SECTION HEADING	VARIABLE NAME
Self-Reported Health Status	HIS_GENERAL
Chronic Conditions	CHR_HYPEV
Chronic Conditions	CHR_CHLEV
Chronic Conditions	CHR_ASEV
Chronic Conditions	CHR_DISP1
Chronic Conditions	CHR_CANEV
Chronic Conditions	CHR_CHDEV
Chronic Conditions	CHR_ANGEV
Chronic Conditions	CHR_MIEV
Chronic Conditions	CHR_STREV
Chronic Conditions	CHR_COPDEV
Diabetes	DIB_PREDIB

Diabetes	DIB_GESDIB
Diabetes	DIB_DIBEV
Diabetes	DIB_DIBPILL
Diabetes	DIB_DIBINS
Diabetes	DIB_DIBGLP
Diabetes	DIB_DIETEX
BMI/Obesity	BMI_PREGNOW
BMI/Obesity	BMI_HEIGHT
BMI/Obesity	BMI_WEIGHT
Health Care Utilization - Immunization	IMM_SHTFLU12
Health Care Utilization - Immunization	IMM_SHTCVD19
Whole Person Health	WPH_PHQOL

Whole Person Health	WPH_SOCFC
Whole Person Health	WPH_DIET
Whole Person Health	WPH_PHYSA
Whole Person Health	WPH_STRESS
Whole Person Health	WPH_SLEEP
Whole Person Health	WPH_SPRT
Whole Person Health	WPH_MANGH
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
Social/Work Limitations	SOC_INTRO
Social/Work Limitations	SOC_ERRANDS
Social/Work Limitations	SOC_PARACTIV
Social/Work Limitations	SOC_SCWRKLIM
Health Status - Pain	PAI_FREQ3M
Health Status - Pain	PAI_AMNT

Health Status - Pain	PAI_WKLM3M
Health Status - Pain	PAI_AFFM3M
Health behaviors - Cigarette Smoking	CIG_SMKEV
Health behaviors - Cigarette Smoking	CIG_SMKNOW
Health behaviors - Cigarette Smoking	CIG_ECIGV
Health behaviors - Cigarette Smoking	CIG_ECIGNOW
Folic Acid	FOC_VITAMINEV
Folic Acid	FOC_ANYFOLATE
Folic Acid	FOC_FOLICTYPE

Folic Acid	FOC_FOLICOFT
Folic Acid	FOC_INFODOC
Folic Acid	FOC_INFOHOL
Folic Acid	FOC_INFOMEDIA
Folic Acid	FOC_INFOWEB
Folic Acid	FOC_INFODISP
Folic Acid	FOC_INFOPODS
Folic Acid	FOC_INFOAPPS
Folic Acid	FOC_INFOFAM
Folic Acid	FOC_INFOOTH
Folic Acid	FOC_INFOPREF
Folic Acid	FOC_DAILYVIT
Folic Acid	FOC_DEFECTS
Folic Acid	FOC_STARTFOL
Folic Acid	FOC_PREGPLANS
Roster	ROS_ANYCHILD

Roster	ROS_NUMCHILD
Roster	ROS_RELATION
Roster	ROS_CHILD12
Social Support	SOS_SUPPORT
Loneliness	LON_LONELY
Social connection	SCN_SCONNECT1
Social connection	SCN_SCONNECT2
Social connection	SCN_SCONNECT3
Social connection	SCN_SCONNECT4
Social Parenting Support	SPS_PARENTCON1
Social Parenting Support	SPS_PARENTCON2

Social Parenting Support	SPS_PARENTCON3
Mental Health - Anxiety and Depression	MTH_PHQ41
Mental Health - Anxiety and Depression	MTH_PHQ42
Mental Health - Anxiety and Depression	MTH_AGAD1
Mental Health - Anxiety and Depression	MTH_AGAD2
Health Care Utilization - Mental Health Visits	MTL_MHRXA
Health Care Utilization - Mental Health Visits	MTL_MHTHRPY
Health Care Utilization - Mental Health Visits	MTL_MHTPYNOW
Health Care Access	HCA_MHTHDLY
Health Care Access	HCA_MHTND

Access/Utilization	ACC_HTHLAST
Access/Utilization	ACC_HTHUSUAL
Access/Utilization	ACC_HTHTYPE
Access/Utilization	ACC_HOSP12M
Health Care Access	HCA_DLYCOST
Health Care Access	HCA_DNTCOST
Social Determinants: Paying Medical Bills	PAY_BILL12M

Social Determinants: Paying Medical Bills	PAY_PAYWORRY
Health Care Utilization - Prescription Medication	HCU_RX12MA
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
Diet and Nutrition	DNU_DISP
Diet and Nutrition	DNU_FASTPIZZAA
Diet and Nutrition	DNU_CONVEN
Diet and Nutrition	DNU_SODA
Diet and Nutrition	DNU_SUGDRINKA
Diet and Nutrition	DNU_DIETSODA
Diet and Nutrition	DNU_DIETOTHA

Diet and Nutrition	DNU_CARBWATER
Diet and Nutrition	DNU_APPS
Diet and Nutrition	DNU_TODDMILK
Diet and Nutrition	DNU_MILKOFT
Diet and Nutrition	DNU_MILKTYP
Diet and Nutrition	DNU_MILKCOW
Diet and Nutrition	DNU_RAWMILK
Diet and Nutrition	DNU_FLAVMILK
Diet and Nutrition	DNU_DIETOTHC

Diet and Nutrition	DNU_SUGDRINKC
Diet and Nutrition	DNU_DESSERTS
Diet and Nutrition	DNU_VEGTABLES
Diet and Nutrition	DNU_SALTY
Diet and Nutrition	DNU_FASTPIZZAC
Diet and Nutrition	DNU_NFOFTEN
Diet and Nutrition	DNU_NFOFTCHILD
Diet and Nutrition	DNU_MEALPREP
Diet and Nutrition	DNU_SHAREPREP
Diet and Nutrition	DNU_SHOPPING

Diet and Nutrition	DNU_SHARESHOP
Diet and Nutrition	DNU_EATTOGETH
Diet and Nutrition	PAY_PAYFOOD
Highly Processed Foods	HPF_DISP1
Highly Processed Foods	HPF_IDHPF
Highly Processed Foods	HPF_OFTENHPF
Highly Processed Foods	HPF_HPFAMT

Highly Processed Foods	HPF_HPFWHY
Highly Processed Foods	HPF_DISP2
	HPF_TRAINER
Highly Processed Foods	HPF_NUTRITION
Highly Processed Foods	HPF_DOCTOR
Highly Processed Foods	HPF_MEDIA
Highly Processed Foods	HPF_GOVWEB
Highly Processed Foods	HPF_WELLAPPS
Highly Processed Foods	HPF_PODS
Highly Processed Foods	HPF_BOOKS
Highly Processed Foods	HPF_OTHER
Highly Processed Foods	HPF_PYRAMID
Highly Processed Foods	HPF_AVOIDHPF
Employment	EMP_EMPLOY
Employment	EMP_ABSENTWK

Employment	EMP_WHYNOWRK
Employment	EMP_INSUR
Marital Status	MAR_MARITAL
Marital Status	MAR_EVMARRY

	MAR_LEGAL
Marital Status	
	MAR_WIDIVSEP
Marital Status	
Internet/ HIT	INT_DISP
	INT_ACCESS
Internet/ HIT	
	INT_HOMEACC
Internet/ HIT	
	INT_DSPL
Internet/ HIT	
Internet/ HIT	INT_USEMED
Internet/ HIT	INT_USEDOC
Internet/ HIT	INT_USETEST

	LAN_OTHERLAN
Language Items	
Telephone Use	TEL_NONCELL
Telephone Use	TEL_CELL
Telephone Use	TEL_HHCELL

Civic Engagement	CIV_INTRO
Civic Engagement	CIV_VOL12M
	CIV_VOLOTH
Civic Engagement	
Civic Engagement	CIV_MEET
Civic Engagement	CIV_VOTELOCL
Race/ Ethnicity	DEM_RACE
Race/ Ethnicity	DEM_AIAN
Race/ Ethnicity	DEM_ASIAN
Race/ Ethnicity	DEM_BLACK

Race/ Ethnicity	DEM_HISP
Race/ Ethnicity	DEM_MENA
Race/ Ethnicity	DEM_NHPI
Race/ Ethnicity	DEM_WHITE

UNIVERSE

SEX = Female

DIB_PREDIB = Yes OR DIB_DIBEV = Yes

DIB_PREDIB = Yes OR DIB_DIBEV = Yes

DIB_PREDIB = Yes OR DIB_DIBEV = Yes

DIB_PREDIB = Yes OR DIB_DIBEV = Yes

SEX = Female and AGE <= 49

PAI_FREQ3M= Some Days, Most Days, or Every Day

PAI_FREQ3M= Some Days, Most Days, or Every Day

PAI_FREQ3M= Some Days, Most Days, or Every Day

If CIG_SMKEW = Yes

If CIG_ECIGV = Yes

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49 and FOC_VITMINEV = Yes

If SEX = Female and AGE <= 49 and FOC_ANYFOLATE = YES

If SEX = Female and AGE <= 49 and
FOC_ANYFOLATE = YES

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

IF SEX = Female and AGE <= 49

IF SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

If SEX = Female and AGE <= 49

If SEX = Female, AGE <=49, and at
least two of FOC_INFODOC-
FOC_INFOTHER = Yes

SEX = Female and AGE <= 49

SEX = Female and AGE <= 49

SEX = Female and AGE <= 49 and
FOC_DEFECTS = Yes

SEX = Female and AGE <= 49 and
BMI_PREGNOW = no or missing

ROS_ANYCHILD = Yes

ROS_ANYCHILD = Yes

ROS_ANYCHILD = Yes

ROS_RELATION = Yes

ROS_RELATION = Yes

ROS_RELATION = Yes

MTL_MHTHRPY = Yes

If ACC_HTHUSUAL = Doctors office, Hospital emergency room, Don't know, Refused, or Missing

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If HUC_RX12MA = Yes

If HUC_RX12MA = Yes

If HUC_RX12MA = Yes

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If DNU_MILKOFT = milk served 1 or more times in past week

If DNU_MILKTYP includes Cow's milk

If DNU_MILKTYP includes Cow's milk or another type of milk

If DNU_MILKOFT = milk served 1 or more times in past week

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If ROS_RELATION = Yes

If ROSTER2 = yes and DNU_NFOFTEN
is always, most of the time,
sometimes, or rarely

If ROS_RELATION = Yes

IF HPF_OFTENHPF is 1 or more times
during the past week or per day

IF HPF_OFTENHPF is 1 or more times during the past week or per day

HPF_PYRAMID = yes

IF EMP_EMPLOY = No, Don't know, Refuse, or missing

IF EMP_EMPLY = No and
EMP_ABSENTWK = No

IF MAR_MARITAL = Living with a
partner, Neither, Don't Know, Refuse,
or Missing

IF MAR_MARITAL = Living with a partner AND MAR_EVMARRY = Yes

IF MAR_MARITAL = Neither AND MAR_EVMARRY = Yes

If INT_ACCESS = Yes

If INT_ACCESS = Yes

If INT_ACCESS = Yes

If INT_ACCESS = Yes

If INT_ACCESS = Yes

If TEL_CELL = No and HHSIZE >=2

IF CIV_VOL12M = No

DEM_RACEa = American Indian or
Alaska Native

DEM_RACEb = Asian

DEM_RACEc= Black or African America

DEM_RACEd= Hispanic or Latino

DEM_RACEe= Middle Eastern or North

DEM_RACEf= Native Hawaiian or Pacifi

DEM_RACEg= White

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 asthma?

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

Cancer or a malignancy of any kind?

Coronary heart disease?

Angina, also called angine pectoris?

A heart attack, also called myocardial infarction?

A stroke?

Have you ever been told by a doctor or other health professional that you had Chronic Obstructive Pulmonary Disease, C.O.P.D, emphysema, or chronic bronchitis?

Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

Has a doctor or other health professional ever told you that you had gestational diabetes, a type of diabetes that only occurs during pregnancy?

Gestational diabetes is a diabetes that you did not have prior to being pregnant and goes away after you are pregnant. Pregnany women are usually screened for gestational diabetes during the 24th and 28th week of pregnancy.
[Not including gestational diabetes][Not including prediabetes] has a doctor or other health professional ever told you that you had diabetes?
Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycmic agents.

Insulin can be taken by shot or pump. Are you now taking insulin?

[Other than insulin, are you/Are you] taking any injectable medications to lower your blood sugar or lose weight?

These medications include GLP-1 injectables, such as Ozempic® (oh-ZEM-pik), Wegovy® (Wee-GOH-vee), Saxenda® , Victoza® , Trulicity® , and Mounjaro® (moun-JER-roh).

Are you now managing your [prediabetes/diabetes] through diet or exercise?

Are you currently pregnant?

How tall are you without shoes?

[How much did you weight before your pregnancy] How much do you weight?

There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose.
During the past 12 months, have you had a flu vaccination?
The next question is about coronavirus or COVID-19 vaccination. During the past 12 months, have you had at least one dose of COVID-19 vaccination?

COVID-19 vaccines approved for use in the United States are made by Pfizer-BioNTEC, (also called Comirnaty), Moderna, also called Spikevax, and Novavax.

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?

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?

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.

The next questions are about pain you may have had in the past three months.

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?

Over the past three months, how often did your pain affect your family and significant others?

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

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

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Electronic cigarettes, e-cigarettes, and other electronic vaping products include JUULs, vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.
Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

These questions concern electronic vaping products for nicotine use.

Do not include marijuana use.

In the past 12 months, have you taken any vitamins or multivitamins?

Do any of the vitamins or multivitamins you take contain folic acid or another type of folate?

Other types of folate include methylated folate, 5-MTHF, methylfolate, L-5-methyltetrahydrofolate, L-5-MTHF, levomefolate, deplin, and mefolinate.

Some vitamins contain both folic acid and other types of folate. You can find this information on the Supplement Facts label on your vitamin’s packaging.
What type of folic acid or folate is in your vitamin or multivitamin? Please select all the apply.

Other types of folate include methylated folate, 5-MTHF, methylfolate, L-5-methyltetrahydrofolate, L-5-MTHF, levomefolate, deplin, and mefolinate.

Some vitamins contain both folic acid and other types of folate. You can find this information on the Supplement Facts label on your vitamin’s packaging.

In a typical week, how often do you take a vitamin or multivitamin containing folic acid or folate?

If it varies, please give us your best guess
The next questions will ask about different sources you might go to for information on vitamins. Do you get information on vitamins from…

Doctors or other healthcare providers?

Alternative or holistic pracitioners such as an acupuncturist or herbalist?

Social Media?

Websites or forums?

Do you get information on vitamins from…

Podcasts or radio?

Wellness or health apps?

Family and friends?

Other sources?

Out of the different sources you might go to for information, which one is your preferred source?

Has a doctor or healthcare provider ever encouraged you to take a daily vitamin with folic acid?

Do you think consuming a vitamin with folic acid can reduce the risk of birth defects of the brain and spine?

When do you think women should begin to take folic acid to reduce the risk of birth defects of the brain and spine?

Within the next 12 months, which of the following best describes your pregnancy plans?

Are there any children under 18 living in your household?

How many children under 18 live in your household?

Are you the biological, step, adoptive, or foster parent of any of these children?

Are any of the children living in your household under 12 years old?

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?

The next questions are about your experiences being a parent and raising children. Specifically, we want you to think about the children in your home who are under 18 years of age.

How often do you get the social and emotional support you need with parenting and raising children?

How often do you find it difficult handling the day-to-day demands of parenting and raising children?

How often do you talk, chat, or connect with other parents about your children or their children?

Now I'm going to ask you about several problems. Please tell me how often you have been bothered, over the last 2 weeks, by any of the following problems. .

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

...Little interest or pleasure in doing things?

...Feeling down, depressed, or hopeless?

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

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

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, 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?

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?

Do not include an overnight stay in the emergency room.

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?

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?

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

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?

The next questions ask about the food and drink you have had in the past week.

In the past 24 hours, did you buy food for yourself from fast food or pizza place?

In the past 24 hours, did you buy prepared food for yourself at convenience stores including gas stations or corner stores?

During the past week, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

During the past week, how often did you drink sugar-sweetened fruit drinks, such as Kool-aid and lemonade, sweet tea, and sports or energy drinks such as Gatorade or Red Bull? Do not include 100% fruit juice, diet drinks, or artifically sweetened drinks.

During the past week, how often did you drink diet or artificially sweetened soda or pop?

During the past week, how often did you drink other diet or artificially sweetened beverages? Include low-calorie sports or energy drinks, “light” or “zero” drinks, and artificially sweetened fruit drinks or teas.

During the past week, how often did you drink water that is carbonated or sparkling? Include club soda, plain or flavorless sparkling water, and flavored sparkling water.

Have you ever used a smartphone app, or other online tool to record and track what you eat?

Next, we have some questions about the nutrition and food that your family eats.

When answering these questions, please think about any children under the age of 18 living in your home.

Did any children living in your home ever drink toddler milk, sometimes call follow-on formulas?

This does not include infant formula that is made for infants less than 12 months old.

During the past week, how often was milk provided to any children living in your home at meals or as snacks?

Include cow's milk, plant-based milk such as soy, oat, or almond milk, and any other type of milk.

Do not include breast or infant fomula.

What type of milk was most often provided?

Which type of cow's milk was most often provided?

During the past week, was any of the milk provided raw or unpasteurized milk?

During the past week, was any of the milk flavored milk, such as chocolate or strawberry?

During the past week, how often were diet or artificially sweetened drinks provided to any children living in your home at meals or as snacks?

Example includes diet soda, low calorie sports or energy drinks, "light" or "zero" beverages, or artificially sweetened fruit drinks or teas.

During the past week, how often were sugary drinks provided to any children living in your home at meals or as snacks? Examples include soda, fruit drinks, sports drinks, chocolate or flavored milk, or sweet tea. Do not include 100% fruit juice.

During the past week, how many times were sweetened foods or desserts provided to any children living in your home at meals or as snacks? Examples include candy, cookies, cake, pie, brownies, doughnuts, or ice cream. Do not include sugar-free desserts or sweets.

During the past week, how often were vegetables provided to any children living in your home at meals or snacks? Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.

During the past week, how many times were salty snacks provided to any children living in your home at meals or as snacks? Examples include potato chips, corn chips, pretzels, or popcorn.

During the past week, how many times did you buy food from fast food places for children living in your household?

Include food from quick-service restaurants where you order at a counter or drive-through.

How often do you use the Nutrition Facts panel on a food label, like the image below, when deciding to buy a food product?

How often do you use the Nutrition Facts panel on a food label, like the image below, when deciding to buy a food product specifically for children living in your home?

Are you the person who does most of the planning or preparing of meals in your family?

Do you share in the planning or preparing of meals with someone else?

Are you the person who does most of the shopping for food in your family?

Do you share in the shopping for food with someone else?

During the past week, on how many days did all the family members who live in the household eat a meal together?

Which of these statements best describes your household's ability to afford the food you need during the past 12 months?

These next questions are about highly processed foods and drinks.

Highly processed foods and drinks are products that have been changed significantly from how they are found in nature. This includes packaged meals and snacks, processed meats, refined carbohydrates, sugar-sweetened drinks and diet drinks with artificial sweeteners.

Common examples include fried foods, fast food, soda, frozen meals, bacon, hot dogs, chicken nuggets, pizza, white bread, flour tortillas, chips, crackers, cookies, packaged baked pastries, sweetened breakfast cereals, candy, and chocolate.

People also use the term "ultra processed foods" to describe these products.

How confident are you that you can identify highly processed foods and drinks when choosing what to eat or drink?

During the past week, what is your best guess of how often you have highly processed foods or drinks?

What do you think about the amount of highly processed food you eat?

What is the main reason that you eat highly processed foods and drinks?

If you wanted to know more about highly processed foods, which of the following sources would you look to for information?

Your personal trainer, fitness instructor, or sports coach

Your nutritionist or dietitian

Your doctor or another healthcare professional

Social media

Government officials or websites

Health and wellness apps

Podcasts, blogs, or online newsletters

Books, magazines, or newspapers

Some other source

Are you aware that new Dietary Guidelines for Americans, including an updated food pyramid, were released earlier this year?

Are you aware that the new Dietary Guidelines recommend avoiding highly processed foods?

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 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?

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?

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?

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:

RESPONSE OPTIONS	NOTES
Excellent Very good Good Fair Poor	
Yes No	
Yes No	
Yes No	
Yes No	
Yes No Yes No Yes No Yes No Yes No	
Yes No	
Yes No	

Yes
No
Yes
No
Yes
No
Yes
No

Yes
No
Yes
No

Yes
No
Feet (Range 2-9)/Inches (Range 0-11)
OR
Centimeters (60-213)
Pounds (Range 10-999)
OR
Kilograms (Range 5-453)

Yes
No

Yes
No

Excellent
Very good
Good
Fair
Poor

Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor
Excellent
Very good
Good
Fair
Poor

Yes
No
No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all

Yes
No

No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all
No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all
No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all
No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all
No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all

No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all

No difficulty
Some difficulty
A lot of difficulty
Cannot do this at all

Yes
No

Never
Some days
Most days
Every day
A little
A lot
Somewhere in between a little and a lot

Never
Some days
Most days
Every day

Never
Some days
Most days
Every day

Yes
No

Every day
Some days
Not at all

Yes
No

Every day
Some days
Not at all

Yes
No

Yes
No
Don't Know

Folic Acid
Another type of folate
Don't know

[NUM BOX] days per week [Range 0-7]

Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No

Response options will display a list of all categories from
FOC_INFODOC - FOC_INFOTH for which respondent selected “Yes”

Yes
No
Yes
No
I don't know
By the end of the first trimester
At least one month before conception
I don't know

DNU
Yes
No

Display "I am currently pregnant"
only if BMI_PREGNOW = missing

[NUMBOX] children [Range 1-9]

Yes
No

Yes
No

Always
Usually
Sometimes
Rarely
Never

Always
Usually
Sometimes
Rarely
Never

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

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

Zero
1 to 3 times
4 to 11 times
12 or more times

I do not belong to a club or organzation
Zero times
1 to 3 times
4 to 11 times
12 or more times

Always
Usually
Sometimes
Rarely
Never

Always
Usually
Sometimes
Rarely
Never

Always
Usually
Sometimes
Rarely
Never

Not at all
Several days
More than half the days
Nearly every day

Not at all
Several days
More than half the days
Nearly every day

Not at all
Several days
More than half the days
Nearly every day

Not at all
Several days
More than half the days
Nearly every day

Yes
No

Yes
No

Yes
No

Yes
No

Yes
No

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

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

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

Yes
No

Yes
No

Yes
No

Yes
No

Very worried
Somewhat worried
Not at all worried

Yes
No

Yes
No
Yes
No
Yes
No
Yes
No

Yes
No
Yes
No
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day

0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
Yes
No

Yes
No

0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
Cow's milk
Plant-based milk such as soy, oat, or almond milk
Another type of milk
Whole
2%
1%
Skim or nonfat

Yes
No
Yes
No
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day

0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
Always
Most of the time
Sometimes
Rarely
Never

Includes an image of Nutrition Facts panel and description text for CATI

Always
Most of the time
Sometimes
Rarely
Never

Includes an image of Nutrition Facts panel and description text for CATI

Yes
No
Sometimes
Yes
No
Yes
No
Sometimes

Yes
No

1 0 days
2 1-3 days
3 4-6 days
4 Every day

We could always afford to eat good nutritious meals.
We could always afford enough to eat but not always the kinds of food we should eat.
Sometimes we could not afford enough to eat.
Often we could not afford enough to eat.

Not at all confident
Somewhat confident
Very confident
0 times during the past week
1-3 time during the past week
4-6 times during the past week
1 time per day
2 times per day
3 or more times per day
The amount I eat is okay
I eat a little too much
I eat way too much

I enjoy the taste of these products
They are familiar to me, and I am used to eating them
They are cheaper than other foods and drinks
They are easy to find where I live and work
They are easy to prepare and save time
They do not spoil or go bad quickly
Another reason
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No
Yes
No

Include an image of the new food pyramid and a text description for CATI

Yes
No

Yes
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 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 Yes
0 No

1 Yes
0 No

1 Yes
0 No

N/A
1 Yes
0 No

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 Haitan
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, Paluauan, Tahitian, etc. [TEXT BOX]

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

SOURCE	PURPOSE
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 6)	Benchmark
NHIS (RSS 6)	Benchmark
NHIS (RSS 6)	Benchmark
NHIS (RSS 3)	Benchmark
NHIS (RSS 7)	Benchmark
NHIS (RSS 1)	Content Requested by CDC - Currently have diabetes

NHIS (RSS 1)	Content Requested by CDC - Currently have diabetes
NHIS (RSS 1)	Content Requested by CDC - Currently have diabetes
2025 NHIS (New for RSS)	Content Requested by CDC - Using diabetic ppills to lower blood sugar
2025 NHIS (New for RSS)	Content Requested by CDC - Using insulin
2025 NHIS (New for RSS)	Content Requested by CDC - Using GLP-1 medication to lower blood sugar or lose weight
Written for RSS	Content Requested by CDC - Maintaining diabetes through diet or exercise
NHIS (RSS 8)	Content Requested by CDC - Current pregnancy plans
NHIS (RSS 7)	Benchmark
NHIS (RSS 7)	Benchmark
NHIS (RSS 6)	Benchmark
2025 NHIS (New for RSS)	Benchmark
NHIS (RSS 8)	Benchmark

NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
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NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark

NHIS (RSS 8)	Benchmark
2025 NHIS (New for RSS)	Benchmark
NHIS (RSS 7)	Benchmark
NHIS (RSS 7)	Benchmark
NHIS (RSS 6)	Benchmark
NHIS (RSS 6)	Benchmark
Written for RSS	Content Requested by CDC - taken any vitamin in the past year
Written for RSS	Content Requested by CDC - taken any vitamin containing folate
Written for RSS	Content Requested by CDC - type of folate in vitamin

Written for RSS	Content Requested by CDC - How often vitamin containing folate taken in a typical week
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC -Sources of information about vitamins
Written for RSS	Content Requested by CDC - Encouraged by doctor or provider to take daily vitamin with folic acid
Written for RSS	Content Requested by CDC - Awareness that folic acid reduces risk of birth defects of brain and spine
Written for RSS	Content Requested by CDC - Awarenss of timing of folic acid to prevent birth defects of brain and spine
Written for RSS	Content Requested by CDC - Future pregnancy plans
New for RSS	Content requested by HRSA

New for RSS	Content requested by HRSA
New for RSS	Content requested by HRSA
New for RSS	Content requested by HRSA
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
2025 NHIS (New for RSS)	Benchmark
2025 NHIS (New for RSS)	Benchmark

2025 NHIS (New for RSS)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark
NHIS (RSS 4)	Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHIS (RSS 8)	Benchmark
NHANES	Content requested by NCHS
NHANES	Content requested by NCHS - Bought fast food in past 24 hours
NHANES	Content requested by NCHS - Bought food from convenience store in past 24 hours
2025 BRFSS	Content requested by NCHS - How often drank soda in the past week
2025 BRFSS	Content requested by NCHS - How often drank other sugar-sweetened beverages in past week
Written for RSS	Content requested by NCHS - How often drank diet or artificially sweetened soda in the past week
Written for RSS	Content requested by NCHS - How often drank other diet or artificially sweetened beverages in the past week

Written for RSS	Content requested by NCHS - How often drank carbonated water in past week
Written for RSS	Content requested by NCHS - Use app or online tool to track diet
Written for RSS	Content requested by HRSA - Ever drink follow-on fomula
Written for RSS	Content requested by HRSA - How often children in household were provided milk in the past week
Written for RSS	Content requested by HRSA - Type of milk usually provided
Written for RSS	Content requested by HRSA - Fat conten of cow's milk
Written for RSS	Content requested by HRSA - Ever served raw or unpasteurized milk
	Content requested by HRSA - Ever served flavored milk
Written for RSS	Content requested by HRSA - How often children in household were provided diet or articifically sweetened beverages in past week

Written for RSS	Content requested by HRSA - how often children in household were provided sugar-sweetned beverages in past week
Written for RSS	Content requested by HRSA - How often children in housheold were provided sweet foods or dessert in past week
Written for RSS	Content requested by HRSA - How often childre in household were provided vegetables in past week
Written for RSS	Content requested by HRSA - How often children in household were provided salty snacks in past week
Written for RSS	Content requested by HRSA - How often parents bough fast food for children in household in past week
NHANES	Content requested by NCHS - How often use nutrition labels when choosing food
Based on NHANES item	Content requested by HRSA - How often parents use nutrition labels when choosing food for children in household
2019-2020 NHANES	Content requested by HRSA - Planning and preparing family meals
2019-2020 NHANES	Content requested by HRSA - Planning and preparing family meals
2019-2020 NHANES	Content requested by HRSA -Shopping for family food

2019-2020 NHANES	Content requested by HRSA -Shopping for family food
NSCH	Content requested by HRSA -Eating meals together as a family
NSCH	Content requested by HRSA - Ability to afford food
Written for RSS	Content requested by CDC
Written for RSS	Content requested by CDC - Confidence in identifying highly processed foods
Written for RSS	Content requested by CDC - Best guess of how often highly processed foods consumed in past week
Written for RSS	Content requested by CDC - Perceived healthiness of highly processed food consumption

Written for RSS	Content requested by CDC - Main reason for consuming highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Source of information on highly processed foods
Written for RSS	Content requested by CDC - Awareness of new dietary guidelines
Written for RSS	Content requested by CDC - Awareness of recommendation ot avoid highly processed foods
NHIS (RSS 8)	Demographic Information
NHIS (RSS 8)	Demographic Information

NHIS (RSS 8)	Demographic Information

NHIS (RSS 8)	Demographic Information

NHIS (RSS 8)	Demographic Information

NHIS (RSS 8)	Demographic Information

NHIS (RSS 8)	Demographic Information
NHIS (RSS 8)	Demographic Information
NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Calibration
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NHIS (RSS 8)	Calibration
NHIS (RSS 8)	Calibration
RSS 8	Demographic Information
RSS 8	Demographic Information
RSS 8	Demographic Information
RSS 8	Demographic Information

RSS 8	Demographic Information
RSS 8	Demographic Information
RSS 8	Demographic Information
RSS 8	Demographic Information