





National Health and Nutrition Examination Survey

# NHANES 2017-2018 Questionnaire Instruments

Questionnaires are administered to NHANES participants both at home and in the mobile examination centers (MECs). The questionnaires and a brief description of each section follows.

## Interviewer Manuals

| Manual Name                        | Document                        |
|------------------------------------|---------------------------------|
| Interviewer Procedure Manual       | <a href="#">[PDF - 41.8 MB]</a> |
| MEC Interviewers Procedures Manual | <a href="#">[PDF - 22.2 MB]</a> |

## Screener Module: In-person/Telephone Instrument

The following questionnaires are used by field interviewers to collect screener information during the in-person interview on the doorstep or through a telephone interview with an adult household member.

| Module Name                                                                                                         | Document                       |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Screener Module 1<br>This set of questions determines if anyone in the household is eligible to be in the sample.   | <a href="#">[PDF - 130 KB]</a> |
| Screener Module 2<br>This set of questions establishes the relationship of everyone in the household to each other. | <a href="#">[PDF - 67 KB]</a>  |

## Family Questionnaire

Household and family level information is collected here. The sections are labeled to reflect content.

| Questionnaire Name      | Document                       |
|-------------------------|--------------------------------|
| Consumer Behavior       | <a href="#">[PDF - 37 KB]</a>  |
| Demographic Background  | <a href="#">[PDF - 42 KB]</a>  |
| Food Security           | <a href="#">[PDF - 103 KB]</a> |
| Housing Characteristics | <a href="#">[PDF - 14 KB]</a>  |
| Income                  | <a href="#">[PDF - 157 KB]</a> |

| Questionnaire Name | Document                      |
|--------------------|-------------------------------|
| Occupation         | <a href="#">[PDF - 13 KB]</a> |
| Smoking            | <a href="#">[PDF - 14 KB]</a> |

## Sample Person Questionnaire

Individual level information on participants is collected here. The sections are labeled to reflect content. Please note that the Medical Conditions section covers many subject areas.

| Questionnaire Name                              | Document                       |
|-------------------------------------------------|--------------------------------|
| Acculturation                                   | <a href="#">[PDF - 30 KB]</a>  |
| Audiometry                                      | <a href="#">[PDF - 91 KB]</a>  |
| Blood Pressure                                  | <a href="#">[PDF - 47 KB]</a>  |
| Cardiovascular Disease                          | <a href="#">[PDF - 60 KB]</a>  |
| Demographic                                     | <a href="#">[PDF - 94 KB]</a>  |
| Dermatology                                     | <a href="#">[PDF - 66 KB]</a>  |
| Diabetes                                        | <a href="#">[PDF - 86 KB]</a>  |
| Diet Behavior and Nutrition                     | <a href="#">[PDF - 85 KB]</a>  |
| Dietary Supplements and Prescription Medication | <a href="#">[PDF - 170 KB]</a> |
| Disability                                      | <a href="#">[PDF - 45 KB]</a>  |
| Early Childhood                                 | <a href="#">[PDF - 40 KB]</a>  |
| Health Insurance                                | <a href="#">[PDF - 48 KB]</a>  |
| Hepatitis                                       | <a href="#">[PDF - 60 KB]</a>  |
| Hospital Utilization and Access to Care         | <a href="#">[PDF - 57 KB]</a>  |
| Immunization                                    | <a href="#">[PDF - 102 KB]</a> |
| Kidney Conditions                               | <a href="#">[PDF - 39 KB]</a>  |
| Medical Conditions                              | <a href="#">[PDF - 137 KB]</a> |
| Occupation                                      | <a href="#">[PDF - 128 KB]</a> |
| Oral Health                                     | <a href="#">[PDF - 72 KB]</a>  |
| Osteoporosis                                    | <a href="#">[PDF - 51 KB]</a>  |
| Physical Activity and Physical Fitness          | <a href="#">[PDF - 89 KB]</a>  |

| Questionnaire Name      | Document                       |
|-------------------------|--------------------------------|
| Physical Functioning    | <a href="#">[PDF - 128 KB]</a> |
| Sleep Disorders         | <a href="#">[PDF - 63 KB]</a>  |
| Smoking and Tobacco Use | <a href="#">[PDF - 103 KB]</a> |
| Weight History          | <a href="#">[PDF - 97 KB]</a>  |

## MEC ACASI and CAPI Questionnaires

Audio computer-assisted self-interview (ACASI) and computer-assisted personal interview (CAPI) questionnaires are administered in the MEC. During the visit to the examination center additional questions are administered that cover more sensitive areas such as reproductive health and illegal drug use. The sections are labeled to reflect content.

## Audio Computer-Assisted Self-Interview (ACASI) Questionnaire

| Questionnaire Name | Document                       |
|--------------------|--------------------------------|
| Alcohol Use        | <a href="#">[PDF - 60 KB]</a>  |
| Drug Use           | <a href="#">[PDF - 76 KB]</a>  |
| Sexual Behavior    | <a href="#">[PDF - 186 KB]</a> |
| Tobacco Use        | <a href="#">[PDF - 75 KB]</a>  |

## Computer-Assisted Personal Interview (CAPI) Questionnaire

| Questionnaire Name     | Document                        |
|------------------------|---------------------------------|
| Alcohol Use            | <a href="#">[PDF - 68 KB]</a>   |
| Current Health Status  | <a href="#">[PDF - 58 KB]</a>   |
| Depression Screen      | <a href="#">[PDF - 26 KB]</a>   |
| Kidney                 | <a href="#">[PDF - 26 KB]</a>   |
| Pesticide Use          | <a href="#">[PDF - 1130 KB]</a> |
| Physical Activity      | <a href="#">[PDF - 35 KB]</a>   |
| Reproductive Health    | <a href="#">[PDF - 112 KB]</a>  |
| Sexual Behavior        | <a href="#">[PDF - 18 KB]</a>   |
| Tobacco                | <a href="#">[PDF - 47 KB]</a>   |
| Volatile Toxicants Use | <a href="#">[PDF - 64 KB]</a>   |

| Questionnaire Name | Document                      |
|--------------------|-------------------------------|
| Weight History     | <a href="#">[PDF - 48 KB]</a> |

## Special Follow-up Questionnaires

| Questionnaire Name                                 | Document                       |
|----------------------------------------------------|--------------------------------|
| Flexible Consumer Behavior Survey (FCBS) Handcards | <a href="#">[PDF - 816 KB]</a> |
| Flexible Consumer Behavior Survey (FCBS) Module    | <a href="#">[PDF - 252 KB]</a> |

## Dietary

These questions on dietary intakes and dietary supplement uses are asked to participants after their visits to the mobile examination center through telephone interviews.

| Questionnaire Name                                                | Document                        |
|-------------------------------------------------------------------|---------------------------------|
| 24-Hour Dietary Supplement and Antacids Use                       | <a href="#">[PDF - 165 KB]</a>  |
| Dietary Recall                                                    | <a href="#">[PDF - 96.8 KB]</a> |
| <a href="#">Measuring Guides for the Dietary Recall Interview</a> |                                 |