

SECTION HEADING**VARIABLE NAME****Self-Reported Health Status****HIS_GENERAL**

Chronic Conditions**CHR_HYPEV****Chronic Conditions****CHR_CHLEV****Chronic Conditions****CHR_CANEV****Chronic Conditions****CHR_ASEV**

Pregnancy status**BMI_PREGNOW**

**Difficulty with Vision/ Hearing/ Communication/
Cognition****DIS_GLASS****Difficulty with Vision/ Hearing/ Communication/
Cognition****DIS_DIFSEE****Difficulty with Vision/ Hearing/ Communication/
Cognition****DIS_AID****Difficulty with Vision/ Hearing/ Communication/
Cognition****DIS_DIFHEAR****Difficulty with Vision/ Hearing/ Communication/
Cognition****DIS_DIFWLK**

Difficulty with Vision/ Hearing/ Communication/ Cognition	DIS_DIFCOM
Difficulty with Vision/ Hearing/ Communication/ Cognition	DIS_DIFREM
Difficulty with Vision/ Hearing/ Communication/ Cognition	DIS_DIFCARE
Health Status - Pain	PAI_FREQ3M
Health Status - Pain	PAI_AMNT
Health Status - Pain	PAI_WKLM3M
Nicotine	NIC_CIG01
Nicotine	NIC_CIGREF1
Nicotine	NIC_CIG05
Nicotine	NIC_VPLIF
Nicotine	NIC_VPLIFREF

Nicotine

NIC_VPPM

Alcohol

ALC_AL01

Alcohol

ALC_ALREF

Alcohol

ALC_ALLAST3

Alcohol

ALC_ALRECDK

Alcohol

ALC_ALRECRE

Alcohol

ALC_AL06

Alcohol	ALC_AL06DKRE
Marijuana	MJ_CBDLIF
Marijuana	MJ_CBDLAST
Marijuana	MJ_MJ01
Marijuana	MJ_MJREF
Marijuana	MJ_MJLAST3
Marijuana	MJ_MJRECDK

Marijuana

MJ_MJRECRE

Marijuana

MJ_MJ06

Marijuana

MJ_MJ06DKRE

Marijuana

MJ_MJMODEPM

Cocaine

CC_CC01

Cocaine

CC_CCREF

Cocaine

CC_CCLAST3

Heroin

HER_HE01

Heroin	HER_HEREF
Heroin	HER_HELAST3
Illegally Made Fentanyl	IMF_IFLIF
Illegally Made Fentanyl	IMF_IFREC
Hallucinogens	HAL_LS01a
Hallucinogens	HAL_LS01e
Methamphetamine	METH_ME01
Methamphetamine	METH_MEREF
Methamphetamine	METH_MELAST3
Kratom	KRA_KA01

Kratom	KRA_KALAST3
Risk Perceptions	
	RIS_RKQ1a
Risk Perceptions	
	RIS_RK01c
Risk Perceptions	
	RIS_RK01e
Risk Perceptions	
	RIS_RK01g
Risk Perceptions	
	RIS_RK01j
Risk Perceptions	
	RIS_RK01k
Suicide	SUI_SUI01
Suicide	SUI_SUI02
Suicide	SUI_SUI03
Suicide	SUI_SUI04

Suicide

SUI_SUI05

Social/Work Limitations

SOC_ERRANDS

Social/Work Limitations

SOC_PARACTIV

Social/Work Limitations

SOC_SCWRKLIM

Employment

EMP_EMPLOY

Employment

EMP_ABSENTWK

Employment

EMP_WHYNOWRK

Employment	EMP_INSUR
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Whole Person Health	WPH_PHQOL
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Whole Person Health	WPH_SOCFC
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Whole Person Health	WPH_DIET
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Whole Person Health	WPH_PHYSA
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Whole Person Health	WPH_STRESS
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Whole Person Health	WPH_SLEEP
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Whole Person Health	WPH_SPRT
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Whole Person Health	WPH_MANGH
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Social Support and loneliness	SOS_SUPPORT
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Social Support and loneliness	LON_LONELY
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Social connectivity and isolation	SCN_SCONNECT1
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Social connectivity and isolation	SCN_SCONNECT2
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Social connectivity and isolation	SCN_SCONNECT3
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Social connectivity and isolation	SCN_SCONNECT4
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Mental Health - Anxiety and Depression	MTH_PHQ41
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Mental Health - Anxiety and Depression	MTH_PHQ42
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Mental Health - Anxiety and Depression	MTH_PHQ83
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Mental Health - Anxiety and Depression	MTH_PHQ84
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Mental Health - Anxiety and Depression	MTH_PHQ85
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Mental Health - Anxiety and Depression	MTH_PHQ86
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Mental Health - Anxiety and Depression	MTH_PHQ87
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Mental Health - Anxiety and Depression	MTH_PHQ88
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Mental Health - Anxiety and Depression	MTH_AGAD1
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Mental Health - Anxiety and Depression	MTH_AGAD2
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Mental Health - Anxiety and Depression	MTH_AGAD3
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Mental Health - Anxiety and Depression	MTH_AGAD4
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Mental Health - Anxiety and Depression	MTH_AGAD5
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Mental Health - Anxiety and Depression	MTH_AGAD6
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Mental Health - Anxiety and Depression

MTH_AGAD7

AI Help-Seeking

AI_AI2

AI Help-Seeking

AI_AI3

AI Help-Seeking

AI_AI4

AI Help-Seeking

AI_AI5

AI Help-Seeking

AI_AI6a

AI Help-Seeking

AI_AI6b

AI Help-Seeking

AI_AI6c

AI Help-Seeking

AI_AI6d

AI Help-Seeking

AI_AI6e

AI Help-Seeking

AI_AI7

AI Help-Seeking

AI_AI8

Arrested and Booked	SPO_SP02
Arrested and Booked	SPO_SP03j
Arrested and Booked	SPO_SP06a
Arrested and Booked	SPO_SP05b
Arrested and Booked	SPO_SEN12a

Access/Utilization	ACC_HTHLAST
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Access/Utilization	ACC_HTHUSUAL
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Access/Utilization	ACC_HTHTYPE
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Access/Utilization	ACC_HOSP12M
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Access/Utilization	ACC_HLTH17
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Access/Utilization	ACC_HLTH19
Health Care Access	HCA_MHTHDLY
Health Care Access	HCA_MHTND
Health Care Access	HCA_DLYCOST
Health Care Access	HCA_DNTCOST

Social Determinants: Paying Medical Bills PAY_BILL12M

Social Determinants: Paying Medical Bills	PAY_PAYWORRY
Mental Health Treatment	TXT_TXMHSUPP
Mental Health Treatment	TXT_TXMHER
Mental Health Treatment	TXT_TXMHRX
Alcohol and Drug Treatment	ADT_TXSBSUPP

Alcohol and Drug Treatment	ADT_TXSBER
Overdose Reversal	NAR_NARCANPY
Health Care Utilization - Prescription Medication	HCU_RX12MA
Health Care Utilization - Mental Health Visits	HCU_MHRXA
Health Care Utilization - Mental Health Visits	HCU_MHTRPY
Health Care Utilization - Mental Health Visits	HCU_MHTPYNOW
Health Care Utilization - Prescription Medication	HCU_RXSK12MA
Health Care Utilization - Prescription Medication	HCU_RXLS12MA
Health Care Utilization - Prescription Medication	HCU_RXDL12MA
Health Care Utilization - Prescription Medication	HCU_RXDG12MA
Recovery	REC_CA15
Recovery	REC_CA16
Recovery	REC_CA17

Recovery	REC_CA18
	MAR_MARITAL
Marital Status	
	MAR_EVMARRY
Marital Status	
	MAR_LEGAL
Marital Status	
	MAR_WIDIVSEP
Marital Status	
Internet/ HIT	INT_DISP
	INT_ACCESS
Internet/ HIT	
	INT_HOMEACC
Internet/ HIT	
	INT_DSPL
Internet/ HIT	
	INT_USEMED
Internet/ HIT	
	INT_USEDOC
Internet/ HIT	
	INT_USETEST
Language Items	LAN_OTHERLAN
	LAN_MEDIA
Language Items	
	LAN_DOCTOR
Language Items	
	LAN_SOCIAL
Language Items	

	TEL_NONCELL
Telephone Use	
Telephone Use	TEL_CELL
Telephone Use	TEL_HHCELL

Race/ Ethnicity	DEM_RACE
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Race/ Ethnicity	DEM_AIAN
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Race/ Ethnicity	DEM_ASIAN
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Race/ Ethnicity	DEM_BLACK
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Race/ Ethnicity

DEM_HISP

Race/ Ethnicity

DEM_MENA

Race/ Ethnicity

DEM_NHPI

Race/ Ethnicity

DEM_WHITE

Civic Engagement

CIV_INTRO

CIV_VOL12M

Civic Engagement

CIV_VOLOTH

Civic Engagement

CIV_MEET

Civic Engagement

CIV_VOTELOCL

Civic Engagement

UNIVERSE

SEX = 2 and AGE <= 49

PAI_FREQ3M= 1, 2, OR 3

PAI_FREQ3M= 1, 2, OR 3

If NIC_CIG01 = -6 or -7

If NIC_CIG01 = 1 or NIC_CIGREF =1

If NIC_VPLIF = -6 or -7

If NIC_VPLIF =1 or NIC_VPLIFREF = 1

If ALC_AL01 = -6 or -7

If ALC_AL01 = 1 or ALC_ALREF =1

If ALC_ALLAST3 = -9

If ALC_ALLAST3 = -6 or -7

IF ALC_ALLAST3 = 1 OR ALC_ALRECDK
OR ALC_ALRECRE = 1

If ALC_AL06 = -6, -7, or -9

If MJ_CBDLIF = 1

If MJ_MJ01 = -6 or -7

IF MJ_MJ01 = 1 or MJ_MJREF = 1

IF MJ_MJLAST3 = -9

IF MJ_MJLAST3 = -6 or -7

IF MJ_MJLAST3 =1 or MJ_MJRECKR =1
or MJ_MJRECRE =1

If MJ_MJ06=-6, -7, or -9

IF MJ_MJLAST3 = 1 OR MJ_MJRECDK
= 1 OR MJ_MJRECRE = 1

IF CC_CC01 = -6 or -7

IF CC_CC01 = 1 or CC_CCREF =1

HER_HE01 = -6 or -7

HER_HE01 or HER_HEREF = 1

IF IMF_IFLIF = 1

IF METH_ME01 = -6 or -7

IF METH_ME01 = 1 OR METH_MEREF
= 1

IF KRA_KA01=1

IF SUI_SUI03 = 1

IF SUI_SUI04 = 1

IF EMP_EMPLOY = 0, -6, -7, -9

IF EMP_EMPTY = 0 and
EMP_ABSENTWK = n0

If AI_AI2 = 1

If AI_AI3 = 1

IF AI_SUI01 = 1 and AI_AI3 =1

If AI_AI3 = 1

If AI_AI3 = 1

If AI_AI3 = 1

If AI_AI3 = 1

If AI_AI3 = 1

IF SPO_SP02 = 1 - 99 OR -6, -7, -9

IF ALC_ALLAST3 = 1 OR 2 OR
ALC_ALRECDK = 1 OR 2 OR
ALC_ALRECRE = 1 OR 2

IF MAR_MJLAST3 = 1 OR 2 OR
MAR_MJRECDK = 1 OR 2 OR
MAR_MJRECRE = 1 OR 2

If ACC_HTHUSUAL = 1, 3, -6, -7, -9

If lifetime drug use or alcohol use = 1

[Lifetime drug use = IF MJ_MJ01 = 1
OR MJ_MJREF = 1 OR CC_CC01 = 1 OR
CC_CCREF = 1 OR HER_HE01 = 1 OR
HER_HEREf = 1 OR IMF_INLIF=1 OR
OR HAL_LS01a = 1 OR HAL_LS01e = 1
METH_ME01=1 OR METH_MEREF=1
OR ALC_AL01 = 1 OR ALC_ALREF = 1]

If lifetime drug use or alcohol use = 1

[Lifetime drug use = IF MJ_MJ01 = 1
OR MJ_MJREF = 1 OR CC_CC01 = 1 OR
CC_CCREF = 1 OR HER_HE01 = 1 OR
HER_HEREf = 1 OR IMF_INLIF=1 OR
OR HAL_LS01a = 1 OR HAL_LS01e = 1
METH_ME01=1 OR METH_MEREF=1
OR ALC_AL01 = 1 OR ALC_ALREF = 1]

If lifetime drug use = 1

[Lifetime drug use = IF MJ_MJ01 = 1
OR MJ_MJREF = 1 OR CC_CC01 = 1 OR
CC_CCREF = 1 OR HER_HE01 = 1 OR
HER_HEREf = 1 OR IMF_INLIF=1 OR
OR HAL_LS01a = 1 OR HAL_LS01e = 1
METH_ME01=1 OR METH_MEREF=1]

MTL_MHTHRPy =1

If HUC_RX12MA = Yes

If HUC_RX12MA = Yes

If HUC_RX12MA = Yes

IF MAR_MARITAL = 2, 3, -6, -7, -9

IF MAR_MARITAL = 2 AND
MAR_EVMARRY = 1

IF MAR_MARITAL = 3 AND
MAR_EVMARRY = 1

If INT_ACCESS = 1

If INT_ACCESS = 1

If INT_ACCESS = 1

If INT_ACCESS = 1

If INT_ACCESS = 1

IF OTHERLAN = 1

IF OTHERLAN = 1

IF OTHERLAN = 1

If TEL_CELL = No and HHSIZE >=2

DEM_RACEa=1

DEM_RACEb=1

DEM_RACEc=1

DEM_RACEd=1

DEM_RACEe=1

DEM_RACEf=1

DEM_RACEg=1

IF CIV_VOL12M = No

QUESTION

Would you say your health in general is...

Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

If you take medication to control your high blood pressure, please answer yes.

Have you ever been told by a doctor or other health professional that you had high cholesterol?

If you take medication to control your high cholesterol, please answer yes.

Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?

Have you ever been told by a doctor or other health professional that you had asthma?

Are you currently pregnant?

Do you wear glasses or contact lenses?

Do you have difficulty [IF DIS_GLASS=1, FILL: seeing, even when wearing glasses; ELSE, FILL: seeing]?

Do you use a hearing aid?

Do you have difficulty [IF DIS_AID =1, FILL: hearing, even when using your hearing aids; ELSE, FILL: hearing]?

Do you have difficulty walking or climbing steps?

Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

Do you have difficulty remembering or concentrating?

Do you have difficulty with self-care, such as washing all over or dressing?

In the past three months, how often did you have pain?

Please answer based on your usual use of medication.

Thinking about the last time you had pain, how much pain did you have?

Over the past three months, how often did your pain limit your life or work activities?

These questions are about cigarette smoking.

Have you ever smoked part or all of a cigarette?

The answer that people give us about their cigarette smoking are important to this study's success. We know that this information is personal, but remember your answer will be kept confidential.

Please think again about answering the question: Have you ever smoked part or all of a cigarette?

Now think about the past 30 days, that is, from [DATEFILL] up to and including today.

During the past 30 days, have you smoked part or all of a cigarette?

The next questions are about vaping nicotine with e-cigarettes or other vaping devices. These devices might also be called vapes, vape pens, or mods. When answering, please include any device that heats a liquid containing nicotine into a vapor.

Have you ever, even once, vaped nicotine with an e-cigarette or other vaping device?

The answer that people give us about vaping nicotine with e-cigarettes or other vaping devices are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: have you ever, even once vaped nicotine with an e-cigarette or other vaping devices?

Now think about the past 30 days, that is, from [DATEFILL] up to and including today. During the past 30 days, have you vaped nicotine with an e-cigarette or other vaping device?

For these questions, a “drink” means a can or bottle of beer or hard seltzer, a glass of wine or a wine cooler, a shot of liquor, or a drink with liquor in it.

Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

How long has it been since you last drank alcoholic beverages?

What is your best guess of how long it has been since you last drank an alcoholic beverage?

The answers that people give us about their use of alcohol are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential. Please think again about answering this question:

How long has it been since you last drank an alcoholic beverage?

Think specifically about the past 30 days, from [DATEFILL], up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

What is your best estimate of the number of days you drank alcohol during the past 30 days?

The next questions are about CBD or hemp products made from hemp plants. CBD and hemp products have no or small amounts of THC and are not intended to cause a "high." They come in many forms including oils, lotions, edibles, and isolate. People sometimes use them to relieve pain, to reduce anxiety, or to help them sleep.

Have you ever, even once, used any CBD or hemp products?

How long has it been since you last used any form of CBD or hemp product?

The next questions are about marijuana and cannabis products, sometimes called pot, weed, hashish, or concentrates. Some of the ways these products can be used are smoking (such as in joints, pipes, bongs, blunts, or (hookahs), vaping (using vape pens, dab pens, tabletop vaporizers, or portable vaporizers), dabbing, eating or drinking, or applying as a lotion.

[If CBDLIF = 1, DK/ REF] Please exclude your use of CBD or hemp products when answering these questions.

Have you ever, even once, used marijuana or any cannabis products?

The answers that people give us about their use of marijuana or any cannabis product are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you ever, even once, used marijuana or any cannabis product?

How long has it been since you last used marijuana or any cannabis product?

What is your best guess of how long it has been since you last used marijuana or any cannabis product?

The answers that people give us about their use of marijuana or any cannabis product are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: How long has it been since you last used marijuana or any cannabis product?

Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or any cannabis product?

What is your best estimate of the number of days you used marijuana or any cannabis product during the past 30 days?

During the past 30 days, that is, since [DATEFILL], in which of the following ways did you use marijuana or any cannabis product?
Select all that apply.

These questions are about cocaine, including all the different forms of cocaine such as powder, 'crack,' free base, and coca paste.

Have you ever, even once, used any form of cocaine?

The answers that people give us about their use of cocaine are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you ever, even once, used any form of cocaine?

How long has it been since you last used any form of cocaine?

These next questions are about any form of heroin, such as powder or tar. Heroin can be smoked, snorted, or injected.

Have you ever, even once, used heroin?

The answers that people give us about their use of heroin are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you ever, even once, used heroin?

How long has it been since you last used heroin?

This next question is about illegally made fentanyl, which is fentanyl that people can't get from a doctor or pharmacy. Illegally made fentanyl can come in forms such as powder, pills, or blotter paper. It can also be mixed with heroin or other drugs.

Have you ever, even once, used illegally made fentanyl?

How long has it been since you last used illegally made fentanyl?

The next questions are about substances called hallucinogens. These drugs often cause people to have rapid, intense emotional swings or to see images, hear sounds, and feel sensations that seem real but are not.

Have you ever, even once, used LSD, also called "acid"?

Have you ever, even once, used psilocybin, found in mushrooms?

These questions are about methamphetamine, also known as meth, crank, ice, crystal meth, or glass. It can be smoked, snorted, swallowed or injected.

Have you ever, even once, used methamphetamine?

The answers that people give about their use of methamphetamine are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

Please think again about answering this question: Have you ever, even once, used methamphetamine?

How long has it been since you last used methamphetamine?

This next question is about kratom, which can come in forms such as powder, pills, or leaf.

Have you ever, even once, used kratom?

How long has it been since you last used kratom?

We are interested in your opinion about the effects of using certain drugs and other substances, about whether it's difficult or easy to get drugs, and the extent to which drugs are available in your neighborhood.

Please indicate how much you think people risk harming themselves physically and in other ways when they do each of the following activities.

If you're not sure, choose an answer for the amount of risk that comes closest to what you think might be true for that activity.

How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?

How much do people risk harming themselves physically and in other ways when they use LSD once or twice a week?

How much do people risk harming themselves physically and in other ways when they use heroin once or twice a week?

How much do people risk harming themselves physically and in other ways when they have four or five drinks of an alcoholic beverage nearly every day?

How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

The next few questions are about thoughts of suicide. At any time in the past 12 months, that is from [DATEFILL] up to and including today, did you seriously think about trying to kill yourself?

During the past 12 months, did you make any plans to kill yourself?

During the past 12 months, did you try to kill yourself?

During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself?

Did you stay in a hospital overnight or longer because you tried to kill yourself?

These next questions are about activities that can be difficult for some people because of physical, mental, or emotional conditions.

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

Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?

Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?

Work includes paid work, volunteer work, school work, and homework.

Last week, did you work for pay at a job or business?

Did you have a job or business last week, but were temporarily absent due to illness, vacation, family or maternity leave, or some other reason?

What is the main reason you were not working for pay at a job or business last week?

Are you covered by any of the following types of health insurance or health coverage plans?

The next questions will ask you to rate different areas of your health.

How would you rate your quality of life, focusing on what matters most to you?

How would you rate your social and family connections?

In general, how healthy is your overall diet?

How would you rate your physical activity, compared with people in your age group?

How would you rate your ability to manage stress?

How would you rate your sleep?

How would you rate your ability to find meaning and purpose in your daily life?

How would you rate your ability to manage your health, focusing on aspects of your health that matter most to you?

The next questions are about social and emotional support.

How often do you get the social and emotional support you need?

How often do you feel lonely?

In a typical week, and not including people you live with, how many times do you get together with people that you care about and feel close to?

In a typical week, and not including people you live with, how many times do you talk on the telephone or by video with people that you care about and feel close to?

During the past 12 months, how many times did you attend religious services?

Do not include special occasions such as weddings, funerals, or other special events

During the past 12 months, how many times did you attend meetings of clubs or organizations you belong to?

Over the last two weeks, how often have you been bothered by

...Little interest or pleasure in doing things?

...Feeling down, depressed, or hopeless?

...Trouble falling or staying asleep, or sleeping too much?

...Feeling tired or having little energy?

...Poor appetite or overeating?

...Feeling bad about yourself, or that you are a failure, or have let yourself or your family down?

...Trouble concentrating on things, such as reading the newspaper or watching television?

...Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual?

Over the last 2 weeks, how often have you been bothered by

...feeling nervous, anxious, or on edge?

...not being able to stop or control worrying?

...worrying too much about different things?

...having trouble relaxing?

...being so restless that it is hard to sit still?

...becoming easily annoyed or irritable?

...feeling afraid as if something awful might happen?

A chatbot or virtual companion uses artificial intelligence to talk to people through text or voice, without another human involved. People use them for things like getting information, asking questions, or having conversation. Examples include ChatGPT, Wysa, and Replika.

Have you ever used an artificial intelligence (AI) chatbot or companion?

AI chatbots and companions can offer emotional support by helping people feel heard, cared for, understood, and comforted. Have you ever used an AI chatbot or companion for emotional support?

In a typical week, about how much time do you spend interacting with an AI chatbot or companion for emotional support?

Please report your time in either minutes or hours per week.

Have you ever used an AI chatbot or companion for emotional support when you were having thoughts about trying to kill yourself

How much do you agree or disagree with the following statements?

I feel understood when talking to AI chatbots or companions.

I feel a sense of connection when talking to AI chatbots or companions.

I feel AI chatbots or companions just tell me what I want to hear.

I trust AI chatbots and companions to provide helpful advice about emotional issues.

I feel that AI chatbots and companions can think and form opinions the same way humans do

Have you ever received advice or feedback from an AI chatbot or companion that felt emotionally harmful?

Given the choice, would you prefer to turn to a human or to an AI chatbot or companion for emotional support?

Not counting minor traffic violations, how many times during the past 12 months have you been arrested and booked for breaking a law?

Being 'booked' means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

The next question is about offenses that are against the law. As you read each question, please answer whether you were arrested and booked for that offense during the past 12 months.

In the past 12 months, were you arrested and booked for driving under the influence of alcohol or drugs?

During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?

During the past 12 months, have you driven a vehicle while you were under the influence of marijuana?

During the past 12 months, how many times have you sold illegal drugs?

About how long has it been since you last saw a doctor or other health professional about your health?

Include doctors seen while a patient in a hospital. Do not include dental care.

Is there a place that you usually go to if you are sick and need health care?

What kind of place [fill: is it/do you go most often] - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA medical center or VA outpatient clinic; or some other place?

A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.

Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and usually do not see the same health care provider at each visit.

During the past 12 months, have you been hospitalized overnight?

During the past 12 months, have you stayed overnight or longer as an inpatient in a hospital?

During the past 12 months, how many times have you visited a doctor, nurse, physician assistant, or nurse practitioner about your own health at a doctor's office, a clinic, or some other place?

During the past 12 months, have you delayed getting counseling or therapy from a mental health professional because of the cost?

During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but did not get it because of the cost?

During the past 12 months, have you delayed getting medical care because of the cost?

During the past 12 months, was there any time when you needed medical care, but did not get it because of the cost?

Now we are going to ask you about your medical bills. Include bills for doctors, dentist, hospitals, therapists, medication, equipment, and nursing home or home care.

In the past 12 months, did you or anyone in your family have problems paying or were unable to pay medical bills?

If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?

These next questions ask about help you may have received for your mental health, emotions, or behavior.

During the past 12 months, have you participated in a support group to help you with your mental health, emotions, or behavior?

During the past 12 months, were you seen in an emergency room or emergency department for your mental health, emotions, or behavior?

During the past 12 months, did you take any medication that was prescribed to you to help with your mental health, emotions, or behavior?

The next questions ask about help you may have received for your alcohol or drug use, not including nicotine or tobacco.

During the past 12 months, have you participated in a support group for your alcohol or drug use?

During the past 12 months, were you seen in an emergency room or emergency department for your alcohol or drug use.

If someone appears to be overdosing on opioids, they might be treated with an overdose reversal medicine, such as Narcan or naloxone.

During the past 12 months, have you been treated with an overdose reversal medicine?

At any time in the past 12 months, did you take prescription medication?

During the past 12 months, did you take prescription medication to help you with any other emotions or with your concentration, behavior or mental health?

During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

Are you currently receiving counseling or therapy from a mental health professional?

During the past 12 months, were any of the following true for you?

...You skipped medication doses to save money.

...You took less medication to save money.

...You delayed filling a prescription to save money.

During the past 12 months, was there any time when you needed prescription medication, but did not get it because of the cost?

Do you think you ever had a problem with your own drug or alcohol use?

At this time do you consider yourself to be in recovery or recovered from your own problem with drugs or alcohol use?

Do you think you ever had a problem with your own mental health?

At this time do you consider yourself to be in recovery or recovered from your own mental health problem?

The next questions are about marriage and cohabitation. Are you now...

Have you ever been married?

What is your current legal marital status?

Are you...

These next questions are about your use of the Internet.

Do you have access to the Internet?

Do you have access to the Internet from your home?

Include Internet and data use through a computer, table, smartphone, or other electronic device.

During the past 12 months, have you used the Internet for any of the following reasons?

Include Internet and data use through a computer, tablet, smartphone, or other electronic device.

To look for health or medical information.

To communicate with a doctor or doctor's office

To look up medical test results

Do you speak a language other than English at home?

When you watch television, read news online or in print, or listen to the radio, which language do you use most often?

When you see a doctor or other health care professional, which language do you use most often?

When you participate in social activities, such as visiting friends, attending clubs, or going to parties, which language do you use most often?

Is there at least one telephone inside your home that is currently working and is not a cell phone?

Do you have a working cell phone?

Do you live with anyone at your home who has a working cell phone?

What is your race and or ethnicity?

You said that you are American Indian or Alaska Native. Please enter additional details in the space below. For example are you Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, or another group? Note, you may report more than one group.

You said that you are Asian. Please select all that apply. Are you:

You said that you are Black or African American. Please select all that apply. Are you:

You said that you are Hispanic or Latino. Please select all that apply. Are you:

You said that you are Middle Eastern or North African. Please select all that apply. Are you:

You said that you are Native Hawaiian or Pacific Islander. Please select all that apply. Are you:

You said that you are White. Please select all that apply. Are you:

The next questions are about activities you may have done in your community.

During the past 12 months, did you spend any time volunteering for any organization or association?

Some people don't think of activities they do infrequently or for children's schools or youth organizations as volunteer activities. During the past 12 months, have you done any of these types of activities?

During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?

Did you vote in the last local elections, such as for mayor, councilmembers, or school board?

RESPONSE OPTIONS

NOTES

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

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Yes
 - 0 No
-

- 1 Yes
 - 0 No
-

- 1 Yes
- 0 No

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do this at all

- 1 Yes
- 0 No

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do this at all

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do this at all

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do this at all

- 1 No difficulty
- 2 Some difficulty
- 3 A lot of difficulty
- 4 Cannot do this at all

- 1 No difficulty
 - 2 Some difficulty
 - 3 A lot of difficulty
 - 4 Cannot do this at all
-

- 0 Never
- 1 Some days
- 2 Most days
- 3 Every day

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot

- 0 Never
 - 1 Some days
 - 2 Most days
 - 3 Every day
-

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Yes
- 0 No

1 Yes
0 No

30 day calendar

HELP SCREEN:

Beer and Seltzers

Regular beer, lite or light beer,
hard cider, hard seltzer, or malt
liquor.

Wine

Red or white wine, rosé,
Champagne, fortified wines, or
wine coolers.

Liquor

Bourbon, Scotch, Gin, Tequila,
Rum, or Vodka.

Liqueurs, Cordials, and Brandy
Brandy, Schnapps, Kahlua, or
Triple sec.

Mixed Drinks and Cocktails

Bloody Mary, Irish coffee,
Margarita Daiquiri, Martini or
canned cocktail.

1 Yes
0 No

1 Yes
0 No

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12
months
3 More than 12 months ago

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12
months
3 More than 12 months ago

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12
months
3 More than 12 months ago

[NUM BOX] days in the past 30 days [RANGE 1-30]

-9 Don't Know

30 day calendar

- 1 1 or 2 days
- 2 3 to 5 days
- 3 6 to 9 days
- 4 10 to 19 days
- 5 20 to 29 days
- 6 All 30 days

30 day calendar

- 1 Yes
- 0 No

- 1 Within the past 30 days - that is since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago but within the past 3 years
- 4 More than 3 years ago

12 month calendar

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Within the past 30 days - that is since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago

12 month calendar

- 1 Within the past 30 days - that is since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago

- 1 Within the past 30 days - that is since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago

[NUM BOX] days in the past 30 days [RANGE 1-30]

-9 Don't Know

30 day calendar

- 1 1 or 2 days
- 2 3 to 5 days
- 3 6 to 9 days
- 4 10 to 19 days
- 5 20 to 29 days
- 6 All 30 days

30 day calendar

- 1 Smoking
- 2 Vaping
- 3 Dabbing waxes, shatter, or concentrates
- 4 Eating or drinking
- 5 Putting drops, strips, lozenges, or sprays in your mouth or under your tongue
- 6 Applying lotion or cream, or patches to your skin
- 7 Taking pills
- 8 Some other way

30 day calendar

- 1 Yes
- 0 No

- 1 Yes
- 0 No

- 1 Within the past 30 days - that is since [DATEFILL]
- 2 More than 30 days ago but within the past 12 months
- 3 More than 12 months ago

12 month calendar

- 1 Yes
- 0 No

1 Yes
0 No

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago 12 month calendar

1 Yes
0 No

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago 12 month calendar

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Within the past 30 days - that is since [DATEFILL]
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago 12 month calendar

1 Yes
0 No

1 Within the past 30 days - that is since [DATEFILL]

2 More than 30 days ago but within the past 12 months

3 More than 12 months ago

12 month calendar

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 No risk

2 Slight risk

3 Moderate risk

4 Great risk

1 Yes

0 No

12 month calendar

1 Yes

0 No

12 month calendar

1 Yes

0 No

12 month calendar

1 Yes

0 No

12 month calendar

1 Yes
0 No

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do this at all

1 No difficulty
2 Some difficulty
3 A lot of difficulty
4 Cannot do this at all

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Unemployed, laid off, looking for work
2 Seasonal/contract work
3 Retired
4 Unable to work for health reasons/disabled
5 Taking care of house or family
6 Going to school
7 Working at a family-owned job or business, but not
for pay
8 Other

EMP_INSA Insurance through a current or former employer or union of your own or another family member
EMP_INSB Insurance purchased directly from an insurance company by you or another family member
EMP_INSC Medicare, for people 65 and older or people with certain disabilities
EMP_INSD Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
EMP_INSE TRICARE or other military health care
EMP_INSF VA [CAWI: (enrolled for VA health care); CATI: That is, enrolled for VA health care]
EMP_INSG Indian Health Service
EMP_INSH Any other type of health insurance or health coverage plan (please specify) [TEXTBOX]

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

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

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

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

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

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

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

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

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
-

0. Never or less than once a week
1. 1 to 2 times
2. 3 to 4 times
3. 5 or more times

0. Never or less than once a week
1. 1 to 2 times
2. 3 to 4 times
3. 5 or more times

0. Zero
1. 1 to 3 times
2. 4 to 11 times
3. 12 or more times

- 1 I do not belong to a club or organization
 - 2 Zero times
 - 3 1 to 3 times
 - 4 4 to 11 times
 - 5 12 or more times
-

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day
- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- 1 Not at all
 - 2 Several days
 - 3 More than half the days
 - 4 Nearly every day
-

- 1 Yes
- 0 No
- 9 I'm not sure

- 1 Yes
- 0 No

I do not use AI chatbots or companions for emotional support in a typical week

[NUM BOX]

Select unit: Minutes per week/ hours per week

- 1 Yes
- 0 No

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

Strongly agree
Somewhat agree
Somewhat disagree
Strongly disagree

- 1 Yes
- 0 No

I prefer talking to an AI chatbot or companion
I prefer talking to a human
It depends on what I want to talk about
No preference

[NUM BOX] times in the past 12 months [RANGE 0-99]
-9 Don't Know 12 month calendar

1 Yes
0 No 12 month calendar

1 Yes
0 No 12 month calendar

1 Yes
0 No 12 month calendar

1 0 times
2 1 or 2 times
3 3 to 5 times
4 6 to 9 times
5 10 or more times 12 month calendar

1 Less than 12 months ago
2 More than 1 year but less than 2 years ago
3 More than 2 years but less than 3 years ago
4 More than 3 years but less than 5 years ago
5 More than 5 years bt less than 10 years ago
6 10 years aog or more
0 Never

1 Yes, there is a single place
2 Yes, there is more than one place
3 No, there is no place

1 A doctor's office or health center
2 Urgent care center or clinic in a drug store or grocery store
3 Hospital emergency room
4 A VA medical center or VA outpatient clinic
5 Some other place
6 Does not go to one place most often

1 Yes
0 No

1 Yes
0 No

[NUM BOX] visits in the past 12 months [RANGE 0-365]

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Very worried
2 Somewhat worried
3 Not at all worried

1 Yes
0 No

12 month calendar

1 Yes
0 No

12 month calendar

1 Yes
0 No

12 month calendar

1 Yes
0 No

12 month calendar

1 Yes
0 No

12 month calendar

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Married
2 Living with a partner together as an unmarried couple
3 Neither

1 Yes
0 No

1 Married
2 Widowed
3 Divorced
4 Separated

1 Widowed
2 Divorced
3 Separated

N/A

1 Yes
0 No

For CAWI respondents, this item is auto-keyed as 1/Yes and not displayed

1 Yes
0 No

N/A

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 English
2 Spanish
3 Another language

1 English
2 Spanish
3 Another language

1 English
2 Spanish
3 Another language

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

DEM_RACEa American Indian or Alaska Native
DEM_RACEb Asian
DEM_RACEc Black or African American
DEM_RACEd Hispanic or Latino
DEM_RACEe Middle Eastern or North African
DEM_RACEf Native Hawaiian or Pacific Islander
DEM_RACEg White

Text Box [Character Limit =150]

1 Chinese
2 Vietnamese
3 Filipino
4 Korean
5 Asian Indian
6 Japanese
7 Another Asian group, for example Pakistani,
Cambodian, Hmong etc.

1 African American
2 Nigerian
3 Jamaican
4 Ethiopian
5 Haitian
6 Somali
7 Another Black or African American group, for
example Trinidadian and Tobagonian, Ghanian,
Congolese, etc. [Text Box]

1 Mexican
2 Cuban
3 Puerto Rican
4 Dominican
5 Salvadoran
6 Guatemalan
7 Another Hispanic or Latino group, for example
Colobian, Honduran, Spaniard, etc. [TEXT BOX]

1 Lebanese
2 Syrian
3 Iranian
4 Iraqi
5 Egyptian
6 Israeli
7 Another Middle Eastern or North African group, for
example Moroccan, Yemeni, Kurdish, etc. [TEXT BOX]

1 Native Hawaiian
2 Tongan
3 Samoan
4 Fijian
5 Chamorro
6 Marshallese
7 Another Native Hawaiian or Pacific Islander group,
for example Chuukese, Palauan, Tahitian, etc. [TEXT
BOX]

1 English
2 Italian
3 German
4 Polish
5 Irish
6 Scottish
7 Another White group, for example French, Swedish,
Norwegian, etc. [TEXT BOX]

N/A

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

1 Yes
0 No

SOURCE	PURPOSE
NHIS (RSS 7)	Benchmark
NHIS (RSS 7)	Benchmark
NHIS	Calibration
NHIS (RSS 7)	Benchmark
NHIS (RSS 7)	Benchmark
RSS (RSS 1)	Demographic Information
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark

NHIS (RSS 4)	Benchmark
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NHIS (RSS 4)	Benchmark
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NHIS (RSS 4)	Benchmark
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NHIS (RSS 2)	Benchmark
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NSDUH

Content Requested by SAMHSA

NHIS (RSS 7)

Calibration

NHIS (RSS 7)

Calibration

NHIS (RSS 7)

Calibration

NHIS (RSS 7)

Demographic Information

NHIS (RSS 7)

Demographic Information

NHIS (RSS 7)

Demographic Information

ACS (asked on RSS 7)

Demographic Information

2025 NHIS

Benchmark

2025 NHIS

Benchmark

2025 NHIS

Benchmark

2025 NHIS

Benchmark

2025 NHIS

Benchmark

2025 NHIS	Benchmark
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NHIS (RSS 2)	Benchmark
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NHIS (RSS 2)	Benchmark
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NHIS (New to RSS)	Benchmark
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NHIS (New to RSS)	Content Requested by SAMHSA
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NHIS (New to RSS)

Content Requested by SAMHSA

Written for RSS

Content Requested by CDC

Written for RSS

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NSDUH	Content Requested by SAMHSA
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NSDUH	Content Requested by SAMHSA
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NHIS (RSS 7)	Benchmark
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NHIS with RSS CAWI modified response options (RSS 7)	Benchmark
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NHIS (RSS 7)	Benchmark
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NHIS (RSS 6)	Benchmark
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NHIS (New to RSS)	Benchmark
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NHIS (New to RSS)	Benchmark
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NHIS (RSS 2)	Benchmark
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NHIS (RSS 2)	Benchmark
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NHIS RSS 7)	Benchmark
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NHIS (RSS 7)	Benchmark
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NHIS (New to RSS)	Benchmark
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NHIS (RSS 1)	Benchmark
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NHIS (RSS 2)	Content Requested by SAMHSA
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NSDUH	Content Requested by SAMHSA
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NHIS (RSS 2)	Benchmark
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NHIS (RSS 4)	Benchmark
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NHIS (RSS 2)	Benchmark
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NSDUH	Content Requested by SAMHSA
NHIS (RSS 7)	Demographic Information
NHIS (RSS 7)	Demographic Information
NHIS (RSS 7)	Demographic Information
NHIS (RSS 7)	Demographic Information
NHIS (RSS 7)	Calibration
NHIS (RSS 7)	Calibration
NHIS (RSS 7)	Calibration
NHIS (RSS 7)	Calibration
NHIS (RSS 7)	Calibration
NHIS	Calibration
NHIS	Calibration
NHIS	Calibration
NHIS	Calibration
NHIS	Calibration

NHIS	Calibration
NHIS (RSS 2 and RSS7)	Calibration
RSS	Calibration

RSS	Demographic Information
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RSS	Demographic Information
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RSS	Demographic Information
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RSS	Demographic Information
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RSS Demographic Information

RSS Demographic Information

RSS Demographic Information

NHIS	Demographic Information
NHIS	Calibration

NHIS Calibration

NHIS Calibration

NHIS

Calibration

NHIS

Calibration
