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NHIS Questionnaire Changes Addressing the Patient Protection and Affordable Care Act

Introduction

The National Health Interview Survey (NHIS) has been a primary source of information on the health of the American public since 1957 and is a key data collection program of the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC). The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 generated new data requirements for the purpose of monitoring the law's impacts on the health care system. In response, the NCHS has implemented a number of enhancements and edits to the NHIS. These changes were first implemented in the 2011 survey, were slightly modified in the 2012 survey, and are intended to be included in future years of the NHIS. The new questions address the broad goals of improving health care access, use, and affordability and also collect information about specific ACA policies, including the young adult health insurance provision, health insurance coverage for individuals with preexisting conditions, preventive care provisions, and long term care coverage. This brief describes the modifications to the NHIS and how these changes will assist researchers and policymakers monitor and inform health reform.

NHIS Background

The NCHS has been conducting the NHIS on an annual basis for over 50 years. The principal objective of the NHIS is to collect and analyze health data on the civilian non-institutionalized US population. It does so through a cross-sectional household interview survey that is continuously administered throughout each year. The data are collected through personal household interviews. Data collected during a particular year are usually available in June of the following year and can be downloaded through the NHIS web page, which is housed on the CDC's website (www.cdc.gov).

The NHIS questionnaire has four core components that remain mostly unchanged from year to year: Household, Family, Sample Adult, and Sample Child. The Household component consists of limited demographic and relationship information about all of the individuals living at the sampled address. Based on the relationship information collected, the number of unique families within a household is determined. The Family component collects additional demographics on each member from every family in the household and inquires about health status and limitations, injuries, healthcare access and utilization, health insurance, and income and assets. All adult members of the household (17 years of age and older) who are home at the time of the interview are invited to participate and to respond for themselves. One sample adult and one sample child (if applicable) are randomly selected from each family in the NHIS, and the Sample Adult and Sample Child questionnaires collect information on each of them. These questionnaires gather information on health care services, health behaviors, and health status, and they are used to respond to new public health data needs as they arise. All four components gather information about current status and experiences in the past

12 months. The enhanced NHIS questions pertaining to the ACA implemented in the 2011 survey are found in the Family, Sample Adult, and Sample Child components.

Health Care Access and Use

One of the major goals of the ACA is to broaden access to health care by expanding health insurance coverage. For years, the NHIS has included many general questions regarding health insurance coverage status. For example, questions have addressed whether or not a person lacks coverage, type of coverage and reasons for not having coverage.

In addition to the existing coverage questions such as type of insurance, months without coverage, reasons for lack of coverage, the 2011 NHIS asks several new questions that will help policymakers track the shared coverage responsibility provision that will begin in 2014. This provision requires all Americans to carry health insurance or be subject to a monetary penalty and requires employers with 50 or more workers to offer coverage or pay a fine. Starting in 2014, health insurance exchanges will be available for individuals and small employers to find, compare, and purchase private health insurance. The 2011 survey asks if an individual has coverage that was directly purchased during the past 3 years (e.g., not through an employer, union, or government program); if so, who in the household was covered by that plan; and whether it was difficult to find the plan. Also in preparation to address this provision, the 2011 survey inquires whether or not an individual had coverage for the past 12 months, how insurance status compares to one year ago, the last type of coverage a person had if they are uninsured at the time, how private insurance was obtained, and several questions regarding employer or union financial contributions toward the health plan. See Table 1 for a list of all new related questionnaire items.

Table 1. New NHIS Questions Addressing Health Care Access and Use

Instrument Item Name	Question	Survey Component	Universe	Data File
FHICHNG	Did you have coverage for the past 12 months?	Family	All persons who are currently insured who were continuously covered in the past year	Person
FHIKDB	Last type of coverage person had (if uninsured at present)	Family	All persons who are currently uninsured for less than a year	Person
PWRKB	Category that best describes how private insurance was obtained	Family	All persons who had previous private health insurance	Person
PWRKBSP	Enter how private health insurance was obtained.	Family	All persons who had previous private health insurance obtained from other source	Person
EMPPAY	Do you know how much the employer or union is paying for the plan?	Family	All private health insurance plans paid for by employer or union	Person
EMPCOSTN	How much does the employer or union currently pay for health insurance premiums for the plan?	Family	All private health insurance plans where amount of premium employer/union pays is known	Person
EMPCOSTT	Enter time period for premium payments.	Family	All private health insurance plans with a valid response to EMPCOSTN	Person
EMPCOSTP	What percent of the premiums does the employer or union pay for?	Family	All private health insurance plans paid for by employer or union where respondent wanted to report percentage of premium paid	Person
AINDINS	During the past 3 years, did you try to purchase insurance directly (not through an employer, union or government program)?	Sample Adult	Sample adults 18+	Sample Adult
AINDPRCH	Was a plan purchased?	Sample Adult	Sample adults 18+ who tried to purchase health insurance directly in the past 3 years	Sample Adult

Instrument Item Name	Question	Survey Component	Universe	Data File
AINDWHO	Was the plan for self, other person in family, both?	Sample Adult	Sample adults 18+ who tried to purchase health insurance directly in the past 3 years	Sample Adult
AINDDIF1	How difficult was it to find a plan with type of coverage you needed?	Sample Adult	Sample adults 18+ who purchased health insurance directly in the past 3 years	Sample Adult
AHICOMP	In regard to your health insurance, how does it compare to a year ago?	Sample Adult	Sample adults 18+	Sample Adult
ANOUSLPL	Why don't you have a usual source of medical care?	Sample Adult	Sample adults 18+ without a place of usual care	Sample Adult
APRVTRYR	During the past 12 months, had trouble finding a general doctor or provider who would see you?	Sample Adult	Sample adults 18+	Sample Adult
AERVISND	Thinking about your most recent ER trip, did you go to the ER either at night or on the weekend?	Sample Adult	Sample adults 18+ who had at least one ER visit in the past year	Sample Adult
AERHOS	Did ER visit result in hospital admin?	Sample Adult	Sample adults 18+ who had at least one ER visit in the past year	Sample Adult
AERREAS1 through AERREAS8	Which applies to your last ER visit: 1: no place else to go 2: doctor's office/clinic not open 3: health provider advised you to go 4: problem was too serious for the clinic 5: only a hospital could help you 6: the ER is your closest provider 7: you get most of your care at the ER 8: you arrived by ambulance or other emergency vehicle	Sample Adult	Sample adults 18+ who had at least one ER visit in the past year and the last visit did not result in a hospital admission	Sample Adult
APRVTRFD	Were you able to find a general doctor or provider to see you?	Sample Adult	Sample adults 18+ who had trouble finding a provider	Sample Adult
ADRANANP	During the past 12 months, were you told by a doctor's office or clinic that they would not accept you as a new patient?	Sample Adult	Sample adults 18+	Sample Adult
ADRNAI	During the past 12 months, were you told by a doctor's office or clinic that they did not accept your health care coverage?	Sample Adult	Sample adults 18+	Sample Adult
AVISLAST	Thinking about your last visit for any type of medical care, where did you go?	Sample Adult	Sample adults 18+ who have ever seen a doctor or other health professional	Sample Adult
ALASTTYP	Did you see a general doctor, specialist, or someone else?	Sample Adult	Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit	Sample Adult
AVISAPTN	For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor or other health care professional?	Sample Adult	Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit	Sample Adult
AVISAPTT	Enter time period for appointment wait time.	Sample Adult	Sample adults 18+ who visited a clinic, doctor's office/HMO, hospital outpatient department or someplace else (not ER or urgent care center) on their last visit and did not answer refused to appointment wait time	Sample Adult
AWAITRMN	How long did you have to wait in the waiting room before you saw a doctor or health professional?	Sample Adult	Sample adults 18+ who had a place of last medical visit	Sample Adult
AWAITRMT	Time period in waiting room.	Sample Adult	Sample adults 18+ who had a place of last medical visit and did not refuse number portion of waiting room time	Sample Adult

Instrument Item Name	Question	Survey Component	Universe	Data File
HIT1A through HIT5A	During past 12 months, have you used computers to: 1: look up health information on the internet 2: fill a prescription 3: schedule appointment with provider 4: communicate with provider via email 5: use online chat groups to learn about health topics?	Sample Adult	Sample adults 18+	Sample Adult
CNOUSLPL	Why child doesn't have a usual source of care?	Sample Child	Sample children < 18 without a place of usual care	Sample Child
CERVISND	Thinking about the sample child's most recent ER visit, did he/she go to the ER either at night or on the weekend?	Sample Child	Sample children < 18 who had at least one ER visit in the past year	Sample Child
CERHOS	Did this ER visit result in hospital admission?	Sample Child	Sample children < 18 who had at least one ER visit in the past year	Sample Child
CERREAS1-CERREAS8	CERREAS1-CERREAS8 : Reasons for ER visit : 1: Didn't have another place to go 2: Doctor's office or clinic was not open 3: Health provider advised that he/she go 4: The problem was too serious for the doctor's office or clinic 5: Only a hospital could help him/her 6: The ER is his/her closest provider 7: He/she gets most of his/her care at the ER 8: He/she arrived by ambulance or other emergency vehicle	Sample Child	Sample children < 18 who had at least one ER visit in the past year which did not result in a hospital admission	Sample Child
CPRVTRYR	In the past 12 months did you have trouble finding a general doctor or provider who would see your child?	Sample Child	Sample children < 18	Sample Child
CPRVTRFD	Were you able to find a doctor or provider who could see the child?	Sample Child	Sample children < 18 who had trouble finding a provider in the last year	Sample Child
CDRNANP	During past 12 months were you told by a doctor's office or clinic that they would not accept the child as a new patient?	Sample Child	Sample children < 18	Sample Child
CDRNAI	During past 12 months were you told by a doctor's office that they did not accept child's health coverage?	Sample Child	Sample children < 18	Sample Child

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

For many years, the NHIS has also asked questions about access to health care. For example, the survey asks respondents about whether or not they have a usual place for medical care, what kind of place that is, and if that place is the same as where they go when they are sick, rather than just for preventive services. The 2011 NHIS added questions to this section about why respondents did not have a usual source of medical care when relevant, offering a range of possible reasons such as language problems, convenience, and cost. The survey also extended the questions about usual source of care to Sample Child respondents.

Historically, the NHIS has also measured health care access and use in terms of emergency room (ER) visits by both adults and children, including an individual's number of visits in the past 12 months, if the individual had any visit to the ER in the past 12 months for asthma, and whether the ER was an individual's usual place for medical care. The new NHIS questions ask if an individual's most recent ER visit was at night or on the

weekend, if the ER visit resulted in a hospital admission, and the reasons why an individual visited the ER. As shown in Table 1, these questions were asked of both sample adults and children.

Delaying needed health care is another measure of health care access and use. In the past, the NHIS has included questions to examine why people delay care, such as because they couldn't get an appointment soon enough, no doctor office was open, they couldn't get through to their health care clinic by phone, they lacked transportation, or they waited too long in the office. In 2011, the survey began to track specific reasons for why survey respondents experienced limited access to care. For example, for adults and children, the survey now asks whether the individual was told that the clinic or provider was not accepting new patients or that their health insurance wasn't accepted by the provider. The 2011 NHIS also follows-up on whether the individual was able to find a general doctor despite such troubles and the waiting times experienced to obtain an appointment and in the waiting room during an appointment. New access and use measures in the NHIS also examine the role of technology. There are now several questions about whether individuals used computers to look up health information, fill prescriptions, schedule appointments, communicate with providers, or use chat groups to learn about health topics. The full list of all new access and use measures is found in Table 1.

Affordability

Another broad goal of the ACA is to improve health care affordability. For several years, the NHIS has asked if respondents had to delay medical care due to cost and if they needed but couldn't afford medical care, dental care, eyeglasses, prescription medicines, and mental health care.

As shown in Table 2, beginning in 2011 the NHIS began asking whether or not individuals needed but could not afford follow-up care or specialist visits, worried about paying medical bills, asked their doctor to lower the cost of medical bills, and/or did any of the following to save money on prescriptions: delayed refilling prescriptions, purchased medication from other countries, took less medication or skipped doses, or used alternative therapies. The new questionnaire also includes items to gauge how confident people are in their ability to afford health insurance and care should they become ill or need to purchase their own coverage. Specifically, the questions ask how confident people would be about being able to obtain affordable coverage if they had to buy an insurance plan on their own, how worried they are about paying medical bills should they be in an accident or get sick, and if they currently are having or recently had trouble with medical bills. Finally, the new survey asks how difficult it was for an individual to find a health insurance plan with the type of coverage that they could afford. The full list of enhanced affordability questions is found in Table 2.

Table 2. New NHIS Questions Addressing Affordability

Instrument Item Name	Question	Survey Component	Universe	Data File
FCOVCONF	If you had to buy a health plan on your own, with no help from an employer, how confident are you that you would be able to obtain affordable coverage?	Family	All families with an employer-based health plan	Family
MEDBILL	In the past 12 months, did you have problems paying medical bills?	Family	All families	Family
MEDBPAY	Are you currently paying off bills over time?	Family	All families	Family
MEDBNOP	Do you currently have medical bills that you are unable to pay?	Family	All families	Family
PLNBUR	Has the cost of the premiums for the health insurance plan caused financial problems for the family?	Family	All private health insurance plans	Person
ARXPR_1 through ARXPR_6	ARXPR_1 through ARXPR_6 Regarding prescription medications, during the past 12 months did you do any of the following to save money? _1 skip doses _2 take less medicine _3 delay filling a prescription _4 ask your doctor for a lower cost medicine _5 buy prescription drugs from another country _6 use alternative therapies	Sample Adult	Sample adults 18+	Sample Adult
AWORPAY	If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?	Sample Adult	Sample adults 18+	Sample Adult
AHCAFY_5	During the past 12 months, was there any time when you needed specialist care but didn't get it because you couldn't afford it?	Sample Adult	Sample adults 18+	Sample Adult
AHCAFY_6	During the past 12 months, was there any time when you needed follow-up care but didn't get it because you couldn't afford it?	Sample Adult	Sample adults 18+	Sample Adult
AINDDIF2	How difficult was it to find a plan with the type of coverage you could afford?	Sample Adult	Sample adults 18+ who purchased health insurance directly in the past 3 years	Sample Adult
CHCAFYRF	During the past 12 months, was there any time when your child needed follow-up care but didn't get it because you couldn't afford it?	Sample Child	Sample children < 2	Sample Child
CHCAFYR6	During the past 12 months, was there any time when your child needed follow-up care but didn't get it because you couldn't afford it?	Sample Child	Sample children >= 2	Sample Child
CHCAFYRN	During the past 12 months, was there any time when your child needed to see a specialist but didn't get to because you couldn't afford it?	Sample Child	Sample children < 2	Sample Child
CHCAFYR5	During the past 12 months, was there any time when your child needed to see a specialist but didn't get to because you couldn't afford it?	Sample Child	Sample children >= 2	Sample Child

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

Young Adult Provision

As of 2010, the ACA allows a young adult to remain on his/her parent's health insurance plans until his/her 26th birthday. There are several existing variables in the NHIS that, when used with new survey questionnaire items, will help researchers determine who was impacted by the young adult provision of the ACA. For example, questions on age, insurance status, reason for lacking insurance, and type of insurance have been part of the survey for many years, but in 2011 the NHIS began asking questions to help identify those insured young adults who were still on their parents' plan. As shown in Table 3, the new NHIS

questionnaire asks if respondents were related to the policyholder under whom they were insured, whether an insurance plan covered anyone outside of the household, the number and relationship of those people covered under the plan who live somewhere else, and the number of children covered by the plan who live somewhere else. Another variable relevant to this ACA provision is based on the new survey question that asks if an individual is currently uninsured or had a period without coverage in the past year (or changed health insurance in the past year). The question requires respondents to select the type of coverage they had before that period.

Table 3. New NHIS Questions Addressing the Young Adult Provision

Instrument Item Name	Question	Survey Component	Universe	Data File
PRCOOH	Does this plan cover anyone who doesn't live here?	Family	All private health insurance plans with policyholder on family roster	Family
PRCTOH	How many people does this plan cover who live somewhere else?	Family	All private health insurance plans with policyholder on family roster that cover someone outside the family roster	Family
PRRELOH	What is the relationship of this person to the policyholder?	Family	All private health insurance plans with policyholder on family roster that cover someone outside the family roster	Person
PRAGEOH1, PRAGEOH2	How old is the first child? Next child?	Family	All private health insurance plans with policyholder on family roster that cover one or more children not on the roster	Person
PCPREQ	Does this plan require you to have a primary care doctor or group of doctors for all routine care?	Family	All private health insurance plans	Person
PRCNUM	How many children are covered who live elsewhere?	Family	All private health insurance plans with policyholder on family roster that cover a child or children not on the roster	Person
PRPOLH	How are you related to the policyholder?	Family	All persons on each plan where the policyholder is outside of the family roster	Person

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

Preexisting Conditions

An additional provision of the ACA that began in 2010 is the Preexisting Condition Insurance Plan (PCIP), which provides access to health insurance for children with preexisting conditions whom have been uninsured for at least six months. Beginning in 2014, this provision will protect adults from being denied coverage if they have a preexisting condition.

In the past, the NHIS has included questions about a variety of chronic conditions, such as diabetes, hypertension, arthritis-related conditions, high cholesterol, asthma, and heart disease. However, prior to 2011, no questionnaire items captured whether a person had been denied coverage, charged a higher price because of health status, or excluded from coverage because of a specific health problem. These variables, as well as a question asking about the reasons why those lacking insurance had not purchased a health insurance plan (including due to a pre-existing condition), were added in 2011 to the NHIS, and are summarized in Table 4.

Table 4. New NHIS Questions Addressing the Preexisting Condition Provision

Instrument Item Name	Question	Survey Component	Universe	Data File
AINDENY1	Did any company turn you down when you tried to buy coverage on your own?	Sample Adult	Sample adults 18+ who purchased health insurance directly in the past 3 years	Sample Adult
AINDENY2	Did any company charge a higher price because of your/your family's/you or your family's health?	Sample Adult	Sample adults 18+ who purchased health insurance directly in the past 3 years	Sample Adult
AINDENY3	Did any company exclude specific health problem from the coverage?	Sample Adult	Sample adults 18+ who purchased health insurance directly in the past 3 years	Sample Adult
AINDNOT	Why did you not buy a plan?	Sample Adult	Sample adults 18+ who tried to purchase health insurance directly in the past 3 years but did not	Sample Adult
AINDNTSP	Specify other reason plan was not obtained.	Sample Adult	Sample adults 18+ who had other reason plan was not purchased	Sample Adult

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

Preventive Care

Effective 2010, the ACA requires all new group and individual health plans to provide free preventive care for recommended preventive services and immunizations. In the past, the NHIS did not include questions about individuals' recent use of preventive services. For example, respondents were asked if they had ever had a mammogram, been tested for colon cancer, had their blood cholesterol checked by a health professional, been tested for diabetes, or been talked to by a health professional about diet and smoking. In 2011, the NHIS questionnaire included questions asking about whether adults had received these preventive services in the past twelve months (see Table 5).

Table 5. New NHIS Questions Addressing the Preventive Care Provision

Instrument Item Name	Question	Survey Component	Universe	Data File
APSBPCHK	During the past 12 months, have you had your blood pressure checked?	Sample Adult	Sample adults 18+	Sample Adult
APSCHCHK	During the past 12 months, have you had your cholesterol tested?	Sample Adult	Sample adults 18+	Sample Adult
APBSCHK	During the past 12 months, have you had a fasting test for high blood sugar or diabetes?	Sample Adult	Sample adults 18+	Sample Adult
APSPAP	During the past 12 months, have you had a Pap smear?	Sample Adult	Female sample adults 18+	Sample Adult
APSMAM	During the past 12 months, have you had a mammogram?	Sample Adult	Female sample adults 30+	Sample Adult
APSCOL	During the past 12 months, have you had a colon cancer test?	Sample Adult	Sample adults 40+	Sample Adult
APSDIET	During the past 12 months, has a doctor/health professional talked to you about your diet?	Sample Adult	Sample adults 18+ who currently smoke every day or some days	Sample Adult
APSSMKC	During the past 12 months, has a doctor/health professional talked to you about smoking?	Sample Adult	Sample adults 18+	Sample Adult

DISHFAC	If you wanted to use one, is there a health club, wellness program or fitness facility in your area that meets your needs, if you wanted to use one?	Sample Adult	Sample adults 18+	Sample Adult
DISHFL02- DISHFL07	Reason your access to a health club, wellness program, or fitness facility that meets your needs is limited?	Sample Adult	Sample adults 18+ who do not have access to a health club, wellness program, or fitness facility that meets their needs, if they want to use one	Sample Adult
DISHFUSE	During the past 12 months, have you used a health club, wellness program, or fitness facility at least 10 times?	Sample Adult	Sample adults 18+	Sample Adult

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

The NHIS has always included questions about exercise, but the new questionnaire includes specific questions about the use of health clubs as well. In addition to tracking whether or not an individual has access to a health club, wellness program, community recreation program, or employer fitness program, the survey also now asks about limitations preventing the use of these resources.

Long-term Care Insurance Program

The ACA would have established a national, voluntary insurance program for purchasing community living assistance services and supports (CLASS), but this provision was reported to be dropped in October 2011. As summarized in Table 6, the revised NHIS questionnaire includes new questions on individuals' need for assistance with activities of daily living (ADLs). Prior to the questionnaire changes, the NHIS asked whether or not an individual received or had unmet need for assisted living, and it had many questions related to sources of activity limitations, both for adults and children. New survey questions seek to determine first if people would be willing to purchasing insurance for a government-run program that helps provide monetary compensation for ADLs. Another question asks how much an individual would be willing to pay per month in order to receive such services later in life. Also, beginning in 2011, the survey asks if the respondent currently has relatives who have needed help with ADLs for at least a year, if he/she personally will need help with ADLs soon, and who he/she would turn to for assistance.

Table 6. New NHIS Questions Addressing the Long-Term Care Insurance Program Provision

Instrument Item Name	Question	Survey Component	Universe	Data File
LTCFAM	Do you have a parent, spouse, sibling or adult child who has needed help for at least a year with everyday needs like bathing, dressing, or eating due to a long term condition?	Sample Adult	Sample adults 40-65	Sample Adult
LTCHELP	How likely is it that you may someday need help with ADLs?	Sample Adult	Sample adults 40-65	Sample Adult
LTCWHO	If you needed help, who would provide it?	Sample Adult	Sample adults 40-65	Sample Adult
LTCPRCH	Health care reform establishes a voluntary, government-run insurance program to pay for help with everyday needs. People will be able to enroll and pay a monthly premium. Once they need care they would receive an average of \$50 each day. Would you be interested in purchasing this?	Sample Adult	Sample adults 40-65	Sample Adult
LTCPAY	How much would you be willing to pay per month NOW to receive this benefit later in life?	Sample Adult	Sample adults 40-65 who would be interested in purchasing long-term care insurance or don't know if they are interested	Sample Adult
LTC100M	How likely would it be for you to pay \$100 per month for this insurance?	Sample Adult	Sample adults 40-65 who don't know how much they would be willing to pay per month for long-term care insurance	Sample Adult

Source: http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm

Conclusions

In 2011, the NHIS added new questionnaire items to assist researchers and policymakers monitor the impacts of the ACA. These measures address both general goals of the ACA, such as health care access, use, and affordability, as well as specific provisions that have already been implemented or will be implemented. These additions, coupled with other changes to NHIS including sample design modifications and an increased sample size, will augment the survey's ability to produce estimates for more subpopulations and make it an even more valuable data source for examining health and health care in the U.S.

Sources

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