

Appendix. 2015 National Health Interview Survey Questions Used to Define Selected Health Measures

Alphanumeric codes refer directly to the question on the 2015 National Health Interview Survey that was used to define the health measure.

Lack of health insurance and type of coverage

Information from follow-up questions such as plan name(s) was used to reassign insurance status and type of coverage to avoid misclassification.

FHI.050 The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide Medical care or help pay medical bills.

[Are you/Is anyone in the family] covered by any kind of health insurance or some other kind of health care plan?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

FHI.070 What kind of health insurance or health care coverage [do you/does person] have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care). EXCLUDE private plans that only provide extra cash while hospitalized.

- (01) Private health insurance
- (02) Medicare
- (03) Medi-Gap
- (04) Medicaid
- (05) SCHIP (CHIP/Children's Health Insurance Program)
- (06) Military health care (TRICARE/VA/CHAMP-VA)
- (07) Indian Health Service
- (08) State-sponsored health plan
- (09) Other government program
- (10) Single service plan (e.g., dental, vision, prescriptions)
- (11) No coverage of any type
- (97) Refused
- (99) Don't know

FHI.072 People covered by Medicare have a card that looks like this. [Are you/Is person] covered by Medicare?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

FHI.073 There is a program called Medicaid that pays for health care for persons in need. In this State it is also called [State name]. [Are you/Is person] covered by Medicaid?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Usual place to go for medical care

AAU.020 Is there a place that you USUALLY go to when you are sick or need advice about your health?

AND

CAU.020 Is there a place that [child] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?

- (1) Yes
- (2) There is NO place
- (3) There is MORE THAN ONE place
- (7) Refused
- (9) Don't know

AAU.030 [If only one place] What kind of place is it - a clinic, doctor's office, emergency room, or some other place? [If more than one place] What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?

AND

CAU.030 [If only one place] What kind of place is it—a clinic, doctor's office, emergency room, or some other place? [If more than one place] What kind of place does [child] go to most often—a clinic, doctor's office, emergency room, or some other place?

- (1) Clinic or health center
- (2) Doctor's office or HMO
- (3) Hospital emergency room
- (4) Hospital outpatient department
- (5) Some other place
- (6) Doesn't go to one place most often
- (7) Refused
- (9) Don't know

Failure to obtain needed medical care

FAU.030 DURING THE PAST 12 MONTHS, was there any time when [you/someone in the family] needed medical care, but did not get it because [you/the family] couldn't afford it?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Receipt of influenza vaccination

AAU.310 DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

AND

AAU.315 DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

AND

CFI.005 DURING THE PAST 12 MONTHS, has [child] had a flu vaccination? A flu vaccination is usually given in the fall and protects against influenza for the flu season.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Receipt of pneumococcal vaccination

AAU.320 Have you EVER had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Obesity

AHB.190 How tall are you without shoes?

- (02–07) 2–7 feet
- (97) Refused
- (99) Don't know
- (M) Metric

AND

- (00–11) 0–11 inches
- (97) Refused
- (99) Don't know

OR

- (0–2) 0–2 meters
- (7) Refused
- (9) Don't know

AND

- (000–241) 0–241 centimeters
- (997) Refused
- (999) Don't know

AHB.200 How much do you weigh without shoes?

- (050–500) 50–500 pounds
- (997) Refused
- (999) Don't know
- (M) Metric

OR

- (022–226) 22–226 kilograms
- (997) Refused
- (999) Don't know

Leisure-time physical activity

The next questions are about physical activities (exercise, sports, physically active hobbies...) that you may do in your LEISURE time.

AHB.090 How often do you do VIGOROUS leisure-time physical activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases in breathing or heart rate?

Field Representative: Read if necessary: How many times per day, per week, per month, or per year do you do these activities?

Number of vigorous leisure-time physical activities

- (000) Never
- (001–995) 1–995 time(s)
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

Time period for vigorous leisure-time physical activities

- (0) Never
- (1) Per day
- (2) Per week
- (3) Per month
- (4) Per year
- (6) Unable to do this activity
- (7) Refused
- (9) Don't know

AHB.100 About how long do you do these vigorous leisure-time physical activities each time?

Number for length of vigorous leisure-time physical activities

- (001–995) 1–995
- (997) Refused
- (999) Don't know

Time period for length of vigorous leisure-time physical activities

- (1) Minutes
- (2) Hours
- (7) Refused
- (9) Don't know

AHB.110 How often do you do LIGHT OR MODERATE LEISURE-TIME physical activities for AT LEAST 10 MINUTES that cause ONLY LIGHT sweating or a SLIGHT to MODERATE increase in breathing or heart rate?

Field Representative: If necessary, prompt with: How many times per day, per week, per month, or per year do you do these activities?

Number of light or moderate leisure-time physical activities

- (000) Never
- (001–995) 1–995 time(s)
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

Time period for light or moderate leisure-time physical activities

- (0) Never
- (1) Per day
- (2) Per week
- (3) Per month
- (4) Per year
- (6) Unable to do this activity
- (7) Refused
- (9) Don't know

AHB.120 About how long do you do these light or moderate leisure-time physical activities each time?

Number for length of light or moderate leisure-time physical activities

- (001–995) 1–995
- (997) Refused
- (999) Don't know

Time period for length of light or moderate leisure-time physical activities

- (1) Minutes
- (2) Hours
- (7) Refused
- (9) Don't know

AHB.130 How often do you do LEISURE-TIME physical activities specifically designed to STRENGTHEN your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

Number of times

- (000) Never
- (001–995) 1–995 time(s)
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

Time period for times per day, per week, per month, or per year

- (0) Never
- (1) Per day
- (2) Per week
- (3) Per month
- (4) Per year
- (6) Unable to do this activity
- (7) Refused
- (9) Don't know

Current cigarette smoking

AHB.010 Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

AHB.030 Do you NOW smoke cigarettes every day, some days or not at all?

- (1) Every day
- (2) Some days
- (3) Not at all
- (7) Refused
- (9) Don't know

Alcohol consumption

AHB.150 In your ENTIRE LIFE, have you had at least 12 drinks of any type of alcoholic beverage?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

AHB.180 In the PAST YEAR, on how many DAYS did you have [5 or more/4 or more] drinks of any alcoholic beverage?

NOTE: From 1997–2013, both men and women were asked about days in which they had 5 or more drinks of any alcoholic beverage. Starting in 2014, this question was changed; men were still asked about days in which they had 5 or more drinks of any alcoholic beverage, but women were asked about days in which they had 4 or more drinks of any alcoholic beverage.

Number of days

- (000) Never/None
- (001–365) 1–365 days
- (997) Refused
- (999) Don't know

Time period for days per week, per month, or per year

- (0) Never/None
- (1) Per week
- (2) Per month
- (3) Per year
- (7) Refused
- (9) Don't know

Human immunodeficiency virus testing

ASI.400 Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

General health status

FHS.500 Would you say [your/person's] health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor
- (7) Refused
- (9) Don't know

Personal care needs

FHS.070 Because of a physical, mental, or emotional problem, [do you/does anyone in the family] need the

help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

Serious psychological distress

ASI.390 During the PAST 30 DAYS, how often did you feel

- ...So sad that nothing could cheer you up?
- ...Nervous?
- ...Restless or fidgety?
- ...Hopeless?
- ...That everything was an effort?
- ...Worthless?

- (1) ALL of the time
- (2) MOST of the time
- (3) SOME of the time
- (4) A LITTLE of the time
- (5) NONE of the time
- (7) Refused
- (9) Don't know

Diagnosed diabetes

ACN.160 Other than during pregnancy, have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?/Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?

- (1) Yes
- (2) No
- (3) Borderline
- (7) Refused
- (9) Don't know

Asthma

ACN.080 Have you EVER been told by a doctor or other health professional that you had asthma?

AND

CHS.080 Has a doctor or other health professional EVER told you that [child] has asthma?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

ACN.085 Do you still have asthma?

AND

CHS.085 Does [child] still have asthma?

- (1) Yes
- (2) No
- (7) Refused
- (9) Don't know

ACN.090 DURING THE PAST 12 MONTHS, have you had an episode of asthma or an asthma attack?

AND

CHS.090 DURING THE PAST 12 MONTHS, has [child] had an episode of asthma or an asthma attack?

(1) Yes

(2) No

(7) Refused

(9) Don't know