



2026

**Arkansas Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables – 2026

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

AR Arkansas

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

AR Arkansas Department of Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

AR 1-866-784-7166

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

AR 20

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

001 001
003 003
005 005
007 007
009 009
011 011
013 013
015 015
017 017
019 019
021 021
023 023
025 025
027 027

[ASK ALL]

HGENDER. Hidden variable for storing last provided gender response entered at SEX2, ASKGENDR, ASKGENDR2. Used for logic and piping throughout.

- 1 male
- 2 female

[ASK ALL]

ORIG_GENDER. Hidden variable for storing gender response provided in one of the screener questions: SEX2, ASKGENDR, ASKGENDR2. Used for skipchecks

- 1 him
- 2 her

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

CMONTH. System variable - Current month

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

CYEAR. System variable - Current year RANGE 2025-2027 [NUMBER BOX] WIDTH=4

MONTH. Imported Sample Variable – Sample month

- 01 January
- 02 February

03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

ADDRFLAG. Sample Variable – Listed Flag

1	Listed
2	Unlisted

VERSION. System Variable – Approved Version for fielding
IF 1>0 SET VERSION TO 26

25	2025m
26	2026 OMB

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2026 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date: 04/30/2028

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

1 Hello, I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:

PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF (SELFLAG NE 1 OR GETADULT=1)]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

01 Yes – Continue

02 No [HIDE IF (NOT SAMPTYPE=1)]

03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)]

[NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

W9 Privacy Manager [NON-CLEANING SKIP]

[ASK IF SELFLAG=1 AND NOT(GETADULT=1)]

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed.

May I please speak to”] [IF INT02_CB = 01 AND SAMPTYPE=1 insert “[INT02_CB]?”; IF SAMPTYPE=1 AND INT02_CB NE 01 INSERT “them”] [IF SAMPTYPE=1 insert “to finish the survey now?”

INTERVIEWER NOTE: If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey.”] [IF SAMPTYPE=1 INSERT: “When we last called, you were selected to complete the interview and we would like to finish the survey now.”][IF SAMPTYPE=2 INSERT: “When we called previously we were unable to complete the interview. We would like to finish the survey with the same adult we spoke to previously. May I please speak to”] [IF SAMPTYPE=2 insert “them?”]

[IF SAMPTYPE=2 INSERT **“INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, “Is this a safe time to talk with you?” If respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

If the selected respondent is on the line and says this is a safe time to talk please select option 01 “Selected on the line” to proceed further.

Is this a safe time to talk with you?”] [IF SAMPTYPE=2 AND STATE=NH INSERT “May we proceed?”]

01 Selected on the line

04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]
03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED** [GO BACK TO ADULTS] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]
10 Callback [NON-CLEANING SKIP]
20 Refusal [NON-CLEANING SKIP]
D3 Answering Machine [NON-CLEANING SKIP]
B2 Busy [NON-CLEANING SKIP]
HU Hang Up [NON-CLEANING SKIP]
NA No Answer [NON-CLEANING SKIP]
NW Non-Working Number [NON-CLEANING SKIP]
W9 Privacy Manager [NON-CLEANING SKIP]

[ASK IF INT01=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

1 Continue [ASSIGN DISPO U1] [NON-CLEANING SKIP]

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER DO NOT READ: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

INTERVIEWER NOTE: Business numbers which are also used for personal communication are eligible.

- 1 Yes
- 2 No
- 3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ IF NECESSARY: By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes

2 No – Business

3 No – Group Home

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER DO NOT READ: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by landline telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

ADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

RANGE 0-18 [NUMBER BOX]

[ASK IF (ADULT=2 AND ADULTS=0) OR (HS1=1 AND HS2=2 AND ADULTS=0)]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

- 1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1 AND ADULT=1]

ONEADULT. Are you that adult?

- 1 Yes
- 2 No

[ASK IF ONEADULT=2 OR (ADULT=2 AND ADULTS=1)]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

- 1 Yes, adult coming to the phone [GO TO INT01]
- 2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND ADULT=1)]

YOU. Then you are the person I need to speak with.

- 1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]

ASKGENDR. Are you male or female?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

- 1 Male
- 2 Female

- 9 REFUSED

[ASK IF ASKGENDR=9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

- 1 Continue

[ASK IF (ADULTS>1 OR (ADULT=2 AND ADULTS=2-18)) AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the adult with the most recent birthday?]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of U.S. residents. This project is conducted with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

1 Yes

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

ASKGENDR2. Are you male or female?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

1 Male

2 Female

9 REFUSED

[ASK IF ASKGENDR2=9]

XX9. Thank you for your time, your number may be selected for another survey in the future.

1 Continue

[ASK IF SAMPTYPE=1]

YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue
2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED**
[GO BACK TO ADULTS] [HIDE IF COLLEGE=1]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CELLFON2=2]

NOTCELL1. Thank you very much, but we are only interviewing persons on cell phones at this time.

1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes
2 No

[ASK IF CADULT=2]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male or female?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

1 Male
2 Female

9 REFUSED

[ASK IF SEX2=9]

XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: By private residence we mean someplace like a house or apartment.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes

2 No – business

3 No – group home

4 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF COLLEGE2=2,3,7,9 OR PVTRES2=7,9]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

- AL Alabama
- AK Alaska
- AZ Arizona
- AR Arkansas
- CA California
- CO Colorado
- CT Connecticut
- DE Delaware
- DC District of Columbia
- FL Florida
- GA Georgia
- HI Hawaii
- ID Idaho
- IL Illinois
- IN Indiana
- IO Iowa

KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
60 American Samoa
64 Federated States of Micronesia
66 Guam
68 Marshall Islands
69 North Mariana

70 Palau
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF CSTATE=2 AND ((STATE=AR AND RSPSTATE=AR))

STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE_CHK. Just to confirm, you said you currently live in [RSPSTATE], is that correct?

1 Yes, continue
2 No [GO BACK TO RSPSTATE]

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRES2=1]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Continue

2 Driving / not a safe time [GO TO CALL BACK SCREEN]

9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

PLEASE READ

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health care coverage?

Interviewer: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer: If respondents give the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

DO NOT READ

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S3Q2. Do you have one person (or a group of doctors) that you think of as your personal health care provider?

If no, read: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

INTERVIEWER NOTE: if the respondent had multiple doctor groups then it would be more than one - but if they had more than one doctor in the same group it would be one.

1 Yes, only one
2 More than one
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ IF NECESSARY

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

DO NOT READ

7 DON'T KNOW/ NOT SURE
8 NEVER
9 REFUSED

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER NOTE DO NOT READ: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

INTERVIEWER NOTE: Physical activity done at a work gym during the workday would count

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

2025m Core Supplemental Section / 2026 Section 5: Oral Health

[ASK ALL]

S5Q1. [IF VERSION=25 INSERT "2025m Core Supplemental"; IF VERSION=26 INSERT "2026"] Section 5: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

DO NOT READ:

- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S5Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

READ IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?
For each, tell me Yes, No, Or You're Not Sure.

Ever told you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q2. (Ever told) (you had) angina or coronary heart disease?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q3. (Ever told) (you had) a stroke?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q4. (Ever told) (you had) asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q4=1]

S6Q5. Do you still have asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q6. (Ever told) (you had) skin cancer that is not melanoma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q7. (Ever told) (you had) melanoma or any other types of cancer?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q8. (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S6Q9. (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q11. (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER DO NOT READ: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q12. (Ever told) (you had) diabetes?

INTERVIEWER: If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND S6Q12=2]

S6Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

[ASK IF S6Q12=1]

S6Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX] Code age in years

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 7: Demographics

[ASK ALL]

S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX] Code age in years

07 DON'T KNOW / NOT SURE

09 REFUSED

[ASK IF S6Q13>S7Q1 AND S7Q1 NE 07,09 AND S6Q13 NE 98,99]

S7Q1CHK. You said you are [S7Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK IF MOD4_2>S7Q1 AND S7Q1 NE 07,09 AND MOD4_2 NE 98,99]

S7Q1CHK2. You said you are [S7Q1] years of age and told you had cancer at age [MOD4_2]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK ALL]

S7Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q2=2]

[MUL=4]

S7Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

PLEASE READ

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK ALL]

[MUL=6]

S7Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

10 [IF S7Q2=2 INSERT "Hispanic"] White

20 [IF S7Q2=2 INSERT "Hispanic"] Black or African American

30 [IF S7Q2=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF S7Q2=2 INSERT "Hispanic"] Asian

50 [IF S7Q2=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ

60 Other

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S7Q3=40]

[MUL=8]

S7Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

41 [IF S7Q2=2 INSERT "Hispanic"] Asian Indian

42 [IF S7Q2=2 INSERT "Hispanic"] Chinese

43 [IF S7Q2=2 INSERT "Hispanic"] Filipino

44 [IF S7Q2=2 INSERT "Hispanic"] Japanese

45 [IF S7Q2=2 INSERT "Hispanic"] Korean

46 [IF S7Q2=2 INSERT "Hispanic"] Vietnamese

47 [IF S7Q2=2 INSERT "Hispanic"] Other Asian

DO NOT READ

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S7Q3=50]

[MUL=4]

S7Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

51 [IF S7Q2=2 INSERT "Hispanic"] Native Hawaiian

52 [IF S7Q2=2 INSERT "Hispanic"] Guamanian or Chamorro

53 [IF S7Q2=2 INSERT "Hispanic"] Samoan

54 [IF S7Q2=2 INSERT "Hispanic"] Other Pacific Islander

DO NOT READ

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK ALL]

S7Q4. Are you...?

PLEASE READ

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married or

6 A member of an unmarried couple

DO NOT READ

9 REFUSED

[ASK ALL]

S7Q5. What is the highest grade or year of school you completed?

READ IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

DO NOT READ

- 9 REFUSED

[ASK ALL]

S7Q6. Do you own or rent your home?

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time / the majority of the year.

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

AR State-Added Section: County

[ASK IF STATE=AR AND CSTATE NE 2]

AR_CNTY. State-Added Section: County

In what county do you currently live?

001 Arkansas

003	Ashley
005	Baxter
007	Benton
009	Boone
011	Bradley
013	Calhoun
015	Carroll
017	Chicot
019	Clark
021	Clay
023	Cleburne
025	Cleveland
027	Columbia
029	Conway
031	Craighead
033	Crawford
035	Crittenden
037	Cross
039	Dallas
041	Desha
043	Drew
045	Faulkner
047	Franklin
049	Fulton
051	Garland
053	Grant
055	Greene
057	Hempstead
059	Hot Spring
061	Howard
063	Independence
065	Izard
067	Jackson
069	Jefferson
071	Johnson
073	Lafayette
075	Lawrence
077	Lee
079	Lincoln
081	Little River
083	Logan
085	Lonoke
087	Madison
089	Marion
091	Miller
093	Mississippi
095	Monroe
097	Montgomery

099	Nevada
101	Newton
103	Ouachita
105	Perry
107	Phillips
109	Pike
111	Poinsett
113	Polk
115	Pope
117	Prairie
119	Pulaski
121	Randolph
125	Saline
127	Scott
129	Searcy
131	Sebastian
133	Sevier
135	Sharp
123	St. Francis
137	Stone
139	Union
141	Van Buren
143	Washington
145	White
147	Woodruff
149	Yell
777	Don't Know / Not Sure
999	Refused

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=AR AND CSTATE NE 2]

S7Q7. Aggregated state-specific county response

AR [AR_CNTY]
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=AR AND S7Q7 NE 77,99 AND CSTATE NE 2]

S7Q7C. I just want to confirm, you said you live in the county of [S7Q7]. Is that correct?

1 Yes, correct county
2 No, incorrect county [GO BACK TO AR_cnty]

[ASK ALL]

S7Q8. What is the ZIP Code where you currently live?

RANGE 00001-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S7Q8 NE 77777,99999]

S7Q8C. I just want to confirm, you said your zip code is [S7Q8]. Is that correct?

1 Yes, correct zip code
2 No, incorrect zip code [GO BACK TO S7Q8]

[ASK IF SAMPTYPE=1]

S7Q9. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q9=1]

S7Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX] Enter number

- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 None
- 9 REFUSED

[ASK ALL]

S7Q11. How many cell phones do you have for your personal use?

READ IF NECESSARY: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX] Enter number

- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

[ASK ALL]

S7Q12. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

READ IF NECESSARY: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S7Q13. Are you currently...?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

PLEASE READ

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work

DO NOT READ

- 9 REFUSED

[ASK ALL]

S7Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX] Number of children

- 88 NONE
- 99 REFUSED

[ASK IF S7Q14=1-87]

S7Q14CHK. INTERVIEWER DO NOT READ: you entered the respondent has [S7Q14] [IF S7Q14=1 INSERT "child"; IF S7Q14=2-87 INSERT "children"] under 18 living in their household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S7Q14]

- 9 REFUSED

[ASK ALL]

S7Q15A. Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15A=01]

S7Q15B. Less than \$25,000 (\$20,000 to less than \$25,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15B=01]

S7Q15C. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15C=01]

S7Q15D. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15D=01]

S7Q15E. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15A=02]

S7Q15F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15F=02]

S7Q15G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q15G=02]

S7Q15H. Less than \$100,000 (\$75,000 to less than \$100,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q15H=02]

S7Q15I. Less than \$150,000 (\$100,000 to less than \$150,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q15I=02]

S7Q15J. Less than \$200,000 (\$150,000 to less than \$200,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q15J=02]

S7Q15K. \$200,000 or more?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S7Q15.

Aggregated response to income question

SET S7Q15=01 IF S7Q15E=01
SET S7Q15=02 IF S7Q15E=02
SET S7Q15=03 IF S7Q15D=02
SET S7Q15=04 IF S7Q15C=02
SET S7Q15=05 IF S7Q15B=02
SET S7Q15=06 IF S7Q15F=01
SET S7Q15=07 IF S7Q15G=01
SET S7Q15=08 IF S7Q15H=01
SET S7Q15=09 IF S7Q15I=01
SET S7Q15=10 IF S7Q15J=01 OR IF S7Q15K=02
SET S7Q15=11 IF S7Q15K=01
SET S7Q15=77 IF ANY S7Q15A-S7Q15K=77
SET S7Q15=99 IF ANY S7Q15A-S7Q15K=99

05 Less than \$35,000 (\$25,000 to less than \$35,000)
04 Less than \$25,000 (\$20,000 to less than \$25,000)
03 Less than \$20,000 (\$15,000 to less than \$20,000)
02 Less than \$15,000 (\$10,000 to less than \$15,000)
01 Less than \$10,000
06 Less than \$50,000 (\$35,000 to less than \$50,000)
07 Less than \$75,000 (\$50,000 to less than \$75,000)
08 Less than \$100,000 (\$75,000 to less than \$100,000)
09 Less than \$150,000 (\$100,000 to less than \$150,000)
10 Less than \$200,000 (\$150,000 to less than \$200,000)
11 \$200,000 or more

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15 NE 77,99]

S7Q15AA. Your Annual Household Income is [S7Q15]. Is this Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S7Q15A]

[ASK IF HGENDER=2 AND S7Q1=18-49]

S7Q16. To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

PS7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

- P Pounds
- K Kilograms

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS7Q17=P]

S7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX] Weight

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S7Q17=50-79 OR S7Q17=351-776]

S7Q17_A. INTERVIEWER DO NOT READ: You entered [S7Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17]

[ASK IF PS7Q17=K]

S7Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17M=23-352 AND PS7Q17=K]

S7Q17AM. INTERVIEWER DO NOT READ: You entered [S7Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17M]

[ASK ALL]

PS7Q18. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS7Q18=F]

S7Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18=300-407 OR S7Q18=609-711]

S7Q18A. INTERVIEWER DO NOT READ: You entered [S7Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q18]

[ASK IF PS7Q18=M]

S7Q18M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18M=90-254 AND PS7Q18=M]

S7Q18AM. INTERVIEWER DO NOT READ: You entered [S7Q18M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q18M]

Section 8: Disability

[ASK ALL]

S8Q1. Section 8: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q5. Do you have difficulty dressing or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

2025m Core Supplemental Section / 2026 Section 9: Falls

[ASK IF S7Q1>44 OR S7Q1=07, 09]

S9Q1. [IF VERSION=25 INSERT "Core Supplemental"; IF VERSION=26 INSERT "2026"]
Section 9: Falls

In the past 12 months, how many times have you fallen?

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

INTERVIEWER NOTE: Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q1=1-76]

S9Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

READ IF NECESSARY: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2>S9Q1 AND S9Q2 NE 77,88,99]

S9Q2CHK. I'm sorry, you indicated you had [S9Q1] falls previously but just stated you had [S9Q2] falls that caused an injury that limited your regular activities. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

2025m Core Supplemental Section / 2026 Section 10: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]

S10Q1. [IF VERSION=25 INSERT "2025m Core Supplemental"; IF VERSION=26 INSERT "2026"] Section 10: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q1=1]

S10Q2. How long has it been since you had your last mammogram?

READ IF NECESSARY

1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF HGENDER=2]

S10Q3. There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

READ IF NECESSARY: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q3=1]

S10Q4. How long has it been since you had your last cervical cancer screening test?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q3=1]

S10Q5. At your most recent cervical cancer screening, did you have a Pap test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S10Q3=1]

S10Q6. At your most recent cervical cancer screening, did you have an H.P.V. test?

INTERVIEWER NOTE: H.P.V. stands for Human Papillomavirus (pap-uh-loh-muh virus)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 Refused

[ASK IF HGENDER=2 AND S7Q16 NE 1]

S10Q7. Have you had a hysterectomy?

READ IF NECESSARY: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

2025m Core Supplemental Section / 2026 Section 11: Colorectal Cancer Screening

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S11Q1. [IF VERSION=25 INSERT "Core Supplemental"; IF VERSION=26 INSERT "2026"]
Section 11: Colorectal Cancer Screening

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

INTERVIEWER NOTE: A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q1=1]

S11Q2. Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy
- 2 Sigmoidoscopy
- 3 Both

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q2=1,3]

S11Q3. How long has it been since your most recent colonoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q2=2,3]

S11Q4. How long has it been since your most recent sigmoidoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)

- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q2=7]

S11Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S11Q6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q6=1]

S11Q7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER NOTE: CT Colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and

you are moved through a donut-shaped x-ray machine as you lie on your back and then your stomach.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q7=1]

S11Q8. When was your most recent CT colonography or virtual colonoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q6=1]

S11Q9. One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

INTERVIEWER NOTE: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q9=1]

S11Q10. How long has it been since you had this test?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q6=1]

S11Q11. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

INTERVIEWER NOTE: The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q11=1]

S11Q12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

INTERVIEWER NOTE: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S11Q11=1]

S11Q13. How long has it been since you had this test?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Tobacco Use

[ASK ALL]

S12Q1. Section 12: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S12Q1=1]

S12Q2. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day

2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S12Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q3=1,2 AND CSTATE NE 2]

AK4_4c: Do you currently use lq'mik or blackbull?

READ IF NECESSARY: lq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S12Q4. Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: If respondent says “Not at all” ask that if they do not mean “Never used e-cigs in your entire life”

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Used them in the past but do not currently use them at all

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

2025m Core Supplemental Section / 2026 Section 13: Lung Cancer Screening

[ASK IF S12Q1=1 AND S12Q2=1,2,3]

S13Q1. [IF VERSION=25 INSERT “2025m Core Supplemental”; IF VERSION=26 INSERT “2026”] Section 13: Lung Cancer Screening

You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

RANGE 1-100 [NUMBER BOX] Age in Years

888 NEVER SMOKED CIGARETTES REGULARLY
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S7Q1<S13Q1 AND S7Q1 NE 07,09 AND S13Q1 NE 888,777,999]

S13Q1C. Previously you indicated you were [S7Q1] years old, but stated you were [S13Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q1]

[ASK IF S12Q1=1 AND S12Q2=2,3 AND S13Q1 NE 888]

S13Q2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX] Age in Years

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S13Q2=1-100 AND S7Q1=18-99 AND S7Q1<S13Q2 AND S7Q1 NE 07,09 AND S13Q2 NE 777,999]

S13Q2C. Previously you indicated you were [S7Q1] years old, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

[ASK IF S13Q2=1-100 AND S13Q1=1-100 AND S13Q2<S13Q1 AND S13Q1 NE 777,888,999 AND S13Q2 NE 777,999]

S13Q2_CHK. Previously you indicated you were [S13Q1] years old when you first started smoking, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

[ASK IF S12Q1=1 AND S12Q2=1,2,3 AND S13Q1 NE 888]

S13Q3. On average, when you [IF S12Q2=1,2 INSERT “smoke”; IF S12Q2=3 INSERT “smoked”] regularly, about how many cigarettes [IF S12Q2=1,2 INSERT “do”; IF S12Q2=3 INSERT “did”] you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

RANGE 1-300 [NUMBER BOX] Number of cigarettes

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S13Q4. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S13Q4=1]

S13Q5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S13Q5=1]

S13Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 Within the past 10 years (5 years but less than 10 years)
- 6 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[Section 14: Alcohol Consumption](#)

[ASK ALL]

S14Q1. Section 14: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

READ IF NECESSARY: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1__ Days per week (RANGE 101-107)
2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S14Q1 NE 888,777,999]

S14Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ IF NECESSARY: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX] Number of drinks

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q2=88]

S14Q2CHK. I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S14Q1]

[ASK IF S14Q2=12-76]

S14Q2A. INTERVIEWER DO NOT READ: You entered that the respondent consumes [S14Q2] drinks per day. Is that correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q2]

[ASK IF S14Q1 NE 888,777,999]

S14Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX] Number of times

88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q3=16-76]

S14Q3A. INTERVIEWER DO NOT READ: You entered that in the past month there were [S14Q3] occasions when the respondent had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q3]

[ASK IF S14Q1 NE 888,777,999]

S14Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX] Number of drinks

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q4=16-76]

S14Q4A. INTERVIEWER DO NOT READ: You entered that in the past 30 days the respondent had [S14Q4] drinks on one occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q4]

[ASK IF (S14Q3=88 AND HGENDER=2 AND S14Q4=4-76) OR (S14Q3=88 AND HGENDER=1 AND S14Q4=5-76)]

S14Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q4]

[ASK IF (S14Q3=1-76 AND HGENDER=2 AND S14Q4=1-3) OR (S14Q3=1-76 AND HGENDER=1 AND S14Q4=1-4)]

S14Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S14Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S14Q3]

Section 15: Immunization

[ASK ALL]

S15Q1. Section 15: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S15Q1=1]

S15Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June

07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S15Q1=1]

S15Q2Y. Code YEAR (RANGE 2025-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S15Q1=1 AND ((S15Q2M<CMONTH AND S15Q2Y<CYEAR) OR (CYEAR-S15Q2Y>=2))]

S15Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S15Q2M]
2 No

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]

S15Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S15Q2M]

[ASK ALL]

S15Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER READ IF NECESSARY: "There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar."

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

2025m Supplemental Module 21: Shingles

[ASK IF S7Q1=50-99 OR S7Q1=07,09]

S15Q4. [IF VERSION=25 INSERT "2025m Module 21

"]Have you ever had the shingles or zoster vaccine?

READ ONLY IF NECESSARY: Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix which requires 2 shots.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

2025m Core Supplemental Section / 2026 Section 16: Seat Belt Use and Drinking and Driving

[ASK ALL]

S16Q1. [IF VERSION=25 INSERT "2025m Core Supplemental"; IF VERSION=26 INSERT "2026"] Section 16: Seat Belt Use and Drinking and Driving

How often do you use seat belts when you drive or ride in a car? Would you say -

PLEASE READ

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

DO NOT READ

- 8 Never drive or ride in a car
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S16Q1=1-5, 7,9 AND S14Q1 NE 888]

S16Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 17: H.I.V./AIDS

[ASK ALL]

S17Q1. Section 17: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S17Q1=1]

S17Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code “Don’t know.”

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S17Q1=1]

S17Q2Y. Code YEAR (RANGE 1985-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S17Q2Y=CYEAR AND S17Q2M>CMONTH AND NOT(S17Q2M=77,99)]

S17Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S17Q2M]

Core Supplemental Question: HIV Risk Section

[ASK ALL]

S17Q3. [IF VERSION=25 INSERT “2025m Core Supplemental Section

”]I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

**You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.**

Do any of these situations apply to you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Optional Modules

[Module 4: Cancer Survivorship: Type of Cancer](#)

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]

MOD4_1. Module 4: Cancer Survivorship: Type of Cancer

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD4_1=1,2,3]

MOD4_2. At what age were you [IF MOD4_1=1 INSERT "told that you had cancer?"; IF MOD4_1=2,3 INSERT "first diagnosed with cancer?"]

READ IF NECESSARY: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX] Age in Years

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD4_2>S7Q1 AND S7Q1>17 AND MOD4_2 NE 98,99 AND CSTATE NE 2]

MOD4_2C. You said you were [S7Q1] years of age and told that you had cancer at age [MOD4_2]. I must correct this inconsistency.

- 1 Continue [GO BACK TO MOD4_2]

[ASK IF S6Q6=1 AND MOD4_1=1 AND CSTATE NE 2]

MOD4_3A. Was it "Melanoma" or "other skin cancer"?

- 16 Melanoma
- 22 Other Skin Cancer

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD4_1=2,3 OR (MOD4_1=1 AND S6Q6 NE 1)]

MOD4_3. [IF MOD4_1=1 INSERT “What kind of cancer is it?”; IF MOD4_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

READ IF NECESSARY

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix / Cervical
- 07 Colon
- 08 Esophagus / Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth / tongue / lip
- 18 Ovary / Ovarian
- 19 Pancreas / Pancreatic
- 20 Prostate
- 21 Rectum / Rectal
- 22 Skin (Non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis / Testicular
- 27 Throat – pharynx
- 28 Thyroid
- 29 Uterus / Uterine
- 30 Other

DO NOT READ

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 7: Prostate Cancer Screening

[ASK IF (S7Q1=40-99 OR S7Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

MOD7_1. Module 7: Prostate Cancer Screening

Have you ever had a P.S.A. test?

INTERVIEWER: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_1=1]

MOD7_2. About how long has it been since your most recent P.S.A. test?

INTERVIEWER: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

READ IF NECESSARY

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years)

3 Within the past 3 years (2 years but less than 3 years)

4 Within the past 5 years (3 years but less than 5 years)

5 5 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_1=1]

MOD7_3. What was the main reason you had this P.S.A. test – was it ...?

INTERVIEWER NOTE: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

PLEASE READ

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD7_1=1]

MOD7_4. Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional
- 3 Someone else

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S7Q1>39 OR S7Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

MOD7_5. [IF MOD7_1=1 INSERT "Before you had the PSA test did ..."; IF MOD7_1 NE 1 INSERT "Did"] a doctor, nurse, or other health professional, ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?

INTERVIEWER NOTE: A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

DO NOT READ

- 4 Neither
- 7 DON'T KNOW / NOT SURE

9 REFUSED

Module 8: Cognitive Decline

[ASK IF (S7Q1>=45 OR S7Q1=07,09) AND CSTATE NE 2]

MOD8_1. Module 8: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=1]

MOD8_2. Are you worried about these difficulties with thinking or memory?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=1]

MOD8_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=1]

MOD8_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8_1=1]

MOD8_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

INTERVIEWER NOTE: If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 9: Caregiver

[ASK IF CSTATE NE 2]

MOD9_1. Module 9: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8

- 1 Yes
- 2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_2. What is their relationship to you?

INTERVIEWER NOTE: If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.

- 01 Parent, stepparent, or parent-in-law
- 02 Grandparent, step grandparent or grandparent-in-law
- 03 Spouse or partner
- 04 Child or stepchild
- 05 Grandchild or step grandchild
- 06 Sibling, stepsibling, or sibling-in-law
- 07 Other relative
- 08 Friend or non-relative

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_3. What is the main health problem or disability that the person you care for has?

- 01 Alzheimer's disease, dementia, or other cognitive impairment
- 02 Heart disease, hypertension, or stroke
- 03 Cancer
- 04 Diabetes
- 05 Injuries including broken bones or traumatic brain injury
- 06 Mental illness such as depression, anxiety, or schizophrenia
- 07 Developmental disorders such as autism, Down syndrome, or spina bifida
- 08 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
- 09 Arthritis/rheumatism
- 10 Hearing or vision loss
- 11 Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy

12 Old age, infirmity, or frailty

13 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD9_1=1 AND MOD9_3 NE 01 AND CSTATE NE 2]

MOD9_4. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_8. In an average week, how many hours do you provide regular care or assistance? Would you say...

PLEASE READ

- 1 Less than 20 hours per week (19 hours or less)
- 2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3 40 hours or more per week

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD9_1=1 AND CSTATE NE 2]

MOD9_9. For how long have you provided regular care to this person?

READ IF NECESSARY

- 1 Within the past 30 days (anytime less than 30 days ago)
- 2 Within the past 2 years (more than 30 days but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 5 years or more

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

CLOSE. That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

1 Continue

PROGRAMMER:
[INT61: SET COMPLETE STATUS AND END INTERVIEW]

Cell Suspends in Main BRFSS

[PROGRAMMER: PUT ALL THESE QUESTIONS ON 1 SCREEN: CB,CBTIME, INT02_CB, TEXTCB,TEXTTY]

[ASK ALL]

CBTIME: Would you like to schedule a call back for today or at a later time?

- 1 Today
- 2 Later time

[ASK IF CBTIME = 1,2 AND SAMPTYPE=1 AND (YOU=1 OR RESPSLCT=1)]

INT02_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 01 Gave Response [TEXT BOX]
- 97 DON'T KNOW
- 99 REFUSED

[ASK IF SAMPTYPE=2 AND CBTIME = 2]

TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?

- 1 Yes
- 2 No
- 3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

- 01 Continue

CB: INTERVIEWER PROBE FOR A CALLBACK TIME.

Thank you very much we will call back at a more convenient time.

LANG. INTERVIEWER: Select Language

EN ENGLISH