NHIS Redesign: Questions for Cognitive Testing

Note: NHIS numbering has been preserved. Cognitive testing will proceed through the sections with appropriate skips.

Asthma

B5. Have you EVER been told by a doctor or other health professional that you had asthma?

Yes
No [Skip to next section]

B6. How long has it been since you last had an asthma attack, flare-up, or episode?

Less than 12 months ago
At least 1 year ago but less than 2 years ago
At least 2 years ago but less than 5 years ago
At least 5 years ago but less than 10 years ago
10 years ago or more
Never

B7. During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?

Yes
No

B8. During the past 12 months, have you used a preventer inhaler or daily inhaler?

Yes
No

B9. During the past 12 months, have you taken oral corticosteroids to help with your asthma?

Yes
No

Health Insurance and Health Care Costs

D1. Are you currently covered by any kind of health insurance or some other kind of health care plan?

Yes
No

D7. Do you have a high-deductible health plan or a HDHP?

Yes
No --- [Skip to **D11]**

D8. Does this plan cover someone other than yourself?

Yes
No

D9. About how much is this plan's annual deductible? *A deductible is the amount you have to pay for health care before your health insurance or health coverage plan will start paying your medical bills.*

Less than $1,750
$1,750 to less than $3,500
$3,500 or more

D10. There are special accounts or funds that can be used to pay for medical expenses, sometimes referred to as Health Savings Accounts or HSAs, Health Reimbursement Accounts or HRAs, Personal Care accounts, Personal Medical funds, or Choice funds. These are DIFFERENT from Flexible Spending Accounts or FSAs.

Does this plan include or allow you to contribute to a health savings account (HSA)?

Yes
No

D11. How often does your health insurance offer benefits or cover services that meet your needs?

Always
Usually
Sometimes
Never

D12. How often does your health insurance allow you to see the health care providers you need?

Always
Usually
Sometimes
Never

D13. How often does your health insurance leave you with more out-of-pocket cost than you can comfortably pay without needing to cut back on other basic expenses?

Always
Usually
Sometimes
Never

F8. Do you currently have any medical or dental bills that are past due or that you are unable to pay?

Yes
No

Primary care

E2. Is there a particular place that you usually go to if you are sick or need advice about your health?

Yes, there is one place
There is more than one place
No [If no, skip to next section]

E3. What kind of place do you most often go to?

A doctor's office or health center
An urgent care center or clinic in a drug store or grocery store
A hospital emergency room
A VA medical center or VA outpatient clinic
Some other place

E4. At this place, is there a particular doctor, nurse, or other health professional that you usually see when you get health care?

Yes
No [If no, skip to next section]

E5. Do you usually see this person when you need routine preventive care, such as a checkup or physical exam?

Yes
No

Marijuana

H7. Do you currently use marijuana every day, most days, some days, or not at all?
Do not include CBD-only products.

Every day
Most days
Some days
Not at all [Skip to next section]

H8. For what reason or reasons do you use marijuana?

Mark (X) yes or no for each item.

	Yes	No
H8a. For fun or to get high		
H8b. Pain relief		
H8c. Nausea		
H8d. Anxiety, stress, or other mental health		
H8e. Help with sleep		
H8f. Other medical reasons		

Employment

I10. Which of the following best describes your current employment status?

Employed full-time
Employed part-time
Working without pay at a family-owned business
Retired [Skip to next section]
Not employed but looking for work [Skip to next section]
Not employed and not looking for work [Skip to next section]

I11. The next questions ask details about your employment. If you have more than one job, describe your main job where you work the most hours. Please be specific in your responses.

What kind of work do you do? That is, what is your job title or occupation? For example, registered nurse, 4th-grade teacher, mechanical engineer, cable technician

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I12. What kind of business or industry is this? That is, what does your company make or do? For example, hospital, elementary school, clothing manufacturing, auto repair

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I13. At your workplace, is paid sick leave available to you if you need it?

Yes
No

I14. Is health insurance offered to you through your workplace?

Yes
No

Short-Term Illness

X1. Did you have a head cold or chest cold that started during the past 30 days?

Yes
No [Skip to X2]

X1a. Thinking of your most recent head or chest cold, how many days did you spend more than half the day resting in bed or on the couch?

_ _ days

X2. Did you have a have a stomach or intestinal illness with vomiting or diarrhea that started during the past 30 days?

Yes
No [Skip to next section]

X2a. Thinking of your most recent stomach or intestinal illness, how many days did you spend more than half the day resting in bed or on the couch?

_ _ days

Program Participation

I15. Not including yourself, how many of the people in your household are members of your family?

For this survey, family refers to everybody living together who are related by birth, marriage, or adoption, as well as any unrelated children who are cared for by the family, such as foster children. Family also includes any people living together as a couple and their children. If you live alone or live only with unrelated roommates, please answer zero (00).

____ Number of family members in household

I16. In 2027, for even one month, did you or any family members receive…

Mark (X) yes or no for each item.

	Yes	No
I16a. Food stamps or SNAP benefits?		
I16b. Benefits from the WIC program, that is, the Women, Infants, and Children program?		

I16c. Free or reduced-price breakfasts or lunches at school?		

Form Approved

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