

National Health and Nutrition Examination Survey



**Centers for Disease
Control and Prevention**
National Center for
Health Statistics

Questions About Your Household & Health

Sponsored by: **Centers for Disease Control and Prevention**



We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, 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; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0950).

Start Here

The National Center for Health Statistics, part of the Centers for Disease Control and Prevention (CDC), is studying households to learn more about the health of people of all ages in the United States. This short form will help us learn more about the people that live at this address. Completing this form will assist us in quickly determining who in your household will be selected for the next step of this study.

- This form should be filled out by an adult household member (18+) living at this address.
- The information you provide on this form will be used only for the purposes of this survey and will not be shared.

These first questions are about your health.

1. Would you say your health in general is...

- excellent,
- very good,
- good,
- fair, or
- poor?

2. Are you now taking any medications prescribed by a health professional such as a doctor or dentist?

- Yes
- No → **GO TO QUESTION 4**

3. How many prescription medications do you currently use or take? Would you say...

- 1 to 2,
- 3 to 5, or
- 6 or more?

4. Has a doctor or other health professional ever told you that you had diabetes? If diabetes only during pregnancy, mark 'No.'

- Yes, diabetes
- Borderline or prediabetes
- No

5. Has a doctor or other health professional ever told you that you had hypertension, also called high blood pressure?

- Yes
- No

These next questions are about your household and the people who live here. Think about everyone who lives at this address. Include any boarders or lodgers and anyone who is away who normally lives here. Remember to include any babies or young children.

6. How many people live at this address? Please do not include anyone who usually lives somewhere else.

|_|_| total number persons living here

Please proceed to page 2 to complete some more information about the members of your household.

Person 1

Please provide information on each person living here. Start with the person who owns or rents the home then continue for each person living at this address (up to 7 people).

1. What is Person 1's name?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name

2. Is Person 1 male or female?

- Male
- Female

3. How old is Person 1?

--	--	--	--

 years old

4. Does Person 1 have a home anywhere else?

- Yes
- No

5. Where does Person 1 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 1 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 1 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 1 to be? Please select one or more.

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

Please proceed to Person 2 on page 3 if others are remaining in the household. If there are no other members in your household please turn to page 9.

Person 2

1. What is Person 2’s name?

First name

Last name

2. Is Person 2 male or female?

- Male
- Female

3. How old is Person 2?

If under 1 year please enter ‘0.’

____|____| years old

4. Does Person 2 have a home anywhere else?

- Yes
- No

5. Where does Person 2 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 2 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 2 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 2 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered “Son or daughter” above, please answer question 10. Otherwise, proceed to Person 3 on page 4 if others are remaining in the household. If there are no other members in your household, please turn to page 9.

10. Is this person, Person 1’s...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Person 3

1. What is Person 3’s name?

First name

Last name

2. Is Person 3 male or female?

- Male
- Female

3. How old is Person 3?

If under 1 year please enter '0.'

 years old

4. Does Person 3 have a home anywhere else?

- Yes
- No

5. Where does Person 3 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 3 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 3 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 3 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered “Son or daughter” above, please answer question 10. Otherwise, proceed to Person 4 on page 5 if others are remaining in the household. If there are no other members in your household, please turn to page 9.

10. Is this person, Person 1’s...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Person 4

1. What is Person 4's name?

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First name

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Last name

2. Is Person 4 male or female?

- Male
- Female

3. How old is Person 4?

If under 1 year please enter '0.'

_____|_____| years old

4. Does Person 4 have a home anywhere else?

- Yes
- No

5. Where does Person 4 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 4 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 4 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 4 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered "Son or daughter" above, please answer question 10. Otherwise, proceed to Person 5 on page 6 if others are remaining in the household. If there are no other members in your household, please turn to page 9.

10. Is this person, Person 1's...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Person 5

1. What is Person 5’s name?

First name

Last name

2. Is Person 5 male or female?

- Male
- Female

3. How old is Person 5?

If under 1 year please enter '0.'

 years old

4. Does Person 5 have a home anywhere else?

- Yes
- No

5. Where does Person 5 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 5 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 5 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 5 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered “Son or daughter” above, please answer question 10. Otherwise, proceed to Person 6 on page 7 if others are remaining in the household. If there are no other members in your household, please turn to page 9.

10. Is this person, Person 1’s...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Person 6

1. What is Person 6's name?

First name

Last name

2. Is Person 6 male or female?

- Male
- Female

3. How old is Person 6?

If under 1 year please enter '0.'

 years old

4. Does Person 6 have a home anywhere else?

- Yes
- No

5. Where does Person 6 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 6 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 6 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 6 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered "Son or daughter" above, please answer question 10. Otherwise, proceed to Person 7 on page 8 if others are remaining in the household. If there are no other members in your household, please turn to page 9.

10. Is this person, Person 1's...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Person 7

1. What is Person 7’s name?

First name

Last name

2. Is Person 7 male or female?

- Male
- Female

3. How old is Person 7?

If under 1 year please enter ‘0.’

 years old

4. Does Person 7 have a home anywhere else?

- Yes
- No

5. Where does Person 7 usually live and sleep; at this address or somewhere else?

- Lives at this address
- Lives somewhere else

6. Is Person 7 now on full-time active duty with the Armed Forces of the United States?

- Yes
- No

7. Does Person 7 consider himself or herself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

8. What race or races do you consider Person 7 to be? Please select one or more.

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

9. How is this person related to Person 1?

- Spouse (husband or wife)
- Unmarried partner
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Other non-relative

If you answered “Son or daughter” above, please answer question 10. Otherwise, please turn to page 9.

10. Is this person, Person 1’s...?

- Biological (son or daughter)
- Adoptive (son or daughter)
- Step (son or daughter)
- Foster (son or daughter)
- Son-in-law or daughter-in-law

Contact Information

- 1. Please provide us with your telephone number in case we have any questions about your responses to this survey. This number will be used only if we need to contact you for the NHANES study. It will not be used or shared for any other purpose.**

(|_|_|_|)|-|_|_|_|-|_|_|_|_|

|_|_|_|_|
Extension

- 2. Is this number a cell phone or landline?**

- Cell phone
 Landline → **GO TO QUESTION 4**

- 3. May we send you a text message if you are selected for the next step in this study?**

- Yes
 No

- 4. Who is completing this form?
Please choose one person.**

- Person 1
 Person 2
 Person 3
 Person 4
 Person 5
 Person 6
 Person 7

**Thank you for taking the time to answer these questions.
Please return your completed form in the postage-paid envelope provided.
A health study representative will contact your household within a few weeks after
we receive your response to tell you more about this study.**

Commonly Asked Questions

How was I selected?

Participants are selected through a complex statistical process using the most current Census information. In simple terms, NHANES divides the United States into communities. The communities are divided into neighborhoods.

The neighborhoods are selected at random. From each neighborhood, addresses are selected at random.

You have a unique health profile; if you are selected to be a participant, no other person can be substituted for you.

How do I know this is a legitimate survey?

NHANES History – NHANES has a long history; it has been in existence since the early 1960s and has surveyed over 240,000 people. NHANES was born out of The National Health Survey Act, 1956. This law authorized a survey to provide current statistical data on the amount, distribution, and effects of illness and disability in the United States.

Other Organizations – Additionally, many national and local organizations have pledged their support for NHANES through letters of endorsement. NHANES has been endorsed by over 100 county health departments as well as universities and national organizations, including Johns Hopkins School of Medicine, the American Association of Retired Persons (AARP), the National Association for the Advancement of Colored People (NAACP), the American Nurses Association (ANA), Harvard School of Public Health, the National Council of La Raza, the American Academy of Pediatrics, and many others.

Is my information confidential?

We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you.

We will keep all survey data safe and secure. Any information you provide is sent to a secure facility. Special safety measures block outside contact with any private information stored in NCHS computers. When we allow researchers to use survey data, we protect your privacy. We assign code numbers in place of names or other facts that could identify you. Anything that could reveal who you are is removed. More than names and addresses are removed from anything we give out. No details on jobs, family, or residence that, if put together, could identify you are ever released. The promise to protect the privacy of everyone who takes part in the survey has never been broken in the 50+ years NHANES has been conducted.

Who can I contact if I have questions?

To discuss any aspect of the survey, you can call one of our study representatives at 1-800-958-6031. You may also visit www.cdc.gov/nhanes or scan the QR code for more information.

If you have questions about your rights as a survey participant, call the Ethics Review Board at the National Center for Health Statistics at 1-800-223-8118. Leave a brief message containing your name, phone number, and your NHANES survey concerns. Your call will be returned as soon as possible.

Thank you.

