

National Health Interview Survey – Teen

NHIS-Teen is a survey to learn more about the health of teens in the United States.



The U.S. Census Bureau is required by law to protect your information and is not permitted to publicly release your responses in a way that could identify you or your household. The Census Bureau is conducting this survey on behalf of the U.S. Department of Health and Human Services under the authority of Title 13, United States Code (U.S.C.), Section 8(b) and section 501(a)(2) of the Social Security Act (42 U.S.C. §701). Strict federal law protects your privacy and keeps your answers confidential under Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)), the Privacy Act of 1974 (5 U.S.C. § 552a) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III, Public Law No: 115-435). In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information from cybersecurity risks by screening their networks. NCHS can only protect information once it is in the NCHS system.

You do not have to do this if you do not want to. You can skip any questions you don't want to answer. By taking part in NHIS-Teen you can make a difference by helping us learn about the health of teens in the United States.

NHIST-1Q
(10-25-2022)D14



Start Here

Thank you for helping us learn about the health and well-being of America's teens.

For help or questions about completing this form, please call 1-800-618-5888. The telephone call is free. Or, you can email nhist@census.gov.

A. Your Health

A1 Would you say your health in general is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

A2 Using a scale of 0-10, where 0 means "very dissatisfied" and 10 means "very satisfied", how do you feel about your life as a whole these days?

A3 In the past 12 months, did you play or participate on a sports team or club or take sports lessons either at school or in the community?

- Yes
- No

A4 In the past 12 months, did you take a physical education, PE, or gym class?

- Yes
- No

A5 In a typical week during the school year, how often do you exercise, play a sport, or participate in physical activity for at least 60 minutes a day?

- Never
- Some days
- Most days
- Every day

A6 In a typical week during the school year, how often do you do exercises to strengthen or tone your muscles, such as sit-ups, push-ups, or weight lifting?

- Never
- Some days
- Most days
- Every day

A7 In a typical week during the school year, how often do you walk for at least 10 minutes at a time?

- Never
- Some days
- Most days
- Every day

A8 In a typical week during the school year, how often do you ride a bike for at least 10 minutes at a time?

- Never
- Some days
- Most days
- Every day

A9 In a typical week during the school year, how often do you wake up well-rested?

- Never
- Some days
- Most days
- Every day

A10 In a typical week during the school year, how often do you have difficulty getting out of bed in the morning?

- Never
- Some days
- Most days
- Every day

A11 In a typical week during the school year, how often do you complain about being tired during the day?

- Never
- Some days
- Most days
- Every day



A12 In a typical week during the school year, how often do you nap or fall asleep during the day, such as in school, watching TV, or riding in a car?

- Never
- Some days
- Most days
- Every day

A13 In a typical week during the school year, on nights you have school the next day, how often do you go to bed at the same time?

- Never
- Some days
- Most days
- Every day

A14 In a typical week during the school year, on school days, how often do you wake up at the same time?

- Never
- Some days
- Most days
- Every day

A15 On most weekdays, how many hours do you spend a day in front of a TV, computer, cellphone, or other electronic device watching programs, playing games, accessing the Internet, or using social media?

Do not include time spent doing schoolwork.

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

A16 How tall are you without shoes?

Feet AND Inches (0-11)

A17 How much do you weigh now?

Pounds

A18 How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

A19 Are you concerned about your weight?

- Yes, it's too high
- Yes, it's too low
- No

A20 During the past 12 months, as a result of a blow or jolt to the head, have you been knocked out or lost consciousness?

Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.

- Yes
- No

A21 During the past 12 months, as a result of a blow or jolt to the head, have you been dazed or had a gap in your memory?

Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.

- Yes
- No

A22 During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, vomiting, blurred vision, or changes in mood or behavior?

Please think about all head injuries, for example, from playing sports, car accidents, falls, or being hit by something or someone that may have occurred in the past 12 months.

- Yes
- No

A23 During the past 12 months, have you been checked for a concussion or brain injury by a doctor, nurse, athletic trainer, or other health care professional?

- Yes
- No → SKIP to Question **B1**

A24 During the past 12 months, did a doctor, nurse, athletic trainer, or other health professional say that you had a concussion or brain injury?

- Yes
- No



B. Your Health Care

B1 Not including dental care, about how long has it been since you last saw a doctor or other health professional about your health?

- Within the past 12 months
- A year ago or more, but less than 2 years ago
- 2 or more years ago
- I've never seen a doctor

B2 At this LAST medical care visit, did you have a chance to speak with a doctor or other health professional privately, without a parent or guardian in the room?

- Yes
- No
- I've never seen a doctor

B3 Was this a wellness visit, physical, or general purpose check-up?

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 your health such as growth and development, diet and exercise, safety, and sleep patterns. These visits are usually scheduled in advance and occur when you are not sick.

If a wellness exam was combined with a sick care visit, include this visit.

An obstetrician/gynecologist (OB/GYN) may perform this visit.

- Yes → **SKIP to Question B6**
- No
- I've never seen a doctor → **SKIP to Question B9**

B4 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?

- Within the past 12 months
- A year ago or more, but less than 2 years ago
- 2 or more years ago
- I've never had a wellness visit

B5 At this LAST wellness visit, physical, or general purpose check-up, did you have a chance to speak with a doctor or other health professional privately, without a parent or guardian in the room?

- Yes
- No
- I've never had a wellness visit

B6 During the past 12 months, has a doctor or other health professional talked to you about any of the following:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Understanding the changes in health care that happen at age 18.
<i>This can include understanding changes in privacy, consent, access to information, or decision-making.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gaining skills to manage your health and health care. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using tobacco products or smoking.
<i>This can include asking about using e-cigarettes (electronic cigarettes) or vaping.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your mental or emotional health.
<i>This could include you filling out a questionnaire about how you have been feeling recently.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Changes to your developing body, or safe sex practices. | <input type="checkbox"/> | <input type="checkbox"/> |

B7 Have you ever had a visit with a doctor or other health professional that your parents or guardians didn't know about?

- Yes
- No → **SKIP to Question B9**

B8 What type of doctor visit or health service was it? (Mark all that apply)

- Mental health professional visit
- Women's health specialist visit
- Other, please specify: ↴



B9 Is there a place that you usually go to if you are sick and need health care?

Yes, there is ONE or MORE THAN ONE place

No, there is NO place → **SKIP to Question B11**

B10 What kind of place do you go to most often?

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.

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.

A doctor's office or health center

An urgent care center

A clinic in a drug store or grocery store

A hospital emergency room

Some other place

B11 Do you have one or more persons you think of as your personal doctor or nurse?

A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant.

Yes

No

B12 Meditation includes mindfulness, mantra, and spiritual meditation. In meditation a person focuses, stills, or quiets the mind. During the past 12 months, did you use any of these types of meditation?

Yes

No

B13 During the past 12 months, did you practice yoga as part of a class or on your own?

Yes

No

B14 During the past 12 months, did you see a chiropractor?

Yes

No

C. Your Mental Health and Supports

C1 During the past 12 months, did you take any prescription medication to help with your emotions, concentration, behavior, or mental health?

Yes

No

C2 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?

Yes

No

C3 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...

Yes No

a. Because of cost?

b. Because you were afraid of what others would think of you?

c. Because you didn't know where to go or how to get help?

C4 How often do you get the social and emotional support you need?

Always

Usually

Sometimes

Rarely

Never



C5 How much can you rely on your friends for help if you have a serious problem?

- A lot
- Some
- A little
- Not at all

C6 How much can you open up to your friends if you need to talk about your worries?

- A lot
- Some
- A little
- Not at all

C7 How much can you rely on your parents or guardians for help if you have a serious problem?

- A lot
- Some
- A little
- Not at all

C8 How much can you open up to your parents or guardians if you need to talk about your worries?

- A lot
- Some
- A little
- Not at all

C9 Other than parents or adults living in your home, is there at least one adult in your school, neighborhood, or community who makes a positive and meaningful difference in your life?

- Yes
- No

C10 Compared with other people your age, do you have difficulty learning things?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C11 Compared with other people your age, do you have difficulty remembering things?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C12 Compared with other people your age, do you have difficulty controlling your behavior?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C13 Do you have difficulty concentrating on an activity you enjoy doing?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C14 Do you have difficulty accepting changes in your routine?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all



C15 Do you have difficulty making friends?

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

C16 Over the last two weeks, how often have you been bothered by having little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

C17 Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

C18 Over the last two weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

- Not at all
- Several days
- More than half the days
- Nearly every day

C19 Over the last two weeks, how often have you been bothered by not being able to stop or control worrying?

- Not at all
- Several days
- More than half the days
- Nearly every day

D. Your Experiences

The next set of questions are about events that may have happened during your life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may skip any questions you do not want to answer.

D1 Have you ever been the victim of violence or witnessed violence in your neighborhood?

- Yes
- No

D2 Have you ever been separated from a parent or guardian because they went to jail, prison, or a detention center?

- Yes
- No

D3 Have you ever lived with someone who was mentally ill or severely depressed?

- Yes
- No

D4 Have you ever lived with someone who was having a problem with alcohol or drug use?

- Yes
- No

D5 Have you ever had a parent or guardian die?

- Yes
- No

D6 Have you ever had a parent or guardian divorce or separate?

- Yes
- No

D7 Have you ever lived with a parent or adult who frequently swore at you, insulted you, or put you down?

- Yes
- No



D8 Has there ever been a time when your basic needs were NOT met, such as having enough to eat, being able to go to a doctor when you were sick, or having a safe place to stay?

Yes

No

D9 Has anyone ever treated or judged you unfairly because of your race or ethnic group?

Yes

No

D10 Has anyone ever treated or judged you unfairly because of your sexual orientation or gender identity?

Yes

No

The next four questions are about your experiences with bullying. The first two questions are about if you have **been bullied** by other children or teenagers and the next two questions are about if you have **bullied others**.

D11 During the past 12 months, how often were you bullied, picked on, or excluded by other children or teenagers?

If how often you were bullied changed throughout the year, tell us about when you were bullied the most.

Never in the past 12 months

1-2 times in the past 12 months

1-2 times per month

1-2 times per week

Almost every day

D12 During the past 12 months, have you ever been electronically bullied?

Count being bullied through texting, Instagram, Facebook, Snapchat, or other social media.

Yes

No

D13 During the past 12 months, how often did you bully others, pick on them, or exclude them?

If how often you bullied others changed throughout the year, tell us about when you bullied others the most.

Never in the past 12 months

1-2 times in the past 12 months

1-2 times per month

1-2 times per week

Almost every day

D14 During the past 12 months, have you ever electronically bullied others?

Count bullying others through texting, Instagram, Facebook, Snapchat, or other social media.

Yes

No



For the next three questions, answer the following:
In your day-to-day life, how often do any of the following things happen to you?

D15 You are treated with less courtesy or respect than other people your age.

- Almost everyday
 At least once a week
 A few times a month
 A few times a year
 Less than once a year
 Never

D16 You receive poorer service than other people your age at restaurants or stores.

- Almost everyday
 At least once a week
 A few times a month
 A few times a year
 Less than once a year
 Never

D17 People act as if they think you are not smart.

- Almost everyday
 At least once a week
 A few times a month
 A few times a year
 Less than once a year
 Never

E. About You

E1 How old are you?

E2 Do you consider yourself to be Hispanic or Latino?

- Yes
 No

E3 What race or races do you consider yourself to be?
(Mark all that apply)

- White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 Some other race

E4 Which of the following best represents how you think of yourself?

- Gay or lesbian
 Straight, that is not gay or lesbian
 Bisexual
 Something else
 I am not sure / I don't know the answer

E5 What sex were you assigned at birth, on your original birth certificate?

- Male
 Female
 I don't know

E6 How do you currently describe yourself?

- Male
 Female
 Transgender
 None of these
 I am not sure / I don't know the answer

E7 Are you currently enrolled in school?

- Yes, a public school
 Yes, a private school
 I am homeschooled
 No, I am not currently enrolled in school



E8 Did you complete this survey while you were in your home?

- Yes
 No

E9 Did anyone help you answer questions in this survey?
(Mark all that apply)

- No one helped me
 Parent or guardian helped me
 Other family member helped me
(NOT a parent or guardian)
 Friend helped me
 Someone else helped me

E10 Was anyone else in the room when you completed this survey?

- Yes
 No

E11 How burdensome was this survey to you?

- Not at all burdensome
 A little burdensome
 Moderately burdensome
 Very burdensome
 Extremely burdensome

E12 How easy or difficult was it for you to answer the questions in this survey?

- Very easy
 Somewhat easy
 Somewhat difficult
 Very difficult

E13 How sensitive were the questions in this survey?

- Not at all sensitive
 A little sensitive
 Moderately sensitive
 Very sensitive
 Extremely sensitive

E14 How would you describe the length of this survey?

- Very long
 Somewhat long
 A little long
 Not at all long



SAMPLE

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Mailing Instructions

Thank you for participating in NHIS-Teen!

On behalf of the National Center for Health Statistics, we would like to thank you for your time and effort. Your answers will help us learn about the health of teens in the United States.

You will receive your \$5 incentive for completing the survey in the next 2-4 weeks.

**Place the completed questionnaire in the postage-paid return envelope.
If the envelope has been misplaced, mail the questionnaire to:**

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5000
JEFFERSONVILLE IN 47199-5000

If you have completed and mailed the questionnaire and receive any additional mailings asking you to complete NHIS-Teen in the next few weeks, please disregard them. They may have been prepared before today. If you have any questions, please contact us, toll-free, at 1-800-618-5888 or by e-mail at nhist@census.gov.

For teen
health resources,
scan QR Code:



Or visit the webpage below:

<https://www.aap.org/en/practice-management/bright-futures/bright-futures-family-centered-care/bright-futures-resources-for-children-and-teens/>

Public reporting burden of this collection of information is estimated to average about 15 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports, Clearance Officer; Paperwork Reduction Project (0920-0214), 1600 Clifton Rd., MS D-74, Atlanta, GA 30333

