5-17

**Skip Instructions:**

```
<0-99,996,RF,DK> [goto SCHSPEDEV_C]
<100-365> [goto ERR1_SCHDYSMSS_C]
<366-995> [goto ERR2_SCHDYSMSS_C]
```

**Hard Edit:**

| Check Text       | Check Description                    | Check Text  |
|------------------|--------------------------------------|---|
| ERR2_SCHDYSMSS_C | hard check for days of missed school | {check ERR2_SCHDYSMSS_C}<br>"366-995" days not allowed in this field. |

**Soft Edit:**

| Check Text       | Check Description                           | Check Text  |
|------------------|---|---|
| ERR1_SCHDYSMSS_C | soft edit for 100-365 days of missed school | {signal ERR1_SCHDYSMSS_C}<br><br>^SCHDYSMSS_C is an unusually large number,<br>did ^SCNAME miss ^SCHDYSMSS_C days of school<br>because of illness, injury, or disability?<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

**Question ID:** SCH.0020.00.1    **Variable:** SCHSPEDEV\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Has ^SCNAME ever had a special education or early intervention plan, such as an Individualized Education Plan, an IEP, or an Individualized Family Service Plan, an IFSP?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

**Question ID:** SCH.0030.00.1    **Variable:** SCHSPED\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME currently have a special education or early intervention plan?

**Read if necessary:** Consider special education or early intervention plans received during the past school year.

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who ever received special education services

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCH: Schooling**

**Question ID:** SCH.0040.00.1    **Variable:** SCHSPEDEM\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME receive these services to help with ^hisher\_C emotions, concentration, behavior, or mental health?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have received services in the past 12 months

**Skip Instructions:**

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

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0010.00.1 Variable: HICOV\_C

Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare, Medicaid, and the Children's Health Insurance Program that provide medical care or help pay medical bills. Is ^SCNAME covered by any kind of health insurance or some other kind of health care plan?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1,R,D> [goto HIKIND_C]
<2> [goto MCAIDPRB_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0020.00.1 | <b>Variable:</b> HIKIND_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

What kinds of health insurance or health care coverage does ^SCNAME have? Is it...Private health insurance, Medicare, Medicare supplement, Medicaid, Children's Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, state-sponsored health plan, or an other government program?

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

**Fills:**

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

**Response:**

|    |   |
|----|---|
| 01 | Private health insurance  |
| 02 | Medicare  |
| 03 | Medigap   |
| 04 | Medicaid  |
| 05 | Children's Health Insurance Program (CHIP)                                  |
| 06 | Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA |
| 07 | Indian Health Service   |
| 08 | State-sponsored health plan   |
| 09 | Other government program  |
| 10 | No coverage of any type   |
| 97 | Refused   |
| 99 | Don't Know  |

**Universe:**

Sample Children 0-17 covered by any kind of health insurance or health care coverage or refused/don't know if they have insurance or health care coverage.

**Skip Instructions:**

```
if > 1 answer selected and (<10> in HIKIND_C) [goto ERR1_HIKIND_C]
else if HIKIND_C=RF,DK or (<10> in HIKIND_C) [goto MCAIDPRB_C]
else [goto SINCOVDE_C]
```

**Hard Edit:**

| Check Text    | Check Description                                    | Check Text   |
|---------------|--|--|
| ERR1_HIKIND_C | Selecting no coverage and other categories hard edit | {check ERR1_HIKIND_C}<br><br>Cannot mark "no coverage of any kind" and another type. Please correct. |

## 2020 National Health Interview Survey (NHIS) Questionnaire

## INS: Health Insurance

Question ID: INS.0030.00.1 Variable: MCAIDPRB\_C Interview Module: Child Content Type: Annual Core

## Question Text:

?[F1]

There is a program called Medicaid that pays for health care for persons in need. ^STATEMA Is ^SCNAME covered by Medicaid?

## Fills:

|             |             |  |
|-------------|-------------|--|
| ^STATEMA    | Description | In ^STATENAME it is also called ^STMEDICAID.   |
|             | Instruction | if STMEDICAID ne empty, fill: "In ^STATENAME it is also called ^STMEDICAID."<br>else fill: blank   |
| ^STATENAME  | Description | State name   |
|             | Instruction | If ST=AL, fill: Alabama<br>else if ST=AK, fill: Alaska<br>else if ST=AR, fill: Arkansas<br>else if ST=AZ, fill: Arizona<br>else if ST=CA, fill: California<br>else if ST=CO, fill: Colorado<br>else if ST=CT, fill: Connecticut<br>else if ST=DE, fill: Delaware<br>else if ST=DC, fill: District of Columbia<br>else if ST=FL, fill: Florida<br>else if ST=GA, fill: Georgia<br>else if ST=HI, fill: Hawaii<br>else if ST=ID, fill: Idaho<br>else if ST=IL, fill: Illinois<br>else if ST=IN, fill: Indiana<br>else if ST=IA, fill: Iowa<br>else if ST=KS, fill: Kansas<br>else if ST=KY, fill: Kentucky<br>else if ST=LA, fill: Louisiana<br>else if ST=ME, fill: Maine<br>else if ST=MD, fill: Maryland<br>else if ST=MA, fill: Massachusetts<br>else if ST=MI, fill: Michigan<br>else if ST=MN, fill: Minnesota<br>else if ST=MS, fill: Mississippi<br>else if ST=MO, fill: Missouri<br>else if ST=MT, fill: Montana<br>else if ST=NE, fill: Nebraska<br>else if ST=NV, fill: Nevada<br>else if ST=NH, fill: New Hampshire<br>else if ST=NJ, fill: New Jersey<br>else if ST=NM, fill: New Mexico<br>else if ST=NY, fill: New York<br>else if ST=NC, fill: North Carolina<br>else if ST=ND, fill: North Dakota<br>else if ST=OH, fill: Ohio<br>else if ST=OK, fill: Oklahoma<br>else if ST=OR, fill: Oregon<br>else if ST=PA, fill: Pennsylvania<br>else if ST=RI, fill: Rhode Island<br>else if ST=SC, fill: South Carolina<br>else if ST=SD, fill: South Dakota<br>else if ST=TN, fill: Tennessee<br>else if ST=TX, fill: Texas<br>else if ST=UT, fill: Utah<br>else if ST=VT, fill: Vermont<br>else if ST=VA, fill: Virginia<br>else if ST=WA, fill: Washington<br>else if ST=WV, fill: West Virginia<br>else if ST=WI, fill: Wisconsin<br>else if ST=WY, fill: Wyoming |
| ^STMEDICAID | Description | State Medicaid name  |

|         |             |   |
|---------|-------------|---|
|         | Instruction | If AL then fill "Patient 1st, Alabama Coordinated Health Network"<br>If AK then fill "DenaliCare"<br>If AZ then fill "Arizona Health Care Cost Containment System (AHCCCS)"<br>If AR then fill "ARKids First; Arkansas Works; PASSE"<br>If CA then fill "Medi-Cal"<br>If CO then fill "Health First Colorado"<br>If CT then fill "HUSKY"<br>If DE then fill "Diamond State Health Plan"<br>If FL then fill "Medically Needy Program"<br>If GA then fill "Georgia Families"<br>If HI then fill "QUEST"<br>If IL then fill "Medical Assistance"<br>If IN then fill "Healthy Indiana Plan (HIP); Hoosier Healthwise"<br>If IA then fill "IA Health Link; Iowa Health and Wellness Plan"<br>If KS then fill "KanCare; Kansas Medical Assistance Program (KMAP); OneCare Kansas"<br>If LA then fill "Healthy Louisiana"<br>If ME then fill "MaineCare"<br>If MD then fill "HealthChoice"<br>If MA then fill "MassHealth"<br>If MI then fill "Healthy Michigan Plan (HMP)"<br>If MN then fill "Medical Assistance (MA)"<br>If MS then fill "MississippiCAN"<br>If MO then fill "MO Healthnet"<br>If MT then fill "Passport to Health; Healthy Montana Kids Plus (HMK Plus)"<br>If NE then fill "Heritage Health"<br>If NH then fill "Granite Advantage Health Care Program"<br>If NJ then fill "NJ Family Care"<br>If NM then fill "Centennial Care"<br>If OH then fill "Ohio Medicaid State Plan; Healthy Families; Healthy Start; Alternative Benefit Plan"<br>If OK then fill "SoonerCare"<br>If OR then fill "Oregon Health Plan (OHP)"<br>If PA then fill "Medical Assistance"<br>If RI then fill "RIte Care; Affordable Care Coverage (ACC); Medical Assistance"<br>If SC then fill "Healthy Connections"<br>If TN then fill "TennCare"<br>If TX then fill "State of Texas Access Reform (STAR)"<br>If VT then fill "Green Mountain Care"<br>If VA then fill "Medallion 4.0"<br>If WA then fill "Apple Health"<br>If WV then fill "Mountain Health Trust (MHT)"<br>If WI then fill "ForwardHealth; BadgerCare Plus"<br>If WY then fill "WYhealth" |
| ^SCNAME | Description | Sample child's name   |
|         | Instruction | Fill ALIAS of HHSTAT_C=1  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have indicated they are uninsured, refused, or don't know if they are insured

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVDE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0040.00.1 | <b>Variable:</b> SINCOVDE_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

^INADDITIONIS ^SCNAME covered by a SEPARATE plan that only pays for dental services?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^INADDITIONIS | Description | In addition to ^HITYPECNOSS, is/Is   |
|               | Instruction | If (HIKIND_C=1-9 or MCAIDPRB_C=1), fill "In addition to ^HITYPECNOSS, is"<br>else fill "Is"  |
| ^HITYPECNOSS  | Description | Type of health care plans without single service plans   |
|               | Instruction | fill coverage types from HIKIND_C, except HIKIND_C=10,<br>HIKIND_C=1 fill: "private health insurance"<br>HIKIND_C=2 fill: "Medicare"<br>HIKIND_C=3 fill: "Medicare Supplement or Medigap"<br>HIKIND_C=4 fill: "Medicaid"<br>HIKIND_C=5 fill: "Children's Health Insurance Program (CHIP)"<br>HIKIND_C=6 fill: "military related health care"<br>HIKIND_C=7 fill: "Indian Health Service"<br>HIKIND_C=8 fill: "a state-sponsored health plan"<br>HIKIND_C=9 fill: "an other government program"<br>if MCAIDPRB_C=1, fill "Medicaid"<br><br>separate choices with a comma and separate the last two choices with "and" |
| ^SCNAME       | Description | Sample child's name  |
|               | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto SINCOVVS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0050.00.1 Variable: SINCOVVS\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is ^SCNAME covered by a SEPARATE plan that only pays for vision services?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto SINCOVRX\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0060.00.1    **Variable:** SINCOVRX\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

?[F1]

Is ^SCNAME covered by a SEPARATE plan that only pays for prescriptions?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto HICHANGE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

**Question ID:** INS.0070.00.1    **Variable:** HICHANGE\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

?[F1]

I have recorded ^SCNAME is ^COVEREDC. Is this correct?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^COVEREDC | Description | not covered by health insurance/covered by ^HITYPEC  |
|           | Instruction | if HIKIND_C=10,R,D and MCAIDPRB_C=2,R,D and SINCOVDE_C=2,R,D and SINCOVVS_C=2,R,D and SINCOVRX_C=2,R,D<br>fill: "not covered by health insurance"<br>else fill: "covered by ^HITYPEC"  |
| ^HITYPEC  | Description | Type of health care plans with single service plans  |
|           | Instruction | fill coverage types from HIKIND_C, except HIKIND_C=10,<br>HIKIND_C=1 fill: "private health insurance"<br>HIKIND_C=2 fill: "Medicare"<br>HIKIND_C=3 fill: "Medicare Supplement or Medigap"<br>HIKIND_C=4 fill: "Medicaid"<br>HIKIND_C=5 fill: "Children's Health Insurance Program (CHIP)"<br>HIKIND_C=6 fill: "military related health care"<br>HIKIND_C=7 fill: "Indian Health Service"<br>HIKIND_C=8 fill: "a state-sponsored health plan"<br>HIKIND_C=9 fill: "an other government program"<br>if MCAIDPRB_C=1, fill "Medicaid"<br>If SINCOVDE_C=1 and SINCOVRX_C=2,RF,DK and SINCOVVS_C=2,RF,DK, fill: "a single service dental plan"<br>If SINCOVDE_C=2,RF,DK and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "a single service prescription plan"<br>If SINCOVDE_C=2,RF,DK and SINCOVRS_C=2,RF,DK and SINCOVVS_C=1, fill: "a single service vision plan"<br>If SINCOVDE_C=1 and SINCOVRX_C=1 and SINCOVVS_C=2,RF,DK, fill: "single service dental and prescription plans"<br>If SINCOVDE_C=1 and SINCOVRS_C=2,RF,DK and SINCOVVS_C=1, fill: "single service dental and vision plans"<br>If SINCOVDE_C=2,RF,DK and SINCOVRS_C=1 and SINCOVVS_C=1, fill: "single service vision and prescription plans"<br>If SINCOVDE_C=1 and SINCOVRS_C=1 and SINCOVVS_C=1, fill: "single service dental, vision, and prescription plans"<br><br>separate choices with a comma and separate the last two choices with "and" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1,RF,DK>
if 2 in HIKIND_C [goto MCPART_C]
else if 4 in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]
else if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_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}<br><br>Press Enter to go back to HIKIND_C and update coverage. |

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0080.00.1 Variable: MCPART\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

What type of Medicare coverage does ^SCNAME have? Is it Part A - hospital insurance, Part B - medical insurance, or both?

**Fills:**

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

**Response:**

|   |                        |
|---|------------------------|
| 1 | Part A- hospital only  |
| 2 | Part B- medical only   |
| 3 | Both Part A and Part B |
| 7 | Refused                |
| 9 | Don't Know             |

**Universe:**

Sample Children 0-17 with Medicare

**Skip Instructions:**

&lt;2,3,RF,DK&gt; [goto MCCHOICE\_C] &lt;1&gt; [goto MCPARTD\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0090.00.1 Variable: MCCHOICE\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is ^SCNAME enrolled in a Medicare Advantage plan?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicare part B only or both parts A and B

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto MCHMO\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0100.00.1 Variable: MCHMO\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is ^SCNAME under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicare part B only or both parts A and B

**Skip Instructions:**

```
<1> [goto MCNAME_C]
<2,RF,DK> if MCCHOICE_C=1 [goto MCNAME_C]
    else if MCCHOICE_C=2,RF,DK, [goto MCPARTD_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0110.00.1 Variable: MCANAME\_C Interview Module: Child Content Type: Annual Core

**Question Text:**[?\[F1\]](#)

What is the name of ^SCNAME's Medicare Advantage or Medicare HMO plan?

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 with a Medicare Advantage plan or a Medicare managed care arrangement

**Skip Instructions:**

&lt;verbatim, RF, DK&gt; [goto MCPARTD\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0120.00.1 Variable: MCPARTD\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is ^SCNAME enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicare

**Skip Instructions:**

```
<1,2,RF,DK>
if 4 in HIKIND_C or MCAIDPRB_C=1[goto MACHMN_C]
else if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto 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]**

The next questions are about Medicaid coverage. What is the name of ^SCNAME's Medicaid health plan?

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 with Medicaid coverage

**Skip Instructions:**

&lt;allow 80, RF, DK&gt; [goto MAXCHNG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0140.00.1 | <b>Variable:</b> MAXCHNG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Was ^SCNAME's Medicaid obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^SCNAME      | Description | Sample child's name  |
|              | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^MARKETPLACE | Description | Health Insurance marketplace names   |
|              | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicaid coverage

**Skip Instructions:**

<1,2,RF,DK> [goto MAPREM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0150.00.1 Variable: MAPREM\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this Medicaid plan?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicaid coverage

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto MADEDUC\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0160.00.1 Variable: MADEDUC\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's Medicaid plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with Medicaid coverage

**Skip Instructions:**

```
<1> [goto MAHDHP_C]
<2,RF,DK>
if 1 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 3 in HIKIND_C [goto SET_INSPRI_FLAG]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0170.00.1 Variable: MAHDHP\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network  
care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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**

|                                   |                               |                                |                                  |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0260.00.1 | <b>Variable:</b> PLANNNAME1_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|

**Question Text:**

Earlier I recorded that ^YOU\$ANAME ^WERE\$WAS covered by ^HIPNAM1\_A. Is ^SCNAME covered by this same plan as ^YOU\$ANAME?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^YOU\$ANAME | Description | you/^SANAME  |
|             | Instruction | If GEN.SARESPSC_FLG=1, fill "you"<br>else fill "^SANAME" |
| ^SANAME     | Description | Sample Adult's name                                      |
|             | Instruction | Sample Adult's name                                      |
| ^WERE\$WAS  | Description | were/was   |
|             | Instruction | If SARESPSC_FLG=1, fill "were",<br>else "was"            |
| ^HIPNAM1_A  | Description | {Value of HIPNAM1_A}                                     |
|             | Instruction | Fill value from Adult.INS.HIPNAM1_A                      |
| ^SCNAME     | Description | Sample child's name                                      |
|             | Instruction | Fill ALIAS of HHSTAT_C=1                                 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and the first private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

**Skip Instructions:**

```

<1> if Adult.INS.bPlan[1].POLHLD_A ne 1 [goto POLHLDA1_C],
if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1 [goto
PLANNNAME2_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 PLANNNAME2_C] else [goto HIPNAM1_C]

```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0270.00.1 Variable: POLHLDA1\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Is ^SCNAME the policyholder for ^HIPNAM1\_A?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^SCNAME    | Description | Sample child's name                 |
|            | Instruction | Fill ALIAS of HHSTAT_C=1            |
| ^HIPNAM1_A | Description | {Value of HIPNAM1_A}                |
|            | Instruction | Fill value from Adult.INS.HIPNAM1_A |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a shared private health plan with the Sample Adult, where the Sample Adult is not the policyholder for their first private plan or refused or don't know.

**Skip Instructions:**

```
<1,2,RF,DK> if INSPRI2_FLG2_C=1 and INSPRI2_FLG3_C=1 and INSPRI2_FLG4_C=1 and INSPRI2_FLG5_C=1  
[goto PLANNAM2_C]  
else [goto MORPLAN_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                               |                                |                                  |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0280.00.1 | <b>Variable:</b> PLANNNAME2_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|

**Question Text:**

Earlier I recorded that ^YOU\$ANAME ^WERE\$WAS covered by a second plan ^HIPNAM2\_A. Is ^SCNAME covered by this same plan as ^YOU\$ANAME?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^YOU\$ANAME | Description | you/^SANAME  |
|             | Instruction | If GEN.SARESPSC_FLG=1, fill "you"<br>else fill "^SANAME" |
| ^SANAME     | Description | Sample Adult's name                                      |
|             | Instruction | Sample Adult's name                                      |
| ^WERE\$WAS  | Description | were/was   |
|             | Instruction | If SARESPSC_FLG=1, fill "were",<br>else "was"            |
| ^HIPNAM2_A  | Description | {Value of HIPNAM2_A}                                     |
|             | Instruction | Fill value from Adult.INS.HIPNAM2_A                      |
| ^SCNAME     | Description | Sample child's name                                      |
|             | Instruction | Fill ALIAS of HHSTAT_C=1                                 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage, where the Sample Adult interview has already been conducted, the Sample Adult is in the same family, and the Sample Adult also had private health insurance, and listed two plans. The second private plan is not self only coverage, a plan name was not don't know or refused, and the source and who pays for the coverage is not don't know or refused.

**Skip Instructions:**

```

<1> if Adult.INS.bPlan[2].POLHLD_A ne 1 [goto POLHLDA2_C],
else if PLANNNAME1_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 PLANNNAME1_C IN (2,RF,DK,empty) [goto HIPNAM1_C]
else [goto MORPLAN_C]

```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0290.00.1 | <b>Variable:</b> POLHLDA2_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

**Read if necessary:** Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder.

Is ^SCNAME the policyholder for ^HIPNAM2\_A?

**Fills:**

|            |             |                                     |
|------------|-------------|-------------------------------------|
| ^SCNAME    | Description | Sample child's name                 |
|            | Instruction | Fill ALIAS of HHSTAT_C=1            |
| ^HIPNAM2_A | Description | {Value of HIPNAM2_A}                |
|            | Instruction | Fill value from Adult.INS.HIPNAM2_A |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a shared private health plan with the Sample Adult, where the adult is not the policyholder for their second private plan or refused or don't know

**Skip Instructions:**

```
<1,2,RF,DK> if PLANNAME1_C IN(2,RF,DK,empty) [goto MORPLAN_C]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0300.00.1 Variable: HIPNAM1\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

It is important that we record the complete and accurate name of each private health insurance plan. What is the COMPLETE name of ^SCNAME's plan? Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service such as long term care, accidents, or dental care.

**Read if necessary:** Do you have a health plan card or something with the plan name on it?

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 enrolled in a Medigap plan or private health insurance and the sample child did not share or refused or did not know if they shared or did not have a value for both of the two listed private plans for the sample adult

**Skip Instructions:**

<allow 80,RF,DK> [goto MORPLAN\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0310.00.1 Variable: MORPLAN\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is ^SCNAME covered by any other private health insurance plans?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 enrolled in a private health plan where the name of the plan was given or don't know or refused or the sample child only shared one private plan with the Sample Adult

**Skip Instructions:**

```
<1> [goto HIPNAM2_C]
<2,RF,DK>
if (PLANNAME1_C = 1 or PLANNAME2_C = 1) then
  if 5 in HIKIND_C [goto CHNAME_C]
  else if 8 in HIKIND_C [goto OPNAME_C]
  else if 9 in HIKIND_C [goto OGNAME_C]
  else if 6 in HIKIND_C [goto MILSPC_C]
  else [goto HINOTYR_C]

else [goto bPlan[1].POLHLD_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0320.00.1 Variable: HIPNAM2\_C

Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

What is the name of that private health insurance plan?

**Read if necessary:** Do you have a health plan card or something with the plan name on it?**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 with a second private health insurance plan

**Skip Instructions:**

&lt;allow 80,RF,DK&gt; [goto bPlan[1].POLHLD\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0340.00.1 | <b>Variable:</b> POLHLD_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

I am going to ask you some questions about ^FIRSTPLANC. Health insurance plans are usually obtained in one person's name even if other family members are covered by that plan. That person is called the policyholder. Is ^SCNAME the policyholder for ^THISPLANC?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^HIPNAM1_C  | Description | {Value of HIPNAM1_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM1_C  |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^THISPLANC  | Description | this plan/^HIPNAM1_C/^HIPNAM2_C  |
|             | Instruction | if PlanNum=1 then<br>if HIPNAM1_C IN('RF','DK') fill: "this plan"<br>Else fill: "^HIPNAM1_C"<br>if PlanNum=2 then<br>if HIPNAM2_C IN('RF','DK') fill: "this plan"<br>Else fill: "^HIPNAM2_C"   |
| ^HIPNAM2_C  | Description | {Value of HIPNAM2_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM2_C  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

**Skip Instructions:**

```
<1,RF,DK> [goto PRPLCOV_C]
<2> [goto PLNWRK_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0350.00.1    Variable: PRPLCOV\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

Does this plan cover someone other than ^SCNAME?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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:**

&lt;1,2,RF,DK&gt; [goto PLNWRK\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0360.00.1 Variable: PLNWRK\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Which one of these categories best describes how this plan was obtained? Was it obtained through an employer or union, purchased directly, obtained through Healthcare.gov or the Affordable Care Act, also known as Obamacare, obtained through a state or local government or community program or obtained in some other way?

**Response:**

|   |  |
|---|--|
| 1 | Through an employer, union, or professional association                    |
| 2 | Purchased directly   |
| 3 | Through Healthcare.gov or the Affordable Care Act, also known as Obamacare |
| 4 | Through a state or local government or community program                   |
| 5 | Other  |
| 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 PLNKSP_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0370.00.1 Variable: PLNWKSP\_C

Interview Module: Child Content Type: Annual Core

**Question Text:****Read if necessary:** How was this plan obtained?**Response:**

| 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:**

&lt;allow 80,RF,DK&gt; [goto PLNEXCHG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0380.00.1 | <b>Variable:</b> PLNEXCHG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Was the plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

| ^MARKPLACE | Description | Health Insurance marketplace names   |
|------------|-------------|--|
|            | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and who have private coverage that is directly purchased, or obtained through a state, local, government or community program, or obtained another way, or refused/don't know how obtained

**Skip Instructions:**

<1,2,RF,DK> [goto PLNPAY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0390.00.1 Variable: PLNPAY\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Who pays for this health insurance plan?

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

|   |   |
|---|---|
| 1 | ^SCNAME or family (living in the household) |
| 2 | Employer or union                           |
| 3 | Someone outside the household               |
| 4 | Medicare                                    |
| 5 | Medicaid                                    |
| 6 | Other government program                    |

**Universe:**

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know and were enrolled in a private health plan where a plan name was given or refused or don't know.

**Skip Instructions:**

```
<1-6,RF,DK> if 1 IN PLNPAY_C [goto HICOSTN_C]
else [goto PRDEDUC_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0400.01.1 | <b>Variable:</b> HICOSTN_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

How much does ^SCNAME's family currently spend for health insurance premiums for ^FIRSTPLANC?  
Please include payroll deductions for premiums.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^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}<br>[^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]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does this health plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 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**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0420.00.1 | <b>Variable:</b> PRHDHP_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Is the ^FAM\_C annual deductible for medical care for this plan less than ^HDHPAMT\_C, or ^HDHPAMT\_C or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|                 |             |   |
|-----------------|-------------|---|
| ^FAM_C          | Description | family  |
|                 | Instruction | if POLHLD_C=2 or PRPLCOV_C=1, fill 'family'. Else no fill.                |
| ^HDHPAMT_C      | Description | ^HDHPDED_family/^HDHPDED  |
|                 | Instruction | if POLHLD_C=2 or PRPLCOV_C=1, fill "^HDHPDED_family" Else fill "^HDHPDED" |
| ^HDHPDED_family | Description | Family deductible threshold (may change in future year)                   |
|                 | Instruction | Fill: \$2,800   |
| ^HDHPDED        | Description | Deductible threshold (may change in future year)                          |
|                 | Instruction | Fill: \$1,400   |

**Response:**

|   |                      |
|---|----------------------|
| 1 | Less than ^HDHPAMT_C |
| 2 | ^HDHPAMT_C or more   |
| 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:**

There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts or FSAs. Is there one of these accounts or funds with this plan?

**Response:**

**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**

|                                   |                             |                                |                      |
|-----------------------------------|-----------------------------|--------------------------------|----------------------|
| <b>Question ID:</b> INS.0435.00.1 | <b>Variable:</b> INTROCOV_C | <b>Interview Module:</b> Child | <b>Content Type:</b> |
|-----------------------------------|-----------------------------|--------------------------------|----------------------|

**Question Text:**

The next three questions are about services ^FIRSTPLANC may cover.

**Enter '1' to continue.**

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^HIPNAM1_C  | Description | {Value of HIPNAM1_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM1_C  |

**Response:**

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

**Universe:**

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know

**Skip Instructions:**

<1> [goto PRRXCOV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0440.00.1 | <b>Variable:</b> PRRXCOV_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANC pay for any of the costs for medications prescribed by a doctor?

**Read if necessary:** Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME were prescribed medications.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^HIPNAM1_C  | Description | {Value of HIPNAM1_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM1_C  |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage where the 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**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0450.00.1 | <b>Variable:</b> PRDNCOV_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANC pay for any of the costs for dental care?

**Read if necessary:** Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME did have dental care.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^HIPNAM1_C  | Description | {Value of HIPNAM1_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM1_C  |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage where the 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**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0460.00.1 | <b>Variable:</b> PRVSCOV_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

Does ^FIRSTPLANC pay for any of the costs for routine vision care, such as glasses and contact lenses?

**Read if necessary:** Even if ^SCNAME has not used this benefit, please answer if this plan would cover at least some of the costs if ^SCNAME did have vision care.

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^FIRSTPLANC | Description | this plan/this first plan/this ^HIPNAM1_C plan/this second plan/this ^HIPNAM2_C plan   |
|             | Instruction | If PlanNum = 1 then<br>if HIPNAM1_C IN (RF,DK) AND HIPNAM2_C=empty fill: "this plan"<br>elseif HIPNAM1_C IN (RF,DK) fill: "this first plan"<br>else fill: "this ^HIPNAM1_C plan"<br>if PlanNum = 2 then<br>if HIPNAM2_C IN (RF,DK) fill: "this second plan"<br>else fill: "this ^HIPNAM2_C plan" |
| ^HIPNAM1_C  | Description | {Value of HIPNAM1_C}   |
|             | Instruction | Fill value from Child.INS.HIPNAM1_C  |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with private health insurance coverage where a plan name was given or refused or don't know.

**Skip Instructions:**

```
<1,2,RF,DK> If there is another plan [goto bPlan for next plan]
else if 5 in HIKIND_C [goto CHNAME_C]
else if 8 in HIKIND_C [goto OPNAME_C]
else if 9 in HIKIND_C [goto OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0470.00.1 Variable: CHNAME\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

Earlier I recorded that ^SCNAME is covered by the Children's Health Insurance Program or CHIP.  
What is the name of the plan?

**Fills:**

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

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 with a CHIP plan

**Skip Instructions:**

&lt;allow 80,RF,DK&gt; [goto CHXCHNG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0480.00.1 | <b>Variable:</b> CHXCHNG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Was ^SCNAME's CHIP plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^SCNAME      | Description | Sample child's name  |
|              | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^MARKETPLACE | Description | Health Insurance marketplace names   |
|              | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a CHIP plan

**Skip Instructions:**

<1,2,RF,DK> [goto CHPREM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0490.00.1 Variable: CHPREM\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this CHIP plan?

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a CHIP plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto CHDEDUC\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0500.00.1 Variable: CHDEDUC\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's CHIP plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Fills:**

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

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a CHIP plan

**Skip Instructions:**

```
<1> [goto 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]

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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]**

Earlier I recorded that ^SCNAME is covered by a state-sponsored plan. What is the name of the plan?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 with a state-sponsored plan

**Skip Instructions:**

<verbatim,RF,DK> [goto OPXCHNG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0530.00.1 Variable: OPXCHNG\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

Was ^SCNAME's state-sponsored plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^SCNAME      | Description | Sample child's name  |
|              | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^MARKETPLACE | Description | Health Insurance marketplace names   |
|              | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a state-sponsored plan

**Skip Instructions:**

<1,2,RF,DK> [goto OPPREM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0540.00.1 Variable: OPPREM\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this state-sponsored plan?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a state-sponsored plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto OPDEDUC\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0550.00.1 Variable: OPDEDUC\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's state-sponsored plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with a state-sponsored plan

**Skip Instructions:**

```
<1>[goto OPHDHP_C]
<2,RF,DK> if 9 in HIKIND_C [goto 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]**

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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 OGNAME_C]
else if 6 in HIKIND_C [goto MILSPC_C]
else [goto HINOTYR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0570.00.1 Variable: OGNNAME\_C Interview Module: Child Content Type: Annual Core

**Question Text:**[?\[F1\]](#)

Earlier I recorded that ^SCNAME is covered by an other government program. What is the name of the plan?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 who have an other government plan

**Skip Instructions:**

```
<allow 80,RF,DK> [goto OGXCHNG_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                            |                                |                                  |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0580.00.1 | <b>Variable:</b> OGXCHNG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|----------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Was ^SCNAME's other government plan obtained through Healthcare.gov or the ^MARKETPLACE?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^SCNAME      | Description | Sample child's name  |
|              | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^MARKETPLACE | Description | Health Insurance marketplace names   |
|              | Instruction | If no state specified below, fill "Health Insurance Marketplace"<br>If state specified below fill:<br><br>If CA then fill "Health Insurance Marketplace, such as Covered California"<br>If CO then fill "Health Insurance Marketplace, such as Connect for Health Colorado"<br>If CT then fill "Health Insurance Marketplace, such as Access Health CT"<br>If DC then fill "Health Insurance Marketplace, such as DC Health Link"<br>If ID then fill "Health Insurance Marketplace, such as Your Health Idaho"<br>If KY then fill "Health Insurance Marketplace, such as Kentucky Health Benefit Exchange"<br>If MA then fill "Health Insurance Marketplace, such as Massachusetts Health Connector"<br>If MD then fill "Health Insurance Marketplace, such as Maryland Health Connection"<br>If MN then fill "Health Insurance Marketplace, such as MNSure"<br>If NM then fill "Health Insurance Marketplace, such as BeWellNM"<br>If NV then fill "Health Insurance Marketplace, such as Nevada Health Link"<br>If NY then fill "Health Insurance Marketplace, such as New York State of Health"<br>If RI then fill "Health Insurance Marketplace, such as HealthSource RI"<br>If VT then fill "Health Insurance Marketplace, such as Vermont Health Connect"<br>If WA then fill "Health Insurance Marketplace, such as Washington Health Plan Finder" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have an other government plan

**Skip Instructions:**

<1,2,RF,DK> [goto OGPREM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0590.00.1 Variable: OGPREM\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

A health insurance premium is the amount ^SCNAME or a family member pays each month for health care coverage. Does ^SCNAME or a family member pay a premium for this other government plan?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have an other government plan

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [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]**

A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills. Does ^SCNAME's other government plan have an annual deductible?

**Read if necessary:** A deductible is different from a copay (copayment).

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with an other government plan

**Skip Instructions:**

```
<1> [goto OGHDHP_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: OGHDHP\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Is the annual deductible for medical care for this plan less than ^HDHPDED or ^HDHPDED or more?  
If there is a separate deductible for prescription drugs, hospitalization, or out-of-network  
care, do not include those deductible amounts here.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^HDHPDED | Description | Deductible threshold (may change in future year) |
|          | Instruction | Fill: \$1,400                                    |

**Response:**

|   |                    |
|---|--------------------|
| 1 | 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**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0620.00.1 | <b>Variable:</b> MILSPC_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

Earlier I recorded that ^SCNAME is covered by military related health care. What types of military related health care ^areisSEX\_C ^heshe\_C covered by?

**Enter all that apply, separate with commas.**

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^SCNAME     | Description | Sample child's name   |
|             | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^areisSEX_C | Description | is/are  |
|             | Instruction | if GEN(SEX_FINAL[PX_C] in (1,2) fill: "is"<br>elseif GEN(SEX_FINAL[PX_C] in (DK,RF) fill: "are"                                       |
| ^heshe_C    | Description | he/she/they   |
|             | Instruction | If GEN(SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN(SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN(SEX_FINAL[PX_C] in (RF,DK): fill "they" |

**Response:**

|   |                                   |
|---|-----------------------------------|
| 2 | TRICARE (CHAMPUS)                 |
| 3 | CHAMP-VA (do not include CHAMPUS) |
| 7 | Refused                           |
| 9 | Don't Know                        |

**Universe:**

Sample Children 0-17 with military related health care

**Skip Instructions:**

<2-3,RF,DK> [goto HINOTYR\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0630.00.1 Variable: HILAST\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

How long has it been since ^SCNAME last had health care coverage that paid for doctor's visits or hospital stays?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |   |
|---|---|
| 0 | Never   |
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the last 2 years (1 year but less than 2 years ago)    |
| 3 | Within the last 3 years (2 years but less than 3 years ago)   |
| 4 | Within the last 5 years (3 years but less than 5 years ago)   |
| 5 | Within the last 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more  |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

**Skip Instructions:**

```
<1> [goto HILASTMY_C]
<2,3> [goto HISTOPJOB_C]
<4,5,6,0,RF,DK> [goto RSNHICOST_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0640.00.1    **Variable:** HILASTMY\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

In the past 12 months, how many months was ^SCNAME without coverage?

If less than 1 month, enter '1'.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|       |                 |
|-------|-----------------|
| 01-12 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Children 0-17 without known health insurance who last had insurance at some time within the last 12 months

**Skip Instructions:**

<1-12,RF,DK> [goto HISTOPJOB\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0650.00.1 Variable: HISTOPJOB\_C Interview Module: Child Content Type: Annual Core

**Question Text:****?[F1]**

Think about the last time that ^SCNAME did have health care coverage. I am going to read a list of reasons why someone might no longer be enrolled in coverage. Please tell me, yes or no, if this is a reason why ^SCNAME is no longer enrolled in ^hisher\_C last health care plan.

The policyholder retired, lost a job, or changed employer?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPMISS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0660.00.1 Variable: HISTOPMISS\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher\_C last health care plan because...

A deadline was missed for signing up or paying for ^hisher\_C coverage?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPAGE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0670.00.1 | <b>Variable:</b> HISTOPAGE_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

**Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher\_C last health care plan because...

^HeShe\_C became ineligible because of ^hisher\_C age or because ^heshe\_C left school?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^HeShe_C  | Description | he/she/they   |
|           | Instruction | If GEN.SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN.SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN.SEX_FINAL[PX_C] in (RF,DK): fill "they"           |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPCOST\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0680.00.1 Variable: HISTOPCOST\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher\_C last health care plan because...

The cost for the coverage increased?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto HISTOPELIG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                               |                                |                                  |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0690.00.1 | <b>Variable:</b> HISTOPELIG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-------------------------------|--------------------------------|----------------------------------|

**Question Text:**

?[F1]

**Read if necessary:** Is ^SCNAME no longer enrolled in ^hisher\_C last health care plan because...

^HeShe\_C had Medicaid, CHIP, or other public coverage, but ^werewas\_C no longer eligible?

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^SCNAME    | Description | Sample child's name   |
|            | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C  | Description | his/her/their   |
|            | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^HeShe_C   | Description | he/she/they   |
|            | Instruction | If GEN.SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN.SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN.SEX_FINAL[PX_C] in (RF,DK): fill "they"           |
| ^werewas_C | Description | was/were  |
|            | Instruction | If SEX_FINAL_C=1,2 fill "was"<br>else if SEX_FINAL_C=DK, RF fill "were"   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have been uninsured for less than 3 years

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHICOST\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0700.00.1 | <b>Variable:</b> RSNHICOST_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

^INSREASONS\_C Is ^SCNAME currently uninsured because coverage is not affordable?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^INSREASONS_C | Description | RSNHICOST_C Introduction  |
|               | Instruction | If HILAST_C=0,4,5,6,RF,DK, fill: "There are many reasons why people do not have health insurance coverage."<br>If HILAST_C=1,2,3, fill: "We just discussed reasons you lost coverage, now I am going to ask you some questions about why ^SCNAME hasn't obtained coverage." |
| ^SCNAME       | Description | Sample child's name   |
|               | Instruction | Fill ALIAS of HHSTAT_C=1  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIWANT\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0710.00.1 Variable: RSNHIWANT\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

There are other reasons that people do not have health insurance coverage. ^PLUSCOSTC ^SCNAME currently uninsured because...

...your family does not need or want coverage for ^SCNAME?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTC | Description | In addition to cost, is/Is   |
|            | Instruction | if REASNHICOST_C = 1 then fill "In addition to cost, is"<br>Else fill "Is" |
| ^SCNAME    | Description | Sample child's name  |
|            | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe.

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIELIG\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0720.00.1 | <b>Variable:</b> RSNHIELIG_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
 ^PLUSCOSTC ^SCNAME currently uninsured because...

...^heshe\_C ^areisSEX\_C not eligible for coverage?

**Fills:**

|             |             |   |
|-------------|-------------|---|
| ^PLUSCOSTC  | Description | In addition to cost, is/Is  |
|             | Instruction | if REASNHICOST_C = 1 then fill "In addition to cost, is"<br>Else fill "Is"  |
| ^SCNAME     | Description | Sample child's name   |
|             | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^heshe_C    | Description | he/she/they   |
|             | Instruction | If GEN.SEX_FINAL[PX_C]=1 fill "he"<br>else if GEN.SEX_FINAL[PX_C]=2 fill "she"<br>else if GEN.SEX_FINAL[PX_C] in (RF,DK): fill "they" |
| ^areisSEX_C | Description | is/are  |
|             | Instruction | if GEN.SEX_FINAL[PX_C] in (1,2) fill: "is"<br>elseif GEN.SEX_FINAL[PX_C] in (DK,RF) fill: "are"                                       |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHICONF\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0730.00.1    Variable: RSNHICONF\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTC ^SCNAME currently uninsured because...

...the process of signing up for coverage for ^SCNAME is too difficult or confusing?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTC | Description | In addition to cost, is/Is   |
|            | Instruction | if REASNHICOST_C = 1 then fill "In addition to cost, is"<br>Else fill "Is" |
| ^SCNAME    | Description | Sample child's name  |
|            | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIMEET\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

|                                   |                              |                                |                                  |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INS.0740.00.1 | <b>Variable:</b> RSNHIMEET_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
 ^PLUSCOSTC ^SCNAME currently uninsured because...

...your family cannot find a plan that meets ^SCNAME's needs?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTC | Description | In addition to cost, is/Is   |
|            | Instruction | if REASNHICOST_C = 1 then fill "In addition to cost, is"<br>Else fill "Is" |
| ^SCNAME    | Description | Sample child's name  |
|            | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIWAIT\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0750.00.1 Variable: RSNHIWAIT\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** There are other reasons that people do not have health insurance coverage.  
^PLUSCOSTC ^SCNAME currently uninsured because...

...you applied for coverage for ^SCNAME but it has not started yet?

**Fills:**

|            |             |  |
|------------|-------------|--|
| ^PLUSCOSTC | Description | In addition to cost, is/Is   |
|            | Instruction | if REASNHICOST_C = 1 then fill "In addition to cost, is"<br>Else fill "Is" |
| ^SCNAME    | Description | Sample child's name  |
|            | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

**Skip Instructions:**

<1,2,RF,DK> [goto RSNHIOTH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0760.00.1    Variable: RSNHIOTH\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

Is there another reason that ^SCNAME currently does not have health insurance coverage?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 without known health insurance and answered no, refused or don't know to the Medicaid probe

**Skip Instructions:**

```
<1> [goto RSNHIOTHSP_C]  
<2,RF,DK> [goto FINISH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INS: Health Insurance**

**Question ID:** INS.0770.00.1    **Variable:** RSNHIOOTHSP\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

What is the other reason for not having coverage?

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17 who have another reason for not having coverage

**Skip Instructions:**

<allow 80,RF,DK> [goto FINISH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0780.00.1 Variable: HINOTYR\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

In the past 12 months, was there any time when ^SCNAME did NOT have ANY health insurance or coverage?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with known health insurance coverage or responded yes to the medicaid probe

**Skip Instructions:**

<1> [goto HINOTMYR\_C]  
<2,RF,DK> [goto FINISH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INS: Health Insurance**

Question ID: INS.0790.00.1    Variable: HINOTMYR\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

In the past 12 months, about how many months was ^SCNAME without coverage?

If less than 1 month, enter '1'.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|       |                 |
|-------|-----------------|
| 01-12 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Children 0-17 with known health insurance coverage and did not have health insurance for some period of time in the past 12 months

**Skip Instructions:**

<1-12,RF,DK> [goto FINISH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INS: Health Insurance**

Question ID: INS.0800.00.1 Variable: FINISH\_C Interview Module: Child Content Type: Annual Core

Question Text:

The Sample Child health insurance section is now complete.

Enter '1' to continue.

Response:

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

Universe:

Sample Children 0-17

Skip Instructions:

<1> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAY: Difficulty Paying for Health Care**

Question ID: PAY.0010.00.1 Variable: PAYINTRO\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

Now I am going to ask you about your family's medical bills. Include bills for doctors, dentists, hospitals, therapists, medication, equipment, and nursing home or home care.

**Enter '1' to continue.**

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17 living in same family as the Sample Adult when the PAY section of the Sample Adult has not been completed  
or Sample Children living in same family as Sample Adult when the Sample Child respondent is not the Sample Adult and the Sample Adult answered don't or refused to PAYBLL12M\_A and PAYNOBLLNW\_A  
or Sample children living in different families than the Sample Adult.

**Skip Instructions:**

<1> [goto PAYBILL12M\_C]

**Replicate To:**

|            |
|------------|
| PAYINTRO_A |
|------------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAY: Difficulty Paying for Health Care**

Question ID: PAY.0020.00.1 Variable: PAYBLL12M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

?[F1]

In the past 12 months did anyone in your family have problems paying or were unable to pay any medical bills?

**Read if necessary:** Include bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 living in same family as the Sample Adult when the PAY section of the Sample Adult has not been completed  
or Sample Children living in same family as Sample Adult when the Sample Child respondent is not the Sample Adult and the Sample Adult answered don't or refused to PAYBILL12M\_A and PAYNOBLLNW\_A or Sample children living in different families than the Sample Adult.

**Skip Instructions:**

<1,RF,DK> [goto PAYNOBLLNW\_C]  
<2> [goto PAYWORRY\_C]

**Replicate To:**

PAYBLL12M\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAY: Difficulty Paying for Health Care**

**Question ID:** PAY.0030.00.1    **Variable:** PAYNOBLLNW\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does anyone in your family currently have any medical bills that you are unable to pay at all?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who said someone in their family had trouble paying bills and Sample Adult and Sample Child are in the same family and Sample Adult PAY section has not been completed OR the Sample Child and Sample Adult are not in the same family AND said anyone in the their family had problems paying medical bills in the past 12 months or refused or didn't know if they had problems paying medical bills.

**Skip Instructions:**

<1,2,RF,DK> [goto PAYWORRY\_C]

**Replicate To:**

PAYNOBLLNW\_A

**2020 National Health Interview Survey (NHIS) Questionnaire****PAY: Difficulty Paying for Health Care**

Question ID: PAY.0040.00.1 Variable: PAYWORRY\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

If ^SCNAME gets sick or has an accident, how worried are you that your family will be able to pay ^hisher\_C medical bills? Are you very worried, somewhat worried, or not at all worried?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |                    |
|---|--------------------|
| 1 | Very worried       |
| 2 | Somewhat worried   |
| 3 | Not at all worried |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

&lt;1-3,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care - Rotate**

Question ID: DNC.0010.00.2 Variable: DNCINTRO\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

These next questions ask about ^SCNAME's dental care.

**Enter '1' to continue.**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample children 1-17

**Skip Instructions:**

<1> [goto DENPREV\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care - Rotate**

Question ID: DNC.0020.00.2 Variable: DENPREV\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

About how long has it been since ^SCNAME last had a dental examination or cleaning?

**Read if necessary:** Include cleanings from all types of dental care providers such as dentists, orthodontists, oral surgeons, dental hygienists, and all other dental specialists.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |   |
|---|---|
| 0 | Never   |
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the last 2 years (1 year but less than 2 years ago)    |
| 3 | Within the last 3 years (2 years but less than 3 years ago)   |
| 4 | Within the last 5 years (3 years but less than 5 years ago)   |
| 5 | Within the last 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more  |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Children 1-17

**Skip Instructions:**

<0-6,RF,DK> [goto DENDL12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care - Rotate**

Question ID: DNC.0030.00.2    Variable: DENDL12M\_C

Interview Module: Child    Content Type: Rotating Core

**Question Text:**

During the past 12 months, has ^SCNAME been DELAYED in getting dental care because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 1-17

**Skip Instructions:**

<1,2,RF,DK> [goto DENNG12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****DNC: Dental Care - Rotate**

Question ID: DNC.0040.00.2    Variable: DENNG12M\_C

Interview Module: Child    Content Type: Rotating Core

**Question Text:**

During the past 12 months, was there any time when ^SCNAME needed dental care, but DID NOT GET IT because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 1-17

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

Question ID: UTZ.0010.00.1 Variable: UTZINTRO\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

^UTZINTRO\_C

**Enter '1' to continue.**

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^UTZINTRO_C | Description | UTZ Introduction   |
|             | Instruction | If AGE LT 1 fill "I would like to ask you about ^SCNAME's health care." else fill "Now that we finished talking about dental care, I would like to ask you about ^SCNAME's other health care." |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto LASTDR\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**UTZ: Utilization**

|                                   |                           |                                |                                  |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> UTZ.0020.00.1 | <b>Variable:</b> LASTDR_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|---------------------------|--------------------------------|----------------------------------|

**Question Text:**

About how long has it been since ^SCNAME last saw a doctor or other health professional about ^hisher\_C health?

**Read if necessary:** *Include doctors seen while a patient in a hospital.*

**Read if necessary:** *Do not include dental care.*

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |   |
|---|---|
| 0 | Never   |
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the last 2 years (1 year but less than 2 years ago)    |
| 3 | Within the last 3 years (2 years but less than 3 years ago)   |
| 4 | Within the last 5 years (3 years but less than 5 years ago)   |
| 5 | Within the last 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more  |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1-6> [goto WELLNESS_C]
<0,RF,DK> [goto USUALPL_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: UTZ.0030.00.1 | Variable: WELLNESS_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

Was this a well ^babychild visit, physical, or general purpose check-up?

**Read if necessary:** This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to ^SCNAME's health such as ^hisher\_C growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when ^hesheisttheyare\_C not sick.

**Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

**Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

**Fills:**

|                    |             |  |
|--------------------|-------------|--|
| ^babychild         | Description | baby/child   |
|                    | Instruction | If AGE LE 2 fill "baby";<br>else if AGE GE 3 or AGE IN ('DK','RF') fill "child"  |
| ^SCNAME            | Description | Sample child's name  |
|                    | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C          | Description | his/her/their  |
|                    | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^hesheisttheyare_C | Description | he is/she is/they are  |
|                    | Instruction | If SEX_FINAL_C=1 fill: "he is"<br>If SEX_FINAL_C=2 fill: "she is"<br>If SEX_FINAL_C =blank fill: "they are"                                  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who have seen a doctor

**Skip Instructions:**

```
<1> [goto USUALPL_C]
<2,RF,DK> [goto WELLVIS_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**UTZ: Utilization**

**Question ID:** UTZ.0040.00.1    **Variable:** WELLVIS\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

About how long has it been since ^SCNAME last saw a doctor or other health professional for a well ^babychild visit, physical, or general purpose check-up?

**Read if necessary:** This kind of visit typically includes: height and weight measurements, vaccinations, and vision or hearing checks. The doctor or other health professional may also discuss topics related to ^SCNAME's health such as ^hisher\_C growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when ^hesheistheyare\_C not sick.

**Read if necessary:** If a wellness exam was combined with a sick care visit, include this visit.

**Read if necessary:** An obstetrician/gynecologist (OB/GYN) may perform this visit.

**Fills:**

|                   |             |  |
|-------------------|-------------|--|
| ^SCNAME           | Description | Sample child's name  |
|                   | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^babychild        | Description | baby/child   |
|                   | Instruction | If AGE LE 2 fill "baby";<br>else if AGE GE 3 or AGE IN ('DK','RF') fill "child"  |
| ^hisher_C         | Description | his/her/their  |
|                   | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |
| ^hesheistheyare_C | Description | he is/she is/they are  |
|                   | Instruction | If SEX_FINAL_C=1 fill: "he is"<br>If SEX_FINAL_C=2 fill: "she is"<br>If SEX_FINAL_C =blank fill: "they are"                                  |

**Response:**

|   |   |
|---|---|
| 0 | Never   |
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the last 2 years (1 year but less than 2 years ago)    |
| 3 | Within the last 3 years (2 years but less than 3 years ago)   |
| 4 | Within the last 5 years (3 years but less than 5 years ago)   |
| 5 | Within the last 10 years (5 years but less than 10 years ago) |
| 6 | 10 years ago or more  |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Children 0-17 who did not have a baby/child visit, physical, or general purpose check-up, or who don't know or refused.

**Skip Instructions:**

<0,1,2,3,4,5,6,RF,DK> [goto USUALPL\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0050.00.1    **Variable:** USUALPL\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Is there a place that ^SCNAME USUALLY goes to if ^hesheistheyare\_C sick and needs health care?

**Fills:**

|                   |             |   |
|-------------------|-------------|---|
| ^SCNAME           | Description | Sample child's name   |
|                   | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hesheistheyare_C | Description | he is/she is/they are   |
|                   | Instruction | If SEX_FINAL_C=1 fill: "he is"<br>If SEX_FINAL_C=2 fill: "she is"<br>If SEX_FINAL_C =blank fill: "they are" |

**Response:**

|   |                              |
|---|------------------------------|
| 1 | Yes                          |
| 2 | There is NO place            |
| 3 | There is MORE THAN ONE place |
| 7 | Refused                      |
| 9 | Don't Know                   |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,3,RF,DK> [goto USPLKIND\_C]  
<2>[goto URGENT12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**UTZ: Utilization**

**Question ID:** UTZ.0060.00.1    **Variable:** USPLKIND\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

What kind of place ^isitgomostoften - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; or some other place?

**Read if necessary:** A doctor's office or health center is a place where ^heshe\_C see^s the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where ^hisher\_C medical records are on file.

**Read if necessary:** Urgent care centers, and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

**Fills:**

|                  |             |  |
|------------------|-------------|--|
| ^isitgomostoften | Description | is it/^doesheshedothey go to most often  |
|                  | Instruction | If USUALPL_C=1, fill: "is it"<br>else fill: "^doesheshedothey go to most often"  |
| ^doesheshedothey | Description | does he/does she/do they   |
|                  | Instruction | If SEX=1 fill: "does he"<br>If SEX=2 fill: "does she"<br>If SEX IN ('DK','RF') fill: "do they"   |
| ^heshe_C         | Description | he/she/they  |
|                  | Instruction | If GENSEX_FINAL[PX_C]=1 fill "he"<br>else if GENSEX_FINAL[PX_C]=2 fill "she"<br>else if GENSEX_FINAL[PX_C] in (RF,DK): fill "they"           |
| ^s               | Description | s  |
|                  | Instruction | if SEX_FINAL[PX_C]=1,2 fill "s"<br>else fill blank   |
| ^hisher_C        | Description | his/her/their  |
|                  | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |   |
|---|---|
| 1 | A doctor's office or health center  |
| 2 | Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store |
| 3 | Emergency room  |
| 4 | Some other place  |
| 5 | Does not go to one place most often   |
| 7 | Refused   |
| 9 | Don't Know  |

**Universe:**

Sample Children 0-17 with 1+ usual place of care or who don't know or refused to answer if they have a usual place of care

**Skip Instructions:**

<1-5,RF,DK> [goto URGENT12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

|                            |                       |                         |                           |
|----------------------------|-----------------------|-------------------------|---------------------------|
| Question ID: UTZ.0070.00.1 | Variable: URGENT12M_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|-----------------------|-------------------------|---------------------------|

**Question Text:**

During the past 12 months, how many times has ^SCNAME gone to an urgent care center or clinic in a drug store or grocery store about ^hisher\_C health?

**Enter '96' if number is 96 or greater.**

**Read if necessary:** Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.

**Read if necessary:** This is different from a hospital emergency room.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**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} <p>^URGENT12M_C is an unusually large number.<br/>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?</p> <p>Please verify.</p> |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

Question ID: UTZ.0080.00.1 Variable: EMERGE12M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

During the past 12 months, how many times has ^SCNAME gone to a hospital emergency room about ^hisher\_C health?

**Read if necessary:** This includes emergency room visits that resulted in a hospital admission.

**Enter '96' if number is 96 or more.**

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|       |                 |
|-------|-----------------|
| 00-96 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<0-39,RF,DK> if AGE GE '001' [goto HOSPONGT_C]
else [goto MEDDL12M_C]
<40-96> [goto ERR1_EMERGE12M_C]
```

**Soft Edit:**

| Check Text       | Check Description | Check Text  |
|------------------|-------------------|---|
| ERR1_EMERGE12M_C | ER 40-96 times    | {signal ERR1_EMERGE12M_C} <p>^EMERGE12M_C is an unusually large number.<br/>Did ^SCNAME visit a hospital emergency room about ^hishertheir health ^EMERGE12M_C times in the past 12 months?</p> <p>Please verify.</p> |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0090.00.1    **Variable:** HOSPONGT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, has ^SCNAME been hospitalized overnight? ^PAST12MER\_C

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^SCNAME      | Description | Sample child's name   |
|              | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^PAST12MER_C | Description | Do not include an overnight stay in the emergency room.   |
|              | Instruction | If ((EMERGE12M_C GE '01' and EMERGE12M_C LE '96') or EMERGE12M_C='RF', 'DK'): Fill: "Do not include an overnight stay in the emergency room." |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 1-17

**Skip Instructions:**

<1,2,RF,DK> [goto MEDDL12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

Question ID: UTZ.0100.00.1 Variable: MEDDL12M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

During the past 12 months, has medical care BEEN DELAYED for ^SCNAME because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto MEDNG12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**UTZ: Utilization**

**Question ID:** UTZ.0110.00.1    **Variable:** MEDNG12M\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, was there any time when ^SCNAME needed medical care, but DID NOT GET IT because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription medications**

**Question ID:** PMD.0010.00.1    **Variable:** RX12M\_C                                  **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

At any time in the past 12 months, did ^SCNAME take prescription medication?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1> [goto RXDL12M_C]  
<2,RF,DK> [goto RXDG12M_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription medications**

**Question ID:** PMD.0020.00.1    **Variable:** RXDL12M\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, did you DELAY filling a prescription for ^SCNAME to save money?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who had been prescribed medication in the past 12 months

**Skip Instructions:**

<1,2,RF,DK> [goto RXDG12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PMD: Prescription medications**

**Question ID:** PMD.0030.00.1    **Variable:** RXDG12M\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, was there any time when ^SCNAME needed prescription medication, but DID NOT GET IT because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

**Question ID:** IMM.0010.00.1    **Variable:** SHTFLU12M\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. During the past 12 months, has ^SCNAME had a flu vaccination?

**Read if necessary:** A flu vaccination is usually given in the fall and protects against influenza for the flu season.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto SHTFLUNUM\_C]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

**Question ID:** IMM.0020.00.1    **Variable:** SHTFLUNUM\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

During the past 12 months, how many flu vaccinations has ^SCNAME received?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |                        |
|---|------------------------|
| 1 | 1 vaccination          |
| 2 | 2 or more vaccinations |
| 7 | Refused                |
| 9 | Don't Know             |

**Universe:**

Sample Children 0-17 who have had a flu shot in the past 12 months

**Skip Instructions:**

<1,2> [goto FLUVAC1M\_C]  
<RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

Question ID: IMM.0030.01.1 Variable: FLUVAC1M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**1 of 2**

During what month and year did ^SCNAME receive ^hisher\_C most recent flu vaccine?

**Enter month of most recent flu vaccine.**

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|    |            |
|----|------------|
| 01 | January    |
| 02 | February   |
| 03 | March      |
| 04 | April      |
| 05 | May        |
| 06 | June       |
| 07 | July       |
| 08 | August     |
| 09 | September  |
| 10 | October    |
| 11 | November   |
| 12 | December   |
| 97 | Refused    |
| 99 | Don't Know |

**Universe:**

Sample Children 0-17 who have had one or more shots in the past 12 months

**Skip Instructions:**

```
<1-12,DK>[goto FLUVAC1Y_C]
<RF> if SHTFLUNUM_C='2'[goto FLUVAC2M_C]
else if SHTFLUNUM_C='1' [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

Question ID: IMM.0030.02.1 Variable: FLUVAC1Y\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**2 of 2**

Enter year of most recent flu vaccine.

**Response:**

|           |                 |
|-----------|-----------------|
| 2000-2030 | Range of values |
| 9997      | Refused         |
| 9999      | Don't Know      |

**Universe:**

Sample Children 0-17 who have had one or more shots in the past 12 months and gave month/don't know month of flu shot

**Skip Instructions:**

```
<current year, current year-1,RF,DK> and SHTFLUNUM_C = 2 [goto FLUVAC2M_C]
else [goto next section]
if FLUVAC1M_C and FLUVAC1Y_C = a future date [goto ERR1_FLUVAC1Y_C];
if FLUVAC1M_C and FLUVAC1Y_C = a date prior to birth [goto ERR2_FLUVAC1Y_C];
if FLUVAC1M_C and FLUVAC1Y_C = a date prior to 12 months ago [goto ERR3_FLUVAC1Y_C]
```

**Hard Edit:**

| Check Text      | Check Description             | Check Text   |
|-----------------|-------------------------------|--|
| ERR1_FLUVAC1Y_C | 1st flu vaccine in future     | {check ERR1_FLUVAC1Y_C}<br>Future date invalid       |
| ERR2_FLUVAC1Y_C | 1st flu vaccine before dob    | {check ERR2_FLUVAC1Y_C}<br>Date prior to birth       |
| ERR3_FLUVAC1Y_C | 1st flu vaccine before 12 mos | {check ERR3_FLUVAC1Y_C}<br>Date before 12 months ago |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

**Question ID:** IMM.0040.01.1    **Variable:** FLUVAC2M\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**1 of 2**

During what month and year did ^SCNAME receive the flu vaccine before that one?

**Enter month of the flu vaccine.**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|    |            |
|----|------------|
| 01 | January    |
| 02 | February   |
| 03 | March      |
| 04 | April      |
| 05 | May        |
| 06 | June       |
| 07 | July       |
| 08 | August     |
| 09 | September  |
| 10 | October    |
| 11 | November   |
| 12 | December   |
| 97 | Refused    |
| 99 | Don't Know |

**Universe:**

Sample Children 0-17 who have had two or more flu shots in the past 12 months

**Skip Instructions:**

<1-12,DK> [goto FLUVAC2Y\_C]  
<RF> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**IMM: Immunization**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: IMM.0040.02.1 | Variable: FLUVAC2Y_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

**2 of 2**

Enter year of next most recent flu vaccine.

**Response:**

|           |                 |
|-----------|-----------------|
| 2000-2030 | Range of values |
| 9997      | Refused         |
| 9999      | Don't Know      |

**Universe:**

Sample Children 0-17 who have had two or more flu shots and gave month/don't know month of 2nd vaccine dose

**Skip Instructions:**

```
<current year, current year-1,RF,DK> [goto next section]
If FLUVAC2M_C and FLUVAC2Y_C = a date in the future [goto ERR1_FLUVAC2Y_C]
If FLUVAC2M_C and FLUVAC2Y_C = a date prior to birth [goto ERR2_FLUVAC2Y_C]
If FLUVAC2M_C and FLUVAC2Y_C = a date prior to 12 months ago [goto ERR3_FLUVAC2Y_C]
If FLUVAC2M_C and FLUVAC2Y_C = a date more recent than answer given in (FLUVAC1M_C and
FLUVA1Y_C) [goto ERR4_FLUVAC2Y_C]
```

**Hard Edit:**

| Check Text      | Check Description             | Check Text   |
|-----------------|-------------------------------|--|
| ERR1_FLUVAC2Y_C | 2nd flu vaccine in future     | {check ERR1_FLUVAC2Y_C}<br><br>Future date invalid       |
| ERR2_FLUVAC2Y_C | 2nd flu vaccine before dob    | {check ERR2_FLUVAC2Y_C}<br><br>Date prior to birth       |
| ERR3_FLUVAC2Y_C | 2nd flu vaccine before 12 mos | {check ERR3_FLUVAC2Y_C}<br><br>Date before 12 months ago |

**Soft Edit:**

| Check Text      | Check Description                     | Check Text   |
|-----------------|---------------------------------------|--|
| ERR4_FLUVAC2Y_C | 2nd flu vaccine after 1st flu vaccine | {check ERR4_FLUVAC2Y_C}<br><br>The date entered for the second most recent flu vaccine is after the date of the most recent flu vaccine.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire****PTC: Physical and other therapeutic care - Rotate**

Question ID: PTC.0010.00.2 Variable: EYEEEX12M\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 12 months, has ^SCNAME had an eye exam from an eye specialist such as an optometrist, ophthalmologist, or eye doctor?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto THERA12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PTC: Physical and other therapeutic care - Rotate**

Question ID: PTC.0020.00.2 Variable: THERA12M\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 12 months, did ^SCNAME receive physical therapy, speech therapy, rehabilitative therapy, or occupational therapy?

**Do not include mental health therapy**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto HOMEHC12M\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****PTC: Physical and other therapeutic care - Rotate**

Question ID: PTC.0030.00.2 Variable: HOMEHC12M\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 12 months, did ^SCNAME receive care at home from a nurse or other health professional?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MHC: Mental health care - Rotate**

**Question ID:** MHC.0010.00.2    **Variable:** MHRX\_C                          **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, did ^SCNAME take any prescription medication to help with ^hisher\_C emotions, concentration, behavior or mental health?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1,2,RF,DK> [goto MHTHRPY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MHC: Mental health care - Rotate**

**Question ID:** MHC.0020.00.2    **Variable:** MHTHRPY\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

During the past 12 months, did ^SCNAME receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1,2,RF,DK> [goto MHTHDLY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****MHC: Mental health care - Rotate**

Question ID: MHC.0030.00.2   Variable: MHTHDLY\_C      Interview Module: Child   Content Type: Rotating Core

**Question Text:**

During the past 12 months, has ^SCNAME been DELAYED in getting counseling or therapy from a mental health professional because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto MHTHND\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**MHC: Mental health care - Rotate**

Question ID: MHC.0040.00.2 Variable: MHTHND\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 12 months, was there any time when ^SCNAME needed counseling or therapy from a mental health professional, but DID NOT GET IT because of the cost?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INJ: Injury**

**Question ID:** INJ.0010.00.2    **Variable:** INJINTRO\_C

**Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

The next set of questions asks about all types of injuries. People can be injured accidentally or on purpose. They may hurt themselves or others may cause them to be hurt.

[\*\*Enter '1' to continue.\*\*](#)

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample children 0-17

**Skip Instructions:**

<1> [goto ANYINJURY\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0020.00.2 Variable: ANYINJURY\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^SCNAME have an accident or an injury where any part of ^hisher\_C body was hurt?

**Fills:**

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17

**Skip Instructions:**

```
<1> [goto INJLIMIT_C]
<2,RF,DK> [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0030.00.2    **Variable:** INJLIMIT\_C

**Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

Did any of these injuries limit ^SCNAME's usual activities for at least 24 hours after the injury occurred?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who had an injury in past 3 months

**Skip Instructions:**

<1> [goto NUMINJ\_C]  
<2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0040.00.2    Variable: NUMINJ\_C              Interview Module: Child    Content Type: Rotating Core

**Question Text:**

For the next questions, please think only about the significant injuries that occurred during the past 3 months. By significant, I mean those injuries that limited ^SCNAME's usual activities for at least 24 hours after the injury occurred.

During the past 3 months, how many times did ^SCNAME have a significant injury?

**Enter '96' if number is 96 or greater.**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|       |                 |
|-------|-----------------|
| 01-96 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Children 0-17 reported injuries in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1-9,RF,DK> [goto INJHOME_C]
<10-96> [goto ERR1_NUMINJ_C]
```

**Soft Edit:**

| Check Text    | Check Description       | Check Text  |
|---------------|-------------------------|---|
| ERR1_NUMINJ_C | High number of injuries | {signal ERR1_NUMINJ_C}<br><br>^NUMINJ_C is an unusually large number.<br><br>Please verify. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0050.00.2    Variable: INJHOME\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_C occur while ^SCNAME was at ^hisher\_C home?

**Read if necessary:** Include the yards, garage, basement, and other places on the home property.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN SEX_FINAL[PX_C] in (blank,DK,RF): fill "their"                         |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 reported injuries in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if NUMINJ_C=1 and GEN AGE_FINAL le 2 [goto INJFALL_C]
elseif NUMINJ_C=1 and GEN AGE_FINAL ge 3 [goto INJSPORTS_C]
elseif (NUMINJ_C gt 1 OR NUMINJ_C IN (RF,DK)) [goto INJSCHOOL_C]
<2,RF,DK> [goto INJSCHOOL_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0060.00.2    Variable: INJSCHOOL\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_C occur while ^SCNAME was at ^DAYCARESCHOOL?

**Read if necessary:** Include classrooms, playgrounds, sports fields, swimming pools, parking lots and other places on school or daycare property.

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^siginj_C      | Description | the significant injury/any significant injuries   |
|                | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"   |
| ^SCNAME        | Description | Sample child's name   |
|                | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^DAYCARESCHOOL | Description | daycare/school or daycare/school  |
|                | Instruction | If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare"<br>If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare"<br>if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who had more than one injury or didn't know or refused or who had one injury that did not occur at home

**Skip Instructions:**

```
<1,2,RF,DK> if GEN.AGE_FINAL lt 3 [goto INJFALL_C]
elseif GEN.AGE_FINAL ge 3 [goto INJSPORTS_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INJ: Injury**

|                                   |                              |                                |                                    |
|-----------------------------------|------------------------------|--------------------------------|------------------------------------|
| <b>Question ID:</b> INJ.0070.00.2 | <b>Variable:</b> INJSPORTS_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Rotating Core |
|-----------------------------------|------------------------------|--------------------------------|------------------------------------|

**Question Text:**

During the past 3 months, did ^siginj\_C occur while ^SCNAME was playing sports or exercising, including walking, biking, or running, playing baseball, basketball, football or doing any other physical activity?

**Read if necessary:** Include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 3-17 with injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

<1,2,RF,DK> [goto INJFALL\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0080.00.2    **Variable:** INJFALL\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_C occur as a result of a fall or falling?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if NUMINJ_C=1 [goto INJMOTOR_C]
elseif NUMINJ_C gt 1 or NUMINJ_C IN (RF,DK) and INJHOME_C=1 [goto INJFALLHOM_C]
elseif NUMINJ_C gt 1 or NUMINJ_C IN (RF,DK) and INJSCHOOL_C=1 [goto INJFALLSCH_C]
else [goto INJMOTOR_C]
<2,RF,DK> [goto INJMOTOR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0090.00.2    Variable: INJFALLHOM\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

Did any fall occur while ^SCNAME was at ^hisher\_C home?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who had more than 1 significant injury or refused or don't know, and were injured as a result of a fall or falling, and who were also injured at home

**Skip Instructions:**

```
<1,2,RF,DK> if INJSCHOOL_C=1 [goto INJFALLSCH_C]
else [goto INJMOTOR_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0100.00.2 Variable: INJFALLSCH\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

Did any fall occur while ^SCNAME was at ^DAYCARESCHOOL?

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^SCNAME        | Description | Sample child's name  |
|                | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^DAYCARESCHOOL | Description | daycare/school or daycare/school   |
|                | Instruction | If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2,<br>fill: "daycare"<br>If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5,<br>fill: "school or daycare"<br>if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17,<br>fill: "school" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who had more than 1 significant injury or refused or don't know, and were injured as a result of a fall or falling, and who were also injured at school

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto INJMOTOR\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0110.00.2 Variable: INJMOTOR\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^siginj\_C occur as a result of being in a motor vehicle crash or being hit by a motor vehicle while walking or biking?

**Read if necessary:** Motor vehicles include cars, trucks, vans, buses, motorcycles, motorized scooters, motorized carts, tractors, ATVs, snowmobiles, dune buggies, and other motorized vehicles.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> [goto INJMVTYPE_C]  
<2,RF,DK> [goto INJSAWDOC_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0120.00.2 Variable: INJMVTYPE\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

Was ^SCNAME a ^DRIVER passenger, bicyclist, pedestrian, or doing something else when this occurred?

**Enter all that apply, separate with commas.**

**Fills:**

|         |             |   |
|---------|-------------|---|
| ^SCNAME | Description | Sample child's name                                       |
|         | Instruction | Fill ALIAS of HHSTAT_C=1                                  |
| ^DRIVER | Description | driver  |
|         | Instruction | If GEN.AGE_FINAL[PX] ge 6, fill: "driver," else, no fill. |

**Response:**

|   |                |
|---|----------------|
| 1 | ^INJDRIVER     |
| 2 | Passenger      |
| 3 | Bicyclist      |
| 4 | Pedestrian     |
| 5 | Something else |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

Sample children 0-17 with a motor vehicle injury

**Skip Instructions:**

If GEN.AGE\_FINAL[PX\_C] lt 6 and INJMVTYPE\_C=1 [goto ERR1\_INJMVTYPE\_C]  
 <1-5,RF,DK> [goto INJSAWDOC\_C]

**Hard Edit:**

| Check Text       | Check Description                          | Check Text  |
|------------------|--|---|
| ERR1_INJMVTYPE_C | Diver selected for child under 6 years old | {check ERR1_INJMVTYPE_C}<br><br>Verify. "Driver" is unavailable for children under 6 years old. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0130.00.2    **Variable:** INJSAWDOC\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, did ^SCNAME see a doctor or other health professional about ^siginj\_C?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 with injury in past 3 months which limited activities for at least 24 hours

**Skip Instructions:**

```
<1> if UTZ.EMERGE12M_C IN (1-96,RF,DK) [goto INJER_C]
elseif UTZ.EMERGE12M_C=0 and UTZ.HOSPONGT_C IN (1,RF,DK) [goto INJHOSP_C]
else [goto INJBONES_C]
<2,RF,DK> [goto INJSCHDAYS_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0140.00.2 Variable: INJER\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^SCNAME go to an emergency room because of ^siginj\_C?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who saw doctor about their injuries and either went to the ER in the past year or didn't know or refused if they went to the ER

**Skip Instructions:**

```
<1,2,RF,DK> if UTZ.HOSPONGT_C IN (1,RF,DK) [goto INJHOSP_C]
else [goto INJBONES_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

**Question ID:** INJ.0150.00.2    **Variable:** INJHOSP\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

During the past 3 months, was ^SCNAME hospitalized overnight for ^siginj\_C?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who saw a doctor for their injuries and were hospitalized overnight in the past year or didn't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto INJBONES\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0160.00.2 Variable: INJBONES\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^SCNAME have any broken bones as a result of ^siginj\_C?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who saw a doctor about an injury

**Skip Instructions:**

<1,2,RF,DK> [goto INJSTITCH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****INJ: Injury**

Question ID: INJ.0170.00.2 Variable: INJSTITCH\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

During the past 3 months, did ^SCNAME get any stitches or staples because of ^siginj\_C?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C | Description | the significant injury/any significant injuries   |
|           | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who saw a doctor about an injury

**Skip Instructions:**

<1,2,RF,DK> [goto INJSCHDAYS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INJ: Injury**

|                                   |                               |                                |                                    |
|-----------------------------------|-------------------------------|--------------------------------|------------------------------------|
| <b>Question ID:</b> INJ.0180.00.2 | <b>Variable:</b> INJSCHDAYS_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Rotating Core |
|-----------------------------------|-------------------------------|--------------------------------|------------------------------------|

**Question Text:**

During the past 3 months, how many days of ^DAYCARESCHOOL did ^SCNAME miss because of ^siginj\_C?

Enter '90' if ^SCNAME missed every day of daycare or school in the past 3 months

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^DAYCARESCHOOL | Description | daycare/school or daycare/school  |
|                | Instruction | If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare"<br>If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare"<br>if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school" |
| ^SCNAME        | Description | Sample child's name   |
|                | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^siginj_C      | Description | the significant injury/any significant injuries   |
|                | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"   |

**Response:**

|       |                 |
|-------|-----------------|
| 00-90 | Range of values |
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample children 0-17 who had an injury that limited their activities for at least 24 hours

**Skip Instructions:**

```
<0,RF> [goto next section]
<1-90, DK> [goto INJFUTSCH_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INJ: Injury**

Question ID: INJ.0190.00.2 Variable: INJFUTSCH\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

Do you expect ^SCNAME to miss any more days of ^DAYCARESCHOOL because of ^siginj\_C that occurred during the past 3 months?

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^SCNAME        | Description | Sample child's name   |
|                | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^DAYCARESCHOOL | Description | daycare/school or daycare/school  |
|                | Instruction | If GEN.AGE_FINAL[PX_C] ge 0 and GEN.AGE_FINAL[PX_C] le 2, fill: "daycare"<br>If GEN.AGE_FINAL[PX_C] ge 3 and GEN.AGE_FINAL[PX_C] le 5, fill: "school or daycare"<br>if GEN.AGE_FINAL[PX_C] ge 6 and GEN.AGE_FINAL[PX_C] le 17, fill: "school" |
| ^siginj_C      | Description | the significant injury/any significant injuries   |
|                | Instruction | If NUMINJ_C=1, fill: "the significant injury"<br>elseif NUMINJ_C gt 1, fill: "any significant injuries"<br>elseif NUMINJ_C in (DK,RF), fill: "any significant injuries"   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 0-17 who have missed at least one day of daycare or school due to injury in past 3 months or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**TBI: Concussions - lifetime**

Question ID: TBI.0010.00.4 Variable: TBIINTRO\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

The next questions are about head injuries that may have occurred anytime in ^SCNAME's life.  
Please think about all head injuries, for example, from playing sports, car accidents, falls, or  
being hit by something or someone.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto TBILOSTCON\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****TBI: Concussions - lifetime**

Question ID: TBI.0020.00.4 Variable: TBILOSTCON\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

As a result of a blow or jolt to the head, has ^SCNAME ever been knocked out or lost consciousness?

**Read if necessary:** Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto TBCHKCONC\_C]  
<2,RF,DK> [goto TBIDAZED\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**TBI: Concussions - lifetime**

Question ID: TBI.0030.00.4 Variable: TBIDAZED\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

As a result of a blow or jolt to the head, has ^SCNAME ever been dazed or had a gap in ^hisher\_C memory?

**Read if necessary:** Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who did not report ever being knocked out because of blow or jolt to the head or refused or didn't know

**Skip Instructions:**

<1,2,RF,DK> [goto TBIHEADSYM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****TBI: Concussions - lifetime**

Question ID: TBI.0040.00.4 Variable: TBIHEADSYM\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

As a result of a blow or jolt to the head, has ^SCNAME had headaches, vomiting, blurred vision, or changes in mood or behavior?

**Read if necessary:** Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who did not report ever being knocked out because of blow or jolt to the head or refused or didn't know

**Skip Instructions:**

<1,2,RF,DK> [goto TBCHKCONC\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****TBI: Concussions - lifetime**

Question ID: TBI.0050.00.4 Variable: TBCHKCONC\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

Has ^SCNAME ever been checked for a concussion or brain injury by a doctor, nurse, athletic trainer, or other health care professional?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,DK> [goto TBIDRCONC\_C]  
<2,RF> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire****TBI: Concussions - lifetime**

Question ID: TBI.0060.00.4 Variable: TBIDRCONC\_C Interview Module: Child Content Type: Emerging Content

**Question Text:**

Did a doctor, nurse, athletic trainer, or other health care professional ever say that ^SCNAME had a concussion or brain injury?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who have ever been checked for a concussion or don't know

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0010.00.2    **Variable:** SPORT\_C                              **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In the past 12 months, did ^SCNAME play or participate on a sports team or club or take sports lessons either at school or in the community?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto PEGYM\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0020.00.2    **Variable:** PEGYM\_C                      **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In the past 12 months, did ^SCNAME take a Physical Education, PE, or gym class?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto PADAYS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire****PHY: Physical Activity**

Question ID: PHY.0030.00.2 Variable: PADAYS\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

In a typical week during the school year, how often does ^SCNAME exercise, play a sport, or participate in physical activity for at least 60 minutes a day? Would you say never, some days, most days, or every day?

**Read if necessary:** Please include exercise in and out of school.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

&lt;1-4,RF,DK&gt; [goto STRENGTH\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0040.00.2    **Variable:** STRENGTH\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In a typical week during the school year, how often does ^SCNAME do exercises to strengthen or tone ^hisher\_C muscles, such as sit-ups, push-ups, or weight lifting?

Would you say never, some days, most days, or every day?

**Read if necessary:** Please include strengthening or toning activities in and out of school.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 6-17

**Skip Instructions:**

<1-4,RF,DK> [goto WALK\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0050.00.2    **Variable:** WALK\_C                                  **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In a typical week during the school year, how often does ^SCNAME walk for at least 10 minutes at a time?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 6-17

**Skip Instructions:**

<1-4,RF,DK> [goto BIKE\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PHY: Physical Activity**

**Question ID:** PHY.0060.00.2    **Variable:** BIKE\_C                                  **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In a typical week during the school year, how often does ^SCNAME ride a bike for at least 10 minutes at a time?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 6-17

**Skip Instructions:**

<1-4,RF,DK> [goto Next Section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NHC: Neighborhood Characteristics**

Question ID: NHC.0010.00.2    Variable: SIDEWALK\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

The next questions are about where ^SCNAME lives. By where ^SCNAME lives we mean in ^hisher\_C neighborhood or near ^hisher\_C home.

Where ^SCNAME lives, are there roads, sidewalks, paths or trails where ^SCNAME can walk or ride a bicycle?

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN.SEX_FINAL[PX_C]=1 fill "his";<br>else if GEN.SEX_FINAL[PX_C]=2 fill "her";<br>else if GEN.SEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto PARKS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NHC: Neighborhood Characteristics**

Question ID: NHC.0020.00.2 Variable: PARKS\_C

Interview Module: Child Content Type: Rotating Core

**Question Text:**

**Read if necessary:** Where ^SCNAME Lives...

Are there parks or playgrounds close enough for ^SCNAME to walk or bike to?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto TRAFFIC\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NHC: Neighborhood Characteristics**

**Question ID:** NHC.0030.00.2    **Variable:** TRAFFIC\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

Where ^SCNAME lives, does traffic make it unsafe for ^SCNAME to walk or ride a bicycle, even with an adult?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto CRIME\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NHC: Neighborhood Characteristics**

**Question ID:** NHC.0040.00.2    **Variable:** CRIME\_C                      **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

**Read if necessary:** Where ^SCNAME Lives...

Does crime make it unsafe for ^SCNAME to walk or ride a bicycle, even with an adult?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 6-17

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep - Rotate**

**Question ID:** SLP.0010.00.2    **Variable:** RESTED\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

In a typical ^SCHOOLWEEK, how often does ^SCNAME wake up well-rested?

Would you say never, some days, most days, or every day?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^SCHOOLWEEK | Description | week/week during the school year   |
|             | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year" |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto 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:**

In a typical ^SCHOOLWEEK, how often does ^SCNAME have difficulty getting out of bed in the morning?

Would you say never, some days, most days, or every day?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^SCHOOLWEEK | Description | week/week during the school year   |
|             | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year" |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto TIRED\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep - Rotate**

**Question ID:** SLP.0030.00.2    **Variable:** TIRED\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

**Read if necessary:** In a typical ^SCHOOLWEEK...

How often does ^SCNAME complain about being tired during the day?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^SCHOOLWEEK | Description | week/week during the school year   |
|             | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year" |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto NAPS\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep - Rotate**

Question ID: SLP.0040.00.2 Variable: NAPS\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

**Read if necessary:** In a typical ^SCHOOLWEEK...

How often does ^SCNAME nap or fall asleep during the day, such as in school, watching TV, or riding in a car?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|             |             |  |
|-------------|-------------|--|
| ^SCHOOLWEEK | Description | week/week during the school year   |
|             | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year" |
| ^SCNAME     | Description | Sample child's name  |
|             | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto BEDTIME\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep - Rotate**

Question ID: SLP.0050.00.2    Variable: BEDTIME\_C    Interview Module: Child    Content Type: Rotating Core

**Question Text:**

In a typical ^SCHOOLWEEKN, how often does ^SCNAME go to bed at the same time?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|              |             |   |
|--------------|-------------|---|
| ^SCHOOLWEEKN | Description | week/week during the school year, on nights ^SCNAME has school the next day   |
|              | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year, on nights ^SCNAME has school the next day" |
| ^SCNAME      | Description | Sample child's name   |
|              | Instruction | Fill ALIAS of HHSTAT_C=1  |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto WAKETIME\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SLP: Sleep - Rotate**

Question ID: SLP.0060.00.2 Variable: WAKETIME\_C Interview Module: Child Content Type: Rotating Core

**Question Text:**

In a typical ^SCHOOLWEEKD, how often does ^SCNAME wake up at the same time?

**Read if necessary:** Would you say never, some days, most days, or every day?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^SCHOOLWEEKD | Description | week/week during the school year, on school days   |
|              | Instruction | If GEN.AGE_FINAL ge 2 and GEN.AGE_FINAL le 5, fill: "week"<br>If GEN.AGE_FINAL ge 6, fill: "week during the school year, on school days" |
| ^SCNAME      | Description | Sample child's name  |
|              | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Never      |
| 2 | Some days  |
| 3 | Most days  |
| 4 | Every day  |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 2-17

**Skip Instructions:**

<1-4,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**SCR: Screen time**

**Question ID:** SCR.0010.00.2    **Variable:** SCREENTIME\_C    **Interview Module:** Child    **Content Type:** Rotating Core

**Question Text:**

On most weekdays, does ^SCNAME spend more than 2 hours a day in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet, or using social media?

**Read if necessary:** Do not include time spent doing school work.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

**Question ID:** PAR.0010.00.1    **Variable:** PARINTRO\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Now I'm going to ask questions about ^SCNAME's parents living here.

**Enter '1' to continue.**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17 with at least one resident parent who is a biological, adoptive, or step parent.

**Skip Instructions:**

<1> [goto tblPARREL]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0030.00.1 Variable: RELCHPAR\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

^Are you/Is par ^SCNAME's biological, adoptive, or step ^father/mother?

**Fills:**

|                 |             |  |
|-----------------|-------------|--|
| ^Are you/Is par | Description | Are you/Is {Value of ALIAS}  |
|                 | Instruction | If PX=LNO_SCRESP, fill: "Are you"<br>else fill: "Is ALIAS[PX]"   |
| ^SCNAME         | Description | Sample child's name  |
|                 | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^father/mother  | Description | father/mother/parent   |
|                 | Instruction | If GEN SEX_FINAL[PX]='1', fill: "father"<br>If GEN SEX_FINAL[PX]='2', fill: "mother"<br>If GEN SEX_FINAL[PX]="'(DK','RF')', fill: "parent" |

**Response:**

|   |            |
|---|------------|
| 1 | Biological |
| 2 | Adoptive   |
| 3 | Step       |
| 4 | Other      |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 with at least one resident parent who is a biological, adoptive, or step parent.

**Skip Instructions:**

```
<1-4,RF,DK> if last parent in GEN.PARENTS_FINAL[PX_C].NONFOST_FINAL [goto MARINTRO_C if any parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL has MAR_FLG_A ne 1]

else [goto tblPARBORN.bParent.PARBORN_C for first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty]

else [goto next section]

else [goto RELCHPAR_C for next parent listed at GEN.PARENTS_FINAL[PX_C].NONFOST_FINAL]

**Note: update skip instructions to tblPARBORN**
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

**Question ID:** PAR.0040.00.1    **Variable:** MARINTRO\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

The next set of questions are about marriage and cohabitation.

**Enter '1' to continue.**

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

At least one parent has marital flag of 3 or blank, or at least one parent has marital flag of 2 and the parent is the sample adult and not the sample child respondent

**Skip Instructions:**

```
For the first parent in GEN.PARENTS_FINAL[PX_C].PARENTS _FINAL with GEN.MAR_FLG_A ne 1,  
If GEN.MAR_FLG_A=blank or (GEN.MAR_FLG_A=2 and PX=PX_A and SARESPSC_FLG ne 1) [goto  
tblMAR.bParent.MARITAL_C]  
Elseif GEN.MAR_FLG_A=3 [goto tblMAR.bPARENT.EVRMARRIED_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0090.00.1 Variable: MARITAL\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

^AreyouIspar married, living with a partner together as an unmarried couple, or neither?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^AreyouIspar | Description | Are you/Is {Value of ALIAS}                                    |
|              | Instruction | If PX=LNO_SCRESP, fill: "Are you"<br>else fill: "Is ALIAS[PX]" |

**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}<br><br>Respondent is the only person 16 or older on the household roster. There is no one else eligible to select. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0100.00.1    Variable: SPOUSLIV\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

Does ^yourPARspouse currently live in the household?

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^yourPARspouse | Description | your spouse/{Value of ALIAS}'s spouse                                    |
|                | Instruction | if PX=LNO_SCRESP, fill: "your spouse"<br>else fill: "ALIAS[PX]'s spouse" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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]]
```

**Soft Edit:**

| Check Text      | Check Description   | Check Text  |
|-----------------|---|---|
| ERR1_SPOUSLIV_C | Only one person eligible to<br>be married in household soft<br>edit | {signal ERR1_SPOUSLIV_C}<br><br>Respondent is the only person 16 or older on<br>the household roster. There is no one else<br>eligible to select. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0110.00.1    Variable: SPOUSEP\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

Does ^yourPAR spouse not live here because ^youPAR and ^yourPAR spouse are legally separated?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^yourPAR | Description | your/{Value of ALIAS}'s                                      |
|          | Instruction | If PX=LNO_SCRESP, fill: "your"<br>else fill ALIAS[PX] + "'s" |
| ^youPAR  | Description | you/{Value of ALIAS}   |
|          | Instruction | If PX=LNO_SCRESP, fill: "you"<br>else fill "ALIAS[PX]"       |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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:**

Which person is ^yourPAR spouse?

Enter line number of spouse.

Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^yourPAR | Description | your/{Value of ALIAS}'s  |
|          | Instruction | If PX=LNO_SCRESP, fill: "your"<br>else fill ALIAS[PX] + " 's " |

**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   |
|-----------------|--|--|
| 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. |
| 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.                           |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0130.00.1    Variable: SPOUSSEX\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

I have previously recorded that ^ParentX ^sex\_ParentX and that ^fillSPOUSWHO\_C ^sex\_SPOUSWHO\_C.  
 Is that correct?

**Fills:**

|                 |             |   |
|-----------------|-------------|---|
| ^ParentX        | Description | you are/{Value of ALIAS} is   |
|                 | Instruction | If PX=LNO_SCRESP, fill: "you are"<br>else fill: "ALIAS[PX] is"                |
| ^sex_ParentX    | Description | male/female   |
|                 | Instruction | If SEX[PX]=1, fill: "male"<br>If SEX[PX]=2, fill: "female"                    |
| ^fillSPOUSWHO_C | Description | you are/{Value of ALIAS} is   |
|                 | Instruction | If SPOUSWHO_C=LNO_SCRESP, fill: "you are"<br>else fill "ALIAS[SPOUSWHO_C] is" |
| ^sex_SPOUSWHO_C | Description | male/female   |
|                 | Instruction | If SEX[SPOUSWHO_C]=1 fill: "male"<br>If SEX[SPOUSWHO_C]=2 fill: "female"      |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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:**

Which was not correct?

**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:**

Which person is ^yourPAR partner?

Enter line number of partner.

Deleted persons cannot be selected. Enter '0' if respondent wishes to select a deleted person.

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^yourPAR | Description | your/{Value of ALIAS}'s  |
|          | Instruction | If PX=LNO_SCRESP, fill: "your"<br>else fill ALIAS[PX] + " 's " |

**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 GENSEX_FINAL[PX] IN ('1','2') and GENSEX_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   |
|-------------------|--|--|
| 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. |
| 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.                           |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

Question ID: PAR.0160.00.1 Variable: PARTNERSEX\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

I have previously recorded that ^ParentX ^sex\_ParentX and that ^fillPARTNERWHO\_C  
^sex\_PARTNERWHO\_C. Is that correct?

**Fills:**

|                   |             |  |
|-------------------|-------------|--|
| ^ParentX          | Description | you are/{Value of ALIAS} is  |
|                   | Instruction | If PX=LNO_SCRESP, fill: "you are"<br>else fill: "ALIAS[PX] is"                                   |
| ^sex_ParentX      | Description | male/female  |
|                   | Instruction | If SEX[PX]=1, fill: "male"<br>If SEX[PX]=2, fill: "female"                                       |
| ^fillPARTNERWHO_C | Description | you are/{Value of ALIAS} is  |
|                   | Instruction | If PARTNERWHO_C=LNO_SCRESP, fill: "you are"<br>else fill "ALIAS[PARTNERWHO_C] is"                |
| ^sex_PARTNERWHO_C | Description | male/female  |
|                   | Instruction | If GEN.SEX_FINAL[PARTNERWHO_C]=1 fill: "male"<br>If GEN.SEX_FINAL[PARTNERWHO_C]=2 fill: "female" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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/don't and the sex for the partner is not refused/don't know

**Skip Instructions:**

```
<1,RF,DK> [goto EVRMARRIED_C]
<2> [goto FIXPARTSEX_C]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

**Question ID:** PAR.0170.00.1    **Variable:** FIXPARTSEX\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Which was not correct?

**Enter all that apply, separate with commas.**

**Response:**

|    |                   |
|----|-------------------|
| 01 | 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:**

^HaveyouHasPAR ever been married?

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^HaveyouHasPAR | Description | Have you/Has {Value of ALIAS}                                     |
|                | Instruction | If PX=LNO_SCRESP, fill: "Have you"<br>else, fill: "Has ALIAS[PX]" |

**Response:**

**Universe:**

Sample Children 0-17 where parent is either cohabitating or not in relationship with anyone else in the household, or the marriage/cohabitation status is refused/don't know in the Adult section or the parent is reported as cohabitating with another parent

**Skip Instructions:**

```
<1> if (MARITAL_C=2 or GEN.PAR_FLG_C[PX]=3 or GEN.MAR_FLG_A[PX]=3) [goto LEGALSTAT_A]
elseif MARITAL_C=3 [goto WIDIVSEP_A]
else loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for first
parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else [goto
next section]
<2,RF,DK> loop through table for remaining parents else [goto tblPARBORN.bParent.PARBORN_C for
first parent in GEN.PARENTS_FINAL[PX_C].PARENTS_FINAL where Adult.NAT.NATUSBORN_A=empty] else
[goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**PAR: Parent Demographics**

**Question ID:** PAR.0190.00.1    **Variable:** LEGALSTAT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

What is ^yourPAR current legal marital status?

**Fills:**

|          |             |  |
|----------|-------------|--|
| ^yourPAR | Description | your/{Value of ALIAS}'s                                      |
|          | Instruction | If PX=LNO_SCRESP, fill: "your"<br>else fill ALIAS[PX] + "'s" |

**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:**

^AreyouIspar widowed, divorced, or separated?

**Fills:**

|              |             |  |
|--------------|-------------|--|
| ^AreyouIspar | Description | Are you/Is {Value of ALIAS}                                    |
|              | Instruction | If PX=LNO_SCRESP, fill: "Are you"<br>else fill: "Is ALIAS[PX]" |

**Response:**

|   |            |
|---|------------|
| 1 | Widowed    |
| 2 | Divorced   |
| 3 | Separated  |
| 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:**

^Were you/Waspar born in the United States or a U.S. territory?

**Fills:**

|                |             |  |
|----------------|-------------|--|
| ^WereyouWaspar | Description | Were you/Was {Value of ALIAS}                                    |
|                | Instruction | If PX=LNO_SCRESP, fill: "Were you"<br>else fill: "Was ALIAS[PX]" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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**  
**NAT: Nativity**

Question ID: NAT.0010.00.1 Variable: NATUSBORN\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Was ^SCNAME born in the United States or a U.S. territory?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
<1> [goto NATSTBORN_C]
<2> [goto NATUSYR_C]
<RF,DK> [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NAT: Nativity**

**Question ID:** NAT.0020.00.1    **Variable:** NATSTBORN\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

In what state or U.S. territory was ^SCNAME born?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|          |                 |
|----------|-----------------|
| 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:**

In what year did ^SCNAME come to the United States to stay?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|           |                 |
|-----------|-----------------|
| 2000-2030 | Range of values |
| 9997      | Refused         |
| 9999      | Don't Know      |

**Universe:**

Sample Children 0-17 not born in the United States or U.S. territory

**Skip Instructions:**

```
<2000-Current Year,RF,DK>
if NATUSYR_C gt current year [goto ERR1_NATUSYR_C]
if NATUSYR_C lt VFY.DEMBIRYR_C [goto ERR2_NATUSYR_C]
else [goto CITIZEN_C]
```

**Hard Edit:**

| Check Text     | Check Description   | Check Text  |
|----------------|---|---|
| ERR1_NATUSYR_C | The year reported in NATUSYR_C is a year in the future          | {check ERR1_NATUSYR_C}<br><br>Future year invalid. Please correct.            |
| ERR2_NATUSYR_C | The year reported in NATUSYR_C is a year prior to child's birth | {check ERR2_NATUSYR_C}<br><br>Year is prior to date of birth. Please correct. |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**NAT: Nativity**

Question ID: NAT.0050.00.1 Variable: CITIZEN\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is ^SCNAME a citizen of the United States?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 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:**

Was ^SCNAME born abroad to an American parent, born abroad and adopted by an American parent, or did ^SCNAME become a U.S. citizen by naturalization?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |   |
|---|---|
| 1 | Born abroad to American parent                |
| 2 | Born abroad and adopted by an American parent |
| 3 | Became U.S. citizen by naturalization         |
| 7 | Refused                                       |
| 9 | Don't Know                                    |

**Universe:**

Sample Children 0-17 are United States citizens

**Skip Instructions:**

<1-3,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FEM: Employment of family members**

Question ID: FEM.0010.00.1    Variable: FEMINTRO\_C    Interview Module: Child    Content Type: Annual Core

**Question Text:**

Now I have a few questions about ^youandothfam.

[Enter '1' to continue.](#)

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^youandothfam | Description | you/other members of your family/you and other members of your family  |
|               | Instruction | <pre> IF LNO_SCRESP = PX_A OR ( LNO_SCRESP = PX_A AND ( (SARESPSC_FLG = 1 AND EMP_FLG_A=2) OR (EMP_FLG_A = EMPTY) ) )THEN     fill: "you" ENDIF  IF PCNT18UP_C &gt;= 2 THEN     IF fill = EMPTY THEN         fill: "other members of your family"     ELSEIF (PCNT18UP_C = 2 AND ( (SAMEFAM_FLG = 1) OR ( (SAMEFAM_FLG = 1) AND ( (SARESPSC_FLG = 1 AND EMP_FLG_A=2) OR (EMP_FLG_A = EMPTY) ) ) ) OR (PCNT18UP_C &gt; 2)THEN         fill: "you and other members of your family"     ENDIF ENDIF </pre> |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Child is not in the same family as the Sample Adult  
OR  
Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked  
OR  
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked  
OR  
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.

**Skip Instructions:**

[goto tblFEM\_C]

**Replicate To:**

|            |
|------------|
| FEMINTRO_A |
|------------|

**2020 National Health Interview Survey (NHIS) Questionnaire**

**FEM: Employment of family members**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: FEM.0030.00.1 | Variable: FEMWORK_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

^DoesDoyouALIASNAME work for pay at a job or business?

If the respondent says ^heshe they work, but not for pay, at a family-owned job or business, enter '1' for yes.

**Fills:**

|                     |             |  |
|---------------------|-------------|--|
| ^DoesDoyouALIASNAME | Description | Do you/Does ^ALIASNAME   |
|                     | Instruction | If PX=LNO_SCRESP, fill: "Do you" (that is if the subject of the question is the sample child respondent, fill: "Do you")<br>else fill: "Does ^ALIASNAME" |
| ^ALIASNAME          | Description | {Value of ALIAS}   |
|                     | Instruction | Fill value from Roster.HHC.ALIAS[PX]   |
| ^heshe they work    | Description | he works/she works/they work   |
|                     | Instruction | elseif GEN.SEX_FINAL=1 fill "he works"<br>elseif GEN.SEX_FINAL=2 fill "she works"<br>elseif GEN.SEX_FINAL=DK,RF fill "they work"                         |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

(Sample Child is not in the same family as the Sample Adult  
OR

Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked

OR

Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked

OR

Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.)

AND

Person is in Sample Child's family and over the age of 18

**Skip Instructions:**

```
<1> [goto FEMWKFT_C]
<2,DK,RF> if there is another adult in the family [goto FEMWORK_C] for the next adult 18+
else [goto next section]
```

**Replicate To:**

|           |
|-----------|
| FEMWORK_A |
|-----------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FEM: Employment of family members**

Question ID: FEM.0040.00.1   Variable: FEMWKFT\_C      Interview Module: Child   Content Type: Annual Core

**Question Text:**

^DoesDoyouALIASNAME usually work 35 hours or more per week in total at ^hisheryour job or jobs?

**Fills:**

|                     |             |   |
|---------------------|-------------|---|
| ^DoesDoyouALIASNAME | Description | Do you/Does ^ALIASNAME  |
|                     | Instruction | If PX=LNO_SCRESP, fill: "Do you" (that is if the subject of the question is the sample child respondent, fill: "Do you")<br>else fill: "Does ^ALIASNAME"  |
| ^ALIASNAME          | Description | {Value of ALIAS}  |
|                     | Instruction | Fill value from Roster.HHC.ALIAS[PX]  |
| ^hisheryour         | Description | your/his/her/their  |
|                     | Instruction | If PX=LNO_SCRESP, fill: "your" (that is, if the subject of the question is the sample child respondent, fill: "your")<br>else if SEX_FINAL[PX] = 1, fill "his"<br>else if SEX_FINAL[PX] = 2, fill "her"<br>else if SEX_FINAL[PX] in (DK,RF), fill "their" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

(Sample Child is not in the same family as the Sample Adult  
OR  
Sample Child is in same family as Sample Adult and there is one adult in family who is the Sample Adult and the Sample Adult Employment section has not been asked  
OR  
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section has not been asked  
OR  
Sample Child is in the same family as Sample Adult and there are more than one adults in the family and the Sample Adult FEM section was asked but has don't know/refused responses for all questions and the sample adult isn't the sample child respondent.)  
AND  
Person is in Sample Child's family and over the age of 18  
AND  
The adult in question works for pay at a job or business

**Skip Instructions:**

<1,2,DK,RF> if another adult in the family [goto FEMWORK\_C] for the next adult 18+  
else [goto next section]

**Replicate To:**

FEMWKFT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INC: Family Income**

**Question ID:** INC.0010.00.1    **Variable:** INCINTRO\_C                      **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

The next questions are about your total family income in ^LASTYEAR BEFORE TAXES. Based on questions asked earlier, we have that ^SCNAME's family consists of ^INCINTRO\_C\_fill.

**Read if necessary:** Income is important in analyzing the health information we collect. For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group. Please be assured that, like all other information you have provided, these answers will remain confidential.

**Enter '1' to continue.**

**Fills:**

|                  |             |   |
|------------------|-------------|---|
| ^LASTYEAR        | Description | Last year   |
|                  | Instruction | Fill year prior to current year   |
| ^SCNAME          | Description | Sample child's name   |
|                  | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^INCINTRO_C_fill | Description | List of people in Sample Child's family including SC  |
|                  | Instruction | <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>Include sample child on the list.</p> <p>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list.</p> <p>Include the word "and" before the last name on the list.</p> |

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1> [goto INCWRKO\_C]

**Replicate To:**

|            |
|------------|
| INCINTRO_A |
|------------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: INC.0020.00.1 | Variable: INCWRKO_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

In ^LASTYEAR, did ^YOUFAM18YRS\_C receive income from wages, salaries, commissions, bonuses, tips, or self-employment?

**Read if necessary:** For the purpose of this survey, ^SCNAME's family includes ^FAMVERSC\_fill

**Fills:**

|                |             |   |
|----------------|-------------|---|
| ^LASTYEAR      | Description | Last year   |
|                | Instruction | Fill year prior to current year   |
| ^YOUFAM18YRS_C | Description | you/you or any family members 18 or older   |
|                | Instruction | If GEN.PCNT18UP_C=1 fill "you"<br>else if GEN.PCNT18UP_C GT 1 fill "you or any family members 18 or older"  |
| ^SCNAME        | Description | Sample child's name   |
|                | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^FAMVERSC_fill | Description | List of all people in Sample Child's family   |
|                | Instruction | Loop through all persons on roster and add to list of names if FAMILYC_flg = 1<br><br>Do not include Sample Child on list.<br><br>If Household Respondent (Roster.HHC.HHRESPAVAIL) is on list of names, fill "you" for name and place name at the beginning of the list.<br>If only one person on the list of names and person ne Roster.HHC.HHRESPAVAIL, follow list with "is".<br>If more than one person on the list or only one person on list and person is Household Respondent (Roster.HHC.HHRESPAVAIL), follow list with "are". |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto INCINTER\_C]

**Replicate To:**

|           |
|-----------|
| INCWRKO_A |
|-----------|

**2020 National Health Interview Survey (NHIS) Questionnaire****INC: Family Income**

Question ID: INC.0030.00.1 Variable: INCINTER\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

In ^LASTYEAR, did ANY FAMILY MEMBERS receive income from interest-bearing accounts or investments, dividends from stocks or mutual funds, net rental income, royalty income, or income from estates and trusts?

**Fills:**

|           |             |                                 |
|-----------|-------------|---------------------------------|
| ^LASTYEAR | Description | Last year                       |
|           | Instruction | Fill year prior to current year |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

&lt;1,2,RF,DK&gt; [goto INCSSRR\_C]

**Replicate To:**

INCINTER\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: INC.0031.00.1 | Variable: INCSSRR_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE\_C receive...

Income from Social Security or Railroad Retirement?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^LASTYEAR     | Description | Last year  |
|               | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE_C | Description | you/you or any family members  |
|               | Instruction | If GEN.PCNT_C=2 fill "you"<br>else if GEN.PCNT_C GT 2 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

**Skip Instructions:**

<1,2,RF,DK> [goto INCSSISSDI\_C]

**Replicate To:**

|           |
|-----------|
| INCSSRR_A |
|-----------|

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0040.00.1    **Variable:** INCSSISSDI\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ANY FAMILY MEMBERS receive...

Supplemental Security Income, SSI, or Social Security Disability Income, SSDI, which are different from Social Security?

**Fills:**

|           |             |                                 |
|-----------|-------------|---------------------------------|
| ^LASTYEAR | Description | Last year                       |
|           | Instruction | Fill year prior to current year |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been 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:**

Was this Supplemental Security Income, SSI, Social Security Disability Income, SSDI, or both?

**Response:**

|   |                   |
|---|-------------------|
| 1 | SSI               |
| 2 | SSDI              |
| 3 | Both SSI and SSDI |
| 7 | Refused           |
| 9 | Don't Know        |

**Universe:**

Sample Children 0-17 where someone in the family gets SSI or SSDI and Sample Child INC section has not been completed OR the Sample Adult and Sample Child are in the same family and the person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused OR the Sample Adult and Sample Child are not in the same family

**Skip Instructions:**

<1-3,RF,DK> [goto SSISSDIDSB\_C]

**Replicate To:**

SSISSDIBTH\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0060.00.1    **Variable:** SSISSDIDSB\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was this received as a disability benefit?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 living in families where someone in the family gets SSI or SSDI and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the person who answered the Sample Adult questions is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1> [goto SSISSDIP\_C]  
<2,RF,DK> [goto INCWELF\_C]

**Replicate To:**

SSISSDIDSB\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                      |                         |                           |
|----------------------------|----------------------|-------------------------|---------------------------|
| Question ID: INC.0070.00.1 | Variable: SSISSDIP_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|----------------------|-------------------------|---------------------------|

**Question Text:**

In ^LASTYEAR, who received this disability benefit?

**Read if necessary:** Do NOT include a benefit received on behalf of someone else.

**Enter all that apply, separate with commas.**

**Fills:**

|           |             |                                 |
|-----------|-------------|---------------------------------|
| ^LASTYEAR | Description | Last year                       |
|           | Instruction | Fill year prior to current year |

**Response:**

|    |                   |
|----|-------------------|
| 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:**

In ^LASTYEAR, did ^YOUFAMHERE\_C receive...

Any public assistance or welfare payments from the state or local welfare office?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^LASTYEAR     | Description | Last year  |
|               | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE_C | Description | you/you or any family members  |
|               | Instruction | If GEN.PCNT_C=2 fill "you"<br>else if GEN.PCNT_C GT 2 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

**Skip Instructions:**

<1,2,RF,DK> [goto INCRETIRE\_C]

**Replicate To:**

INCWELF\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

Question ID: INC.0100.00.1 Variable: INCRETIRE\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE\_C receive...

Income from retirement, survivor, or disability pensions?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^LASTYEAR     | Description | Last year  |
|               | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE_C | Description | you/you or any family members  |
|               | Instruction | If GEN.PCNT_C=2 fill "you"<br>else if GEN.PCNT_C GT 2 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

**Skip Instructions:**

<1,2,RF,DK> [goto INCOTHR\_C]

**Replicate To:**

INCRETIRE\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

|                            |                     |                         |                           |
|----------------------------|---------------------|-------------------------|---------------------------|
| Question ID: INC.0110.00.1 | Variable: INCOTHR_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|---------------------|-------------------------|---------------------------|

**Question Text:**

**Read if necessary:** In ^LASTYEAR, did ^YOUFAMHERE\_C receive...

Any other sources of income such as VA payments from the Veterans Benefits Administration, unemployment compensation, child support, or alimony?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^LASTYEAR     | Description | Last year  |
|               | Instruction | Fill year prior to current year  |
| ^YOUFAMHERE_C | Description | you/you or any family members  |
|               | Instruction | If GEN.PCNT_C=2 fill "you"<br>else if GEN.PCNT_C GT 2 fill "you or any family members" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused and both the income from wages and income from accounts questions have not been refused

**Skip Instructions:**

<1,2,RF,DK> [goto INCTOTAL\_C]

**Replicate To:**

|           |
|-----------|
| INCOTHR_A |
|-----------|

**2020 National Health Interview Survey (NHIS) Questionnaire**

**INC: Family Income**

|                                   |                             |                                |                                  |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|
| <b>Question ID:</b> INC.0120.00.1 | <b>Variable:</b> INCTOTAL_C | <b>Interview Module:</b> Child | <b>Content Type:</b> Annual Core |
|-----------------------------------|-----------------------------|--------------------------------|----------------------------------|

**Question Text:**

When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?

**Enter '999995' if the reported income is \$999,995 or greater.**

**Response:**

|               |                 |
|---------------|-----------------|
| 000000-999995 | Range of values |
| 999997        | Refused         |
| 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  |
|-----------------|-----------------------|---|
| ERR1_INCTOTAL_C | Income low soft edit  | {signal ERR1_INCTOTAL_C}<br><br>Do not read to the respondent.<br><br>^INCTOTAL_C is unusually low. Make corrections if necessary.  |
| ERR2_INCTOTAL_C | Income high soft edit | {signal ERR2_INCTOTAL_C}<br><br>Do not read to the respondent.<br><br>^INCTOTAL_C is unusually high. Make corrections if necessary. |

**Replicate To:**

INCTOTAL\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0140.01.1    **Variable:** INC250PCT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than ^250POVERTY\_C or ^250POVERTY\_C or more?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^250POVERTY_C | Description | 250% of poverty threshold                  |
|               | Instruction | Fill value stored in Child.INC.INC250PCT_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^250POVERTY_C |
| 2 | ^250POVERTY_C or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Children 0-17 who don't know or refuse the total family income and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

```
<1> [goto INC138PCT_C]
<2> if GEN.PCNT_C=2 [goto INC75K_C];
else if GEN.PCNT_C=4 OR GEN.PCNT_C ge 7 [goto INC400PCT_C];
else if GEN.PCNT_C IN (3,5,6) [goto INC100K_C]
<RF,DK> [goto next section]
```

**Replicate To:**

INC250PCT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0150.01.1    **Variable:** INC138PCT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than ^138POVERTY\_C or ^138POVERTY\_C or more?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^138POVERTY_C | Description | 138% of poverty threshold                  |
|               | Instruction | Fill value stored in Child.INC.INC138PCT_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^138POVERTY_C |
| 2 | ^138POVERTY_C or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Children 0-17 answered less than 250% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

```
<1> [goto INC100PCT_C]
<2> [goto INC200PCT_C]
<RF,DK> [goto next section]
```

**Replicate To:**

INC138PCT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0160.01.1    **Variable:** INC100PCT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than ^100POVERTY\_C or ^100POVERTY\_C or more?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^100POVERTY_C | Description | 100% of poverty threshold                  |
|               | Instruction | Fill value stored in Child.INC.INC100PCT_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^100POVERTY_C |
| 2 | ^100POVERTY_C or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Children 0-17 who answered less than 138% of poverty threshold and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**Replicate To:**

INC100PCT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0170.01.1    **Variable:** INC200PCT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than ^200POVERTY\_C or ^200POVERTY\_C or more?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^200POVERTY_C | Description | 200% of poverty threshold                  |
|               | Instruction | Fill value stored in Child.INC.INC200PCT_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^200POVERTY_C |
| 2 | ^200POVERTY_C or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Children 0-17 who answered 138% of poverty or more and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**Replicate To:**

INC200PCT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0180.00.1    **Variable:** INC75K\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than \$75,000 or \$75,000 or more?

**Response:**

|   |                    |
|---|--------------------|
| 1 | Less than \$75,000 |
| 2 | \$75,000 or more   |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Children 0-17 who answered 250% of poverty threshold or more and is from a 2 person family and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

```
<1> [goto INC400PCT_C]  
<2> [goto INC100K_C]  
<RF,DK> [goto next section]
```

**Replicate To:**

INC75K\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0190.00.1    **Variable:** INC100K\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than \$100,000 or \$100,000 or more?

**Response:**

|   |                     |
|---|---------------------|
| 1 | Less than \$100,000 |
| 2 | \$100,000 or more   |
| 7 | Refused             |
| 9 | Don't Know          |

**Universe:**

Sample Children 0-17 who answered \$75,000 or more OR answered 250% of poverty or more and is from a 3,5, or 6 person family and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

```
<1> if GEN.PCNT_C IN (2,5,6) [goto next section]
else if GEN.PCNT_C=3 [goto INC400PCT_C]
<2> if GEN.PCNT_C IN (2,3) [goto INC150K_C]
else if GEN.PCNT_C IN (5,6) [goto INC400PCT_C]
<RF,DK> [goto next section]
```

**Replicate To:**

INC100K\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0200.01.1    **Variable:** INC400PCT\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than ^400POVERTY\_C or ^400POVERTY\_C or more?

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^400POVERTY_C | Description | 400% of poverty threshold                  |
|               | Instruction | Fill value stored in Child.INC.INC400PCT_C |

**Response:**

|   |                         |
|---|-------------------------|
| 1 | Less than ^400POVERTY_C |
| 2 | ^400POVERTY_C or more   |
| 7 | Refused                 |
| 9 | Don't Know              |

**Universe:**

Sample Children 0-17 who answered  
less than \$75,000 OR  
answered less than \$100,000 and is from a 3 person family OR  
answered \$100,000 or more and from a 5 or 6 person family OR  
answered 250% of poverty threshold or more and is from a 4 or 7+ person family and  
Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not  
been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample  
Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child  
respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

```
<1> if GEN.PCNT_C ge 8 [goto INC150K_C]
else [goto next section]
<2> if GEN.PCNT_C IN (2,3) or GEN.PCNT_C ge 7[goto next section]
else if GEN.PCNT_C IN (4,5,6) [goto INC150K_C]
<RF,DK> [goto next section]
```

**Replicate To:**

INC400PCT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**INC: Family Income**

**Question ID:** INC.0210.00.1    **Variable:** INC150K\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Was your total family income from all sources less than \$150,000 or \$150,000 or more?

**Response:**

|   |                     |
|---|---------------------|
| 1 | Less than \$150,000 |
| 2 | \$150,000 or more   |
| 7 | Refused             |
| 9 | Don't Know          |

**Universe:**

Sample Children 0-17 who answered \$100,000 or more and is from 2 or 3 person family OR answered 400% of poverty or more and is from 4 or 5 person family OR answered less than 400% of poverty and is from a family of 8 or more persons and Sample Adult and Sample Child are in the same family and the Sample Adult INC section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and the Sample Child are in the same family and the Sample Adult is not the Sample Child respondent and every question asked in the Sample Adult income section was don't know or refused

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**Replicate To:**

INC150K\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**

**FOO: Food Related Programs**

**Question ID:** FOO.0010.00.1    **Variable:** FSNAP12M\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

At any time in the last 12 months did any family members living here receive ^FSSNAPNM?

**Read if necessary:** This program puts money on a SNAP EBT card that you can only use to buy food.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^FSSNAPNM | Description | food stamp benefits/[state food stamp program name] |
|-----------|-------------|---|

## Response:

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult 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 next section]
```

**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:**

Did any family members living here receive ^FSSNAPNM in the LAST 30 days?

**Read if necessary:** This program puts money on a SNAP EBT card that you can only use to buy food.

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^FSSNAPNM | Description | food stamp benefits/[state food stamp program name] |
|-----------|-------------|---|

### Response:

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and someone in the family received food stamps in the past 12 months 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 PCNTF1255_C GE 1 or PCNTC05_C GE 1, [goto FWIC12M_C]
else if PCNTC517_C GE 1 [goto FLUNCH12M_C]
else [goto next section]
```

**Replicate To:**

FSNAP30D\_A

**2020 National Health Interview Survey (NHIS) Questionnaire****FOO: Food Related Programs**

Question ID: FOO.0030.00.1 Variable: FWIC12M\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

At any time in the last 12 months did any family members living here receive benefits from the WIC program, that is, the Women, Infants, and Children program?

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 living in families with females 12-55 years of age or children 0-5 years of age and Sample Adult and Sample Child are in the same family and the Sample Adult 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 next section]
```

**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:**

At any time in the last 12 months, did ^SCCHILDFAM\_C receive free or reduced-cost breakfasts or lunches at school?

**Read if necessary:** The National School Lunch Program and the School Breakfast Program provide cash assistance to states to operate breakfast and lunch programs in schools and residential childcare institutions. The programs provide low-cost or free breakfasts and lunches to low-income children in kindergarten through 12th grade.

**Fills:**

|               |             |  |
|---------------|-------------|--|
| ^SCCHILDFAM_C | Description | ^SCNAME/any child in your family   |
|               | Instruction | if PCNTC517_C=1, fill "^SCNAME",<br>elseif PCNTC517_C gt 1, fill "any child in your family", |
| ^SCNAME       | Description | Sample child's name  |
|               | Instruction | Fill ALIAS of HHSTAT_C=1   |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children living in families with children between the ages of 5-17 and 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 next section]

**Replicate To:**

FLUNCH12M\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0010.00.3    **Variable:** FDSINTRO\_C

**Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

These next questions are about whether you were always able to afford the food you needed in the last 30 days. I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your family in the last 30 days.

**Enter '1' to continue.**

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

**Skip Instructions:**

<1> [goto FDSRUNOUT\_C]

**Replicate To:**

|            |
|------------|
| FDSINTRO_A |
|------------|

**2020 National Health Interview Survey (NHIS) Questionnaire****FDS: Food Security**

Question ID: FDS.0020.00.3 Variable: FDSRUNOUT\_C Interview Module: Child Content Type: Sponsored Content

**Question Text:**

The first statement is "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true, or never true for your family in the last 30 days?

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

**Skip Instructions:**

&lt;1-3,RF,DK&gt; [goto FDSLAST\_C]

**Replicate To:**

FDSRUNOUT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire****FDS: Food Security**

Question ID: FDS.0030.00.3 Variable: FDSDLAST\_C Interview Module: Child Content Type: Sponsored Content

**Question Text:**

"The food that we bought just didn't last, and we didn't have money to get more." Was that often true, sometimes true, or never true for your family in the last 30 days?

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

**Skip Instructions:**

<1-3,RF,DK> [goto FDSDLANCE\_C]

**Replicate To:**

FDSDLAST\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0040.00.3    **Variable:** FDSBALANCE\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

"We couldn't afford to eat balanced meals." Was that often true, sometimes true, or never true for your family in the last 30 days?

**Response:**

|   |                |
|---|----------------|
| 1 | Often true     |
| 2 | Sometimes true |
| 3 | Never true     |
| 7 | Refused        |
| 9 | Don't Know     |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent

**Skip Instructions:**

```
<1-2> [goto FDSSKIP_C]
<3,RF,DK> if FDSRUNOUT_C IN (1,2) OR FDSSLAST_C IN (1,2) [goto FDSSKIP_C];
else [goto next section]
```

**Replicate To:**

FDSBALANCE\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0050.00.3    **Variable:** FDSSKIP\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_C ever cut the size of your meals or skip meals because there wasn't enough money for food?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^youorother_C | Description | you/you or other adults in your family  |
|               | Instruction | If PCNT18UP_C=1 fill "you"<br>else fill: "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

<1> [goto FDSSKIPDYS\_C]  
<2,RF,DK> [goto FDSSLSS\_C]

**Replicate To:**

FDSSKIP\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0060.00.3    **Variable:** FDSSKIPDYS\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, how many days did this happen?

**Response:**

| 01-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent respondent answered they skipped meals due to cost

**Skip Instructions:**

<1-30,RF,DK> [goto FDSLESS\_C]

**Replicate To:**

FDSSKIPDYS\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0070.00.3    **Variable:** FDSLESS\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_C ever eat less than you felt you should because there wasn't enough money for food?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^youorother_C | Description | you/you or other adults in your family  |
|               | Instruction | If PCNT18UP_C=1 fill "you"<br>else fill: "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

<1,2,RF,DK> [goto FDSHUNGRY\_C]

**Replicate To:**

FDSLESS\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0080.00.3    **Variable:** FDSHUNGRY\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, were ^youorother\_C ever hungry but didn't eat because there wasn't enough money for food?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^youorother_C | Description | you/you or other adults in your family  |
|               | Instruction | If PCNT18UP_C=1 fill "you"<br>else fill: "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

<1,2,RF,DK> [goto FDSWEIGHT\_C]

**Replicate To:**

FDSHUNGRY\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0090.00.3    **Variable:** FDSWEIGHT\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_C lose weight because there wasn't enough money for food?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^youorother_C | Description | you/you or other adults in your family  |
|               | Instruction | If PCNT18UP_C=1 fill "you"<br>else fill: "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered often true or sometimes true that in the last 30 days they worried that food would run out before they got money to buy more, or that the food that was bought didn't last and they didn't have money to get more or couldn't afford to eat balanced meals.

**Skip Instructions:**

```
<1> [goto FDSNOTEAT_C]
<2,RF,DK> if FDSSKIP_C=1 or FDSLESS_C=1 or FDSHUNGRY_C=1 [goto FDSNOTEAT_C]; else [goto next
section]
```

**Replicate To:**

FDSWEIGHT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0100.00.3    **Variable:** FDSNOTEAT\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, did ^youorother\_C ever not eat for a whole day because there wasn't enough money for food?

**Fills:**

|               |             |   |
|---------------|-------------|---|
| ^youorother_C | Description | you/you or other adults in your family  |
|               | Instruction | If PCNT18UP_C=1 fill "you"<br>else fill: "you or other adults in your family" |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and respondent answered they cut the size of the meals, skipped meals, were hungry but didn't eat, or lost weight in the last 30 days because there wasn't enough money for food.

**Skip Instructions:**

<1> [goto FDSNEDAYS\_C]  
<2,RF,DK> [goto next section]

**Replicate To:**

FDSNOTEAT\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**FDS: Food Security**

**Question ID:** FDS.0110.00.3    **Variable:** FDSNEDAYS\_C    **Interview Module:** Child    **Content Type:** Sponsored Content

**Question Text:**

In the last 30 days, how many days did this happen?

**Response:**

| 01-30 | Range of values |
|-------|-----------------|
| 97    | Refused         |
| 99    | Don't Know      |

**Universe:**

Sample Child 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult FDS section has not been completed OR the Sample Adult and Sample Child are not in the same family OR the Sample Adult and Sample Child are in the same family and the Sample Adult answered refused or don't know to all questions in the Sample Adult FDS section and the Sample Child respondent is not the Sample Adult respondent and adults in the family have ever not eaten for a whole day because there wasn't enough money for food in the last 30 days

**Skip Instructions:**

<1-30,RF,DK> [goto next section]

**Replicate To:**

FDSNEDAYS\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

**Question ID:** HOU.0010.00.1    **Variable:** HOUYRSLIV\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

About how long has ^SCNAME lived in this house/apartment?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |                    |
|---|--------------------|
| 1 | Less than 1 year   |
| 2 | 1 to 3 years       |
| 3 | 4 to 10 years      |
| 4 | More than 10 years |
| 7 | Refused            |
| 9 | Don't Know         |

**Universe:**

Sample Children 1-17

**Skip Instructions:**

```
<1-4,RF,DK> if ((SAMEFAM_FLG=1 and HOU_FLG_A=blank) or (SAMEFAM_FLG ne 1) or (SAMEFAM_FLG=1 and HOU_FLG_A=2 and SARESPSC_FLG ne 1)) [goto HOUTENURE_C]
else [goto next section]
```

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

**Question ID:** HOU.0020.00.1    **Variable:** HOUTENURE\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Is this house/apartment owned or rented by you ^SOMEFAM\_C?

**If house has a mortgage, record as owned.**

**Fills:**

|            |             |   |
|------------|-------------|---|
| ^SOMEFAM_C | Description | or someone in your family   |
|            | Instruction | If PCNT_C=2 fill: blank<br>If PCNT_C gt 2 fill: "or someone in your family" |

**Response:**

|   |                       |
|---|-----------------------|
| 1 | Owned or being bought |
| 2 | Rented                |
| 3 | Other arrangement     |
| 7 | Refused               |
| 9 | Don't Know            |

**Universe:**

Sample Children 0-17 and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

**Skip Instructions:**

<1,3,RF,DK> [goto next section]  
<2> [got HOUVGASST\_C]

**Replicate To:**

HOUTENURE\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**HOU: Housing**

**Question ID:** HOU.0030.00.1    **Variable:** HOUVGASST\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Is anyone in your family paying lower rent because the Federal, State, or local government is paying part of the cost?

**Read if necessary:** Federal, State, or Local government housing programs for persons with low income may take many forms. Government housing assistance could come from monetary assistance to help pay rent, a program called "Section 8," direct payments to landlords, vouchers, or other types of assistance from a local housing authority. Living in public housing is considered housing assistance from the government.

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 living in a house/apartment that is being rented and Sample Adult and Sample Child are in the same family and the Sample Adult HOU section has not been completed OR the Sample Adult and Sample Child are not in the same family OR Sample Adult and Sample Child are in the same family and Sample Adult HOU section was asked to someone other than the Sample Child respondent and this person answered all questions asked in the HOU section with RF or DK.

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**Replicate To:**

HOUVGASST\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REC: Child's full name**

**Question ID:** REC.0010.00.1    **Variable:** LNKFNAME\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**Ask or verify:** What is ^SCNAME's full name?

**Enter first name.**

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|          |                 |
|----------|-----------------|
| Verbatim | Verbatim values |
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<allow 20,RF,DK> [goto LNKMNNAME\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**REC: Child's full name**

**Question ID:** REC.0020.00.1    **Variable:** LNKNAME\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Enter middle name.

Press "Enter" to skip to last name if child has no middle name.

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<allow 20,RF,DK> [goto LNKNAME\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**REC: Child's full name**

**Question ID:** REC.0030.00.1    **Variable:** LNKLNAME\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

**Enter last name.**

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<allow 20,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire****TEL: Telephone ownership**

Question ID: TEL.0010.00.1 Variable: TELCURWRK\_C Interview Module: Child Content Type: Annual Core

**Question Text:**

Is there at least one telephone INSIDE ^SCNAME's home that is currently working and is not a cell phone?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 who live in the same family as a sample adult, where TELCURWRK\_A has not been asked  
OR who live in the same family as a sample adult, where TELCURWRK\_A was answered dk/rf and the sample child respondent is not the sample adult  
OR who do not live in the same family as the sample adult.

**Skip Instructions:**

<1,2,RF,DK> [goto PHONELIVE\_C]

**Replicate To:**

TELCURWRK\_A

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**TEL: Telephone ownership**

**Question ID:** TEL.0020.00.1    **Variable:** PHONELIVE\_C    **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Does ^SCNAME live with anyone who has a working cell phone?

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample Children 0-17 in a family with at least one other person without working cell phones where Sample Adult does not live in same family as Sample Child or Sample Adult and Sample Child are in the same family but PHONELIVE\_A has not been asked OR Sample Adult and Sample Child are in the same family, PHONELIVE\_A was answered dk/rf and the Sample Adult is not the Sample Child Respondent.

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**Replicate To:**

PHONELIVE\_A

## 2020 National Health Interview Survey (NHIS) Questionnaire

## LNK: Linkage

Question ID: LNK.0010.00.1 Variable: LNKINTRO\_C

Interview Module: Child Content Type: Annual Core

## Question Text:

?[F1]

We would like the last four digits of ^SCNAME's Social Security Number. This information will help us link ^hisher\_C survey data with other health-related records of other government agencies, and allow us to conduct additional research without taking up your time with more questions. The National Center for Health Statistics (NCHS) uses this information for research purposes only. Providing this information is voluntary. There will be no effect on ^SCNAME's benefits if you do not provide this information. Federal laws authorize us to ask for this information. Like all other answers you have provided, this information will remain confidential.

**Read if necessary:** The specific federal laws protecting ^SCNAME's privacy and the confidentiality of ^hisher\_C data are the Public Health Service Act (Title 42, U.S.C., Section 242m(d)), the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title LLL, Public Law No. 115-435), and the Privacy Act of 1974 (5 U.S.C. § 552a).

**Read if necessary:** NCHS collects health-related data from other government agencies, including records from Medicare and Medicaid Services, Social Security, housing, and death certificates. If you agree, NCHS will attempt to link records such as these with ^SCNAME's survey data to give a fuller picture of the kinds of things that affect health. NCHS does this linkage. ^SCNAME's name and ^hisher\_C information are not given to these agencies.

**Read if necessary: If asked:** ^SCNAME's data will not be linked to records from the IRS (Internal Revenue Service) or ICE (Immigration and Customs Enforcement).

Enter '1' to continue.

## Fills:

|           |             |  |
|-----------|-------------|--|
| ^SCNAME   | Description | Sample child's name  |
|           | Instruction | Fill ALIAS of HHSTAT_C=1   |
| ^hisher_C | Description | his/her/their  |
|           | Instruction | if GENSEX_FINAL[PX_C]=1 fill "his";<br>else if GENSEX_FINAL[PX_C]=2 fill "her";<br>else if GENSEX_FINAL[PX_C] in (blank,DK,RF): fill "their" |

## Response:

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

## Universe:

Sample Children 0-17

## Skip Instructions:

<1> [goto SSN4\_C]

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNK: Linkage**

|                            |                  |                         |                           |
|----------------------------|------------------|-------------------------|---------------------------|
| Question ID: LNK.0020.00.1 | Variable: SSN4_C | Interview Module: Child | Content Type: Annual Core |
|----------------------------|------------------|-------------------------|---------------------------|

**Question Text:**

?[F1]

What are the last four digits of ^SCNAME's Social Security Number?

**Read if necessary:** Providing this information is voluntary. There will be no effect on ^SCNAME's benefits if you do not provide this information. Federal Laws authorize us to ask for this information. Like all other information you have provided, these answers will remain confidential.

**Read if asked about specific laws:** The specific federal Laws protecting ^SCNAME's privacy and the confidentiality of ^hisher\_C data are the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title LLL, Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

**Enter 'N' if no Social Security Number.**

**Fills:**

|           |             |   |
|-----------|-------------|---|
| ^SCNAME   | Description | Sample child's name   |
|           | Instruction | Fill ALIAS of HHSTAT_C=1  |
| ^hisher_C | Description | his/her/their   |
|           | Instruction | if GEN SEX FINAL[PX_C]=1 fill "his";<br>else if GEN SEX FINAL[PX_C]=2 fill "her";<br>else if GEN SEX FINAL[PX_C] in (blank,DK,RF): fill "their" |

**Response:**

|           |                           |
|-----------|---------------------------|
| 0001-9999 | Range of values           |
| N         | No Social Security Number |
| 99997     | Refused                   |
| 99999     | Don't Know                |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

```
if SSN4_C=Adult.LNK.SSN4_A [goto ERR1_SSN4_C]
elseif SSN4_C=000-999 [goto ERR2_SSN4_C]
elseif SSN4_C NOT IN ('N','DK','RF','000-999','0001-9999') [goto ERR3_SSN4_C]
<0001-9999> [goto THANKS_C]
<N,RF,DK> [goto RLINK_C]
```

**Hard Edit:**

| Check Text  | Check Description                       | Check Text   |
|-------------|---|--|
| ERR2_SSN4_C | Entered less than four digits hard edit | {check ERR2_SSN4_C}<br><br>You must enter all four of the last four digits of the Social Security Number.<br><br>Please correct. |

|            |  |   |
|------------|--|---|
| ERR3_SS4_C | SSN last four digits are 0000 or a letter other than N hard edit | <p>{check ERR3_SS4_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> |
|------------|--|---|

**Soft Edit:**

| Check Text | Check Description                | Check Text  |
|------------|----------------------------------|---|
| ERR1_SS4_C | SA and SC SSN the same soft edit | <p>{signal ERR1_SS4_C}</p> <p>The last four digits of ^SCNAME's Social Security Number are the same as the last four digits of ^SANAME's Social Security Number. Please verify.</p> |

**2020 National Health Interview Survey (NHIS) Questionnaire**  
**LNK: Linkage**

**Question ID:** LNK.0030.00.1    **Variable:** RLINK\_C                                  **Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

?[F1]

May we try to link ^SCNAME's survey data without a Social Security Number?

**Read if necessary:** Any data obtained are protected by strict federal laws, including the Public Health Service Act, which is Title 42, U.S.C., Section 242m(d); the Confidential Information Protection and Statistical Efficiency Act of 2018, which is Title LLL, Public Law No. 115-435; and the Privacy Act of 1974, which is 5 U.S.C. § 552a.

**Fills:**

|         |             |                          |
|---------|-------------|--------------------------|
| ^SCNAME | Description | Sample child's name      |
|         | Instruction | Fill ALIAS of HHSTAT_C=1 |

**Response:**

|   |            |
|---|------------|
| 1 | Yes        |
| 2 | No         |
| 7 | Refused    |
| 9 | Don't Know |

**Universe:**

Sample child 0-17 where SSN was refused, don't know or not available.

**Skip Instructions:**

<1,2,RF,DK> [goto next section]

**2020 National Health Interview Survey (NHIS) Questionnaire**

**THX: Thanks**

**Question ID:** THX.0010.00.1    **Variable:** THANKS\_C

**Interview Module:** Child    **Content Type:** Annual Core

**Question Text:**

Thank respondent for answering these questions. If there is a Sample Adult interview to complete, ask for appropriate person to respond to these questions.

Enter '1' to continue.

**Response:**

|   |                     |
|---|---------------------|
| 1 | Enter 1 to Continue |
|---|---------------------|

**Universe:**

Sample Children 0-17

**Skip Instructions:**

<1> [goto SCRESP\_FNAME]

**2020 National Health Interview Survey (NHIS) Questionnaire****THX: Thanks**

Question ID: THX.0020.01.1 Variable: SCRESP\_FNAME

Interview Module: Child Content Type: Annual Core

**Question Text:**

**Ask or verify:** In case I or someone from my office needs to get in touch with you, we need your full name. What is your full name?

**Enter first name.**

**Response:**

| Verbatim | Verbatim values |
|----------|-----------------|
| 97       | Refused         |
| 99       | Don't Know      |

**Universe:**

Sample Children 0-17

**Skip Instructions:**

&lt;allow 20,RF,DK&gt; [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]