

## 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?