

# Attachment 3: BRFSS Core Questionnaire Sections by Topic and Year of Administration

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# Annual Core Questions

## Core Section 1: Health Status

| Question Number | Question text                                  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| CHS.01          | Would you say that in general your health is — | GENHLTH        | Read:<br>1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |                      |                      |           |

## Core Section 2: Healthy Days

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                               | SKIP INFO/ CATI Note   | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| <b>CHD.01</b>   | 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?                | PHYSHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none"<br>It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |           |
| <b>CHD.02</b>   | 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? | MENTHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none"<br>It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |           |
|                 |  |                |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |   |           |
| <b>CHD.03</b>   | During the past 30 days, for about how many days did poor physical or mental health keep   | POORHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure               |  | 88 may be coded if respondent says "never" or "none"<br>It is not necessary to ask respondents to provide a number  |           |

|  |   |  |            |  |  |  |
|--|---|--|------------|--|--|--|
|  | you from doing your usual activities, such as self-care, work, or recreation? |  | 99 Refused |  | if they indicate that this never occurs. |  |
|--|---|--|------------|--|--|--|

## Core Section 3: Health Care Access

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CHCA.01         | What is the current primary source of your health insurance? | ***NEW***      | <p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't</p> |                      | <p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>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.</p> |           |

|                |   |           |   |  |   |  |
|----------------|---|-----------|---|--|---|--|
|                |   |           | Know/Not Sure<br>99 Refused   |  |   |  |
| <b>CHCA.02</b> | Do you have one person or a group of doctors that you think of as your personal health care provider?                 | ***NEW*** | 1 Yes, only one<br>2 More than one<br>3 No<br>7 Don't know / Not sure<br>9 Refused  |  | 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?  |  |
| <b>CHCA.03</b> | 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? | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |  |   |  |
| <b>CHCA.04</b> | About how long has it been since you last visited a doctor for a routine checkup?                                     | CHECKUP1  | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |  | Read if necessary:<br>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. |  |

## Core Section 4: Exercise

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CEX.01          | 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? | EXERANY2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      | Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do |           |



## Core Section 7: Chronic Health Conditions

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| <b>Prologue</b> | 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. |                |   |                      |                      |           |
| <b>CCHC.01</b>  | Ever told you that you had a heart attack also called a myocardial infarction?  | CVDINFR4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.02</b>  | (Ever told) (you had) angina or coronary heart disease?   | CVDCRHD4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.03</b>  | (Ever told) (you had) a stroke?   | CVDSTRK3       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.04</b>  | (Ever told) (you had) asthma?   | ASTHMA3        | 1 Yes   |                      |                      |           |
|                 |   |                | 2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to CCHC.06        |                      |           |
| <b>CCHC.05</b>  | Do you still have asthma?   | ASTHNOW        | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |

|                |   |          |   |            |  |  |
|----------------|---|----------|---|------------|--|--|
| <b>CCHC.06</b> | (Ever told) (you had) skin cancer?  | CHCSCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |            |  |  |
| <b>CCHC.07</b> | (Ever told) (you had) any other types of cancer?  | CHCOCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |            |  |  |
| <b>CCHC.08</b> | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?              | CHCCOPD3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |            |  |  |
| <b>CCHC.09</b> | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |            |  |  |
| <b>CCHC.10</b> | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?            | CHCKDNY2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |            | Read if necessary: Incontinence is not being able to control urine flow.   |  |
| <b>CCHC.11</b> | (Ever told) (you had) diabetes?   | DIABETE4 | 1 Yes   |            | 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. |  |
|                |   |          | 2 Yes, but  | Go to Pre- |  |  |

|                |   |          |  |  |  |  |
|----------------|---|----------|--|--|--|--|
|                |   |          | female told only during pregnancy<br>3 No<br>4 No, pre-diabetes or borderline diabetes<br>7 Don't know / Not sure<br>9 Refused | Diabetes Optional Module (if used). Otherwise, go to next section. |  |  |
| <b>CCHC.12</b> | How old were you when you were told you had diabetes?   | DIABAGE3 | -- Code age in years [97 = 97 and older]<br>98 Don't know / Not sure<br>99 Refused   | Go to Diabetes Module if used, otherwise go to next section.       |  |  |
| <b>CCHC.13</b> | Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH5 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused  |  |  |  |

## Core Section 8: Demographics

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| <b>CDEM.0 1</b> | What is your age?  | AGE            | __ Code age in years<br>07 Don't know / Not sure<br>09 Refused  |                      |  |           |
| <b>CDEM.0 2</b> | Are you Hispanic, Latino/a, or Spanish origin?                 | HISPANC3       | If yes, read: Are you...<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused  |                      | One or more categories may be selected.  |           |
| <b>CDEM.0 3</b> | Which one or more of the following would you say is your race? | MRACE1         | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused | .                    | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. |           |
|                 |  |                |   | If more than         |  |           |

|                |  |         |  |  |  |  |
|----------------|--|---------|--|--|--|--|
|                |  |         |  | one response to CDEM.03; continue. Otherwise, go to CDEM.05                                |  |  |
| <b>CDEM.04</b> | Which one of these groups would you say best represents your race? | ORACE3  | <p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> |  | <p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p> |  |
|                |  |         |  | <p>If using Sex at Birth Module, insert here</p> <p>If using SOGI module, insert here.</p> |  |  |
| <b>CDEM.05</b> | Are you...   | MARITAL | <p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>  |  |  |  |
| <b>CDEM.0</b>  | What is  | EDUCA   | Read if necessary:   |  |  |  |

|                    |   |              |   |  |  |  |
|--------------------|---|--------------|---|--|--|--|
| 6                  | the highest grade or year of school you completed ? |              | 1 Never attended school or only attended kindergarten<br>2 Grades 1 through 8 (Elementary)<br>3 Grades 9 through 11 (Some high school)<br>4 Grade 12 or GED (High school graduate)<br>5 College 1 year to 3 years (Some college or technical school)<br>6 College 4 years or more (College graduate)<br>Do not read:<br>9 Refused |  |  |  |
| <b>CDEM.0</b><br>7 | Do you own or rent your home?                       | RENTHOM<br>1 | 1 Own<br>2 Rent<br>3 Other arrangement<br>7 Don't know / Not sure<br>9 Refused  |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations. |  |
| <b>CDEM.0</b><br>8 | In what county do                                   | CTYCODE2     | __ _ANSI County Code<br>777 Don't know / Not  |  |  |  |

|                |  |          |  |  |   |  |
|----------------|--|----------|--|--|---|--|
|                | you currently live?  |          | sure<br>999 Refused<br>888 County from another state                                     |  |   |  |
| <b>CDEM.09</b> | What is the ZIP Code where you currently live?   | ZIPCODE1 | -----<br>77777 Do not know<br>99999 Refused  |  |   |  |
|                |  |          |  | If cell interview go to CDEM12             |   |  |
| <b>CDEM.10</b> | Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one telephone number in your household ? | NUMHHOL3 | 1 Yes<br><br>2 No<br>7 Don't know / Not sure<br>9 Refused                                | Go to CDEM.12                              |   |  |
| <b>CDEM.11</b> | How many of these telephone numbers are residential numbers?   | NUMPHON3 | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused |  |   |  |
| <b>CDEM.12</b> | How many cell phones do you have for personal use?   | CPDEMO1B | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. |  |
| <b>CDEM.13</b> | Have you ever  | VETERAN3 | 1 Yes<br>2 No  |  | Read if necessary:  |  |

|                     |  |               |  |  |   |  |
|---------------------|--|---------------|--|--|---|--|
|                     | served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? |               | 7 Don't know / Not sure<br>9 Refused   |  | Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| <b>CDEM.1<br/>4</b> | Are you currently... ?   | EMPLOY1       | Read:<br>1 Employed for wages<br>2 Self-employed<br>3 Out of work for 1 year or more<br>4 Out of work for less than 1 year<br>5 A Homemaker<br>6 A Student<br>7 Retired<br>Or<br>8 Unable to work<br>Do not read:<br>9 Refused                 |  | If more than one, say "select the category which best describes you".   |  |
| <b>CDEM.1<br/>5</b> | How many children less than 18 years of age live in your household ?   | CHILDREN      | _ _ Number of children<br>88 None<br>99 Refused  |  |   |  |
| <b>CDEM.1<br/>6</b> | Is your annual household income from all sources—  | ***NEW**<br>* | Read if necessary:<br>01 Less than \$10,000?<br>02 Less than \$15,000? (\$10,000 to less than \$15,000)<br>03 Less than \$20,000? (\$15,000 to less than \$20,000)<br>04 Less than \$25,000<br>05 Less than \$35,000 If (\$25,000 to less than | SEE CATI information of order of coding;<br><br>Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused)  |  |



|                |  |          |  |  |  |  |
|----------------|--|----------|--|--|--|--|
|                |  |          | <p>\$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read:<br/>77 Don't know / Not sure<br/>99 Refused</p> |  |  |  |
|                |  |          |  | <p>Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CPO5=1 or LL12=1; or LL09 = 1 or LL07 =1).<br/>or YEARBORN &lt; 1972 (Age &gt;49)</p> |  |  |
| <b>CDEM.17</b> | To your knowledge, are you now pregnant?   | PREGNANT | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>   |  |  |  |
| <b>CDEM.18</b> | About how much do you weigh without shoes? | WEIGHT2  | <p>___ ___ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>   |  | <p>If respondent answers in metrics, put 9 in first column. Round fractions up</p> |  |
| <b>CDEM.19</b> | About how tall are you without             | HEIGHT3  | <p>___ / ___ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not</p>  |  | <p>If respondent answers in metrics, put</p>                                       |  |

|  |        |  |                        |  |   |  |
|--|--------|--|------------------------|--|---|--|
|  | shoes? |  | sure<br>99/ 99 Refused |  | 9 in first<br>column.<br>Round<br>fractions<br>down |  |
|--|--------|--|------------------------|--|---|--|

## Core Section 10: Disability

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| CDIS.01         | 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? | DEAF           | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| CDIS.02         | Are you blind or do you have serious difficulty seeing, even when wearing glasses?   | BLIND          | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| CDIS.03         | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?                             | DECIDE         | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| CDIS.04         | Do you have serious difficulty walking or climbing stairs?   | DIFFWALK       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| CDIS.05         | Do you have difficulty dressing or bathing?  | DIFFDRES       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| CDIS.06         | Because of a physical, mental, or  | DIFFALON       | 1 Yes<br>2 No<br>7 Don't know /                       |                      |                      |           |

|  |   |  |                       |  |  |  |
|--|---|--|-----------------------|--|--|--|
|  | emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? |  | Not sure<br>9 Refused |  |  |  |
|--|---|--|-----------------------|--|--|--|

## Core Section 11: Tobacco Use

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|----------------------|--|-----------|
| CTOB.01         | Have you smoked at least 100 cigarettes in your entire life?                              | SMOKE100       | 1 Yes   |                      | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.<br>5 packs = 100 cigarettes. |           |
|                 |   |                | 2 No<br>7 Don't know/Not Sure<br>9 Refused  | Go to CTOB.03        |  |           |
| CTOB.02         | Do you now smoke cigarettes every day, some days, or not at all?                          | SMOKDAY2       | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused                        |                      |  |           |
| CTOB.03         | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3        | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused                        |                      | 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.   |           |
| CTOB.04         | Do you now use e-cigarettes or other electronic vaping products every day, some           | ***NEW***      | 1 Every day<br>2 Some days<br>3 Not at all<br>4 Never used e-cigs<br>7 Don't know / Not sure<br>9 Refused |                      | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape   |           |

|  |                     |  |  |  |  |  |
|--|---------------------|--|--|--|--|--|
|  | days or not at all? |  |  |  | <p>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.</p> <p>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.</p> |  |
|--|---------------------|--|--|--|--|--|

## Core Section 12: Alcohol Consumption

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note  | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|--|---|---|-----------|
| <b>CALC.01</b>  | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?   | ALCDAY5        | 1 __ Days per week<br>2 __ Days in past 30 days<br>888 No drinks in past 30 days<br>777 Don't know / Not sure<br>999 Refused | Go to next section  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |           |
| <b>CALC.02</b>  | One drink 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, on the days when you drank, about how many drinks did you drink on the average? | AVEDRNK3       | __ Number of drinks<br>88 None<br>77 Don't know / Not sure<br>99 Refused   |   | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |           |
| <b>CALC.03</b>  | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?  | DRNK3GE5       | __ Number of times<br>77 Don't know / Not sure<br>88 no days<br>99 Refused   | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |   |           |
| <b>CALC.04</b>  | During the past 30 days, what is the largest  | MAXDRNKS       | __ Number of drinks<br>77 Don't  |   |   |           |

|  |   |  |                               |  |  |  |
|--|---|--|-------------------------------|--|--|--|
|  | number of drinks you had on any occasion? |  | know / Not sure<br>99 Refused |  |  |  |
|--|---|--|-------------------------------|--|--|--|



## Core Section 13: Immunization

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| <b>CIMM.01</b>  | 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?          | FLUSHOT7       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                    | Go to CIMM.04        | Read 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. |           |
| <b>CIMM.02</b>  | 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? | FLSHTMY3       | ___ / ____<br>Month / Year<br>77 / 7777<br>Don't know / Not sure<br>09 / 9999<br>Refused |                      |   |           |
| <b>CIMM.03</b>  | Have you ever had a pneumonia shot also known as a pneumococcal vaccine?  | PNEUVAC4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                    |                      | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.   |           |

## Core Section 14: H.I.V./AIDS

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note                               | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|--|---|-----------|
| CHIV.01         | 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? | HIVTST7        | 1 Yes   |  | 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. |           |
|                 |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to Next section                                 |   |           |
| CHIV.02         | Not including blood donations, in what month and year was your last H.I.V. test?   | HIVTSTD3       | __/_----<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure 99/<br>9999 Refused | If response is before January 1985, code "777777". | 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.   |           |

# Rotating Core Sections By Year

## Rotating Core Section 1: Place of Flu Vaccination (2024)

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note  | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|--|---|-----------|
|                 |  |                |   | Ask if<br>C1MM= 1<br><br>This question may be inserted in core after C1MM.02 |   |           |
| MFP.01          | At what kind of place did you get your last flu shot or vaccine? | IMFVPLA1       | Read if necessary:<br><br>01 A doctor's office or health maintenance organization (HMO)<br><br>02 A health department<br><br>03 Another type of clinic or health center (a community health center)<br><br>04 A senior, recreation, or community center<br><br>05 A store (supermarket, drug store)<br><br>06 A hospital (inpatient or outpatient)<br><br>07 An |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? | 348-349   |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
|  |  |  |  | <p>emergency room</p> <p>08 Workplace</p> <p>09 Some other kind of place</p> <p>11 A school</p> <p>Do not read:</p> <p>10 Received vaccination in Canada/Mexico</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> |  |  |  |
|--|--|--|--|---|--|--|--|

## Rotating Core Section 2: Hypertension Awareness (2023)

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|-------------------------|--|-----------|
| C05.01          | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? |                | 1 Yes   |                         | If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"<br><br>By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |           |
|                 |   |                | 2 Yes, but female told only during pregnancy<br>3 No<br>4 Told borderline high or pre-hypertensive or elevated blood pressure<br>7 Don't know / Not sure<br>9 Refused | Go to next section      |  |           |
| C05.02          | Are you currently taking prescription medicine for your high blood pressure?                                | BPMEDS         | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                         |  |           |

## Rotating Core Section 3: Cholesterol Awareness (2023)

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)             | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|-------------------------|----------------------|-----------|
| C06.01          | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked? |                | 1 Never   | Go to next section.     |                      |           |
|                 |  |                | 2 Within the past year (anytime less than one year ago)       |                         |                      |           |
|                 |  |                | 3 Within the past 2 years (1 year but less than 2 years ago)  |                         |                      |           |
|                 |  |                | 4 Within the past 3 years (2 years but less than 3 years ago) |                         |                      |           |
|                 |  |                | 5 Within the past 4 years (3 years but less than 4 years ago) |                         |                      |           |
|                 |  |                | 6 Within the past 5 years (4 years but less than 5 years ago) |                         |                      |           |
|                 |  |                | 8 5 or more years ago   |                         |                      |           |
|                 |  |                | 7 Don't know/ Not sure  | Go to next section      |                      |           |

|        |  |          | 9 Refused   |  |   |  |
|--------|--|----------|---|--|---|--|
| C06.02 | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?         |          | 1 Yes   |  | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
|        |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused          |  |   |  |
| C06.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? | CHOLMED2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk |  |



## Rotating Core Section 4: Inadequate Sleep (2022)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                       | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| CIS.01          | On average, how many hours of sleep do you get in a 24-hour period? | SLEPTIM1       | __ Number of hours [01-24]<br>77 Don't know / Not sure<br>99 Refused |                      | Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. | 113-114   |

## Rotating Core Section 5: Oral Health (2022, 2024)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|----------------------|--|-----------|
| COH.01          | 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? | LASTDEN4       | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |                      |  | 129       |
| COH.02          | Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?  | RMVTETH4       | Read if necessary:<br>1 1 to 5<br>2 6 or more but not all<br>3 All<br>8 None<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused  |                      | 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. | 130       |

## Rotating Core Section 6: Falls (2023)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note             | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|----------------------------------|---|-----------|
|                 |   |                |   | Skip Section if AGE, coded 18-44 |   |           |
| <b>CFAL.01</b>  | In the past 12 months, how many times have you fallen?  | FALL12MN       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>99 Refused                   | Go to Next Section               | Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.                 | 226-227   |
| <b>CFAL.02</b>  | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? | FALLINJ4       | __ Number of falls [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused |                                  | 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. | 228-229   |

## Rotating Core Section 7: Seat Belt Use and Drinking and Driving (2023)

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|----------------------|-----------|
| <b>CSBD.01</b>  | How often do you use seat belts when you drive or ride in a car? Would you say —                   | SEATBELT       | Read:<br>1 Always<br>2 Nearly always<br>3 Sometimes<br>4 Seldom<br>5 Never<br>Do not read:<br>7 Don't know / Not sure<br>8 Never drive or ride in a car<br>9 Refused | Go to next section  |                      | 230       |
|                 |  |                |  | If CALC.01 = 888 (No drinks in the past 30 days); go to next section. |                      |           |
| <b>CSBD.02</b>  | During the past 30 days, how many times have you driven when you've had perhaps too much to drink? | DRNKDRI2       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>99 Refused  |   |                      | 231-232   |

## Rotating Core Section 8: Breast and Cervical Cancer Screening (2022, 2024)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note   | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|--|---|-----------|
|                 |   |                |   | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). |   |           |
| <b>CBCC.01</b>  | The next questions are about breast and cervical cancer. Have you ever had a mammogram? | HADMAM         | 1 Yes   |  | A mammogram is an x-ray of each breast to look for breast cancer. | 233       |
|                 |   |                | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to CBCC.03  | Go to CBCC.03   |           |
| <b>CBCC.02</b>  | How long has it been since you had your last mammogram?                                 | HOWLONG        | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more |  |   | 234       |

|                |  |          |   |               |  |     |
|----------------|--|----------|---|---------------|--|-----|
|                |  |          | years ago<br>7 Don't know / Not sure<br>9 Refused   |               |  |     |
| <b>CBCC.03</b> | Have you ever had a Pap test?  | HADPAP2  | 1 Yes   |               | A Pap test is a test for cancer of the cervix. | 235 |
|                |  |          | 2 No<br><br>7 Don't know / Not sure<br>9 Refused  | Go to CBCC.05 |  |     |
| <b>CBCC.04</b> | How long has it been since you had your last Pap test?   | LASTPAP2 | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |               |  | 236 |
| <b>CBCC.05</b> | An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? | HPVTEST  | 1 Yes   |               | Human papillomavirus (pap-uh-loh-muh virus)    | 237 |
|                |  |          | 2 No<br><br>7 Don't know / Not sure<br>9 Refused  | Go to CBCC.07 |  |     |
| <b>CBCC.06</b> | How long has it  | HPLSTTST | Read if   |               |  | 238 |

|                |   |          |   |   |  |     |
|----------------|---|----------|---|---|--|-----|
|                | been since you had your last H.P.V. test? |          | necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |   |  |     |
| <b>CBCC.07</b> | Have you had a hysterectomy?              | HADHYST2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   | If response to Core CDEM.17 = 1 (is pregnant); then go to next section. | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). | 239 |

## Rotating Core Section 9: Prostate Cancer Screening (2022,2024)

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)            | SKIP INFO/ CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|---|--|-----------|
|                 |  |                |   | If respondent is ≤39 years of age, or Skip if female (MSAB.01, BIRTHSEX, is coded 2). If MSAB.01=missing and (CP05=2 or LL12=2; or LL09 = 2 or LL07 =2)., go to next section. |  |           |
| <b>CPCS.01</b>  | Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? | PCPSAAD3       | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused      |   | Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer. | 240       |
| <b>CPCS.02</b>  | Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?                           | PCPSADI1       | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused      |   |  | 241       |
| <b>CPCS.03</b>  | Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?  | PCPSARE1       | 1 Yes<br>2 No<br><br>7 Don't know / Not sure<br>9 Refused |   |  | 242       |
| <b>CPCS.04</b>  | Have you ever had a P.S.A.   | PSATEST1       | 1 Yes<br>2 No   | Go to next section  |  | 243       |



|                |   |          |   |  |  |     |
|----------------|---|----------|---|--|--|-----|
|                | test?   |          | 7 Don't know / Not sure<br>9 Refused  |  |  |     |
| <b>CPCS.05</b> | How long has it been since you had your last P.S.A. test?       | PSATIME  | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  | 244 |
| <b>CPCS.06</b> | What was the main reason you had this P.S.A. test - was it ...? | PCPSARS1 | Read:<br>1 Part of a routine exam<br>2 Because of a prostate problem<br>3 Because of a family history of prostate cancer<br>4 Because you were told you had prostate  |  |  | 245 |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | cancer<br>5 Some<br>other reason<br>Do not read:<br>7 Don't<br>know / Not<br>sure<br>9 Refused |  |  |  |
|--|--|--|--|--|--|--|

## Rotating Core Section 10: Colorectal Cancer Screening (2022, 2024)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note   | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|--|--|-----------|
|                 |   |                |  | CATI note: If respondent is < 45 years of age, go to next section. |  |           |
| <b>Prologue</b> | The next questions are about the five different types of tests for colorectal cancer screening.   |                |  |  |  |           |
| <b>CRC.01</b>   | 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. Have you ever had a colonoscopy? | COLNSCPY       | 1 Yes  |  | Do not include a virtual colonoscopy, where 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 on your stomach. | 246       |
|                 |   |                | 2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to CRC.03   |  |           |
| <b>CRC.02</b>   | How long has it been since you had this test?   | COLNTEST       | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago) |  |  | 247       |

|               |  |          |  |              |  |     |
|---------------|--|----------|--|--------------|--|-----|
|               |  |          | <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  |              |  |     |
| <b>CRC.03</b> | A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy? | SIGMSCPY | 1 Yes  |              |  | 248 |
|               |  |          | <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  | Go to CRC.05 |  |     |
| <b>CRC.04</b> | How long has it been since you had this test?  | SIGMTEST | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 s ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |              |  | 249 |

|               |   |          |   |              |   |     |
|---------------|---|----------|---|--------------|---|-----|
| <b>CRC.05</b> | Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? | BLDSTOL1 | 1 Yes   |              | This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool. | 250 |
|               |   |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to CRC.07 |   |     |
| <b>CRC.06</b> | How long has it been since you had this test?   | LSTBLDS4 | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |              |   | 251 |
| <b>CRC.07</b> | Another test uses a special kit to  | STOOLDNA | 1 Yes   |              | This is also called a FIT-DNA test, a   | 252 |

|               |   |          |   |                    |  |     |
|---------------|---|----------|---|--------------------|--|-----|
|               | obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to CRC.09       | stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool. |     |
| <b>CRC.08</b> | How long has it been since you had this test?   | SDNATEST | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |                    |  | 253 |
| <b>CRC.09</b> | For a virtual colonoscopy, 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 on your stomach. Have you ever had a virtual | VIRCOLON | 1 Yes   |                    | Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.                       | 254 |
|               |   |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to next section |  |     |

|               |   |          |   |  |  |     |
|---------------|---|----------|---|--|--|-----|
|               | colonoscopy?                                  |          |   |  |  |     |
| <b>CRC.10</b> | How long has it been since you had this test? | VCLNTEST | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  | 255 |

## Rotating Core Section 11: HIV Risk (2022, 2024)

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                           | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|----------------------|-----------|
| C14.03          | <p>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.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p> <p>Do any of these situations apply to you?</p> | HIVRISK5       | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |                      |                      | 277       |



## Rotating Core Section 12: Shingles Vaccination (2023)

| Question Number | Question text                                     | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)     | SKIP INFO/ CATI Note           | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|--------------------------------|--|-----------|
|                 |   |                |   | If age <50<br>GOTO<br>CIMM.04. |  |           |
| CIMM.03         | Have you ever had the shingles or zoster vaccine? | SHINGLE2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                                | 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. | 224       |

## Rotating Core Section 13: TDAP Vaccination (2022)

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|----------------------|---|-----------|
| <b>C13.03</b>   | Have you received a tetanus shot in the past 10 years? | TETANUS1       | 1 Yes, received Tdap<br>2 Yes, received tetanus shot, but not Tdap<br>3 Yes, received tetanus shot but not sure what type<br>4 No, did not receive any tetanus shot in the past 10 years<br>7 Don't know/Not sure<br>9 Refused |                      | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? | 268       |