

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

Table of Contents

Annual Core Questions.....	4
Core Section 1: Health Status.....	4
Core Section 2: Health Day.....	4
Core Section 3: Health Care Access.....	6
Core Section 4: Exercise/Physical Activity.....	8
Core Section 5: Chronic Health Conditions.....	8
Core Section 6: Demographics.....	11
Core Section 7: Disability.....	17
Core Section 8: Tobacco Use.....	19
Core Section 9: Alcohol Consumption.....	21
Core Section 10: Immunization.....	23
Core Section 11: H.I.V./AIDS.....	24
Rotating Core Sections By Year.....	25
Rotating Core Section 1: Hypertension Awareness (2025, 2027).....	25
Rotating Core Section 2: Cholesterol Awareness (2025, 2027).....	26
Rotating Core Section 3: Inadequate Sleep (2025).....	27
Rotating Core Section 4: Fruits and Vegetables (2025).....	28
Rotating Core Section 5: Physical Activity (2027).....	31
Rotating Core Section 6: Oral Health (2026).....	34
Rotating Core Section 7: Falls (2026).....	35
Rotating Core Section 8: Seat Belt Use and Drinking and Driving (2026).....	36
Rotating Core Section 9: Breast and Cervical Cancer Screening (2026).....	37
Rotating Core Section 10: Lung Cancer Screening (2026).....	40
Rotating Core Section 11: Colorectal Cancer Screening (2026).....	43
Rotating Core Section 12: Shingles Vaccination (2026).....	50
Rotating Core Section 13: Tetanus Diphtheria (Tdap) Vaccination (Adults) (2025).....	51
Rotating Core Section 14: Place of Flu Vaccination (2027).....	51
Rotating Core Section 15: H.I.V./A.I.D.S (2026).....	53

Annual Core Questions

Core Section 1: Health Status

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

Core Section 2: Health Day

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking	__ Number		88 may be coded if	

	about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	of days (01-30) 88 None 77 Don't know/not sure 99 Refused		respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
			Skip CHD.03 if CHD.01, (PHYSHLTH) is 88 and CHD.02, (MENTHLTH) is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

Core Section 3: Health Care Access

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

		Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read:		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

		7 Don't know / Not sure 8 Never 9 Refused			
--	--	--	--	--	--

Core Section 4: Exercise/Physical Activity

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

Core Section 5: Chronic Health Conditions

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.				
CCHC.01	(Ever told) you that you had a	1 Yes 2 No			

	heart attack also called a myocardial infarction?	7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) melanoma or any other types of cancer?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression,	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	major depression, dysthymia, or minor depression)?				
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
		2 Yes, but	Go to Pre-		

		female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Core Section 6: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.0 1	What is your age?	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.0 2	Are you Hispanic, Latino/a, or Spanish origin?	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.0 3	Which one or more of the following would you say is your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories	

		45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.	
CDEM.0 4	Are you...	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.0 5	What is the highest grade or year of school you completed?	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.0 6	Do you own or rent your home?	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without	

				paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.0 7	In what county do you currently live?	_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.0 8	What is the ZIP Code where you currently live?	_ _ _ _ _ 77777 Do not know 99999 Refused	If cell interview go to CDEM11		
CDEM.0 9	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	1 Yes			
		2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		

CDEM.1 0	How many of these landline telephone numbers are residential numbers?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.1 1	How many cell phones do you have for your personal use?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	
CDEM.1 2	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.1 3	Are you currently...?	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.1 4	How many children less than 18	__ Number of children 88 None 99 Refused			

	years of age live in your household?				
CDEM.1 5	Is your annual household income from all sources—	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	
			Skip if Male Or Age >49		
CDEM.1 6	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.1 7	About how much do you weigh without shoes?	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round	

				fractions up	
CDEM.1 8	About how tall are you without shoes?	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Core Section 7: Disability

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or	1 Yes 2 No 7 Don't know /			

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

Core Section 8: Tobacco Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
		2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping	1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not	

	products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?	some days 4 Used them in the past but do not currently use them at all Do not read: 7 Don't know / Not sure 9 Refused		included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. If respondent says "Not at all" ask if they mean "Never used e-cigs in your entire life"	
--	---	---	--	--	--

Core Section 9: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.				
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on	__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women		

	an occasion?				
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	__ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 10: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	At what kind of place did you get your last flu shot or vaccine?	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	

		06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

Core Section 11: H.I.V./AIDS

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not	1 Yes		Please remember that your answers are strictly	
		2 No	Go to		

	including tests you may have had for blood donation, have you ever been tested for H.I.V?	7 Don't know/ not sure 9 Refused	CHIV.03	confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	--/----- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	

Rotating Core Sections By Year

Rotating Core Section 1: Hypertension Awareness (2025, 2027)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes		If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a	
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated	Go to next section		

			blood pressure 7 Don't know / Not sure 9 Refused		physician assistant, or some other licensed health professional.	
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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

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

			6 Within the past 5 years (4 years but less than 5 years ago) 8 5 or more years ago			
			7 Don't know/ Not sure 9 Refused	Go to next section		
C06.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
C06.03	Are you currently taking medicine prescribed by your doctor or other health professional for your- cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

Rotating Core Section 3: Inadequate Sleep (2025)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIS.01	On average, how many hours of sleep do you get in a	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes	113-114

	24-hour period?		99 Refused		(1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	
--	-----------------	--	------------	--	--	--

Rotating Core Section 4: Fruits and Vegetables (2025)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month. Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?" Read if respondent	

					asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.	
CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried	FRENCHF1	1__ Day 2__ Week 3__ Month		Enter quantity in times per day, week, or month.	

	potatoes, including French fries, home fries, or hash browns?		300 Less than once a month 555 Never 777 Don't Know 999 Refused		If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked,	

					canned, or frozen vegetables. Do not include rice.”	
--	--	--	--	--	---	--

Rotating Core Section 5: Physical Activity (2027)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?		__ __ Specify from Physical Activity Coding List 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08	See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
CEXP.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused		If respondent confused, probe by explaining 'this is not asking for days per week or per month, but times per week or per month.'	
CEXP.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:_ _ Hours and minutes 777 Don't know / Not sure 999 Refused			

CEXP.05	What other type of physical activity gave you the next most exercise during the past month?		___ __ Specify from Physical Activity List		See Physical Activity Coding List.	
			88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08	If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
CEXP.06	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
CEXP.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:__ Hours and minutes 777 Don't know / Not sure 999 Refused			
CEXP.08	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?		1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	

Rotating Core Section 6: Oral Health (2026)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

Rotating Core Section 7: Falls (2026)

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

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

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

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

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue: The next questions are about breast and cervical cancer.					
			Skip if Male.		
CBCCS.01	Have you ever had a mammogram?	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
CBCCS.02	How long has it been since you had your last mammogram?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			

CBCCS.03	There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you ever had a cervical cancer screening test?	1 Yes		Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
		7 Don't know / Not sure 9 Refused			
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
			If response to Core CDEM.16 = 1 (is pregnant) do not ask and go to next module.		
CBCCS.07	Have you had a hysterectomy?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

Rotating Core Section 10: Lung Cancer Screening (2026)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04		
CLC.01	You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?	___ Age in Years (001 - 100) 777 Don't know/Not sure 999 Refused 888 Never smoked cigarettes regularly	Go to CLC.04	Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.	
			Skip CLC.02 if CTOB.02 = 1		
CLC.02	How old were	___ Age in			

	you when you last smoked cigarettes regularly?	Years (001 – 100) 777 Don't know/Not sure 999 Refused			
CLC.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	– – – Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	
CLC.04	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or	1 Yes			
		2 No 7 Don't know/not sure 9 Refused	Go to next section		

	CAT scan of your chest area?				
CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?	1 Yes			
		2 No 7 Don't know/not sure 9 Refused	Go to Next section		
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?	Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			

Rotating Core Section 11: Colorectal Cancer Screening (2026)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If Section CDEM.01, (AGE), is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	1 Yes	Go to CCRC.02	A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?	1 Colonoscopy	Go to CCRC.03		
		2 Sigmoidoscopy	Go to CCRC.04		
		3 Both	Go to CCRC.03		
		7 Don't know/Not sure	Go to CCRC.05		
		9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the			

		past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
			If CCRC.02 =3 (BOTH) continue, else Go to CCRC.06		
CCRC.04	How long has it been since your most recent sigmoidoscopy?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago)	Go to CCRC.06		

		ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure			

		9 Refused			
CCRC.06	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?	1 Yes	Go to CCRC.07		
		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Section		
CCRC.07	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?	1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
		2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09		
CCRC.08	When was your most recent CT colonography or virtual colonoscopy?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years)			

		ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?	1 Yes	Go to CCRC.10	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.11		
CCRC.10	How long has it been since you had this test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less			

		than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.11	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	1 Yes	Go to CCRC.12	The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.	
		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
CCRC.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused		Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that	

				includes a container for your stool sample.	
CCRC.13	How long has it been since you had this test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			

Rotating Core Section 12: Shingles Vaccination (2026)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If age $\leq$ 49 (can be calculated from YEARBORN variable) Go to next module.		
M07.01	Have you ever had the shingles or zoster vaccine?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	

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

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

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

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.03	At what kind of place did you get your last flu shot or vaccine?	Read if necessary: 01 A doctor's office or health maintenance organization (HMO)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent	

		02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive through location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	
--	--	--	--	---	--

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

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have injected any drug other than those prescribed for you in the past year. You have been treated for a sexually transmitted disease or STD in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year. You had four or more sex partners in the past year. Do any of these situations apply to you?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

