DRAFT

Detailed outline of core topics in the Redesigned National Health Interview Survey (NHIS) Sample Adult Questionnaire

Version: October 2017

<table>
<tr><th></th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th><th>2025</th><th>2026</th><th>2027</th></tr>
<tr><td></td><td colspan="9">Household Roster - Selection of Sample Adult - Informed Consent</td></tr>
<tr><td rowspan="11">Annual core</td><td colspan="9">Demographic Characteristics - Health Status - Hypertension - High Cholesterol</td></tr>
<tr><td colspan="9">Cardiovascular Conditions - Asthma - Cancer - Diabetes - Other Chronic Conditions</td></tr>
<tr><td colspan="9">Height and Weight</td></tr>
<tr><td colspan="9">Difficulties with Vision, Hearing, Mobility, Communication, Cognition, and Self-Care</td></tr>
<tr><td colspan="9">Social Functioning - Health Insurance Status and Continuity</td></tr>
<tr><td colspan="9">Financial Burden of Medical Care - Health Care Utilization and Access</td></tr>
<tr><td colspan="9">Prescription Medication - Immunizations - Anxiety - Depression</td></tr>
<tr><td colspan="9">Cigarettes and E-cigarettes - Sexual Orientation</td></tr>
<tr><td colspan="9">Marital Status - Veteran Status - Nativity - Schooling - Employment of Adult Family Members</td></tr>
<tr><td colspan="9">Family Income - Food-Related Program Participation - Housing</td></tr>
<tr><td colspan="9">Telephone Use - Linkage Information</td></tr>
<tr><td rowspan="4">Rotating core</td><td colspan="3">Dental, Mental, Other Care Utilization</td><td>Rotating Conditions</td><td colspan="3">Dental, Mental, Other Care Utilization</td><td>Rotating Conditions</td><td colspan="2">Dental, Mental, Other Care Utilization</td><td>Rotating Conditions</td></tr>
<tr><td>Mental Health Assessment</td><td colspan="3">Employment Detail - Injuries</td><td>Mental Health Assessment</td><td colspan="3">Employment Detail - Injuries</td><td>Mental Health Assessment</td><td colspan="3">Employment Detail - Injuries</td></tr>
<tr><td>Chronic Pain - Preventive Services</td><td>Health Behaviors</td><td>Chronic Pain - Preventive Services</td><td>Health Behaviors</td><td>Chronic Pain - Preventive Services</td><td>Health Behaviors</td><td>Chronic Pain - Preventive Services</td><td>Health Behaviors</td><td>Chronic Pain - Preventive Services</td></tr>
<tr><td colspan="9"></td></tr>
<tr><td rowspan="4">Sponsored content</td><td colspan="9">Sustaining Sponsors
Content from sponsors that commit to supplements every year</td></tr>
<tr><td colspan="3">2-year supplement</td><td>1-year supplement</td><td colspan="3">2-year supplement</td><td>1-year supplement</td><td colspan="2">2-year supplement</td><td>1-year supplement</td></tr>
<tr><td>1-year supplement</td><td colspan="3">2-year supplement</td><td>1-year supplement</td><td colspan="3">2-year supplement</td><td>1-year supplement</td><td colspan="3">2-year supplement</td></tr>
<tr><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td><td>1-year supplement</td></tr>
</table>

DRAFT

Detailed outline of core topics in the Redesigned National Health Interview Survey (NHIS) Sample Adult Questionnaire

Version: October 2017

This document presents the topics included in the redesigned NHIS sample adult interview, including content to be included annually and content that will rotate on and off the questionnaire with a pre-established periodicity. Additional topics sponsored by federal partners will also be included in the sample adult interview but are not presented here. See http://www.cdc.gov/nchs/data/nhis/nhis_supplements_and_sponsors.pdf for a list of sponsored content from previous years (e.g., food security, flu immunization among pregnant women).

For NHIS interviews in 2019 and beyond, one "sample adult" aged 18 years or more and one "sample child" aged 17 years or less (if any children live in the household) will be randomly selected from each household following a brief household roster that identifies the age, sex, race, and ethnicity of everyone who usually lives or stays in the household. The roster section will also include questions about the highest educational attainment of all adults and whether any adults are currently active duty military. Information about the sample adult will be collected from the sample adult him/herself unless he/she is physically or mentally unable to do so, in which case a knowledgeable proxy will be allowed to answer for the sample adult. Information about the sample child will be collected from a knowledgeable adult who may or may not also be the sample adult.

The order of the two interviews (sample adult and sample child) will vary by household depending on the availability of the respondents. The relationship between the sample adult and sample child will be obtained to determine whether they are in the same family. When they are, content areas that refer to the family will be captured only once, in whichever interview comes first.

ANNUAL CORE CONTENT FOR HOUSEHOLDS

Household roster

- First name or alias of all persons living in household
- Age, sex, race, and Hispanic ethnicity for all persons
- Educational attainment for all adults age 18+
- Identification of parents (biological/step/adoptive/foster) for all children under age 18
- Identification of adults who are currently serving on active duty in the military
- Confirmation that all persons living in household have been included on roster

Selection of sample adult and sample child

One civilian adult and one child (if any) are randomly selected from each household

- Identification of all persons in sample adult's family
  If sample child is not in sample adult's family:
  - Identification of all persons in sample child's family
- Identification of possible respondents for sample child interview

For NHIS, a family is defined as two or more persons residing 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 unmarried cohabiting partners and their children.

ANNUAL CORE CONTENT FOR SAMPLE ADULTS

Demographic characteristics

- Verification of age, sex, race, and ethnicity
- Date of birth

  If Hispanic, Asian, and/or Native Hawaiian or Pacific Islander:
  - Specific ancestry (e.g., Mexican, Puerto Rican, Chinese, Filipino, Chamorro, Samoan)

  If adult has multiple races:
  - Which race best represents person's race

Current health status (HIS)

- General health status: excellent, very good, good, fair, poor

Hypertension (HYP)

- Ever told by doctor or other health professional that you had hypertension

  If yes:
  - Told you have hypertension on 2 or more different visits

    If yes:
    - (Past 12 months) Had hypertension
  - (Currently) Taking prescription medication for hypertension

High cholesterol (CHL)

- Ever told by doctor or other health professional that you had high cholesterol

  If yes:
  - (Past 12 months) Had high cholesterol
  - (Currently) Taking prescription medication for high cholesterol

Cardiovascular chronic conditions (CVC)

- Ever told by doctor or other health professional that you had coronary heart disease
- Ever told by doctor or other health professional that you had angina
- Ever told by doctor or other health professional that you had heart attack
- Ever told by doctor or other health professional that you had stroke

Asthma (AST)

- Ever told by doctor or other health professional that you had asthma

  If yes:
  - Still have asthma
  - (Past 12 months) Had an episode of asthma or an asthma attack
  - (Past 12 months) Had an ER or urgent care visit due to asthma

Cancer (CAN)

- Ever told by doctor or other health professional that you had cancer

  If yes:
  - Kind(s) of cancer/location(s) (up to 3 types/locations)
  - Age(s) when each kind first diagnosed (up to 3 types/locations)

Diabetes (DIB)

- Ever told by doctor or other health professional that you had prediabetes

If female:

  - Ever told by doctor or other health professional that you had gestational diabetes

- (Other than prediabetes/gestational diabetes) Ever told you had diabetes

If ever diagnosed with diabetes:

  - Age when first diagnosed with (non-gestational) diabetes
  - (Currently) Taking diabetic pills
  - (Currently) Taking insulin
  - Diabetes type: Type 1, type 2, other

Other chronic conditions ever diagnosed by doctor or other health professional (CON)

- (Ever told) COPD, emphysema, or chronic bronchitis
- (Ever told) Arthritis, gout, lupus, or fibromyalgia
- (Ever told) Dementia, including Alzheimer's
- (Ever told) Anxiety disorder
- (Ever told) Depression

Body measurements (BMI)

If female and age 18-49:

  - Are you currently pregnant?

- Self-reported weight (if currently pregnant, pre-pregnancy weight)
- Self-reported height

Vision (VIS)

- Use of eyeglasses or contact lenses
- Level of difficulty seeing (even with glasses or contact lenses)

Hearing (HEA)

- Use of hearing aid

  If yes:

  - Frequency of hearing aid use

- Level of difficulty hearing (even with hearing aid)

Mobility (MOB)

- Level of difficulty walking or climbing steps
- Use of equipment or receipt of help for getting around

  If does not use equipment or receive help for getting around:

  - Level of difficulty walking 100 yards

    If able to walk 100 yards:

    - Level of difficulty walking one-third mile

  - Level of difficulty walking up or down 12 steps

If uses equipment or receives help for getting around:
- Use of cane or walking stick
- Use of wheelchair or scooter
- Use of someone's assistance
- Level of difficulty walking 100 yards without using aids
  If able to walk 100 yards without using aids:
  - Level of difficulty walking one-third mile without using aids
- Level of difficulty walking up or down 12 steps without using aids

If wheelchair or scooter are not used as aids:
- Level of difficulty walking 100 yards when using aids
  If able to walk 100 yards when using aids:
  - Level of difficulty walking one-third mile when using aids
- Level of difficulty walking up or down 12 steps when using aids

Communication (COM)
- Level of difficulty communicating in usual language (e.g., understanding or being understood)

Cognition (COG)
- Level of difficulty remembering or concentrating
  If any difficulty:
  - Do you have difficulty remembering or concentrating or both?
    If difficulty includes remembering:
    - How often do you have difficulty remembering?
    - Do you have difficulty remembering a few things, a lot of things, or almost everything?

Self-care and upper body (UPP)
- Level of difficulty with self-care such as washing or dressing
- Level of difficulty raising a 2-liter bottle
- Level of difficulty using hands and fingers

Social functioning (SOC)
- Level of difficulty doing errands alone
- Level of difficulty participating in social activities
- Does a physical, mental, or emotional problem keep you from working?
  If no:
  - Does a physical, mental, or emotional problem limit kind or amount of work?

Health insurance coverage (INS)

- Any health insurance coverage or health care plan?
  If yes:
    - Type of health insurance

  If 65 or older and does not report Medicare:
    - Confirm no Medicare

  If under 65 and no insurance coverage reported:
    - Confirm no Medicaid
- Do you have separate plan for dental services?
- Do you have separate plan for vision services?
- Do you have separate plan for prescriptions?
- Confirm no insurance or confirm all types of insurance coverage recorded

Specifics about current insurance coverage

If enrolled in Medicare:

- Enrollment in Part A, Part B, or both
- Medicare Advantage enrollment
- Medicare managed care arrangement
  If enrolled in Advantage or managed care:
    - Name of Advantage or Medicare HMO plan (*open-ended)*
- Part D enrollment

If enrolled in Medicaid:

- Name of plan (*open-ended)*
- Was the plan obtained through healthcare.gov or Marketplace?
- Are you required to pay a premium?
- Is there a deductible?
  If yes:
    - Is it a high deductible health plan?

If enrolled in a private plan:
(If sample child questionnaire is complete, adult and child are in same family, and sample child was enrolled in a private plan, ask if adult has same plan as child. If so, skip this section.)

- Name of plan (*open-ended)*
- Any additional private plans?
  If yes:
    - Name of second plan (open-ended)
      The private plan questions will be repeated for second plan
- Are you the policyholder?
  If yes:
    - Does the plan cover self-only or family?

  If no:
    - Relationship to policyholder
- How plan was obtained (employer, union, association, direct purchase, etc.)
  If plan was purchased directly or obtained through state/local government or community program:
    - Was plan obtained through healthcare.gov or Marketplace?

- Who pays for plan? (self/family, employer, person outside household, government program, etc.)
  If self/family pays for the plan:
    - Out-of-pocket premium amount
- Is there a deductible?
  If yes:
    - Is it a high deductible health plan?
    If yes:
    - Does it include a health savings account?
- Does it include prescription drug coverage?
- Does it include dental coverage?
- Does it include vision coverage?

If enrolled in CHIP, state-sponsored, and/or other government plan:
(Repeated for each type of CHIP, state-sponsored, and/or other government plan in which sample adult is enrolled)

- Name of plan (*open-ended)*
- Was the plan obtained through healthcare.gov or Marketplace?
- Are you required to pay a premium?
- Is there a deductible?
  If yes:
    - Is it a high deductible health plan?

If military health care:

- Type of plan (TRICARE, VA, CHAMP-VA, other)

Health insurance continuity

If currently uninsured:

- Length of time since last insured
  If less than 12 months:
    - (Past 12 months) Number of months without health insurance
  If less than 3 years:
    - What were the reason(s) you are no longer enrolled? Was it because…
        - You retired, lost a job, or changed employers
        - Missed a deadline to sign up
        - Ineligible for coverage because of age or leaving school
        - Cost increases
        - No longer eligible for Medicaid
- What are the reason(s) for not having health insurance? Was it because…
    - Coverage is unaffordable
    - Do not need or want coverage
    - Ineligible for coverage
    - Signing up is difficult
    - Cannot find a plan that meets needs
    - Applied for coverage that has not started yet
    - Other reason (*open-ended*)

If currently insured:

- (Past 12 months) Any time without health insurance
  If yes:
    - (Past 12 months) Number of months without health insurance

Financial burden of medical care (PAY)

Skip first question and follow-up if sample child questionnaire is complete and if adult and child are in same family

- (Past 12 months) Anyone in family have problems paying medical bills
  If yes:
  - (Currently) Anyone in family have medical bills unable to pay at all
- Level of worry about ability to pay medical bills if sick or injured

Health care utilization and access (UTZ)

- Time since last seen health professional
- Has a usual place for care when sick
  If yes:
  - Type of place
- (Past 12 months) Number of walk-in clinic, retail clinic, and urgent care center visits
- (Past 12 months) Number of ER visits
- (Past 12 months) Any overnight hospital stay
- (Past 12 months) Delayed getting medical care because of cost
- (Past 12 months) Did not get medical care because of cost

Prescription medications (PMD)

- (Past 12 months) Any medication prescribed
  If yes:
  - (Past 12 months) Skipped medication doses to save money
  - (Past 12 months) Took less medicine to save money
  - (Past 12 months) Delayed filling a prescription to save money
- (Past 12 months) Any medication needed that you didn't get due to cost

Immunizations (IMS)

- (Past 12 months) Flu shot
  If yes:
  - Month and year of most recent flu shot
- (Ever) Pneumonia shot

Anxiety (ANX)

- Frequency of feeling worried, nervous, or anxious
- (Currently) Taking medication for anxiety
  If worried at least a few times per year and/or taking medication:
  - (Last time felt anxious) How anxious did you feel?

Depression (DEP)

- Frequency of feeling depressed
- (Currently) Taking medication for depression
  If depressed at least a few times per year and/or taking medication:
  - (Last time felt depressed) How depressed did you feel?

Cigarette smoking and e-cigarettes (CIG)

- (Lifetime) Smoked 100 or more cigarettes
  If yes:
    - (Currently) Smoke every day, some days, or not at all
      If smoking everyday:
        - Average number of cigarettes smoked per day
      If smoking some days:
        - (Past 30 days) Number of days smoked cigarettes
        - (Past 30 days) Average number of cigarettes on days smoked any cigarettes
- (Lifetime) Used e-cigarette, even one time
  If yes:
    - (Currently) Use e-cigarette every day, some days, or not at all

Sexual Orientation (ORN)

- Sexual orientation

Marital status (MAR)

- Married, living with partner as unmarried couple, or neither
  If married:
    - Is your spouse living in the same household?
      If yes:
        - Identification of spouse (*age, sex, and race/ethnicity will be known from roster*)
        - Confirmation of sex of spouse
      If no:
        - Are you and spouse legally separated?
  If living with a partner:
    - Identification of partner (*age, sex, and race/ethnicity will be known from roster*)
    - Confirmation of sex of partner
    - Ever been married
        - Legal marital status
  If neither:
    - Ever been married
      If yes,
        - Are you widowed, divorced, or separated

Veteran status (DEM)

- Ever serve on active duty
  If yes:
    - Ever served in a foreign country during armed conflict or on humanitarian mission?
    - Do you have a VA service-connected disability rating?
    - (Past 12 months) Received any care at Veteran's Health Administration facility or received any other health care paid for by the VA?

Nativity and acculturation (NAT)

- Were you born in the United States or a US territory?
  If yes:
    - State or territory of birth
  If no:
    - What year did you come to the United States to stay?
    - Are you a citizen of the United States?
      If yes:
        - Naturalized, born to an American parent, or adopted by an American parent

Schooling (SCH)

- (Currently) attending or enrolled in school
  If yes:
    - (Past 12 months) Number of school days missed due to your own illness/injury/disability

Employment (EMP)

- (Last week) Work for pay at a job or business
  If no:
    - (Last week) Have a job or business, but temporarily absent for some reason
      If yes:
        - Usually work 35 hours or more per week in total in all jobs/businesses?
      If no:
        - (Last week) Main reason not working
          If not working for any reason besides working in a family business not for pay or does seasonal/contract work.
            - Length of time since last held a job or worked at a business
  If yes:
    - (Last week) Number of hours worked in total at all jobs/businesses
      If worked less than 35 hours in past week:
        - Usually work 35 hours or more per week in total in all jobs/businesses?

  If working at or had a paid job or business last week, if working in a family business not for pay, or if not working because does seasonal/contract work:
    - Do/did you have paid sick leave?
    - Is/was health insurance offered to you through workplace?

  If working at or had a paid job or business last week, if working in a family business not for pay, if not working because does seasonal/contract work, or if not currently working but had a paid job or business in past 12 months:
    - (Past 12 months) Number of work days missed due to your own illness/injury/disability

Employment of all adult family members (FEM)

Skip section if sample child questionnaire is complete and if adult and child are in same family, or if there is only one adult in the family.

Ask for each adult family member:

- (Currently) Work for pay at a job or business
  If yes:
    - Usually work 35 hours or more per week in total in all jobs/businesses?

Family income and source(s) of income (INC)

Skip section if sample child questionnaire is complete and if adult and child are in same family. If family size is one (sample adult is living alone or with unrelated roommates), then questions are asked only about the sample adult's income and sources.

(Last calendar year) Did you or any family members living here receive:

- Income from wages, salaries, commissions, bonuses, tips, or self-employment?
- Income from interest, dividends, rent, royalties, or income from estates or trusts?
- Social Security or Railroad Retirement?
- Supplemental Security Income (SSI) or Social Security Disability?
  If yes:
  - Did you receive SSI or SSDI?
  If yes and age 18-64
    - Do you get SSDI because of your disability?
- Any public assistance or welfare payments?
- Retirement, survivor, or disability pensions?
- Other income, such as VA payments, unemployment, child support, or alimony?
- (Last calendar year) Total family income
  If unknown or refused:
  - Cascading questions to categorize income relative to federal poverty thresholds

Family participation in food-related programs (FOO)

Skip section if sample child questionnaire is complete and if adult and child are in same family

- (Past 12 months) Anyone in family receive SNAP/food stamp benefits

If sample adult is female 18-55, or if family includes females 12-55 or children 0-5:

- (Past 12 months) Anyone in family receive food through the WIC program

If family includes children 5-17:

- (Past 12 months) Any children in the family receive free or reduced-cost lunches at school

Housing (HOU)

Skip second question and follow-up if sample child questionnaire is complete and if adult and child are in same family

- Length of time you have lived in this house/apartment
- Owned, rented, or occupied by some other arrangement
  If rented:
  - Paying lower rent because a government program is paying part of the cost

Full Name (REC)

- Full name

Telephone use (TEL)

- Is there a working telephone in your home that is not a cell phone? *(if not already known from sample child interview)*
- Do you have a working cell phone (wireless/mobile telephone)?
  If no:
  - Do you live with anyone who has a working cell phone ? *(if not already known from sample child interview)*

  If adult has cell phone and home has a landline telephone:
  - Frequency of your landline/wireless use (landline mostly, wireless mostly, equal use)

Linkage with vital statistics and health-related records of other government agencies (LNK)

- Linkage intro, providing explanation for why SSN and Medicare number are being sought
- Last 4 digits of social security number

If Medicare was reported in INS section:

- Last 4 digits and any letters of Medicare number

If SSN or Medicare number refused or unknown:

- Consent to link without SSN and/or Medicare number

ROTATING CORE CONTENT: UTILIZATION OF SERVICES
Years: 2019, 2020, 2022, 2023, 2025, 2026

Dental care (DNC)

- Time since most recent dental exam or cleaning
  If more than 12 months:
  - Time since last saw a dentist for any reason
- (Past 12 months) Any dental care delayed because of cost
- (Past 12 months) Any dental care needed that you didn't get due to cost

Other care received (PTC)

- (Past 12 months) Received an eye exam from an optometrist, ophthalmologist, or eye doctor
- (Past 12 months) Received special therapy, such as physical, speech, rehabilitative, occupational, or respiratory therapy
- (Past 12 months) Received care at home from nurse or other health professional

Mental health care (MHC)

- (Past 12 months) Any medication taken to help with emotions, concentration, behavior, or mental health
- (Past 12 months) Received counseling, therapy, or other non-medication treatment from a mental health professional
  If yes:
  - (Currently) Receiving counseling or therapy
- (Past 12 months) Any counseling or therapy delayed due to cost
- (Past 12 months) Any counseling or therapy needed that you didn't get due to cost

ROTATING CORE CONTENT: CHRONIC PAIN
Years: 2019, 2021, 2023, 2025, 2027

Frequency, severity, and impact of pain (PAI)

- (Past 3 months) Frequency of pain
  If at least some days:
  - (Last time had pain) Severity of pain: a lot, a little, somewhere in between
    If work limitation was reported in SOC section:
    - (Currently) Pain limits kind or amount of work / unable to work due to pain
  - (Past 3 months) Frequency of interference with life or work activities
  - (Past 3 months) Frequency that your pain affected your family and significant others
  - (Past 3 months) Extent to which pain could be managed

Pain locations

If at least some days:
- (Past 3 months) How much have you been bothered by…back pain
- (Past 3 months) How much have you been bothered by…pain in hands, arms, or shoulders
- (Past 3 months) How much have you been bothered by…pain in hips, knees, or feet
- (Past 3 months) How much have you been bothered by…headache, migraine, or facial pain
- (Past 3 months) How much have you been bothered by…abdominal, pelvic, or genital pain
- (Past 3 months) How much have you been bothered by…toothache or jaw pain

ROTATING CORE CONTENT: ROTATING UTILIZATION OF SERVICES
Years: 2019, 2021, 2023, 2025, 2027

Rotating utilization (UTZ)

- How long since last had a "wellness visit"
  If ever had a wellness visit
  - What kind of place did you go for last "wellness visit"
- Time since most recent preventive visit (excluding dental care)
  If not "never":
  - Location of most recent preventive visit

ROTATING CORE CONTENT: PREVENTIVE SERVICES
Years: 2019, 2021, 2023, 2025, 2027

Preventive screening for adults (PRV)

- Time since blood pressure was last checked
- Time since blood cholesterol was last checked
- Time since blood sugar test for diabetes

If age 40+:

- (Ever) Colonoscopy or sigmoidoscopy
  If yes:
  - Have had colonoscopy, sigmoidoscopy, or both?
    If colonoscopy or both:
    - Time since most recent colonoscopy

    If sigmoidoscopy, or if both and time since colonoscopy is > 10 years:
    - Time since most recent sigmoidoscopy

    If don't know which:
    - Time since most recent colonoscopy or sigmoidoscopy

- (Ever) Any other kind of test for colorectal cancer
  If yes:
  - Ever had CT colonography or virtual colonoscopy
    If yes:
    - Time since most recent CT colonography or virtual colonoscopy
  - (Ever) had blood stool or FIT test using at home kit
    If yes:
    - Time since most recent home-based blood stool or FIT test

If female:

- (Ever) have test for cervical cancer
  If yes:
  - Time since most recent test for cervical cancer
- (Ever) Hysterectomy

If female and age 30+:

- (Ever) Mammogram
  If yes:
  - Time since most recent mammogram

Aspirin use for prevention (ASP)

If age 40+:

- (Ever) Doctor or other health professional advised taking aspirin every day
  If yes:
  - (Currently) Following this advice?
    If no:
    - Did doctor advise you to stop taking aspirin?

  If no:
  - (Currently) Taking aspirin every day on your own

ROTATING CORE CONTENT: MENTAL HEALTH ASSESSMENT
Years: 2019, 2022, 2025

PHQ-8 diagnostic tool for depression (PHQ)
See http://www.phqscreeners.com for more information on the Patient Health Questionnaire.

- (Past 2 weeks) Frequency of…little interest in doing things
- (Past 2 weeks) Frequency of…feeling down, depressed, hopeless
- (Past 2 weeks) Frequency of…trouble falling or staying asleep or sleeping too much
- (Past 2 weeks) Frequency of…feeling tired or having little energy
- (Past 2 weeks) Frequency of…poor appetite or overeating
- (Past 2 weeks) Frequency of…feeling bad about self or a failure
- (Past 2 weeks) Frequency of…trouble concentrating
- (Past 2 weeks) Frequency of…moving/speaking slowly or fidgety/restless

GAD-7 diagnostic tool for anxiety (GAD)
See http://www.phqscreeners.com for more information on the GAD-7.

- (Past 2 weeks) Frequency of…feeling nervous, anxious, on edge
- (Past 2 weeks) Frequency of…not being able to stop or control worrying
- (Past 2 weeks) Frequency of…worrying too much about different things
- (Past 2 weeks) Frequency of…trouble relaxing
- (Past 2 weeks) Frequency of…being so restless that it is hard to sit still
- (Past 2 weeks) Frequency of…becoming easily annoyed or irritable
- (Past 2 weeks) Frequency of…feeling afraid that something awful might happen

ROTATING CORE CONTENT: EMPLOYMENT
Years: 2020, 2021, 2023, 2024, 2026, 2027

Detailed adult employment (EMD)

If working at or had a paid job or business last week, if working in a family business not for pay, if doing seasonal/contract work, or if not currently working but had a paid job or business in past 12 months:

- For whom do/did you work at your main job/business? (name of company, employer, etc.)
- Industry (kind of business) (*open-ended)*
- Occupation (kind of work) (*open-ended)*
- Most important activities on the job (*open-ended)*
- Supervisory status
- Work category (private sector, government employee, self-employed, etc.)

ROTATING CORE CONTENT: INJURIES
Years: 2020, 2021, 2023, 2024, 2026, 2027

Injuries (INJ)

- *Specific content to be determined*

ROTATING CORE CONTENT: HEALTH BEHAVIORS
Years: 2020, 2022, 2024, 2026

Physical activity (PHY)

- Frequency of moderate-intensity leisure-time activities (# times per day/week/month/year)
  If at least once per year:
  - Number of hours/minutes each time
- Frequency of vigorous-intensity leisure-time activities (# times per day/week/month/year)
  If at least once per year:
  - Number of hours/minutes each time
- Frequency of leisure-time muscle-strengthening activities (# times per day/week/month/year)

Walking for transportation and leisure (WLK)

Skip section if sample adult reported being unable to walk or climb steps in MOB section

- (Past 7 days) Walked at least 10 minutes to get some place
  If yes:
  - (Past 7 days) Number of times walked at least 10 minutes
  - Average length of walk(s), in minutes/hours
- (Past 7 days) Walked at least 10 minutes for fun, relaxation, exercise, or to walk the dog
  If yes:
  - (Past 7 days) Number of times walked at least 10 minutes
  - Average length of walk(s), in minutes/hours

Fatigue (FGE)

- (Past 30 days) Frequency of feeling very tired or exhausted
  If at least some days:
  - (Last time) Duration of feeling very tired or exhausted (some/most/all of the day)
  - (Last time) Level of tiredness: a lot, a little, somewhere in between
  -

Sleep (SLP)

- Average hours of sleep in 24-hour period on weekday or workday?
- Average hours of sleep in 24-hour period on a weekend or non-workday?
- (Past 30 days) Frequency waking up well-rested
- (Past 30 days) Frequency having trouble falling asleep
- (Past 30 days) Frequency having trouble staying asleep
- (Past 30 days) Frequency taking sleep medication

Alcohol use (ALC)

- (Lifetime) Had one or more drinks of any alcoholic beverage
  If yes:
  - (Past 12 months) Number of days per week/month/year that alcohol was consumed
    If none:
    - (In any one year) Had 12 or more drinks of any alcoholic beverage

    If any:
    - (Past 12 months) Average number of drinks on days consumed any alcohol
      If average is less than 5 (if male) or 4 (if female):
      - (Past 12 months) Did you have 5/4 or more drinks in a day?

      If average is greater than or equal to 5 (if male) or 4 (if female), or if yes, had 5/4 or more drinks in one day in past 12 months:
      - (Past 30 days) Number of times had 5/4 or more drinks on an occasion

Smoking history and cessation (CIH)

If current or former smoker:
- Age when first started smoking regularly

If former smoker:
- Length of time since quit smoking cigarettes

If current smoker:
- (Past 12 months) Stopped smoking for at least 1 day because trying to quit
  If yes, and if ever used e-cigarettes:
  - (Past 12 months) Used e-cigarettes to try to quit cigarette smoking

If former smoker, and if ever used e-cigarettes:
- (Past 12 months) Used e-cigarettes to successfully quit cigarette smoking

Content of care (COC)

If current smoker or recent former smoker and seen doctor in past 12 months:
- (Past 12 months) Doctor advised you about ways to quit smoking or prescribed medicine

If current drinker and seen doctor in past 12 months:
- (Past 12 months) Doctor advised you to stop or cut down on your drinking

If seen doctor in past 12 months:
- (Past 12 months) Doctor advised you to exercise more

ROTATING CORE CONTENT: ROTATING CONDITIONS SECTION
Years: 2021, 2024, 2027

Rotating hearing detail (HEA)

- Level of difficulty hearing a conversation in a quiet room (even with hearing aid)
  If able to hear at all in a quiet room:
  - Level of difficulty hearing a conversation in a noisier room (even with hearing aid)
- Use of sign language

Rotating conditions list (RCN)

- (Ever told) Weak or failing kidneys
- (Ever told) Hepatitis
- (Ever told) Cirrhosis or any other kind of long-term liver condition
- (Past 12 months) Hay fever or seasonal allergy
- (Past 12 months) Any other kind of respiratory allergy
- (Past 12 months) Any kind of food or digestive allergy
- (Past 12 months) Eczema or any kind of skin allergy

Serious psychological distress (AMH)

See https://www.hcp.med.harvard.edu/ncs/k6_scales.php for more information on the K6 scale.

- (Past 30 days) Frequency of feeling … so sad that nothing could cheer you up
- (Past 30 days) Frequency of feeling … nervous
- (Past 30 days) Frequency of feeling … restless or fidgety
- (Past 30 days) Frequency of feeling … hopeless
- (Past 30 days) Frequency of feeling … that everything was an effort
- (Past 30 days) Frequency of feeling … worthless

ROTATING CORE CONTENT: ROTATING UTILIZATION OF SERVICES
Years: 2019, 2021, 2023, 2025, 2027

Rotating utilization (UTZ)

- How long since last had a "wellness visit"
  If ever had a wellness visit
  - What kind of place did you go for last "wellness visit"
- Time since most recent preventive visit (excluding dental care)
  If not "never":
  - Location of most recent preventive visit