

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

<b>Diabetes</b>	DIB_GESDIB
<b>Diabetes</b>	DIB_DIBEV
<b>Diabetes</b>	DIB_DIBPILL
<b>Diabetes</b>	DIB_DIBINS

<b>Diabetes</b>	DIB_DIBGLP
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<b>Diabetes</b>	DIB_DIETEX
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<b>BMI/Obesity</b>	BMI_PREGNOW
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<b>BMI/Obesity</b>	BMI_HEIGHT
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<b>BMI/Obesity</b>	BMI_WEIGHT
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<b>Health Care Utilization - Immunization</b>	IMM_SHTFLU12
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<b>Health Care Utilization - Immunization</b>	IMM_SHTCVD19
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<b>Whole Person Health</b>	WPH_PHQOL
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**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

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**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

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**Social/Work Limitations** SOC\_INTRO

**Social/Work Limitations** SOC\_ERRANDS

**Social/Work Limitations** SOC\_PARACTIV

**Social/Work Limitations** SOC\_SCWRKLIM

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**Health Status - Pain** PAI\_FREQ3M

**Health Status - Pain** PAI\_AMNT

Health Status - Pain PAI\_WKLM3M

Health Status - Pain PAI\_AFFM3M

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Health behaviors - Cigarette Smoking CIG\_SMKEV

Health behaviors - Cigarette Smoking CIG\_SMKNOW

Health behaviors - Cigarette Smoking CIG\_ECIGV

Health behaviors - Cigarette Smoking CIG\_ECIGNOW

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Folic Acid FOC\_VITAMINEV

Folic Acid FOC\_ANYFOLATE

Folic Acid FOC\_FOLICTYPE

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

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<b>Roster</b>	ROS_NUMCHILD
<b>Roster</b>	ROS_RELATION
<b>Roster</b>	ROS_CHILD12

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<b>Social Support</b>	SOS_SUPPORT
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<b>Loneliness</b>	LON_LONELY
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<b>Social connection</b>	SCN_SCONNECT1
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<b>Social connection</b>	SCN_SCONNECT2
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<b>Social connection</b>	SCN_SCONNECT3
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<b>Social connection</b>	SCN_SCONNECT4
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<b>Social Parenting Support</b>	SPS_PARENTCON1
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<b>Social Parenting Support</b>	SPS_PARENTCON2
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**Social Parenting Support**

SPS\_PARENTCON3

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**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

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**Health Care Utilization - Mental Health  
Visits**

MTL\_MHRXA

**Health Care Utilization - Mental Health  
Visits**

MTL\_MHTHRPY

**Health Care Utilization - Mental Health  
Visits**

MTL\_MHTPYNOW

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**Health Care Access**

HCA\_MHTHDLY

**Health Care Access**

HCA\_MHTND

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**Access/Utilization** ACC\_HTHLAST

**Access/Utilization** ACC\_HTHUSUAL

**Access/Utilization** ACC\_HTHTYPE

**Access/Utilization** ACC\_HOSP12M

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**Health Care Access** HCA\_DLYCOST

**Health Care Access** HCA\_DNTCOST

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**Social Determinants: Paying Medical Bills** PAY\_BILL12M

<b>Social Determinants: Paying Medical Bills</b>	PAY_PAYWORRY
<b>Health Care Utilization - Prescription Medication</b>	HCU_RX12MA
<b>Health Care Utilization - Prescription Medication</b>	HCU_RXSK12MA
<b>Health Care Utilization - Prescription Medication</b>	HCU_RXLS12MA
<b>Health Care Utilization - Prescription Medication</b>	HCU_RXDL12MA
<b>Health Care Utilization - Prescription Medication</b>	HCU_RXDG12MA
<b>Diet and Nutrition</b>	DNU_DISP
<b>Diet and Nutrition</b>	DNU_FASTPIZZAA
<b>Diet and Nutrition</b>	DNU_CONVEN
<b>Diet and Nutrition</b>	DNU_SODA
<b>Diet and Nutrition</b>	DNU_SUGDRINKA
<b>Diet and Nutrition</b>	DNU_DIETSODA
<b>Diet and Nutrition</b>	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**

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PAY\_PAYFOOD

**Highly Processed Foods**

HPF\_DISP1

**Highly Processed Foods**

HPF\_IDHPF

**Highly Processed Foods**

HPF\_OFTENHPF

**Highly Processed Foods**

HPF\_HPFAMT

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

**Employment**

EMP\_WHYNOWRK

**Employment**

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EMP\_INSUR

**Marital Status**

MAR\_MARITAL

**Marital Status**

MAR\_EVMARRY

MAR\_LEGAL

**Marital Status**

MAR\_WIDIVSEP

**Marital Status**

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**Internet/ HIT**

INT\_DISP

**Internet/ HIT**

INT\_ACCESS

**Internet/ HIT**

INT\_HOMEACC

**Internet/ HIT**

INT\_DSPL

**Internet/ HIT**

INT\_USEMED

**Internet/ HIT**

INT\_USEDOC

**Internet/ HIT**

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INT\_USETEST

LAN\_OTHERLAN

**Language Items**

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**Telephone Use**

TEL\_NONCELL

**Telephone Use**

TEL\_CELL

**Telephone Use**

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TEL\_HHCELL

<b>Civic Engagement</b>	CIV_INTRO
<b>Civic Engagement</b>	CIV_VOL12M
	CIV_VOLOTH
<b>Civic Engagement</b>	
<b>Civic Engagement</b>	CIV_MEET
<b>Civic Engagement</b>	CIV_VOTELOCL

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<b>Race/ Ethnicity</b>	DEM_RACE
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<b>Race/ Ethnicity</b>	DEM_AIAN
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<b>Race/ Ethnicity</b>	DEM_ASIAN
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<b>Race/ Ethnicity</b>	DEM_BLACK
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**Race/ Ethnicity**

DEM\_HISP

**Race/ Ethnicity**

DEM\_MENA

**Race/ Ethnicity**

DEM\_NHPI

**Race/ Ethnicity**

DEM\_WHITE

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UNIVERSE

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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

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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

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If CIG\_SMKEW = Yes

If CIG\_ECIGV = Yes

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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

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ROS\_RELATION = Yes

ROS\_RELATION = Yes

ROS\_RELATION = Yes

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MTL\_MHTRPY = Yes

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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

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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

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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

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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

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If INT\_ACCESS = Yes

If INT\_ACCESS = Yes

If INT\_ACCESS = Yes

If INT\_ACCESS = Yes

If INT\_ACCESS = Yes

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If TEL\_CELL = No and HHSIZE >=2

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IF CIV\_VOL12M = No

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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 Pacific

DEM\_RACEg= White

## QUESTION

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Would you say your health in general is...

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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?

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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. Pregnant 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 hypoglycemic 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?

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Are you currently pregnant?

How tall are you without shoes?

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

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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.

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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?

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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?

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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.

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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?

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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.

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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 that 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 practitioners 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?

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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?

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The next questions are about social and emotional support.

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

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How often do you feel lonely?

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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?

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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?

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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?

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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?

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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?

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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.

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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?

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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?

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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 artificially 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 formula.

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

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 organization

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

Always  
Most of the time  
Sometimes

Rarely  
Never

Yes

No

Sometimes

Yes

No

Yes

No

Sometimes

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

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

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 times 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  
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 Haitian  
6 Somali  
7 Another Black or African American group, for example Trinidadian  
and Tobagonian, Ghanaian, 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 Colombian, 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]
-

**SOURCE****PURPOSE**

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NHIS (RSS 8)

Benchmark

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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

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NHIS (RSS 7)

Benchmark

NHIS (RSS 1)

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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

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NHIS (RSS 8)	Content Requested by CDC - Current pregnancy plans
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NHIS (RSS 7)	Benchmark
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NHIS (RSS 7)	Benchmark
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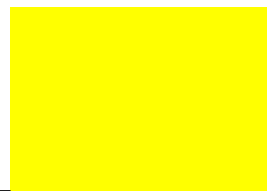
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NHIS (RSS 6)	Benchmark
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2025 NHIS (New for RSS)	Benchmark
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NHIS (RSS 8)	Benchmark
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NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

NHIS (RSS 8) Benchmark

2025 NHIS (New for RSS) Benchmark

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NHIS (RSS 7) Benchmark

NHIS (RSS 7) Benchmark

NHIS (RSS 6) Benchmark

NHIS (RSS 6) Benchmark

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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

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 -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 - Awareness of timing of folic acid to prevent birth defects of brain and spine

Written for RSS Content Requested by CDC - Future pregnancy plans

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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

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NHIS (RSS 8) Benchmark

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NHIS (RSS 8) Benchmark

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2025 NHIS (New for RSS) Benchmark

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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 formula

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 content 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 artificially sweetened beverages in past week

Written for RSS	Content requested by HRSA - how often children in household were provided sugar-sweetened beverages in past week
Written for RSS	Content requested by HRSA - How often children in household were provided sweet foods or dessert in past week
Written for RSS	Content requested by HRSA - How often children 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 bought 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

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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
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 to avoid highly processed foods

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

Demographic Information

NHIS (RSS 8)

Demographic Information

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NHIS (RSS 8)

Demographic Information

NHIS (RSS 8)

Demographic Information

NHIS (RSS 8) Demographic Information

NHIS (RSS 8) Demographic Information

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NHIS (RSS 8) Calibration

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