

Attachment 3e - NHIS Sponsored Content Repeated Annually 2021, 2022, 2023

Other tobacco products (OTB)

Sustaining Sponsor: Food and Drug Administration (FDA)

- (Ever) Smoked a regular cigar, cigarillo, or little filtered cigar, even one time
If yes:
 - (Currently) Smoke cigars, cigarillos, or little filtered cigars every day, some days, not at all
If some days or not at all:
 - (Past 30 days) Number of days smoked cigar, cigarillo, or little filtered cigar
- (Ever) Smoked tobacco pipe either regular pipe, water pipe, or hookah, even one time
If yes:
 - (Currently) Smoke tobacco pipes (regular, water, or hookah) every day, some days, not at all
- (Ever) Used smokeless tobacco products, even one time
If yes:
 - (Currently) Use smokeless tobacco products every day, some days, not at all

Immunizations (IMS)

Sustaining Sponsor: National Center for Immunization and Respiratory Diseases (NCIRD)

If female age 18-49, if being interviewed between August and March, and if currently pregnant and received a flu vaccination in the past 12 months:

- Did you get a flu vaccination before or during current pregnancy?

If female age 18-49, if being interviewed between April and July, and if currently pregnant; or if female age 18-49 and not currently pregnant:

- Were you pregnant at any time between August and March?

If yes and received flu vaccination in the past 12 months:

- Did you get a flu vaccination before, during, or after pregnancy?

If ever had pneumonia shot:

- (Lifetime) Number of pneumonia shots

If age 50+:

- (Ever) Vaccine for shingles

If yes:

- (Ever) Zostavax vaccine

If yes:

- Year of most recent Zostavax shot

If don't know/refused:

- Before 2018?

- (Ever) Shingrix vaccine

If yes:

- (Lifetime) Number of Shingrix shots

- Year of most recent Shingrix shot

If don't know/refused:

- Before 2018?

If female age 18-49:

- o (Past 12 months) Had a pregnancy that ended in a live birth
 - If yes:
 - (During pregnancy that resulted in live birth) Tdap vaccination
- (Currently) Provide direct medical care to patients in your work or volunteer activities
 - If no:
 - o (Currently) Work or volunteer in a health care facility

Family participation in food-related programs (FOO)

Sustaining Sponsor: United States Department of Agriculture (USDA)

Skip section if sample child questionnaire is complete and if adult and child are in same family.

If anyone in the family received SNAP/food stamp benefits in past 12 months:

- o (Last 30 days) Anyone in family receive SNAP/food stamp benefits

Food security (FDS)

Sustaining Sponsor: United States Department of Agriculture (USDA)

Skip section if sample child questionnaire is complete and if adult and child are in same family.

- (Last 30 days) You or your family worry food would run out before got money to buy more – often true, sometimes true, or never true
- (Last 30 days) You or your family have that food didn't last and didn't have money to get more – often true, sometimes true, or never true
- (Last 30 days) You or your family couldn't afford to eat balanced meals – often true, sometimes true, or never true

If any of statements about worrying food would run out, food didn't last, or couldn't afford to eat balance meals were often or sometimes true:

- o (Last 30 days) Any adult in family cut size of meals or skip meals because there wasn't enough money for food

If yes:

- (Last 30 days) Number of days this happened
- o (Last 30 days) Any adult in family ate less because there wasn't enough money for food
- o (Last 30 days) Any adult in family was hungry but didn't eat because there wasn't enough money for food
- o (Last 30 days) Any adult in family lost weight because there wasn't enough money for food

If cut or skipped meal, ate less than should, felt hungry, or lost weight because there wasn't enough money for food:

- (Last 30 days) Any adult in family not eat a whole day because there wasn't enough money for food

If yes:

- (Last 30 days) Number of days this happened

Diabetes (DIB)

Sponsors: National Institute of Diabetes and Digestive and Kidney Disease (NIDDK) and National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

If ever had diabetes and now taking insulin:

- o Length of time between diabetes diagnosis and first started taking insulin
- o (Since starting insulin) Ever stopped taking it for more than 6 months?
If yes and started insulin less than a year after first diagnosed with diabetes:
 - Was this only during first year after diagnosed with diabetes?