**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:*

* + (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:*

* + (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:*

* + (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:*

* + (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
	+ (Last 30 days) Any adult in family ate less because there wasn’t enough money for food
	+ (Last 30 days) Any adult in family was hungry but didn’t eat because there wasn’t enough money for food
	+ (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:*

* + Length of time between diabetes diagnosis and first started taking insulin
	+ (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?