

Table I. 2007 National Health Interview Survey questions used to define selected health measures

Lack of health insurance and type of coverage¹

FHI.050² **Field Representative: SHOW FLASHCARD F10**
 {Are you/Is anyone} covered by any kind of health insurance or some other kind of health care plan?

Field Representative: READ IF NECESSARY: 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.

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

FHI.070 What kind of health insurance or health care coverage {do/does} {you/subject name} 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.

Field Representative: PLEASE REFER TO FLASHCARDS F12 AND F13 FOR YOUR STATE.

- (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/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/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?

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

AAU.030 What kind of place is it—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

Obtaining needed medical care

FAU.040 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

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.

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

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.

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

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?

- (2-7) 2-7 feet
- (0-11) 0-11 Inches
- (97) Refused
- (99) Don't know

FT Feet _____
IN Inches _____

AHB.200 How much do you weigh without shoes?

- (50-500) 50-500 pounds
- (997) Refused
- (999) Don't know

Leisure-time physical activity

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

AHB.110 How often do you do LIGHT OR MODERATE 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

- (0) Never
- (1-995) 1-995
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

Time period for light or moderate leisure-time physical activities

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

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

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

- (1-995) 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.090 How often do you do VIGOROUS activities for AT LEAST 10 MINUTES that cause HEAVY sweating or LARGE increases 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 vigorous leisure-time physical activities

- (0) Never
- (1-995) 1-995
- (996) Unable to do this type activity
- (997) Refused
- (999) Don't know

Time period for light or moderate leisure-time physical activities

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

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

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

- (1-995) 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

Current 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 drinks of any alcoholic beverage?

- (0) Never
- (1-365) 1-365
- (997) Refused
- (999) Don't know

HIV testing

ADS.040 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 {subject name'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/does} {you/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

ACN.47 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?

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

Asthma

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

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

ACN.085 Do you still have asthma?

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

¹Information from followup questions such as plan name(s) was used to reassign insurance status and type of coverage to avoid misclassification.

²Alphanumeric codes refer directly to the question on the 2007 National Health Interview Survey that was used to define the health measure.