Page 1 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Advance Directive	Do you have a completed advance directive?										Х													
Adverse Childhood	Did you live with anyone who was depressed,											V	V											
Experience	mentally ill, or suicidal?											X	X											
Adverse Childhood	Did you live with anyone who was a problem											v	V											
Experience	drinker or alcoholic?											X	X											
Adverse Childhood	Did you live with anyone who used illegal street											V	V											
Experience	drugs or who abused prescription medications?											X	X											
Adverse Childhood	Did you live with anyone who served time or was																							
	sentenced to serve time in a prison, jail, or other											Χ	X											
Experience	correctional facility?																							
Adverse Childhood	Ware years perente concreted or diversed?											v	V											
Experience	Were your parents separated or divorced?											X	X											
Adverse Childhood	How often did your parents or adults in your home																							
	How often did your parents or adults in your home											Χ	X											
Experience	ever slap, hit, kick, punch or beat each other up?																							
Adverse Childhood	Before age 18, how often did a parent or adult in																							
	your home ever hit, beat, kick, or physically hurt											Χ	X											
Experience	you in any way?																							
Adverse Childhood	How often did a parent or adult in your home ever											v	V											
Experience	swear at you, insult you, or put you down?											X	X											
Adverse Childhood	How often did anyone at least 5 years older than											V	V											
Experience	you or an adult, ever touch you sexually?											X	X											
Adverse Childhood	How often did anyone at least 5 years older than																							
	you or an adult, try to make you touch them											Χ	X											
Experience	sexually?																							
Adverse Childhood	How often did anyone at least 5 years older than											v	Х											
Experience	you or an adult, force you to have sex?											X	^											
Adverse Childhood	Calculated: ACE Scale (1-8 adverse childhood											v	V											
Experience	experiences)											X	X											
Adverse Childhood	Calculated: ACE Categories (Collapsed version of											v	V											
Experience	ACE Scale)											X	X											
	In past month, had at least one alcoholic drink?	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х								
Alcohol Collouiliption	·		^	^	^	^	^	_ ^	_ ^	^	^		^	^	^	^								
Alcohol Consumption	In past month, number of days per week or month	Х					Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Alcohol Collsumption	that had at least one alcoholic drink?	^					^	^	^	^	^	^	_ ^	^	^	^	^	^	^	_ ^	^	^	^	^
Alcohol Consumption	On days drank, how many drinks did you have on	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Alconol Consumption	average?	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^	^
	How many times in past 30 days, had 5 or more																							
Alcohol Consumption	drinks on an occasion? Later changed to 5 (men)	X	X	Х	X	Х	Х	Х	X	X	X	X	X	Х	X	Χ	Х	Х	Х	Χ	Х	Χ	X	Х
	and 4 (women)																							

Page 2 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alcohol Consumption	In past month, largest number of drinks had on						Х	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
·	any occasion?																							
Alcohol Consumption	Calculated: Drink occasions per day						X	X	Х	X	Х	X	X	X	Х	Χ	X	Х	Х	Х	Х	Х	X	X
Alcohol Consumption	Calculated: Number of alcohol drinks per week																Х							
Alcohol Consumption	Calculated: Number of alcohol drinks per day		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х								
Alcohol Consumption	Calculated: Number of alcohol drinks per month	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Alcohol Consumption	Calculated: Heavy drinking risk factor			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х
Alcohol Consumption	Calculated: Heavy drinking among men risk factor			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Alcohol Consumption	Calculated: Heavy drinking among females risk factor			Х	Х	X	Х	Х	Х	Х	Х	х	х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х
Alcohol Consumption	Calculated: Risk factor binge drinking		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Alcohol Interactive Medications	In the past 30 days, how many days did you take prescribed medications for pain, sleep, or anxiety?																			Х		Х		Х
Alcohol Screening	At last checkup (limited to those with checkup in last 2 years) were you asked in person or on a form if you drink alcohol?												х			Х		х		Х		Х		
Alcohol Screening	Were you offered advice about what level of drinking is harmful or risky for your health?															Х		Х		Х		Х		
Alternative Medicine (CAM)	In past 12 months, used any such alternative medicine or practice? (CAM)								Х		Х													
Alternative Medicine (CAM)	In past 12 months, taken high dose vitamins or herbal supplements?										Х													
Alternative Medicine (CAM)	Discussed alternative health care or CAM with PCP?										Х													
Antibiotic Overuse	When prescribed an antibiotic, do you take it until it is gone?															Х	Х							
Arthritis/Joint Pain	During past 12 months, had pain, aching, stiffness or swelling in or around a joint?	Х	Х																					
Arthritis/Joint Pain	These symptoms present on most days for at least a month?	X	Х																					
Arthritis/Joint Pain	Joint symptoms first begin more than 3 months ago?			Х	Х		Х		Х															

Page 3 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
TOPIO AIGA	Now limited in any way in any activities because of	-	12001	12002	12000	2007	12000	12000	2001	2000	_000	2010		12012	2010		-010	ITOTO	12011	12010	12013	12020	-021	
Arthritis/Joint Pain	joint symptoms?	Х	Х	Х	Х		Х		X		Χ		Х		Х		Х		Х		Х		Χ	
Arthritis/Joint Pain	Ever seen doctor for these joint symptoms?		X	X	X		X		X															
Arthritis/Joint Pain	Ever been told by doctor that had arthritis?	X	X	X	X		X	X	X		Χ		X	X	X	X	X	X	X	X	Χ	X	Χ	X
Arthritis/Joint Pain	Currently being treated by doctor for arthritis?	X	X																					
Arthritis/Joint Pain	Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?			Х	Х		Х				Χ		Х		X		X		Х		Х		X	
Arthritis/Joint Pain	In past month, extent that arthritis or joint symptoms interfered with normal social activities?										Х		X		Х		Х		X					
Arthritis/Joint Pain	In past month, how bad was joint pain on average?										Χ		Х		Х		Х		Х		Х		Х	
Arthritis/Joint Pain	Past 30 days, pain, aching, stiffness in or around joint?			Х																				
Arthritis/Joint Pain	What type of arthritis did doctor say you have?	Х																						
Arthritis/Joint Pain	How limiting is arthritis or joint symptoms, TODAY?				Х																			
Arthritis/Joint Pain	Doctor ever suggested losing weight to help with arthritis or joint symptoms?				Х																			
Arthritis/Joint Pain	Doctor ever suggested physical activity or exercise to help with arthritis or joint symptoms?				Х																X		Х	
Arthritis/Joint Pain	Ever taken educational course on how to manage problems related to arthritis or joint symptoms?				Х																х		Х	
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do?														Х		Х		X		Х		Х	
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms affect interfered with normal social activities														Х		Х		Х					
Arthritis/Joint Pain	Calculated: Arthritis or joint symptoms limit normal activities														X		X		Х		Х		X	
Arthritis/Joint Pain	Calculated: Respondent diagnosed with arthritis						Х		Х		Х		Х	X	X	Х	Х		Х		Х		X	
Asthma-Adult	Ever told by a doctor you had asthma?	Х	Χ	Х	Χ	Χ	Χ	Х	Х	Х	Χ	Χ	Х	Χ	Χ	Χ	Χ	Х	Х	Х	Х	Х	Χ	Χ
Asthma-Adult	Still have asthma?	Х	Χ	Х	Х	Χ	Χ	Х	Х	X	Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ	Х	X	Χ	Х	Χ	Χ
Asthma-Adult	In past 12 months, doctor taught you to recognize early signs and symptoms of asthma attack?		Х			Х	Х																	

Page 4 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Asthma-Adult	In past 12 months, doctor gave you written		Х			v	Х																	
AStillia-Adult	asthma plan?		^			X	^																	
	You and doctor worked out: ways to reduce																							
	asthma triggers, medicines to be taken regularly,																							
Asthma-Adult	medicines to be used in case of asthma attack,		Χ			Χ																		
	when to call doctor, when to go to emergency																							
	room.																							
Asthma-Adult	In past 12 months, number of times visited ER or urgent care center because of asthma?		Х	Х	Χ	Х	Х																	
Asthma-Adult	In past 12 months, had an asthma episode?			Χ	Χ	Х	Х																	
Asthma-Adult	Age first told have asthma?				Χ	Х	Χ																	
	In past 12 months, number of times saw doctor																							
Asthma-Adult	for urgent treatment of your asthma?			X	Χ	Х	X																	
A = 4.1 = - A =114	In past 12 months, number of times saw doctor			V	٧/	V	V																	
Asthma-Adult	for routine visit for your asthma?			Х	Χ	X	X																	
	In past 12 months, number of days unable to																							
Asthma-Adult	work or carryout usual activities because of			X	Χ	Χ	Χ																	
	asthma?																							
Asthma-Adult	During the past 30 days how often have you had				Х	Х	Х																	
Astima Addit	any asthma symptoms?				^	^	^																	
Asthma-Adult	During past 30 days how many days did asthma				Χ	Х	Х																	
/ Joenna / Jaare	symptoms make it difficult to stay asleep?				^																			
Asthma-Adult	During the past 30 days how often taken asthma			Х	Χ	Х	Х																	
	medication prescribed by a doctor?																							
	During past 30 days how often used prescription						.,																	
Asthma-Adult	asthma inhaler during an asthma attack to stop it?						Х																	
Asthma-Adult	Doctor ever told you asthma related to any job					Х	v																	
AStrima-Adult	ever had?					٨	X																	
Asthma-Adult	Ever told doctor asthma related to any job ever					Х	Х																	
AStillia-Addit	had?					^	^																	
Asthma-Adult	Calculated: Computed asthma status (Current,			Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	X	Х	X	X	Х	X	X	Х	X
/ Journal / Judic	Former, Never)									^	^		_ ^	^	^	^			^				^	
Asthma-Adult	Calculated: Risk factor for current asthma			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
, wanting , tout	prevalence									_ ^						^								
Asthma-Adult	Calculated: Risk factor for lifetime asthma			Х	Χ	Х	Х	Х	X	Х	X	Х	Х	Х	Х	Χ	Х	Х	X	Х	X	X	Х	Х
, localitica / localic	prevalence																							

Page 5 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Topio Aroa	Number of children in household diagnosed with	2000										12020												12022
Asthma-Child	asthma? (2001, 2003-2004) / Randomly selected child has asthma? (2005-2011, 2013-2018)		X		Х	Х	Х	X	X	X	X	Х	Х		X	Х	X	X	X	X	Х	X	X	
Asthma-Child	Number of children in household who still have asthma? (2001, 2003-2004) / Randomly selected child still has asthma? (2005-2011, 2013-2018)		Х		X	X	X	X	Х	Х	X	X	Х		X	X	Х	Х	Х	Х	X	X	X	Х
Asthma-Child	When was child diagnosed with asthma?/Randomly selected child still has asthma?						X																	
Asthma-Child	In past 12 months, number of times child visited ER or urgent care because of asthma attack?						Х																	
Asthma-Child	Has a doctor, nurse, or other healthcare professional ever said that the child has asthma?																							Х
Asthma-Child	In past 12 months, number of days child unable to attend school or participate in regular activities because of asthma?						X																	
Asthma-Child	How long since child's parent/guardian last talked to doctor about child's asthma?				Х																			
Asthma-Child	Doctor ever taught child or parent/guardian to recognize early signs and symptoms of asthma episode?				Х		Х																	
Asthma-Child	Doctor ever taught child or parent/guardian what to do during asthma episode?				Х		Х																	
Asthma-Child	Doctor ever taught child or parent/guardian how to monitor peak flow?				Х																			
Asthma-Child	Doctor ever given child or parent/guardian written management plan?				Х		Х																	
Asthma-Child	Respondent knowledgeable about medical care of child with asthma?				Х																			
Blueprint	How much agree with: Confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health?								Х	х	х													
Blueprint	How much agree with: I am the person responsible for managing my health								Х	Х	Х													

Page 6 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	How much agree with: I have been able to																							
Blueprint	maintain the lifestyle changes for my health that I								Х	Х	Х													
	have made.																							
Diversit	Ever heard of HLW or community walking								V	V	V													
Blueprint	programs?								Х	X	X													
Breast Cancer Risk	Ever had breast biopsy?					Х	Х																	
Breast Cancer Risk	Number of breast biopsies?					Χ	X																	
Breast Cancer Risk	Any abnormal results from breast biopsies?					Χ	X																	
Breast Cancer Risk	Mother, sister or daughter ever told by doctor					v	Х																	
Diedst Calicel Risk	have breast cancer?					Х	^																	
Breast Cancer Risk	How many of your mother, sisters or daughters					Х	Х																	
	have been told they have breast cancer?					^																		
Breast Cancer Risk	Age when period or menstrual cycles started?					Х	X																	
Breast Cancer Risk	Ever given birth to live infant?					Χ	X																	
Breast Cancer Risk	Age when first infant was born?					Χ	X																	
Breast Cancer Risk	Considering all infants, how long would you say					Х	Х																	
Dreast Caricer Nisk	you breastfed in your lifetime?					^	^																	
Cancer	Ever told by doctor that have cancer? (some years					Х	Х	Х	Х	Х	Х	Х												
Cancer	distinguishes last year vs. not)					^	^	^	^	^	^	^												
Cancer	Ever told by doctor that you had skin cancer?												X	X	X	Χ	X	X	Χ	X	X	X	X	Χ
Cancer	Ever told by doctor that you had any other type of												Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Cancer	cancer?												^	^	^	^	^	^	^	^	^	^	^	^
Cancer	Number of types of cancer had?										X			X										Χ
Cancer	Age first told you had cancer?										X			X										Χ
Cancer	What is most recent type of cancer you've had?										X			X										Χ
Cancer	Was your cancer basal cell or squamous cell skin									Х		Х		X	Х	Х								
Cancer	cancer?									^		^		^	^	^								
Cancer	Currently receiving treatment for cancer?										X			X										Χ
Cancer	What type of doctor do you think of as your										Х			X										Х
Cancer	personal HCP?										^			^										^
Cancer	Any doctor ever give you written summary of all										X			Х										Х
Caricei	the treatments you received?										^													^
	Ever received advice from doctor about where you																							
Cancer	should return or who you should see for routine										Х			Х										Х
Carloci	cancer check-ups once treatment complete?										_ ^													
Cancer	Was this advice written down or printed on paper										Х			Х										Х
	for you?																							

Page 7 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cancer	With most recent diagnosis of cancer, have health										Х			Χ										Χ
	insurance to pay some or all of cancer treatment?																							
0	Ever denied health or life insurance because of										v			V										V
Cancer	your cancer?										X			Х										X
Canaar	Participate in clinical trial as part of your cancer										v			Х										v
Cancer	treatment?										Х			^										Х
Cancer	Feel you have physical pain caused by your cancer										Х			Х										Х
Caricei	or treatment?										^			_ ^										
Cancer	Feel your pain is currently under control?										Х			X										Χ
Cardiovascular	Ever told had a heart attack, also called a																							
Disease Prevalence	myocardial infarction? (some years distinguishes		X		X	X	X	X	Х	X	Х	X	X	X	X	X	X	Х	X	X	X	X	X	X
	last year vs. not)																							
Cardiovascular	Ever told had angina or coronary heart disease?		Х		X	Х	Х	Х	Х	X	Х	Х	X	Х	Х	Х	Χ	Х	Х	Х	Χ	Х	Х	Χ
Disease Prevalence	(some years distinguishes last year vs. not)				,,		, ,		,		,,		,,				,	,,			,	,,	^	
Cardiovascular	Ever told had a stroke? (some years distinguishes		Χ		X	Х	Х	Х	Х	Х	Х	Х	X	Χ	Х	Х	Χ	Х	Х	Х	Χ	Х	Х	Χ
Disease Prevalence	last year vs. not)		,		- 1	, ,	, ,	, ,	- 1		.,	, ,	.,	- 1	,,	, ,		.,		,		.,	,,	
Cardiovascular	Think sudden trouble seeing in one or both eyes is									X														
Disease Prevalence	a symptom of a stroke?																							-
Cardiovascular	Think sudden chest pain is a symptom of a									Х														
Disease Prevalence	stroke?																				-			<u> </u>
Cardiovascular	Think severe headache with no known cause is a									Χ														
Disease Prevalence	symptom of a stroke?																							
Cardiovascular	Calculated: Ever reported having coronary heart																X							
Disease Prevalence	disease (CHD) or myocardial infarction (MI)																-				-			-
Cardiovascular	If thought someone was having a heart attack or									Х														
Disease Prevalence	stroke, what is first thing you'd do?																							
	There are situations where people provide regular																							
Caradiving	care or assistance to a family member to a friend	V									v												v	
Caregiving	who is elderly or has a long-term illness/disability.	X									X												X	
	During the past month, did you provide any such																							
Carodiving	care or assistance? What is his or her relationship to you?																						X	-
Caregiving	For how long have you provided care for that																						٨	-
Caregiving	person?																						Х	
Caregiving	In an average week, how many hours do you																						Х	
	provide care or assistance?																							<u> </u>
	What is the main health problem, long-term																						,,	
Caregiving	illness, or disability that the person you care for																						X	
	has?																							

Page 8 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Caregiving	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?																						Х	
Caregiving	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?																						Х	
Caregiving	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?																						Х	
Caregiving	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?																						Х	
Childhood Obesity	On average how many hours per day does your child watch TV or use a computer for fun or video games?						Х	Х	Х															
Childhood Obesity	Doctor ever told you child is overweight?						X	X	X															
Cholesterol Awareness	Ever had your blood cholesterol checked?		Х		Х		Х		Х		Х		Х		Х		Х							
Cholesterol Awareness	How long since last had blood cholesterol checked?		Х		Х		Х		Х		X		Х		Х		Х		Х		Х		Х	
Cholesterol Awareness	Ever been told by a doctor that you had high blood cholesterol?		X		Х		Х		Х		X		Х		Х		Х		Х		Х		Х	
Cholesterol Awareness	In past 12 months, doctor ever told you to eat fewer high fat or high cholesterol foods?				Х																			
Cholesterol Awareness	In past 12 months, doctor ever told you to eat more fruits and vegetables?				Х																			
Cholesterol Awareness	In past 12 months, doctor ever told you be more physically active?				Х																			
Cholesterol Awareness	Currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?																		Х		Х		Х	
Cholesterol Awareness	Calculated: High cholesterol risk factor		Х		Х		Х		х		Х		Х		Х		Х		Х		Х		Х	
Cholesterol Awareness	Calculated: Cholesterol check within last five years		Х		Х		Х		Х		Х		Х		Х		Х		Х		Х		Х	
Citizenship	Moved to US as immigrant of refugee within past 10 years?		Х																					

Page 9 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	 2006	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cognitive Impairment/Decline	In past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?												Х			Х				Х		X
Cognitive Impairment/Decline	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?															X				X		Х
Cognitive Impairment/Decline	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?															Х				Х		Х
Cognitive Impairment/Decline	When you need help with these day-to-day activities, how often are you able to get the help that you need?															X				X		Х
Cognitive Impairment/Decline	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?												Х			X				X		Х
Cognitive Impairment/Decline	Have you or anyone else discussed your confusion or memory loss with a health care professional?															х				Х		Х
Cognitive Impairment/Decline	During past 12 months, how often have you given up household activities or chores you used to do, because of confusion or memory loss that is happening more often or is getting worse?												X									
Cognitive Impairment/Decline	As a result of your confusion or memory loss, in which of the following four areas do you need the most assistance?												X									
Cognitive Impairment/Decline	During the past 30 days, how often has a family member or friend provided any care or assistance for you because of confusion or memory loss?												X									
Cognitive Impairment/Decline	Has anyone discussed with a health care professional, increases in your confusion or memory loss?												X									
Cognitive Impairment/Decline	Have you received treatment such as therapy or medications for confusion or memory loss?												Х									

Page 10 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	 2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cognitive Impairment/Decline	Has a health care professional ever said that you have Alzheimer's disease or some other form of dementia?													X									
Cognitive Impairment/Decline	Has HCP ever said that you have, or another adult in your household 18 or older has Alzheimer's Disease or some other form of dementia?												X										
Colorectal Cancer Screening	Ever had sigmoidoscopy or colonoscopy?		Х	Х		Х	Х	Х	Х		Х		Х		Χ		Х		Х		Х		Х
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy?		Х			Х	Х	Х	Х		Х		Х		X		Х		Х		Х		Х
Colorectal Cancer Screening	Ever had colonoscopy?																						Х
Colorectal Cancer Screening	How long since last colonoscopy?																						Х
Colorectal Cancer Screening	Ever had sigmoidoscopy?																				Х		Х
Colorectal Cancer Screening	How long since last sigmoidoscopy?																				Х		Х
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy?							Х	Х		X		X		Χ		Х		Х				
Colorectal Cancer Screening	Ever had virtual colonoscopy?																				Х		Х
Colorectal Cancer Screening	How long since last virtual colonoscopy? (2022- or CT colonography)																				Х		Х
Colorectal Cancer Screening	Ever had blood stool test or FIT using home kit?		Х	Х		Х	Х	Х	Х		Х		Х		Χ		Х		Х		Х		Х
Colorectal Cancer Screening	How long since last blood stool test or FIT using home kit?		Х	Х		Х	Х	Х	Х		Х		X		Χ		Х		X		Х		Х
Colorectal Cancer Screening	Was blood stool test or FIT conducted as part of a Cologuard test?																						Х
Colorectal Cancer Screening	Ever had stool DNA (entire bowel movement) test?																				Х		Х
Colorectal Cancer Screening	How long since last stool DNA (entire bowel movement) test?																				Х		Х
Colorectal Cancer Screening	Ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?																						Х

Page 11 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Colorectal Cancer	Doctor ever given you or immediate family																							
Screening	member diagnosis of colon or rectal cancer?								X															
Colorectal Cancer	Doctor ever advised you to get screened for colon							.,																
Screening	or rectal cancer?							Х																
Colorectal Cancer	Calculated: Respondents 50+ never had			.,		.,		.,		.,				V		.,								
Screening	sigmoid/colonoscopy			X		Х		X		Х		X		Х		Х								
Colorectal Cancer	Calculated: Respondents 50+ not had blood stool			.,		.,		.,		.,		.,		.,		.,								
Screening	test in past two years			X		X		Х		Х		X		X		X								
Colorectal Cancer	Calculated: Respondents 50-75 who have had a															.,								
Screening	blood stool test in past year															Х								
Colorectal Cancer	Calculated: Respondents 50-75 who have had a																	.,		.,		.,		
Screening	colonoscopy in past 10 years																	X		X		X		
J	Calculated: Respondents 50-75 who have had a																							
Colorectal Cancer	blood stool test in past 3 years and																	Х		Х		Х		
Screening	sigmoidoscopy in last 5 years																							
Colorectal Cancer	Calculated: Respondents 50-75 who have had a																							
Screening	sigmoidoscopy in past 5 years																	X		X		X		
Colorectal Cancer	Calculated: Respondents 50-75 who have had a																							
Screening	blood stool test in past 3 years																	X		X		X		
Colorectal Cancer	Calculated: Respondents 50-75 who meet USPTF															Х		Х		Х		Х		
Screening	recommendations on colorectal cancer screening																							
0000	Doctor ever told you had COPD? (some years			.,	.,	.,	.,		,,	.,			.,	.,	.,	.,	,,	.,	.,	.,	.,	.,	.,	
COPD	distinguishes last year vs. not)			X	Х	Х	Х		X	Х			X	Х	X	Х	X	X	X	X	X	X	X	
			.,	.,	.,	.,	.,	.,	.,	.,	.,		.,	.,	.,	.,	.,	.,	.,	.,				
Demographics	In what town is your primary care doctor's office?	X	X	Х	Х	X	Х	Х	X	Х	X	X	X	Х	Х	Х	X	X	X	X				
Demographics	Age	Х	Χ	Х	Χ	Х	Χ	Х	Х	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х
Demographics	Sex	Х	Х	Х	Χ	Х	Χ	Х	Х	Х	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х
	What was your sex at birth? Was it male or																							
Demographics	female?																				X	X	X	X
	Race, no ethnicity indicated (2001-2012 -																							
	multiple and preferred races allowed, 2013		.,		.,	.,	.,		.,	.,				.,		.,		.,		.,		.,		
Demographics	forward question changed to allow additional		X	X	X	X	Х	Х	X	Х	Х	X	X	Х	X	Х	X	Х	X	X	X	X	X	
	races)																							
	· ·																							
	Race, with ethnicity and multiple races indicated																							
_	(2000 only one race allowed, 2001-2012 -																							
Demographics	multiple races allowed, 2013 forward question	X	X	Х	X	Х	X	X	X	Х	X	X	X	Х	X	Х	X	X	X	X	X	X	X	Х
	changed to allow additional races - note response																							
	options in slightly different order)										1			1										1

Page 12 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<u> </u>	Race, detailed races, no ethnicity indicated (2013																							
Demographics	forward question changed to allow additional														X	Χ	X	Х	Χ	Χ	Х	X	X	X
	races)																							
Demographics	Race/ethnicity												X	Х	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х
	Ethnicity (in 2000 - Spanish or Hispanic, 2001-	V	V	v	V	v	V	V	V	V	v	V	v	V										
Demographics	2012 - Hispanic or Latino)	X	X	X	X	X	X	Х	Х	X	X	Х	X	X										
Demographics	2013 - Multiple Ethnicities Allowed														Х	Χ	Х	Χ	Χ	Χ	Х	Х	Х	Х
Demographics	Marital Status	X	Х	X	Х	Χ	Χ	Х	Х	Х	Χ	Χ	Х	Х	X	Χ	Х	Χ	Χ	Х	Х	X	X	X
Demographics	Children in household, age groups <5, 5-12, 13-17	Х				Х																		
Demographics	Children in household, total under 18		Х	X	Х	Χ	Χ	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Х	Χ	Х	Х	X	Х	Х
Demographics	Education level	Χ	Х	Х	Χ	Χ	Х	Х	Х	Х	Χ	Х	Х	Χ	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х
Demographics	Employment status	X	Х	X	Х	Χ	Χ	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Χ	Χ	Χ	Х	Х	Х	Х
Demographics	What kind of work do you do/did you do?															Χ					Х			Х
Damaaduankiaa	What kind of business or industry do you work															V					V			V
Demographics	in/did you work in?															Х					X			X
Demographics	Household Income	Х	Х	Х	Χ	Χ	Χ	Х	Х	Х	Χ	Χ	Х	Х	X	Χ	X	Χ	Χ	Х	Х	Х	Χ	Х
Demographics	Currently pregnant?	X	Х	X	X	Χ	Χ	Χ	Χ	X	Χ	Χ	X	X	X	Χ	X	Χ	Χ	Х	X	X	X	X
Demographics	Ever served on active duty in US Armed Forces?	X			X	Χ	Χ	Χ	Χ	Х	Χ	Χ	X	X	X	Χ	X	Χ	Χ	Χ	Х	X	X	X
Demographics	Which of the following describes your service in US military?				Х	Х																		
Demographics	Current military status?	Х																						
Demographics	In past 12 months, received some or all of health care from VA facilities?	Х			Х	Х																		
Demographics	Weight without shoes?	Х	Х	X	Х	Χ	Χ	Χ	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Χ	Χ	Χ	Х	X	Х	X
Demographics	How much would you like to weigh?	X			X																			
Demographics	How much weighed a year ago?								Χ	X	Χ													
Demographics	Was change between current weight and that a year ago intentional?								Х	Х	Х													
Demographics	About how tall without shoes?	Х	Х	X	Х	Χ	Χ	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Χ	Χ	Х	Х	X	Х	X
Demographics	County of Residence?	Х	X	Х	Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	X	Χ	Х	Χ	Χ	Χ	Х	Х	Χ	X
Demographics	Zip Code where live?/Zip code where currently live?						Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Demographics	Town of Residence?	Х	Х	X	Х	Χ	Χ	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Χ	Χ	Χ	Х	Х	Х	Х
Demographics	Rent or own home?												Х	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х
Demographics	Have you used the internet in the past 30 days?														Х	Х	Х	Х	Х	х			Х	
Demographics	More than one telephone number in household?	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
	Number of residential telephone numbers?	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Χ	Χ	Х	Х	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х

Page 13 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Domographica	Number of adults in household currently use cell		Х											v										
Demographics	phone for any purpose		^											X										
Demographics	Have cell phone for personal use?										Χ	X	X	X	X	Χ	X	X						
Demographics	How many cell phones do you have for personal use?																		Х	Х	Х	Х	Х	X
Demographics	Do you share a cell phone (at least 1/3 of the time) for personal use with other adults?										Х	Х	Х											
Demographics	Do you usually share this cell phone (at least 1/3 of the time) with any other adults?										Х	Х	Х											
Demographics	What percent, between 0 and 100, are received on your cell phone?										Х	Х	X	Х	Х									
Demographics	In past 12 months, household been without telephone service for 1 week or more?				Х	Х	Х	Х	Х	Х	Х	Х												
Demographics	Calculated: Body Mass Index	Х		Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Χ	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х
Demographics	Calculated: Body Mass Index - (Prior to 2011) 3 levels/(2011 forward) 4 category	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	X
Demographics	Calculated: Risk factor for overweight or obese	Χ	Х	Х	Х	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	X
Demographics	Calculated: Income categories					Χ	Х	Х	Х	Х	Χ	Х	X	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Χ	X
Demographics	Calculated: Level of education completed					Χ	Х	Х	Х	Х	Χ	Х	X	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Χ	X
Demographics	Calculated: Federal Povery Level (FPL)												X	X	Х	Χ	Х	Х	Х	Х	Х	X	Χ	X
Demographics	Calculated: Preferred race category		Χ	X	Х	Х	Х	X	Х	Х	Χ	Χ	Х	Х				Х	X	Х	Х	X	Χ	Х
Demographics	Calculated: Preferred race category														X	Χ	X	X	X	Х	X	X	Χ	X
Demographics	Calculated: Children in household					Х	Х	X	Х	X	Χ	Х	X	X	X	Χ	X	Х	X	Х	Х	X	Χ	X
Depression	Doctor ever told have a depressive disorder, including depression, major depression, dysthymia, or minor depression?							х		Х		Х	Х	Х	х	Х	Х	х	X	Х	х	х	Х	Х
Depression	In past year, had two weeks or more where felt sad, blue or depressed or lost all interest in things that you really cared about or enjoyed?	Х	Х	Х	Х	X	X																	
Depression	Had two or more years in life when felt depressed or sad most days, even if felt ok sometimes?	Х	X	Х	Х	Х	X																	
Depression	Have you felt depressed or sad much of the time in the past year?	Х	Х	Х	Х	Х	Х																	
Depression	How much of time in past week did you feel depressed?	Х	Х	Х	Х	Х	Х																	
Depression	In the past year, gotten professional counseling or treatment for sadness or depression?			Х	Х																			
Depression	In past 30 days, how many days felt blue, sad or depressed?				Х	Х	Х																	

Page 14 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	In past 30 days, how many days felt worried,																							
Depression	tense, or anxious?				X	Х	Х	X																
Donroccion	In past 30 days, how many days felt did not get				Х	v	v			Х	v	Х												
Depression	enough rest or sleep?				٨	Х	X			^	Х	^												
Depression	In past 30 days, how many days felt healthy and full of energy?				Х	Х	Х																	
Depression	In last two weeks, how many days had little interest or pleasure in doing things?							Х		Х		Х												
Depression	In last two weeks, how many days felt down, depressed or hopeless?							Х		Х		Х												
	In last two weeks how many days had trouble																							
Depression	falling asleep, staying asleep or sleeping too much?							X		Х		X												
Depression	In last two weeks, how many days felt tired or had little energy?							Х		Х		Х												
Depression	In last two weeks, how many days have you had a poor appetite or eaten too much?							Х		Х		Х												
	In last two weeks, how many days have you felt																							
Depression	bad about yourself or that you were a failure or had let yourself or your family down?							X		X		X												
Depression	In last two weeks, how many days have you had trouble concentrating on things?							Х		Х		Х												
Depression	In last two weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite, so fidgety and restless that moving around more than usual?							X		X		X												
Depression	Calculated depression severity in last two weeks							X		X		X												
Depression	Calculated ever told have anxiety or depressive disorder							Х		Х		Х												
Depression	Doctor ever told you that you have an anxiety disorder?							Х		Х		Х												
Depression	In past 30 days, how often felt nervous?								Х		Х													
Depression	In past 30 days, how often felt hopeless?								X		X													
Depression	In past 30 days, how often felt restless?								X		X													
Depression	In past 30 days, how often felt so depressed that nothing could cheer you up?								Х		Х													
Depression	In past 30 days, how often did you feel everything was an effort?								Х		Х													

Page 15 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
-													1											
Depression	In past 30 days, how often did you feel worthless?								X		X													
	In past 30 days, how many days did emotions or																							
Depression	feelings keep you from doing your work or other								X		Х													
	usual activities?																							
	Now taking medication or receiving treatment																							
Depression	from doctor for any type of mental health								X		X													
	condition or emotional problem?																							
Depression	How much agree with: treatment can help people								Х		X													
- 1	with mental illness lead normal lives?																							-
D	How much agree with: people are generally caring								\ \ \		V													
Depression	and sympathetic to people with mental illness?								X		X													
Diabetes	Ever told by a doctor you have diabetes?	Х	X	Х	Х	Х	Х	X	Х	X	X	Х	Х	Х	Х	Х	Х	X	Х	Х	X	Х	X	Х
Diabetes	Age first told have diabetes?	X	X	X	X	X	X	X	X	X	X	X	Α	X		X	X	X	X	X	X	X	X	X
Diabetes	According to your doctor or other health																							X
	professional, what type of diabetes do you have?																							
Diabetes	Now taking insulin?	Х	Х	Х	Х	Х	Х	Χ	Х	Χ	Х	Х		Х			Х		Х					Х
Diabetes	Now taking diabetes pills?	X	Χ	X	X	X	X	Χ	X															
Diabetes	How often do you check your blood for glucose or	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		Χ			Х		Х		X	Х		
Diabetes	sugar?	^	^	^	^	^	^		^	^	^	^		^			^		^		^	^		
Diabetes	How often do you check your feet for sores or	Х	X	Х	Х	Х	Х	Х	Х	Χ	Х	Х		Х			X		Х					
5.00000	irritations?	^	,		^	^		,		,				^					^					
Diabetes	Ever had any sores or irritations on your feet that	Х	Х	Х	Χ	Х	Х	Χ	Х															Χ
	took more than four weeks to heal?																							
Diabetes	How many times in past year seen doctor for your	X	Х	Х	Х	Х	Х	Χ	Х	Χ	Х	Х		Х			Х		Х					
	diabetes?																							
Diabetes	How many times in past year has doctor checked your hemoglobin for A1C?	X	X	X	Х	Х	X	Х	X	Χ	Х	Х		Х			Х		X		X	Х		Χ
	How many times in past year has doctor checked																							-
Diabetes	your feet for sores or irritations?	X	X	X	X	X	X	X	X	X	X	X		X			Х		X		X	X		
	Last time had an eye exam in which pupils were																							_
Diabetes	dilated?	X	X	X	X	X	X	X	X	X	X	X		X			X		X		X	X		X
	When was the last time a doctor, nurse, or other																							
Diabetes	health professional took a photo of the back of																							Х
	your eye with a specialized camera?																							
Diabetes	Doctor ever told you that diabetes has affected	Х	Х	Х	Х	Х	Х	Х	Х	v	Х	Х		Х			Х		Х					
บเลมะเธร	your eyes or that you had retinopathy?	^	^	^	^	^	^	^	^	X	^	^		^			^		^					

Page 16 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Diabatas	When was the last time you took a course or class																							V
Diabetes	in how to manage your diabetes yourself?																							X
Diabetes	Ever taken course in how to manage your diabetes?	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х		Х			Х		Х			Х		
Diabetes	First told have diabetes during pregnancy?		Х	Х	Х	Χ	Х																	
Diabetes	Was there period of time after pregnancy when did not have diabetes?		Х	Х	Х	Х	Х																	
Diabetes	Ever tested for diabetes?		Х																					
Diabetes	Had a test for high blood sugar or diabetes within the past 3 years?									Х	Х	Х		Х		Х			Х		Х		Х	
Diabetes	Ever attended a lifestyle change program, such as the diabetes prevention program, in order to improve your health or prevent diabetes?																		Х		X		Х	
Diabetes	Ever told by a doctor that you have pre-diabetes?									X	Х	X		X	Х	Х			Х		X		X	
Dietary Calcium	Number of servings of milk or milk products have per day/week/month or year	Х																						
Disability	Are you blind or do you have serious difficulty seeing, even when wearing glasses?														Х	Х	Х	Х	Х	Х	X	Х	Х	Х
Disability	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?														X	Х	Х	Х	X	Х	Х	Х	Х	Х
Disability	Do you have serious difficulty walking or climbing stairs?														Х	Х	Х	Х	Х	Х	X	Х	Х	Х
Disability	Do you have difficulty dressing or bathing?														X	Χ	Χ	Χ	Χ	Χ	Х	Х	Χ	Χ
Disability	Because of a physical, mental, or emotional condition, do you have difficulty doing errands along such as visiting a doctor's office or shopping?														Х	X	X	Х	Х	Х	Х	Х	X	Х
Disability	Are you deaf or do you have serious difficulty hearing?																	Х	Х	Х	X	Х	X	X
Disability	Limited in any way in any activities because of physical, mental or emotional problems?	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х							
Disability	Have health problem that requires special equipment?		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х							
Disability	What is the major impairment or health problem that limits you activities?	Х			Х	Х	Х																	
Disability	How long have activities been limited because of your major impairment or health problem?	Х			Х	Х	Х																	

Page 17 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	In past 30 days, how many days did pain make it																							
Disability	hard for you to do usual activities?	X			Х		X	Х																
Disability	Because of health problem, need help of other		X	X	Х	X		Х																
Disability	persons for personal care needs?		^	^	^			^																
Disability	Who usually helps with your personal care needs?		X	X	X																			
Disability	Adequacy of assistance to meet personal care needs?			Х	Х																			
Disability	Because of health problem, need help of other persons for routine needs?		Х	Х	Х																			
Disability	Who usually helps with your routine needs?		Х	Х	Х																			
Disability	Adequacy of assistance receive to meet routine needs?		Х	Х	Х																			
Drinking and Driving	In past month, how many times driven when had too much to drink?	Х	Х	Х	Х	Х	Х	Х	Х	Х		Х		Х		Х		Х		Х				
Drinking and Driving	In past month, how many times have you ridden with a driver who had perhaps too much to drink?				Х																			
Drinking and Driving	How likely is someone to be stopped by police for driving after having too much to drink?	Х	Х	Х		Х																		
Drinking and Driving	Calculated: Drove after having too much to drink, in last 30 days																	Х		Х				
E-Cigarettes	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in our entire life?																	Х	X					
E-Cigarettes	Do you now use e-cigarettes and other electronic vaping products every day, some days, or not at																	Х	Х				X	
	all?																							
E-Cigarettes	Calculated: 4-level E-cigarette user status																	X	X					Χ
E-Cigarettes	Calculated: Current E-cigarette user status																	Х	X					
Environmental Factors	In past 12 months, had illness or symptom that you think was caused by the air inside a home, office, or other building?					Х																		
Environmental Factors	In past 12 months, had an illness or symptom that you think was caused by pollution in the air outdoors?					х																		
Environmental Factors	In the past 12 months, did you have an illness or symptom that was caused or made worse by air quality, mold, pests, furnishings, or excessive heat																					X		
Factors	or cold inside of your home?																							

Page 18 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Environmental Environmental	What is the main source of water that comes into																							
Factors	your home?																				X	X	X	X
Environmental	What is the source of water you most often drink																				V	V	V	· V
Factors	at home?																				Х	X	X	X
Environmental	When was the last time your private water was																				V	V	V	V
Factors	tested?																				Х	Х	X	X
Environmental	Why did you toot your water?																				v			
Factors	Why did you test your water?																				Х			
Exercise/Physical	During the past month, participated in physical	Х	Х	Х	v	V	v	v	v	V	v	Х	V	Х	Х	V	Х	v	V	Х	v	Х	Х	Х
Activity	activities or exercise?	^	Α	Α .	X	X	X	Х	X	Х	X	^	X	^	٨	X	^	X	X	^	Х	٨	٨	^
Exercise/Physical	Type of physical activity or exercise participated in	Х											V		v		Х		v		Х			
Activity	most? (Repeated addt'l activity)	^											X		Х		^		X		^			
Exercise/Physical	How far usually walk/run/jog/swim? (repeated	Х																						
Activity	addt'l activity)	^																						
Exercise/Physical	Times per week or month take part in this activity?	Х											Х		Х		Х		Х		Х			
Activity	(Repeated addt'l activity)	^											^		^		^		^		^			
Exercise/Physical	When participated, for how many minutes or	Х											Х		Х		Х		Х		Х			
Activity	hours kept at it? (Repeated addt'l activity)	^											^		^		^		^		^			
Exercise/Physical	Another physical activity participated in during last	Х																						
Activity	month? (Repeated addt'l activities)	^																						
Exercise/Physical	During past month, times per week or month																							
Activity	participated in activities to strengthen muscles												X		X		X		X		X			
Activity	(not aerobic activities)?																							
Exercise/Physical	Amount of physical activity at work		X		Х		Х	Х	X		X													
Activity	Amount of physical activity at work		_ ^		^		_ ^	^	^		_ ^													
Exercise/Physical	In usual week, participate in moderate physical		X		X		X	Х	Х		Х													
Activity	activities for at least 10 minutes at a time?		^		^		^				^													
Exercise/Physical	Times per week do moderate activities for at least		X		X		Х	Х	X		X													
Activity	10 minutes?		^		^		^				^													
Exercise/Physical	On days do moderate activities, how much total		X		Х		Х	Х	Х		X													
Activity	time per day spend doing them?		^		^		^				^													
Exercise/Physical	Meets moderate physical activity				Х		Х	Х	Х		X													
Activity	recommendations				^		^				^													
Exercise/Physical	In usual week, participate in vigorous activities for		X		Х		Х	Х	Х		Х													
Activity	at least 10 minutes at a time?		^		^		^				^													
Exercise/Physical	Times per week do vigorous activities for at least		X		Х		Х	Х	Х		X													
Activity	10 minutes?		^		^		^	_ ^	^		^													
Exercise/Physical	On days do vigorous activities, how much total		Х		Х		Х	Х	Х		Х													
Activity	time per day spend doing them?		^		_ ^		_ ^	^	^		_ ^													

Page 19 of 41

Occasion Basedation	0000	0004	0000	0000	0004				0000	0000	0040	0044	0040	0040	0044	0045	0046	0047	0040	0040	0000	0004	0000
Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Meets vigorous physical activity recommendations				X		Х	X	Х		X													
Calculated: Minutes of moderate physical activity										v													
per week										^													
Calculated: Minutes of moderate physical activity	V		V		v	v	v		V	V													
per month	^		^		^	^	^		^	^													
Calculated: 150 minutes abvaical activity										V		V		V		v		v		v			
Calculated. 150 minutes physical activity										^		^		^		^		^		^			
Calculated, 200 minutes of physical activity										V		V		V		v		v		v			
Calculated. 500 minutes of physical activity										^		^		^		^		^		^			
Calculated: No physical activity or exercise risk			V		V		v			V													
factor			^		۸		Α			^													
Calculated: Moderate physical activity	V			v		v	v	v		V													
recommendations risk factor	^			^		٨	Α	^		^													
Calculated: No leisure time physical activity or	V	v	V	V	v	v	v	v	V	V	v	V		V		V		V	v	V			
exercise - calculated differently in 2011	^	٨	^	^	۸	٨	Α	^	^	^	^	_ ^		^		^		٨	٨	Α			
Calculated: Minutes of total physical activity per										V	v												
week										^	^												
Calculated: Minutes of vigorous physical activity										V													
per week										^													
Calculated: Minutes of vigorous physical activity		v		V		v	v	v		V													
per month		٨		^		٨	Α	^		^													
Calculated: Recommended physical activity risk		v		v		v	v	v		V													
factor		^		^		^	^	^		^													
Calculated: Vigarous physical activity rick factor		v		v		v	v	v		v													
Calculated. Vigorous physical activity risk factor		^		^		^	^	^		^													
Calculated: Estimated activity intensity for first												V		V		v		v		v			
activity												^		^		^		^		^			
Calculated: Estimated intensity for second activity												V		v				v		v			
Calculated. Estimated intensity for second activity												^		^		^		^		^			
Calculated: Minutes of total physical activity per												V		v				v		v			
week												^		^		^		^		^			
Calculated: Minutes of total vigorous physical												v		v		v		V		v			
activity per week														^		^		^		^			
Calculated: Minutes of vigorous physical activity												v		v		v		V		v			
per week - first activity														^		^		^		^			
Calculated: Minutes of vigorous physical activity												v		v		v		V		v			
per week - second activity												۸		٨		Λ		٨		٨			
Calculated: Physical Activity Categories												Х		Х		Х		Х		Х			
	Calculated: Minutes of moderate physical activity per week Calculated: Minutes of moderate physical activity per month Calculated: 150 minutes physical activity Calculated: 300 minutes of physical activity Calculated: No physical activity or exercise risk factor Calculated: Moderate physical activity recommendations risk factor Calculated: No leisure time physical activity or exercise - calculated differently in 2011 Calculated: Minutes of total physical activity per week Calculated: Minutes of vigorous physical activity per week Calculated: Minutes of vigorous physical activity per month Calculated: Recommended physical activity risk factor Calculated: Vigorous physical activity risk factor Calculated: Estimated activity intensity for first activity Calculated: Binutes of total physical activity per week Calculated: Minutes of total physical activity per week Calculated: Minutes of total physical activity per week Calculated: Minutes of total vigorous physical activity per week 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2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015	Question Description 2000 2001 2002 2003 2004 2006 2007 2008 2009 2010 2011 2012 2013 2014 2014 2015 2014 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015 2015	Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2016 2016 2017 2018 2019 2018 2018 2014 2015 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018	Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2016 2016 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010 2010	Neets vigorous physical activity recommendations 2009 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017	Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2018 2017 2018 2018 2018 2017 2018 2018 2018 2017 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018	Neets wignorous physical activity recommendations	Decision Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020 2020	Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2018 2019 2020 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021 2021

Page 20 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Exercise/Physical	Calculated: Physical Activity Index (met recs vs.																							
Activity	not)												X		Х		Х		X		Х			
Exercise/Physical	Calculated: Muscle strengthening												V		V		V		V		V			
Activity	recommendation												X		X		Х		X		X			
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline												X		Х		Х		Х		Х			
Exercise/Physical	Calculated: 2-level aerobic and strengthening												V		V		V		V		V			
Activity	guideline												X		X		Х		X		X			
Falls	In past 3 months, had a fall?				Χ			Χ		Х	Χ	Х												
Falls	Number of times injured in fall? (can refer to 3 or				Х			Х		Х		Х		Х		Х		Х		Х		Х		
	12 months depending on year)																							
Falls	In past 12 months, fallen to ground? (Limited 60+)		X	Х	Х	X	Х	Х	Х															
Falls	In past 3 months, number of times fallen										X													
Falls	In past 12 months, how many times fallen?													X		X		X		X		X		
Falls	In past 12 months, have you done things to																			X				
	reduce your chance of falling?																							
Family Planning	In last 12 months, had sexual intercourse?																							X
Family Planning	Did you/partner use birth control last time you had sex?													Х	Х			Х						Х
Family Planning	What did you/partner do the last time you had sex													Х	Х			Х						Х
	to keep you from getting pregnant?												-											
Family Planning	Where did you get the [method] you used when you last had sex?																							Х
Family Planning	What other method are you also using to prevent pregnancy?			Х																				Х
Family Planning	Main reason for not doing anything to prevent pregnancy the last time you had sex?													Х	Х			Х						Х
Family Planning	If could use any birth control method, what method would you use?																							Х
Family Planning	Pregnant in last 5 years?	Х	Х	Х	Х	Х																		
Family Planning	Any sex partners pregnant by you in last 5 years?	Х	Х	Х	Х	Х	Х																	
Family Planning	Thinking of last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?	Х	Х	Х	Х	Х																		
Family Planning	Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?	Х	Х	X	X	Х																		

Page 21 of 41

	lo 11 b 1 11	10000	0004	lagge	0000	0004		21 01 2		10000	0000	10040	0044	0040	0040	0044	0045	0040	0047	0040	0040	lagge	0004	0000
Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Family Planning	Thinking back to the last pregnancy, just before your partner got pregnant, how did you feel about	Χ	X	X	Х	Х	Х																	
Turning Flamming	her becoming pregnant?																							
Family Planning	What are you/partner doing now to keep from getting pregnant?			Х		Х																		
Family Planning	You/Partner using any kind of birth control now?	Х	Х																					
Family Planning	What kinds of birth control are you/partner using now?	Х	Х																					
Family Planning	Reasons for not using any birth control now?	X	X																					
Family Planning	Main reason for not doing anything to keep from getting pregnant?			Х		X																		
Family Planning	How do you feel about having child now or in the future?					Х								Х	X		Х	Х						
Family Planning	How soon would you want to have a child?					Χ																		
Family Planning	HCW ever talked with you about ways to prepare for a healthy pregnancy and baby?													Х	Х		Х	Х						
Family Planning	Ever been pregnant?													Χ	Χ			Х						
Firearms	Any firearms now kept in or around your home?		Х	Х		Х														Χ		Х		
Firearms	Is there a firearm in or around your home that is now loaded and unlocked?		Х																					
Firearms	Any firearms now loaded?			Х		Χ														Χ		Х		
Firearms	Any firearm in or around your home that is now unlocked?																					Х		
Firearms	Are any of these unloaded firearms also unlocked?																			Х				
Firearms	Any any of these loaded firearms also unlocked?			Х		Х														X		X		
Fit & Healthy Vermonters	Rate community as a safe place to walk												Х						Х		Х			
Fit & Healthy	Use walking trails, parks, playgrounds, sports												V	v										
Vermonters	fields in your community for physical activity?												X	Х										
Fit & Healthy	Weight perception: do you now consider yourself																							
Vermonters	to be: obese, overweight, underweight, about the right weight?															Х	Х							
Folic Acid	Currently take vitamins or supplements?					Х		Х		Х	Х													
Folic Acid	Are any of these multivitamins?					Х		Х		Х	Х													
Folic Acid	Do any of the vitamins or supplements you take contain folic acid?					Х		Х		Х	Х													

Page 22 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Calia Asid	How often do you take this vitamin or																							
Folic Acid	supplement?					Х		Х		X	X													
Folic Acid	Reason health experts recommend women take					Х		Х		Х	Х													
I OIIC ACIU	folic acid?					^		^		^	^													
	How many times a week currently take																							
Folic Acid	multivitamin, prenatal vitamin, or folic acid													X	X			X						
	vitamin?																							
Food and Housing	In the past year have you ever worried that you or																							
Security	someone else in your household would NOT have																			X		X		
Jecurity	enough food to eat?																							
Food and Housing	During the past 12 months how often did the food																							
Security	that you bought not last, and you didn't have																							Х
Jecurity	money to get more?																							
Food and Housing	During the last 12 months, was there a time when																							
Security	you were not able to pay your mortgage, rent or																			X		Χ		X
Jecurity	utility bills?																							
Food and Housing	During the last 12 months was there a time when																							
Security	an electric, gas, oil or water company threatened																							X
Security	to shut off services?																							
Food and Housing	How frequently eat less than feel you should																							
Security	because there isn't enough food or enough money	X	X	X	X	Х		X																
	to buy food?																							
Fruits and	How often drink fruit juices?	Х		Х	X		Х		X		Х		Х		X				Х		Х		Х	
Vegetables	now often unink fruit juices:	_ ^		^	^		^		^		^				^				^		^			
Fruits and	Not counting juice, how often do you eat fruit?	Х		Х	X		Х		X		Х		Х		X				Х		Х		Χ	
Vegetables	Not counting juice, now often do you eat muit:	_ ^		^	^		^		^		^		^		^				^		^		^	
Fruits and	How often eat green salad?	Х		Х	X		Х		Х		Х													
Vegetables	now often cat green saidu:	^		^	^		^		^		^													
Fruits and	How often eat potatoes?	Х		Х	Х		Х		Х		Х													
Vegetables	now orten cut potatoes:	^		^	^		^		^		^													
Fruits and	How often eat carrots?	Χ		Х	X		Х		X		Х													
Vegetables	now ortan out carrots:			^	^		^				^													
Fruits and	Not counting carrots, potatoes, or salad, how																							
Vegetables	many servings of vegetables do you usually eat?	X		X	X		Х		X		X													
	many servings or vegetables do you askany eat:																							
Fruits and	How often eat cooked or canned beans?												Х		Х		Х							
Vegetables	The steel out outlied of duffied bouries																							
Fruits and	How often eat dark green vegetables?												Х		Х		Х							
Vegetables	Tion of the car dain groun vegetables:														^		_ ^							

Page 23 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Fruits and		2000	2001	12002	2000	2001	2000	12000	12001	2000	2003	12010	2011	2012	12010	12011	12010	12010	2011	2010	2013	2020		2022
Vegetables	How often eat orange-colored vegetables?												Х		Х		X							
Fruits and	How often eat other vegetables (other than beans,												Х		X		Χ							
Vegetables	dark green, and orange)?												^		^		^							
Fruits and	How often green leafy or lettuce salad with or																		Х		Χ		Х	
Vegetables	without other vegetables?																							
Fruits and	How often eat any kind of fried potatoes including																							
Vegetables	french fries, home fries, or hash browns?																		Х		Х		X	
Fruits and Vegetables	How often eat other kinds of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?																		X		Χ		X	
Fruits and	Not including lettuce salads and potatoes, how of																		V		V		V	
Vegetables	eat other vegetables?																		Х		Χ		Х	
Fruits and	Calculated: Eat 2+ servings of fruit per day						Х		Х				Х		Х		Х		Х		Х		Х	
Vegetables	Calculated. Lat 2+ Servings of Hult per day						^		^				^		^		^		^		^		^	
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day						Х		Х				Х		Х		X		X		Χ		Х	
Fruits and Vegetables	Calculated: Fruit and vegetable servings index	Х		Х	Х		Х		Х		Х													
Fruits and Vegetables	Calculated: Fruits less than once per day												Х		Х		Х		Х		Х		Х	
Fruits and Vegetables	Calculated: Vegetables less than once per day												X		Х		Х		Х		Х		Х	
Fruits and Vegetables	Calculated: Total fruits consumed daily												Х		Х		Х		Х		Χ		Х	
Fruits and	Calculated: Total vegetables consumed daily												Х		Х		Х		Х		Χ		Х	
Vegetables			-														-							
Fruits and Vegetables	Calculated: Consumed five or more fruits and vegetables per day						Х		Х		Х		Х		Χ		Χ		Χ		Χ		Х	
Gambling	Gambled for money in the last 12 months?									Х														
Gambing	Has the money spent on gambling led to financial									^														
Gambling	problems?									Х														
Gambling	Has the time spent on gambling led to problems with family, work or personal life?									Х														
Gastrointestinal	In past 30 days, had diarrhea that began within								v															
Disease	the 30 days period?								Х															
Gastrointestinal Disease	Visit doctor for this diarrheal illness?								Х															

Page 24 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Gastrointestinal	When visited health care provider, did you provide								V															
Disease	a stool sample?								Х															
Health Care Access	Have any kind of health care coverage?	X	X	X	X	Χ	X	X	X	Х	Х	X	X	X	Х	X	Х	X	Х	Χ	Χ	Χ		
Health Care Access	Do you have Medicare?	X													X	Χ								
	Are you currently covered by any of the following																							
Health Care Access	types of health insurance or health coverage														X									
	plans? (multiple responses allowed)																							
Health Care Access	What type of health care coverage do you use to	Х																						
nealth Cale Access	pay for most of your medical care?	^																						
Health Care Access	What is the primary source of your health care															Х			Х	Х			Х	Х
	coverage? Have you delayed getting needed medical are for																							
Health Care Access	any of the following reasons in the past 12														Х	Х								
Treatti Care Access	months?														^									
	There are some types of coverage you may not																							
Health Care Access	have considered. Tell me if you have coverage	Χ																						
	through:																							
Hoolth Caro Access	In past 12 months, was there any time you did not														v	Х								
Health Care Access	have health insurance OR COVERAGE?														Х	^								
Health Care Access	In past 12 months, was there a time you did not	Х	Х																					
Health Cale Access	have health insurance?	^	^																					
Health Care Access	About how long has it been since you last had														Х	Х								
Ticaltii dale Access	health care coverage?														^									
Health Care Access	About how long has it been since you had health	X																						
Ticaltii oare 7.00033	care coverage?	^																						
Health Care Access	Have one person you think of as your personal		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	x
Ticalcii Care 7100000	doctor?		^		^	^	^			^	^	^		^		^		^	^				^	
Health Care Access	Time during last 12 months when you needed to	Х			Х	Х	Х	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	x
	see a doctor by couldn't because of the cost?				, ,	, ,	,,			, ,	, ,	,,	, ,	, ,	,,	, ,	, ,		, ,					
Health Care Access	Time in past 12 months when you needed			Х																				
	medical care but could not get it?																							
Health Care Access	Main reason for not getting medical care?			Х																				
Health Care Access	About how long has it been since you visited a	Х					Χ	Χ	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ	Χ	х
	doctor for a routine checkup?																							
	How many times have you been to a doctor,														,,	,,								
Health Care Access	nurse, or other health professional in the past 12														Х	X								
	months?																							
Health Care Access	When sick or need advice about health, which of			Х																				
	the following places usually go?																							

Page 25 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		25 of 4		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Was there a time in past 12 months when you did																							
	not take your medication as prescribed because																							
Health Care Access	of cost? Do not include over-the-counter														X	X								
	medication.																							
Llaski Osva Assass	In general, how satisfied are you with the health														V	V								
Health Care Access	care you received?														X	Х								
Health Care Access	Do you currently have any medical bills that are														Х	v								
nealth Care Access	being paid over time?														^	Х								
Health Care Access	Calculated: Respondents aged 18-64 with health								Х	Х	Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	Х	Х
nealth Care Access	care coverage								^	^	^	^	^	^	^	^	^		^	^	^	^	^	^
Health Status	Would you say that in general your health is	X	X	Х	X	X	X	X	Х	X	Χ	X	X	Х	X	Х	X	X	Х	X	X	X	Х	X
	Now thinking about physical health, how many																							
Health Status	days in past 30 days was physical health not	X	X		X	X	Х	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X
	good?																							
	Now thinking about mental health, how many days																							
Health Status	in past 30 days was mental health not good?	X	X		Х	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Past 30 days, how many days did poor physical or																							
Health Status	mental health keep you from doing usual	X	X		X	X	X	X	Х	X	Х	X	X	Х	X	Х	X	X	X	X	X	X	X	X
	activities?																	.,		.,		.,	.,	
Health Status	Calculated: Computed mental health status																-	X	X	X	X	X	X	X
Health Status	Calculated: Computed physical health status					V	V	V	V	V	V	V	V	V	V	V	V	X	X	X	X	X	X	X
Health Status	Calculated: General health status					X	X	X	X	X	X	Х	X	X	X	X	Х	X	Х	X	X	X	X	X
Healthy Aging	Have tooth or mouth problems that make it hard	Χ	X	X	Х	X	Χ	X																
	for you to eat? Take 3 or more different prescribed or OTC drugs																							
Healthy Aging	a day?	X	X	X	X	X	X	X																
	Without wanting to, have you lost or gained more																							
Healthy Aging	than 10lbs without trying?	X	X	X	X	X	X	X																
Healthy Aging	Eat fruits and vegetables every day?	X																						
	Drink at least 6-8 glasses of water, milk, fruit juice																							
Healthy Aging	or uncaffeinated beverages each day?	X	X	X	X																			
	Hours per month spend participating in volunteer	.,																						
Healthy Aging	activities?	X																						
HIV/AIDS and other	What age think child should get education in	V																						
STD/STI	school about HIV/AIDS?	X																						
HIV/AIDS and other	If had sexually-active teenager, would you	v																						
STD/STI	encourage them to use a condom?	X																						
HIV/AIDS and other	What are your chances of getting infected with	Х																						
STD/STI	HIV?	^																						

Page 26 of 41

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| help a person who is infected with HIV to live longer | | Х | X | Х | Х | |

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| Effectiveness of treatments to help people with | | Y | | | | |

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| Donated blood since March 1985? | Х | | | | | |

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 | Х | Х | Х |
| Number of times tested for HIV in last 12 months | | | | | Х | |

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| Month and year of last HIV test | | Х | Х | Х | X | Х | Х

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| Tested for HIV in last 12 months? | X | | | | | |

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| Main reason had last HIV test? | Х | Х | Х | Х | Х | | Х

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| Where had last HIV test? | Х | Х | Х | Х | Х | Х | Х

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| Was last HIV test a rapid test? | | | | | | | Х

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| Type of clinic went to for last HIV Test | | | | | Х | |

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| Was HIV test done by nurse or other health worker, or with home testing kit? | | | | | Х | |

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| Received results of last HIV test? | Х | | | | | |

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| Received counseling or talk with HCP about HIV test results? | Х | | | | | |

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| Ever tested positive for HIV/AIDS? | | Х | | | | |

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| | T/F - pregnant women with HIV can get treatment to help reduce chances of transmission to her baby? T/F - are medical treatments available intended to help a person who is infected with HIV to live longer Effectiveness of treatments to help people with HIV live longer? Importance of people to know their HIV status by getting tested? Donated blood since March 1985? Donated blood in last 12 months? Ever been tested for HIV? Number of times tested for HIV in last 12 months Month and year of last HIV test Tested for HIV in last 12 months? Main reason had last HIV test? Where had last HIV test? Was last HIV test a rapid test? Type of clinic went to for last HIV Test Was HIV test done by nurse or other health worker, or with home testing kit? Received results of last HIV test? Received counseling or talk with HCP about HIV test results? Ever tested positive for HIV/AIDS? | T/F - pregnant women with HIV can get treatment to help reduce chances of transmission to her baby? 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T/F - are medical treatments available intended to help a person who is infected with HIV to live longer Effectiveness of treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments to help people with HIV live longer? T/F - are medical treatments hiv live longer? T/F - are medical treatments hiv live longer? T/F - are medical treatments hiv live live live longer with HIV longer? T/F - are medical treatments hiv live live longer with hir longer with hir hir longer with hir longer? T/F - are medical treatments hir live live live live longer? T/F - are medical treatments hir live live live live live live longer? T/F - are medical treatments hir live live live live live live live live | Question Description Z/F - pregnant women with HIV can get treatment to help reduce chances of transmission to her baby? X | Question Description | Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2017 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 | Question Description 7/F - pregnant women with HIV can get treatment X | Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2017 2017 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 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2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 2018 | Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2016 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 | Question Description 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2018 2017 2017 2018 2017 2017 2018 2017 2017 2018 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 2017 | | | Question Description Company Company |

Page 27 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
HIV/AIDS and other	Calculated: Counseled in last 12 mo on																							
STD/STI	prevention of STD's via condoms			Х	X	X																		
Hypertension	Ever been told by a doctor that you had high blood		Х		Х		v		Х		Х		Х		V		Х		Х	v	v	Х	V	Х
Awareness	pressure?		^		^		Х		^		^		^		Х		^		^	Х	Х	^	Х	^
	A self-mangement plan documents a plan to																							
	change your eating habits, reduce salt intake,																							
Hypertension	increase exercise, or reduce alcohol use. Has a																			Х	v	v	v	
Awareness	doctor or other health professional ever worked																			^	X	X	X	
	with you to create a self-management plan to help																							
	lower or control your blood pressure?																							
Hypertension	Has your doctor, nurse, or other health																							
	professional ever advised you to take your blood																				Χ	Х	Χ	
Awareness	pressure at home?																							
Hypertension	Current taking medicine for your high blood		Х		Х		Х		Х		Х		Х		Х		Х		Х		Х	Х	Х	
Awareness	pressure?		^		^		^		^		^		^		^		^		^		^	^	^	
Hypertension	Calculated: High blood pressure risk factor		Х		Х		Х		Х		Х		Х		Х		Х		Х		Х	Х	Х	
Awareness	Calculated. High blood pressure fisk factor		^		^		^		^		^		^		^		^		^		^	^	^	
Immunization - Adult	In past 12 month had flu shot?	X	X	Х	Х	Х	X	Х	Х	X	X		Х	Х	X	Х	X	Х	Х	Х	Х	Х	Х	X
Immunization - Adult	Month and year got most recent flu shot							Х		Х	X		Х	Х	X	Х	X	Х	Х	X	Х	Х	Х	X
Immunization - Adult	In past 12 months, had flu vaccine that was sprayed in your nose?					Х	Х	Х	Х	Х	Х		Х	Х										
Lancardo de Artante	Month and year got most recent flu vaccine that										V		V	V										
Immunization - Adult	was sprayed in nose										X		Х	X										
Image unitation Adult	Where/What kind of place did you get last flu			v		v	v						v	v			V			v			v	
Immunization - Adult	shot?			Х		Х	Х						Х	Х			X			Х			X	
Immunization - Adult	Main reason not gotten flu vaccination for current							Х																
iiiiiiidiiizatioii - Addit	flu season?							^																
Immunization - Adult	Ever had pneumonia shot?	Х	Х	Х	Х	Х		Х	Х	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Immunization - Adult	Ever heard anything about pneumonia vaccine?									Х														
Immunization - Adult	How did you hear about the pneumonia vaccine?									Х														
Immunization - Adult	Has health care provider ever advised you to get a pneumonia vaccine?									Х														
Immunization - Adult	Ever had hepatitis B vaccine?							Х	Х															

Page 28 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005			2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
•	Any of the following statements apply to you with																							
	regards to hepatitis B? Have hemophilia, taken IV																							
Immunization - Adult	drugs, sex for money/drugs, tested positive for							Х	X															
IIIIIIuiiizatioii - Auuit	HIV, had sex with someone who would say "yes" to							^	^															
	any of these questions, more than two sex																							
	partners in the last year																							
	Doctor ever said you have any of the following:																							
Immunization - Adult	lung problems, heart problems, diabetes, kidney							Х																
	problems, sickle cell anemia or other anemia, or																							
	weakened immune system,?																							
Immunization - Adult	Do you still have any of the [above] problems?							X																
Immunization - Adult	Currently work or volunteer in health care facility?							Х			Х		Х											
lana an an an Antait	Do you have direct face-to-face contact with							V			v		V											
Immunization - Adult	patients in routine work?							Х			X		X											
Immunization - Adult	Ever had shingles vaccine?										Х			Х		Х	Х		Х			Х		
Immunization - Adult	Calculated: Respondents aged 65+ that had flu			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х			Х	Х	Х	Х	Х	Х	Х	Х
	shot in past year																							
Immunization - Adult	Calculated: Respondents aged 65+ that ever had pneumonia vaccination			X	Х	X	Х	Х	X	X	X	X	Х	Х			Х	Х	Х	X	Х	X	Х	Х
Immunization - Adult	Since 2005, have you had a tetanus shot?														X	Х		Х						
Immunization - Adult	Have you received tetanus shot in past 10 years?										Х			Х							Х			Х
Immunization - Adult	Was most recent tetanus shot given in 2005 or										Х			Х										
	later? Did your doctor say your recent tetanus shot																							
Immunization - Adult	included the pertussis or whooping cough										X			Х										
mmamzation /taut	vaccine?																							
	In past 12 months, has child had a flu shot?						.,	.,	,,	.,														
Immunization - Child	(wording different in 2006)						Х	Х	X	X														
Immunization Child	In past 12 months, has child had flu vaccine						Х		Х	Х														
Immunization - Child	sprayed in their nose?						^		^	^														
Immunization - Child	Month and year child got most recent flu							Х																
	vaccination?							_ ^																

Page 29 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Doctor ever said child has any of the following:																							
	lung problems, heart problems, diabetes, kidney																							
Immunization - Child	problems, sickle cell anemia or other anemia,							X																
	weakened immune system, or must take aspirin																							
	every day?																							
Immunization - Child	Does child still have any of the [above] problems?							Х																
Immunization - Child	Main reason child not had flu vaccination for the current flu season?							Х																
Intimate Partner Violence	In a safe place to answer these questions?										Х					Х			Х				Х	
Intimate Partner	Has intimate partner ever hit, slapped, pushed,						.,				v					.,			v				v	
Violence	kicked, or physically hurt you in any way?						X				X					Х			Х				X	
Intimate Partner	Has intimate partner ever tried to control your										v					V			V				V	
Violence	daily activities?										X					Х			Х				Х	
	Have you EVER been frightened for your safety or																							
Intimate Partner	the safety of your family or friends because of																						Х	
Violence	anger or threats by a current or former intimate																						٨	
	partner?																							
Intimate Partner	Has intimate partner ever threatened you or made										Х					Х			Х					
Violence	you feel unsafe in some way?										^					^			^					
Intimate Partner	Has intimate partner ever threatened you with						Х																	
Violence	physical violence?						^																	
Intimate Partner	Has intimate partner ever attempted physical						Х																	
Violence	violence against you?						^																	
Intimate Partner	Ever experienced unwanted sex by current or						Х																	
Violence	former intimate partner?																							
Intimate Partner	In past 12 months, experienced any physical																							
Violence	violence or had unwanted sex with an intimate						X																	
	partner?																							
Intimate Partner	In past 12 months, had any injuries, as result of						Х																	
Violence	this physical violence or unwanted sex?																							
Intimata Dartaar	At time of most recent incident, what was																							
Intimate Partner	relationship to intimate partner who was						Х																	
Violence	physically violent or had unwanted sex with you?																							
Kidney Disease	Ever told by doctor that you have kidney disease?												Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
	Can small amounts of lead have an effect on a									.,														_
Lead Poisoning	young child's health?									Х														

Page 30 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Lead Poisoning	When was building in which you live built?									X	Χ													
Lead Poisoning	Currently rent or own the building you live in?									X														
Lead Poisoning	Ever checked your home for chipping, peeling or deteriorated paint?									X														
Lead Poisoning	In past 12 months, have you or a contractor dry sanded or dry scraped paint, used a heat gun to remove paint, or machine sanded, sandblasted or pressure washed paint in or on your home?										Х													
Lead Poisoning	Do any of the following for chipping, peeling or deteriorated paint - dray sanded/scraped, blocked access to the area, wet sanded/scraped, used heat gun to remove, contact landlord?									х														
Long-term COVID Effects	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?																							Х
Long-term COVID Effects	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?																							X
Long-term COVID Effects	Which of the following was the primary symptom that you experienced?																							Х
Lung Cancer Screening	How old were you when you first started to smoke cigarettes regularly?																		Х		Х			X
Lung Cancer Screening	How old were you when you last smoked cigarettes regularly?																		Х		Х			Х
Lung Cancer Screening	On average, when you smoke/smoked regularly, about how many cigarettes do/did you smoke each day?																		Х		х			Х
Lung Cancer Screening	In last 12 months, did you have a CT or CAT scan?																		Х		Х			
Lung Cancer Screening	Have you ever had a CT or CAT Scan of your chest area?																							Х
Lung Cancer Screening	Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?																							Х
Lung Cancer Screening	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?																							Х
Marijuana	Ever used marijuana?								Χ	Х	X	Х	Х											

Page 31 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	 2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Marijuana	In past 30 days, how many days used marijuana?							Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х
Marijuana	In past 30 days, did you smoke it (for example in a joint, bong, pipe, or blunt)?																						Х
Marijuana	In past 30 days, did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?																						X
Marijuana	In past 30 days, did you vaporize it (for example in an e-cigarette-like vaporizer or another vaporizing device)?																						Х
Marijuana	In past 30 days, did you dab it (for example, using a dabbing rig, knife, or dab pen)?																						Х
Marijuana	In past 30 days, in which way did you usually use marijuana or cannabis?																	Х	Х	Х	Х	Х	Х
Marijuana	In past 30 days, how many times drove car within 3 hours of using marijuana?																Х	Х	Х	Х		Х	Х
Marijuana	In past 30 days, how many times drove car when using marijuana?							Х	Х	Х	Х		Х	Х		Х							
Marijuana	When you used marijuana during the past 30 days, was it usually																				Х	Х	Х
Menu Labeling	When calorie information is available in the restaurant, how often does this information help you decide what to order?												Х										
Multiple Sclerosis	Doctor ever told you have MS? (some years distinguishes last year vs. not)		Х		Х	Х																	
Oral Health	How long since visited dentist for any reason?	Х		Х		Χ	Х		Х		Х		Х		Х		Х		Χ		Х		Х
Oral Health	Number of permanent teeth removed because of tooth decay or gum disease?	Х		Х		Х	Х		Х		Х		Х		Х		Х		Х		Х		Х
Oral Health	How long since had teeth cleaned?	X		Х		Χ	Х		Х		Х		Х										
Oral Health	Main reason not visited dentist last year?	Х																					
Oral Health	Have any insurance that covers some or all of your routine dental care?	X																					
Oral Health	Reason did not get dental care in last year?												Х										
Oral Health	What kind of dental care coverage do you use to pay for dental care?												Х										
Oral Health	Do you have one place that you go for regular dental care?												Х										
Oral Health	Calculated: Adults aged 65+ who have had all their teeth removed			Х		Х	Х		Х		Х		Х		Х		Х		Х		Х		Х

Page 32 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	 32 of 2		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
-	Calculated: Adults that have visited a		-00-		12000	= 0 0 1		1200.		12000		1=0==				-0-0	-0-0	1-0		12020	12020		
Oral Health	dentist/dental hygienist/clinic			X		Х	X		X		X		X		Χ		X		X		X		Х
	Calculated: Risk factor for having had permanent						.,		.,						.,		.,						.,
Oral Health	teeth extracted			X		Х	X		X		X		X		Χ		X		X		X		Х
	Doctor ever talked with you about preventing																						
Osteoporosis	osteoporosis or its complications through lifestyle	Χ																					
	changes?																						
Octoonorogic	Doctor ever told you had osteoporosis? (some		Х	Х	Х	Х	Х	Х															
Osteoporosis	years distinguishes last year vs. not)		^	^	^	^	^	^															
	In past two years, did member of your family have																						
Palliative Care	a terminal illness for which they received palliative										X												
	care?																						
	Thinking about that family member's palliative																						
	care experience, on a scale of 1 (worst) to 10																						
	(best) rate following aspects of palliative care for																						
Palliative Care	adequacy and appropriateness: Communication										X												
	by the healthcare providers about the illness,																						
	treatment options, and support for services																						
	available.																						
	Thinking about that family member's palliative																						
	care experience, on a scale of 1 (worst) to 10										.,												
Palliative Care	(best) rate following aspects of palliative care for										X												
	adequacy and appropriateness: Control of the																						
	patient's symptoms																						
	Thinking about that family member's palliative																						
Dalliative Core	care experience, on a scale of 1 (worst) to 10										v												
Palliative Care	(best) rate following aspects of palliative care for										X												
	adequacy and appropriateness: Emotional support																						
	for patient and family. Did the palliative care improve the quality of your																						
Palliative Care	terminally ill family member's life?										X												
	Doctor ever told you have Parkinson's disease?																						
Parkinson's Disease	(some years distinguishes last year vs. not)		X		X	X																	
	Ever used prescription drug without your own																						
Prescription Drugs	prescription from a doctor?							Х	Х	X	X	X	X	X		X		Х					
	Ever used a prescription drug in greater amounts																						
Prescription Drugs	or more often than prescribed for any reason							Х	Х	Х	Х												
, 5	other than prescribed?																						
December 1	In past 30 days, how many days used a							v	.,	v	.,	.,	v	V		v		v					
Prescription Drugs	prescription drug without own prescription?							X	Х	X	X	X	X	X		X		X					

Page 33 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	 2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	In past 30 days, how many days used prescription																						
Drocorintian Drugo	drug in greater amounts or more often than							Х	V	Х	v												
Prescription Drugs	prescribed or for any reason other than as							^	Х	^	X												
	prescribed?																						
Preventive	Doctor ever talked with you about your diet or				Х																		
Counseling	eating habits?				^																		
Preventive	Doctor ever talked with you about physical activity				Х																		
Counseling	or exercise?				^																		
Preventive	Doctor ever talked with you about alcohol use?				Х																		
Counseling					^																		
Prostate Cancer	Has doctor, nurse, or other health professional																						
Screening	ever talked with you about the advantages of the												X		Χ		X		X		Х		
Gorcering	PSA test?																						
Prostate Cancer	Has doctor, nurse, or other health professional																						
Screening	ever talked with you about the disadvantages of												X		Χ		X		X		Х		
	the PSA test?																						
Prostate Cancer	Has doctor, nurse, or other health professional												Х		Χ		Х		Х		Х		
Screening	ever recommended that you have a PSA test?												, ,		^`		^		,,		, ,		
Prostate Cancer	Ever had a PSA test?		X	Х		Х	Х		Х		Х		Х		Χ		Х		Х		Х		
Screening	2.0		, ,	,,		, ,	,,		7.		- 11		, ,				, ,		, ,				
Prostate Cancer	How long since last PSA test?		Х	Х		Χ	Х		Х		Х		Χ		Χ		Х		Χ		Х		
Screening																							
Prostate Cancer	Main reason you had this PSA test?												Χ		Χ		Х		Χ		Χ		
Screening																							
Prostate Cancer	Ever had digital rectal exam?		X	Χ		Χ	Χ		Х		Х		Χ										
Screening																							
Prostate Cancer	How long since last digital rectal exam?		X	Х		Χ	Х		Х		Х		X										
Screening																							
Prostate Cancer	Ever told by doctor that you have prostate cancer?		Х	Χ		Χ	Х		Х		Х												
Screening	Father hashes an engage of father as a contable by																						
Prostate Cancer	Father, brother, son or grandfather ever told by		X																				
Screening	doctor have prostate cancer?																						
Prostate Cancer	Doctor ever discussed benefits and risks of										Х												
Screening	prostate cancer screening and/or treatment?							-															
Prostate Cancer	Calculated: Men 40+ with PSA in past two years					Χ	Χ		X		Х		Х		Χ		Х		Χ		Х		
Screening	Calculated Man 40 L no DCA test in next two																						
Prostate Cancer	Calculated: Men 40+ no PSA test in past two			Χ																			
Screening	years Household air over tested for raden goo?			v	V	V				V													
Radon	Household air ever tested for radon gas?			X	Χ	Χ				X													

Page 34 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Radon	Has radon reduction/mitigation system been installed in your home?										Х													
Random Child Selection	Birth month and year of [selected] child?						Х	Х	Х	Х	Х	х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Random Child Selection	Is child boy or girl?						Х	Х	Х	Х	Х	Х	Х		X	Χ	X	Х	Х	Х	Х	Х	Х	Х
Random Child Selection	Child's sex at birth																							X
Random Child Selection	(Prior to 2013) Is child Hispanic or Latino?						Х	Х	Х	X	X	X	Х											
Random Child Selection	(2013 forward) Is child Hispanic or Latino?														X	X	Х	Х	Х	X	Х	Х	X	X
Random Child Selection	(Prior to 2013) Child's race (multiple and preferred)						Х	Х	Х	X	Х	Х	Х											
Random Child Selection	(2013 forward) Child's race (multiple and preferred) - 2015 forward question changed to allow additional races - note response options slightly different)														X	x	x	X	X	x	X	X	X	X
Random Child Selection	Child's race (recoded)														Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Random Child Selection	Adult's (respondent) relationship to child?						Х	Х	Х	Х	Х	Х	Х		X	X	Х	Х	Х	Х	Х	Х	Х	X
Reactions to Race	How often do you think about your race?																							X
Reactions to Race	How do other people usually classify you in this country?																							X
Reactions to Race	In past 12 months, feel that in general you were treated worse than, the same as, or better than people of other races?																							X
Reactions to Race	In past 12 months at work, feel you were treated worse than, the same as, or better than people of other races?																							Х
Reactions to Race	In past 12 months, when seeking healthcare, feel your experiences were worse than, the same as, or better than those for people of other races?									Х	X													X
Reactions to Race	In past 30 days, experienced any physical symptoms, as a result of how you were treated based on your race?									Х	Х													X

Page 35 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Reason for Participating in BRFSS	Which of the following best describes your decision		Х																					
Seat Belts	How often use seatbelts when drive or ride in car?			X				X	Х	X		Х	X	Х	Χ	Х	X	Х	X	X		Х		
Seat Belts	Calculated variable: Always wear seat belt			Х				Χ		Х		Χ	Χ	Χ	X	Χ	Х	Х	Χ	Χ		Χ		
Seat Belts	Calculated variable: Always or nearly always wear seat belt											Х	X	Х	X	Х	Х	Х	Х	Х		Х		
Sexual Behavior	During past 12 months, had sex?	Х																						
Sexual Behavior	During past 12 months, how many people had sex with?	Х	Х	Х	Х	Х	Х			Х	Х	Х		Х										
Sexual Behavior	During past 12 months, had sex with only males, only females, or both males and females?	Х	х	Х	Х	X	X			Х				X										
Sexual Behavior	Was that person male or female?		Х	Х	Х	Χ	Χ																	
Sexual Behavior	In past 12 months had sex with someone you consider to be your main sex partner?	Х	Х	Х	Х	Х	Х																	
Sexual Behavior	If had one main partner in past 12 months, think of main partner you last had sex with. Was person male or female?	Х																						
Sexual Behavior	Last time had sex, you or partner used plastic or latex barrier? (asked of main and non-main partners)	Х	х	Х	Х	X	X			Х														
Sexual Behavior	Last time had sex with main/casual partner, did you use a condom?													Х										
Sexual Behavior	In past 12 months, had sex with someone who is not your main partner or whom you did not consider to be you main partner at the time?	Х	Х	Х	X	X	X							Х										
Sexual Behavior	Last time had sex with someone who is/was not your main sex partner, person was man or woman?	Х																						
Sexual Orientation/ Gender Identity	Do you consider yourself to be (Heterosexual, Homosexual, Bisexual, Other)	Х	Х	Х																				
Sexual Orientation/ Gender Identity	Do you consider yourself to be (Straight, Lesbian or Gay, Bisexual)															Х		Х	Х	Х	Х	Х	Х	Х
Sexual Orientation/ Gender Identity	Do you consider yourself to be transgender?	Х	Х			Х										Х		Х	Х	Х	Х	Х	Х	Х
STD/STI and High Risk Behaviors	In past 12 months, doctor talked with you about preventing sexually transmitted diseases through condom use?		Х	Х	Х	Х																		

Page 36 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	_	2006	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Topio Allou	Any of the following high risk behaviors apply to	12000	12002	12002	12000	12001	12000	12000	 12000		12020			12020	12021	12020	12020		12020	-0-0	1-0-0		12022
STD/STI and High	you in last year? IV Drug use, treated for STD/VD,																						
Risk Behaviors	money for sex, anal sex without a condom, four or			X	Х	X	X		X	X	X	X	Х				X	X	X	X	X		X
	more sex partners																						
	Any of the following high risk behaviors apply to																						
STD/STI and High	you in last year? IV Drug use, treated for STD/VD,	Х																					
Risk Behaviors	money for sex, tested positive for HIV/AIDS, had																						
	more than one sex partner in last year																						
STD/STI and High	Father, brother, son or grandfather ever told by		Х																				
Risk Behaviors	doctor have prostate cancer?		, ,																				
STD/STI and High	In past 12 months, doctor talked to you about									Х	Х												
Risk Behaviors	STIs?																						
OTD /OTL Ulist-	In past year, used non-prescribed IV drugs?																						
STD/STI and High	(distinguishes between those that used and		X			Χ	Χ																
Risk Behaviors	shared needles vs. those that did not share needles)																						
STD/STI and High	In past year, given or received money or drugs for		Х																				
Risk Behaviors	sex?		^																				
	Has anyone EVER made you take part in any																						
Sexual Violence	sexual activity (including touch that made you																					X	
Sexual violetice	uncomfortable) when you really did not want to, or																					^	
	without your consent?																						
	In past 12 months, anyone exposed you to																						
Sexual Violence	unwanted sexual situations not involving physical						X									Х						X	
	touching?																						
Sexual Violence	In past 12 months, anyone touched sexual parts						Х									Х							
	of your body without your consent?																						-
Cavital Vialance	In past 12 months, anyone attempted to have sex						V																
Sexual Violence	with you without your consent, but sex did not occur?						Х																
	In past 12 months, anyone had sex with you																						_
Sexual Violence	without your consent?						Х									Х							
	At time of most recent incident, what was your																						
Sexual Violence	relationship to the person who had sex/attempted						Х																
	to have sex with you without your consent?																						
Sexual Violence	Was person who did this male or female?						Х																

Page 37 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Sexual Violence	Has anyone ever attempted to have sex with you without your consent, but sex did not occur?						х																	
Sexual Violence	Has anyone ever had sex with you without your consent?						Х										Х							
Skin Cancer Prevention	Use of skin cancer prevention methods when in sun for more than an hour - sunscreen, stay in shade, wear protective clothing? (Broken in to three y/n variables in 2001)		Х					х																
Skin Cancer Prevention	Past 12 months, number of sunburns lasting more than one day														X									
Skin Cancer Prevention	Had sunburn in last 12 months?				Х	Х																		
Skin Cancer Prevention	How many sunburns have you had in last 12 months?				X	X															X			
Skin Cancer Prevention	Used tanning booth in last 12 months?		Х					Х																
Sleep	During past 30 days, for about how many days have you felt you did not get enough rest or sleep?				X	X	х			X	Х	х												
Sleep	On average, how many hours of sleep do you get in a 24-hour period?														Х	Χ		Х		Х		Х		Х
Social Determinants and Health Equity	How often do you get the social and emotional support you need?		Х	X	Х	X	Х	Х	Х	Х	Х	Х		x		Χ		Х		X		Х		X
Social Determinants and Health Equity	How often do you feel socially isolated from others?																							Х
Food and Housing Security	In past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?																							X
Social Determinants and Health Equity	In past 12 months have you lost employment or had hours reduced?																							X
Social Determinants and Health Equity	In past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?																							

Page 38 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
- орго г ос.	Stress means a situation in which a person feels																							
	tense, restless, nervous or anxious or is unable to																							
Social Determinants	sleep at night because their mind is troubled all																							X
and Health Equity	the time. Within the last 30 days, how often have																							
	you felt this kind of stress?																							
Social Determinants and Health Equity	How satisfied are you with your life?						Х	Х	Х	х	X	Х												х
Sugar Sweetened	During past 30 days, how often drank regular														V				V					
Beverages	soda or pop that contains sugar?														X				X					
Sugar Sweetened	During past 30 days, how often drank sugar-																							
Beverages	sweetened fruit drinks, sweet tea, and sports														X				X					
Develages	energy drinks?																							
Suicide	Past 12 months, ever seriously considered		Х	Х	Х	Χ	Х	Х												Х			X	Х
	attempting suicide?		,,	,,	, ,	, ,	, ,	, ,												, ,				
Suicide	Past 12 months, how many times actually		Χ	Х	Х	Χ	Х	Х												Х				
Tielder Die ee	attempted suicide?																							
Tickborne Disease	In the past year have you gone in wooded or tall																			Х	Х			
Prevention	grassy areas?																							
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Wearing long pants tucked into socks?																			X	X			
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Looking for ticks on yourself and removing them?																			X	X			
Tickborne Disease Prevention	During the past year, when in wooded or tall grassy areas, how often have you taken the following measures to protect yourself against tick bites? Using an insect repellent on your skin or clothes?																			X	X			
Tobacco Use	Smoked at least 100 cigarettes in lifetime?	Х	Χ	Х	Х	X	X	X	Х	Х	Х	X	X	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Tobacco Use	Now smoke everyday, some days, not at all?	X	X	Х	Х	X	Х	X	X	Х	Х	X	Х	Χ	Х	X	Х	X	Х	Х	X	Х	Х	Х
Tobacco Use	On average, number of cigarettes smoke per day?	Х																						
Tobacco Use	How long since last smoked cigarettes regularly?	Х									Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х

Page 39 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Tobacco Use	Past 12 months, quit for at least one day?	Х	Х	Χ	Х	Χ	Χ	Х	Х	Х	Χ	Х	Х	Χ	Х	Χ	Х	Х	Х	Х	Х	Χ	Х	Х
T-111	Currently use chew every day, some days or not at									V	V	V	V.	V	V	V	V	V	V	v	v	V	v	V
Tobacco Use	all? (Includes snuff and snus in 2022)									X	X	X	X	X	X	Х	X	X	X	X	Х	Х	Х	X
Tahaasa Has	Currently, when you smoke cigarettes, do you																							V
Tobacco Use	usually smoke menthol cigarettes?																							X
Tahaasa Has	Currently, when you use e-cigarettes, do you																							Х
Tobacco Use	usually use menthol e-cigarettes?																							X
Tobacco use	Use E-cigarettes or other electronic vaping products?																							Х
Tobacco Use	In past 30 days, has anyone, including self, smoked anywhere inside your home?	Х	Х	Х																				
Tobacco Use	Doctor ever advised you to quit smoking?	X	X	Χ	X																			
Tobacco Use	Dentist ever advised you to quit smoking?			Χ																				
Tobacco Use	Ever tried smokeless tobacco products?									X														
Tobacco Use	Now smoke cigars every day, some days or not at all?										Х													
Tobacco Use	In past 30 days, on how many days smoked cigarettes?										Х													
Tobacco Use	Calculated: Current smoking status risk factor	Х	X	Χ	Х	Χ	Х	Х	Х	X	Χ	X	X	Χ	X	Χ	Х	Х	Х	Х	Х	Χ	Х	Х
Tobacco Use	Calculated: Four level smoker status	X	Х	Χ	X	Χ	Х	X	Х	Χ	Χ	X	Х	Х	X	Χ	X	X	Х	Х	Х	Χ	X	Х
Traumatic Brain Injury (TBI)	In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?																					X		
Traumatic Brain Injury (TBI)	What events led to your most serious head injury?																					Х		
Vision Impairment	Do you have any trouble seeing, even when wearing glasses or contact lenses?												Х	Х										
Weight Control	Now trying to lose weight?	X			X	X	Χ			X														
Weight Control	Now trying to maintain weight?	X			X	Х	X			X														
Weight Control	Eating fewer calories to lose weight or keep from gaining weight?	X			X	X	X			X														
Weight Control	Using physical activity to lose weight or keep from gaining weight?	X			Х	Х	Х			X														
Weight Control	In past 12 months, doctor given you advice about your weight?	Х			Х	Х	Х			X														
Women's Health	Ever had mammogram?	Х		Х	Х	Х	Х	Х		Х		Х		Χ		Χ		Х		Х		Х		Х
Women's Health	How long since last mammogram?	Х		Х	Х	Х	Χ	Х		Х		Х		Χ		Х		Х		Х		Χ		Х

Page 40 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004		2006	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Was last mammogram done as part of routine																						
	checkup, because of a breast problem other than	.,																					
Women's Health	cancer, or because you've already had breast	X																					
	cancer?																						
	Was your last mammogram done to check a																						
Women's Health	possible problem (if had multiple, worded as				Χ																		
	either of you last two)																						
Women's Health	How long before last mammogram was previous one done?				Х																		
Women's Health	Ever had clinical breast exam?	Х		Х	Х	Х	Х	Х	Х		Х		Х		Х								
Women's Health	How long since last breast exam?	Х		Х	Х	Х	Χ	Х	Х		Х		Х		Χ								
	Was last breast exam done as part of routine																						
Managaria I I a alkia	checkup, because of a breast problem other than	X																					
Women's Health	cancer, or because you've already had breast	_ X																					
	cancer?																						
Women's Health	Had a hysterectomy?	X		Χ	Х	Χ		Χ	X		Х		Χ		Χ		Х		Χ		Χ		Χ
Women's Health	Ever had a Pap smear?	Х		Х	Х	Χ	Χ	X	Х		Х		Х		Χ		Х		X		Χ		Х
Women's Health	How long since last Pap smear?	Х		Х	Х	Χ	Χ	X	X		Х		Х		Χ		X		X		Χ		
Women's Health	Was your last PAP smear done as part of a routine exam, or to check a current or previous problem?	X																					
Women's Health	Ever had a cervical cancer screening test?																						Х
Women's Health	How long since last cervical cancer screening test?																						Х
Women's Health	At most recent cervical cancer screening, did you have an HPV test?																						Х
Women's Health	Ever had HPV test?																X		Х		X		
Women's Health	How long has it been since you had your last HPV test?																Х		Х		X		
Women's Health	Women 30-65 who have had HPV screening in past 3 years																Х						
Women's Health	Ever had one or both ovaries removed?			Х																			
Women's Health	In past 30 days, taken any medication prescribed by doctor as hormone replacement therapy?			Х																			
Women's Health	Calculated: Women respondents aged 50+ that have had mammogram in last two years							Х	Х		X		Х		X								
Women's Health	Calculated: Women respondents aged 50-74 that have had mammogram in last two years														Х		Х		Х		Х		Х

Page 41 of 41

Topic Area	Question Description	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Women's Health	Calculated: Women 40+ no mammogram in past			Х		Х		Х		Х		Х		Х		Х		Х		Х		Х		Χ
	two years																							
Women's Health	Calculated: Women 18+ No pap test in past three			Х		Х		Χ		Х		Χ		Х		Х								
Mamanla Haalth	years Calculated: Women 21-65 No pap test in past															v				v		v		V
Women's Health	three years															^		^		^		^		^
Women's Health	Calculated: Women 21-65 meet cervical cancer																	v						
Women's Health	screening recommendations (PAP and HPV)																	^						