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

Table of Contents

[Annual Core Questions 4](#_Toc161660283)

[Core Section 1: Health Status 4](#_Toc161660284)

[Core Section 2: Health Day 4](#_Toc161660285)

[Core Section 3: Health Care Access 6](#_Toc161660286)

[Core Section 4: Exercise/Physical Activity 8](#_Toc161660287)

[Core Section 5: Chronic Health Conditions 8](#_Toc161660288)

[Core Section 6: Demographics 11](#_Toc161660289)

[Core Section 7: Disability 17](#_Toc161660290)

[Core Section 8: Tobacco Use 19](#_Toc161660291)

[Core Section 9: Alcohol Consumption 21](#_Toc161660292)

[Core Section 10: Immunization 23](#_Toc161660293)

[Core Section 11: H.I.V./AIDS 24](#_Toc161660294)

[Rotating Core Sections By Year 25](#_Toc161660295)

[Rotating Core Section 1: Hypertension Awareness (2025, 2027) 25](#_Toc161660296)

[Rotating Core Section 2: Cholesterol Awareness (2025, 2027) 26](#_Toc161660297)

[Rotating Core Section 3: Inadequate Sleep (2025) 27](#_Toc161660298)

[Rotating Core Section 4: Fruits and Vegetables (2025) 28](#_Toc161660299)

[Rotating Core Section 5: Physical Activity (2027) 31](#_Toc161660300)

[Rotating Core Section 6: Oral Health (2026) 34](#_Toc161660301)

[Rotating Core Section 7: Falls (2026) 35](#_Toc161660302)

[Rotating Core Section 8: Seat Belt Use and Drinking and Driving (2026) 36](#_Toc161660303)

[Rotating Core Section 9: Breast and Cervical Cancer Screening (2026) 37](#_Toc161660304)

[Rotating Core Section 10: Lung Cancer Screening (2026) 40](#_Toc161660305)

[Rotating Core Section 11: Colorectal Cancer Screening (2026) 43](#_Toc161660306)

[Rotating Core Section 12: Shingles Vaccination (2026) 50](#_Toc161660307)

[Rotating Core Section 13: Tetanus Diphtheria (Tdap) Vaccination (Adults) (2025) 51](#_Toc161660308)

[Rotating Core Section 14: Place of Flu Vaccination (2027) 51](#_Toc161660309)

[Rotating Core Section 15: H.I.V./A.I.D.S (2026) 53](#_Toc161660310)

# Annual Core Questions

## Core Section 1: Health Status

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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— | Read:  1 Excellent  2 Very Good  3 Good  4 Fair  5 Poor  Do not read:  7 Don’t know/Not sure  9 Refused |  |  |  |

## Core Section 2: Health Day

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHD.01 | 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? | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 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. |  |
| CHD.02 | 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? | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 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. |  |
|  |  |  | Skip CHD.03 if CHD.01, (PHYSHLTH) is 88 and CHD.02, (MENTHLTH) is 88 |  |  |
| CHD.03 | 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? | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 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. |  |

## Core Section 3: Health Care Access

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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 care coverage? | 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  77 Don’t Know/Not Sure 99 Refused |  | If respondent has multiple sources of insurance, ask for the one used most often.  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. |  |
|  |
| CHCA.02 | Do you have one person (or a group of doctors) that you think of as your personal health care provider? | 1 Yes, only one  2 More than one  3 No  7 Don’t know / Not sure  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?  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. |  |
| CHCA.03 | 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 |  |  |  |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | 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 |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. |  |

## Core Section 4: Exercise/Physical Activity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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? | 1 Yes  2 No  7 Don’t know / Not sure  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 5: Chronic Health Conditions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | 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. |  |  |  |  |
| CCHC.01 | (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 |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? | 1 Yes |  |  |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) melanoma or any other types of cancer? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.08 | (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 |  |  |  |
| CCHC.09 | (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 |  |  |  |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | 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) |  |
| CCHC.12 | (Ever told) (you had) diabetes? | 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 female told only during pregnancy  3 No  4 No, pre-diabetes or borderline diabetes  7 Don’t know / Not sure  9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| CCHC.13 | How old were you when you were first told you had diabetes? | \_ \_ Code age in years [97 = 97 and older]  98 Don‘t know / Not sure  99 Refused | Go to Diabetes Module if used, otherwise go to next section. |  |  |

## Core Section 6: Demographics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDEM.01 | What is your age? | \_ \_ Code age in years  07 Don’t know / Not sure  09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? | If yes, read: Are you…  1 Mexican, Mexican American, Chicano/a  2 Puerto Rican  3 Cuban  4 Another Hispanic, Latino/a, or Spanish origin  Do not read:  5 No  7 Don’t know / Not sure  9 Refused |  | One or more categories may be selected. |  |
| CDEM.03 | Which one or more of the following would you say is your race? | Please read:  10 White  20 Black or African American  30 American Indian or Alaska Native  40 Asian  41 Asian Indian  42 Chinese  43 Filipino  44 Japanese  45 Korean  46 Vietnamese  47 Other Asian  50 Pacific Islander  51 Native Hawaiian  52 Guamanian or Chamorro  53 Samoan  54 Other Pacific Islander  Do not read:  60 Other  88 No additional choices  77 Don’t know / Not sure  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 respondent indicates that they are Hispanic for race, please read the race choices. |  |
| CDEM.04 | 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 |  |  |  |
| CDEM.05 | 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 |  |  |  |
| CDEM.06 | Do you own or rent your home? | 1 Own  2 Rent  3 Other arrangement  7 Don’t know / Not sure  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. |  |
| CDEM.07 | In what county do you currently live? | \_ \_ \_ANSI County Code  777 Don’t know / Not sure  999 Refused  888 County from another state |  |  |  |
| CDEM.08 | What is the ZIP Code where you currently live? | \_ \_ \_ \_ \_  77777 Do not know  99999 Refused | If cell interview go to CDEM11 |  |  |
| CDEM.09 | 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 | Go to CDEM.11 |  |
| CDEM.10 | How many of these landline telephone numbers are residential numbers? | \_\_ Enter number (1-5)  6 Six or more  7 Don’t know / Not sure  8 None  9 Refused |  |  |  |
| CDEM.11 | How many cell phones do you have for your personal use? | \_\_ Enter number (1-5)  6 Six or more  7 Don’t know / Not sure  8 None  9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. |  |
| CDEM.12 | 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? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | 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. |  |
| CDEM.13 | Are you currently…? | 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 |  | If more than one, say “select the category which best describes you”. |  |
| CDEM.14 | How many children less than 18 years of age live in your household? | \_ \_ Number of children  88 None  99 Refused |  |  |  |
| CDEM.15 | Is your annual household income from all sources— | Read if necessary:  01 Less than $10,000?  02 Less than $15,000? ($10,000 to less than $15,000)  03 Less than $20,000? ($15,000 to less than $20,000)  04 Less than $25,000  05 Less than $35,000 If  ($25,000 to less than $35,000)  06 Less than $50,000 If  ($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  Do not read:  77 Don’t know / Not sure  99 Refused | SEE CATI information of order of coding;  Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
|  |  |  | Skip if Male (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1).  Or Age >49 |  |  |
| CDEM.16 | To your knowledge, are you now pregnant? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDEM.17 | About how much do you weigh without shoes? | \_ \_ \_ \_ Weight (pounds/kilograms)  7777 Don’t know / Not sure  9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.18 | About how tall are you without shoes? | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)  77/ 77 Don’t know / Not sure  99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |

## Core Section 7: Disability

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.02 | 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 |  |  |  |
| CDIS.03 | 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 |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.06 | 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 |  |  |  |

## Core Section 8: Tobacco Use

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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? | 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.  5 packs = 100 cigarettes. |  |
| 2 No  7 Don’t know/Not Sure  9 Refused | Go to CTOB.03 |  |
| CTOB.02 | 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 |  |  |  |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus 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 |  | 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 | 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? | 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 |  | These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.  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.  If respondent says “Not at all” ask if they mean “Never used e-cigs in your entire life” |  |

## Core Section 9: Alcohol Consumption

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | 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. |  |  |  |  |
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? | 1 \_ \_ Days per week  2 \_ \_ Days in past 30 days |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| 888 No drinks in past 30 days  777 Don’t know / Not sure  999 Refused | Go to next section |
| CALC.02 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | \_ \_ Number of drinks  88 None  77 Don’t know / Not sure  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. |  |
| CALC.03 | 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? | \_ \_ Number of times  77 Don’t know / Not sure  88 no days  99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |  |  |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | \_ \_ Number of drinks  77 Don’t know / Not sure  99 Refused |  |  |  |

## Core Section 10: Immunization

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CIMM.01 | 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? | 1 Yes |  | 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. |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CIMM.04 |
| CIMM.02 | 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? | \_ \_ / \_ \_ \_ \_ Month / Year  77 / 7777 Don’t know / Not sure  09 / 9999 Refused |  |  |  |
| CIMM.03 | At what kind of place did you get your last flu shot or vaccine? | Read if necessary:  01 A doctor’s office or health maintenance organization (HMO)  02 A health department  03 Another type of clinic or health center (a community health center)  04 A senior, recreation, or community center  05 A store (supermarket, drug store)  06 A hospital (inpatient)  07 An emergency room  08 Workplace  09 Some other kind of place  11 A school  Do not read:  12 A drive though location at some other place than listed above  10 Received vaccination in Canada/Mexico  77 Don’t know / Not sure  99 Refused |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?  If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code “12” |  |
| CIMM.04 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | 1 Yes  2 No  7 Don’t know / Not sure  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 11: H.I.V./AIDS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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? | 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  7 Don’t know/ not sure  9 Refused | Go to CHIV.03 |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? | \_ \_ /\_ \_ \_ \_ Code month and year  77/ 7777 Don’t know / Not sure 99/ 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: Hypertension Awareness (2025, 2027)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ 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?”  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  3 No  4 Told borderline high or pre-hypertensive or elevated blood pressure  7 Don’t know / Not sure  9 Refused | Go to next section |
| C05.02 | Are you currently taking prescription medicine for your high blood pressure? | BPMEDS | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

## Rotating Core Section 2: Cholesterol Awareness (2025, 2027)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | | SKIP INFO/ 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  9 Refused | Go to next section | |
| 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  7 Don’t know / Not sure  9 Refused |  | |
| C06.03 | Are you currently taking medicine prescribed by your doctor or other health professional for yourcholesterol? | CHOLMED2 | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused | |  | Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk |  |

## Rotating Core Section 3: Inadequate Sleep (2025)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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]  77 Don’t know / Not sure  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 4: Fruits and Vegetables (2025)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CFV.01 | Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.  Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. | FRUIT2 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.  Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “was that per day, week, or month?”  Read if respondent asks what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits. |  |
| CFV.02 | Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? | FRUITJU2 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | Read if respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.”  Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “Was that per day, week, or month?” |  |
| CFV.03 | How often did you eat a green leafy or lettuce salad, with or without other vegetables? | FVGREEN1 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “Was that per day, week, or month?”  Read if respondent asks about spinach: “Include spinach salads.” |  |
| CFV.04 | How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns? | FRENCHF1 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “Was that per day, week, or month?”  Read if respondent asks about potato chips: “Do not include potato chips.” |  |
| CFV.05 | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? | POTATOE1 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “Was that per day, week, or month?”  Read if respondent asks about what types of potatoes to include: “Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.” |  |
| CFV.06 | Not including lettuce salads and potatoes, how often did you eat other vegetables? | VEGETAB2 | 1\_ \_ Day  2\_ \_ Week  3\_ \_ Month  300 Less than once a month  555 Never  777 Don’t Know  999 Refused |  | Enter quantity in times per day, week, or month.  If respondent gives a number without a time frame, ask “Was that per day, week, or month?”  Read if respondent asks about what to include: “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.” |  |

## Rotating Core Section 5: Physical Activity (2027)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CEXP.02 | What type of physical activity or exercise did you spend the most time doing during the past month? |  | \_\_ \_\_ Specify from Physical Activity Coding List |  | See Physical Activity Coding List.  If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 77 Don’t know/ Not Sure  99 Refused | Go to CEXP.08 |
| CEXP.03 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week  2\_ \_ Times per month  777 Don’t know / Not sure  999 Refused |  | If respondent confused, probe by explaining ‘this is not asking for days per week or per month, but times per week or per month.” |  |
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month? |  | \_\_ \_\_ Specify from Physical Activity List |  | See Physical Activity Coding List.  If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 88 No other activity  77 Don’t know/ Not Sure  99 Refused | Go to CEXP.08 |
| CEXP.06 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week  2\_ \_ Times per month  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? |  | 1\_ \_ Times per week  2\_ \_Times per month  888 Never  777 Don’t know / Not sure  999 Refused |  | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. |  |

## Rotating Core Section 6: Oral Health (2026)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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:  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 |  |  | 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:  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 |  | 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 7: Falls (2026)

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

## Rotating Core Section 8: Seat Belt Use and Drinking and Driving (2026)

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

## Rotating Core Section 9: Breast and Cervical Cancer Screening (2026)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue: The next questions are about breast and cervical cancer. | | | | | |
|  |  |  | Skip if Male (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1). |  |  |
| CBCCS.01 | Have you ever had a mammogram? | 1 Yes |  | A mammogram is an x-ray of each breast to look for breast cancer. |  |
| 2 No  7 Don’t know/ not sure  9 Refused | Go to CBCCS.03 |
| CBCCS.02 | 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  7 Don’t know / Not sure  9 Refused |  |  |  |
| CBCCS.03 | 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? | 1 Yes |  | 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. |  |
| 2 No  7 Don’t know/ not sure  9 Refused | Go to CBCCS.07 |
| CBCCS.04 | 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 |  |  |  |
| 7 Don’t know / Not sure  9 Refused |  |
| CBCCS.05 | 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 |  |  |  |
| CBCCS.06 | At your most recent cervical cancer screening, did you have an H.P.V. test? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | H.P.V. stands for Human papillomarvirus (pap-uh-loh-muh virus) |  |
|  |  |  | If response to Core CDEM.16 = 1 (is pregnant) do not ask and go to next module. |  |  |
| CBCCS.07 | Have you had a hysterectomy? | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). |  |

## Rotating Core Section 10: Lung Cancer Screening (2026)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | | Interviewer Note (s) | Column(s) |
|  |  |  | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04 | |  |  |
| CLC.01 | 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? | \_ \_ \_ Age in Years (001 – 100)  777 Don't know/Not sure  999 Refused |  | | 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).  If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent. |  |
| 888 Never smoked cigarettes regularly | Go to CLC.04 | |
|  |  |  | Skip CLC.02 if CTOB.02 = 1 | |  |  |
| CLC.02 | How old were you when you last smoked cigarettes regularly? | \_ \_ \_ Age in Years (001 – 100)  777 Don't know/Not sure  999 Refused |  | |  |  |
| CLC.03 | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? | \_ \_ \_ Number of cigarettes  777 Don't know/Not sure  999 Refused |  | | 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).  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 |  |
| CLC.04 | 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 | Go to next section | |  |  |
| CLC.05 | 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 | | Go to Next section |
| CLC.06 | 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 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 Within the past 10 years (5 years but less than 10 years ago)  6 10 or more years ago  Do not read:  7 Don’t know / Not sure  9 Refused |  | |  |  |

## Rotating Core Section 11: Colorectal Cancer Screening (2026)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  | If Section CDEM.01, (AGE), is less than 45 go to next module. |  |  |
| CCRC.01 | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? | 1 Yes | Go to CCRC.02 | 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. |  |
| 2 No  7 Don’t know/ not sure  9 Refused | Go to CCRC.06 |
| CCRC.02 | Have you had a colonoscopy, a sigmoidoscopy, or both? | 1 Colonoscopy | Go to CCRC.03 |  |  |
| 2 Sigmoidoscopy | Go to CCRC.04 |
| 3 Both | Go to CCRC.03 |
| 7 Don’t know/Not sure | Go to CCRC.05 |
| 9 Refused | Go to CCRC.06 |
| CCRC.03 | 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 |  |  |  |
|  |  |  | If CCRC.02 =3 (BOTH) continue, else  Go to CCRC.06 |  |  |
| CCRC.04 | 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 | Go to CCRC.06 |  |  |
| CCRC.05 | 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 |  |  |  |
| CCRC.06 | 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 | Go to CCRC.07 |  |  |
| 2 No  7 Don’t Know/Not sure  9 Refused | Go to Next Section |
| CCRC.07 | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? | 1 Yes | Go to CCRC.08 | 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. |  |
| 2 No  7 Don’t Know/Not sure  9 Refused | Go to CCRC.09 |
| CCRC.08 | 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 |  |  |  |
| CCRC.09 | 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? | 1 Yes | Go to CCRC.10 | 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. |  |
| 2 No  7 Don’t know/ not sure  9 Refused | Go to CCRC.11 |
| CCRC.10 | 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 |  |  |  |
| CCRC.11 | 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? | 1 Yes | Go to CCRC.12 | 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. |  |
| 2 No  7 Don’t Know/Not sure  9 Refused | Go to Next Module |
| CCRC.12 | Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test? | 1 Yes  2 No  7 Don’t Know/Not sure  9 Refused |  | 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. |  |
| CCRC.13 | 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 |  |  |  |

## Rotating Core Section 12: Shingles Vaccination (2026)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If age ≤ 49 (can be calculated from YEARBORN variable ) Go to next module. |  |  |
| M07.01 | Have you ever had the shingles or zoster vaccine? |  | 1 Yes  2 No  7 Don’t know / Not sure  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. |  |

## Rotating Core Section 13: Tetanus Diphtheria (Tdap) Vaccination (Adults) (2025)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| M06.01 | Have you received a tetanus shot in the past 10 years? | 1 Yes, received Tdap  2 Yes, received tetanus shot, but not Tdap  3 Yes, received tetanus shot but not sure what type  4 No, did not receive any tetanus shot in the past 10 years  7 Don’t know/Not sure  9 Refused |  | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? |  |

## Rotating Core Section 14: Place of Flu Vaccination (2027)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CIMM.03 | At what kind of place did you get your last flu shot or vaccine? | Read if necessary:  01 A doctor’s office or health maintenance organization (HMO)  02 A health department  03 Another type of clinic or health center (a community health center)  04 A senior, recreation, or community center  05 A store (supermarket, drug store)  06 A hospital (inpatient)  07 An emergency room  08 Workplace  09 Some other kind of place  11 A school  Do not read:  12 A drive though location at some other place than listed above  10 Received vaccination in Canada/Mexico  77 Don’t know / Not sure  99 Refused |  | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?  If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code “12” |  |

## Rotating Core Section 15: H.I.V./A.I.D.S (2026)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHIV.03 | 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 |  |  |  |