Behavioral Risk Factor Surveillance System (BRFSS)
2020 Alaska Questionnaire

Version 3.22.23

Alaska-specific content is in purple

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Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is Not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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2020 Alaska Questionnaire

Table of Contents

Screener – Landline Only

Skip Question LL01, if QSTVER > = 20

HELLO, I am calling for the Alaska Department of Health. My name is _____(name)_____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Skip Question LL01, if QSTVER > = 20

Field Size: 1

Variable Name: [CTELENM1]

Question: LL.01 Is this (phone number)?

1 = Yes – *Go to LL.02, PVTRESD1*
2 = No – *Terminate Phone Call*

Skip Question LL02, if QSTVER >= 20

Field Size: 1

Variable Name: [PVTRESD1]

Question: LL.02 Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."
1 = Yes – *Go to LL.04, STATERE1*
2 = No – *Go to LL.03, COLGHOUS*
3 = No, business phone only – *Terminate Phone Call*

Skip Question LL03, if QSTVER >= 20; or LL.02, PVTRESD1, is coded 1

Field Size: 1

Variable Name: [COLGHOUS]

Question: LL.03 Do you live in college housing?

1 = Yes – *Go to LL.04, STATERE1*
2 = No – *Terminate Phone Call*

Skip Question LL04, if QSTVER >= 20

Field Size: 1

Variable Name: [STATERE1]

Question: LL.04 Do you currently live in Alaska?

1 = Yes – *Go to LL.05, CELPHONE*
2 = No – *Terminate Phone Call*

Field Size: 1

Variable Name: [CELPHONE]

Question: LL.05 Is this a cell telephone?

READ ONLY IF NECESSARY: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

1 = Yes, it is a cell phone – *Terminate Phone Call*
2 = Not a cell phone – *Go to LL.06, LADULT1*

Field Size: 1

Variable Name: [LADULT1]

Question: LL.06 Are you 18 years of age or older?

1 = Yes – *If LL.03, COLGHOUS, is 1 go to LL.07, COLGSEX; else go to LL.08, NUMADULT*
2 = No – *If LL.03, COLGHOUS, is 1 Terminate Phone Call, else go to LL.08, NUMADULT*

Field Size: 1

Variable Name: [COLGSEX]

Question: LL.07 Are you male or female?

1 = Male – *Go to Section 01.01 (Health Status) GENHLTH*
2 = Female – *Go to Section 01.01 (Health Status) GENHLTH*
7 = Don't know/Not sure – *Terminate Phone Call*
9 = Refused – *Terminate Phone Call*

Field Size: 2

Variable Name: [NUMADULT]

Question: LL.08 I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

1 = Number of adults in the household – *Go to LL.09, LANDSEX*
2 = Number of adults in the household – *Go to LL.10, NUMMEN*
3 = Number of adults in the household – *Go to LL.10, NUMMEN*
4 = Number of adults in the household – *Go to LL.10, NUMMEN*
5 = Number of adults in the household – *Go to LL.10, NUMMEN*
6-99 = 6 or more – *Go to LL.10, NUMMEN*

Field Size: 1

Variable Name: [LANDSEX]

Question: LL.09 Are you male or female?

1 = Male - *Go to C01.01, GENHLTH*
2 = Female - *Go to C01.01, GENHLTH*
7 = Don't know/Not sure - *Terminate Phone Call*
9 = Refused - *Terminate Phone Call*

Field Size: 2

Variable Name: [NUMMEN]

Question: LL.10 How many of these adults are men?

0 = Number of adult men in the household
1 = Number of adult men in the household
2 = Number of adult men in the household
3 = Number of adult men in the household
4 = Number of adult men in the household
5 = Number of adult men in the household
6-99 = 6 or more

Field Size: 2

Variable Name: [NUMWOMEN]

Question: LL.11 So the number of women in the household is [X]. Is that correct?

0 = Number of adult women in the household
1 = Number of adult women in the household
2 = Number of adult women in the household
3 = Number of adult women in the household
4 = Number of adult women in the household
5 = Number of adult women in the household
6-99 = 6 or more

Field Size: 1

Variable Name: [RESPSLCT]

Question: LL.12 The person in your household that I need to speak with is [XXX]. Are you the [XXX] in this household

1 = Male - *Go to Section 01.01 (Health Status) GENHLTH*
2 = Female - *Go to Section 01.01 (Health Status) GENHLTH*
7 = Don't know/Not sure - *Terminate Phone Call*
9 = Refused - *Terminate Phone Call*

Screener – Cell Phone Only

HELLO, I am calling for the Alaska Department of Health. My name is   (name)   . We are gathering information about the health of U.S. residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Field Size: 1

Variable Name: [SAFETIME]

Question: CP.01 Is this a safe time to talk with you?

1 = Yes - *Go to CP.02, CTELNUM1*
2 = No - *Set Appointment or Terminate Phone Call*

Field Size: 1

Variable Name: [CTELNUM1]

Question: CP.02 Is this (phone number) ?

1 = Yes - *Go to CP.03, CELLFON5*
2 = No - *Terminate Phone Call*

Field Size: 1

Variable Name: [CELLFON5]

Question: CP.03 Is this a cell phone?

1 = Yes - *Go to CP.04, CADULT1*
2 = No - *Terminate Phone Call*

Field Size: 1

Variable Name: [CADULT1]
Question: CP.04 Are you 18 years of age or older?
1 = Yes - *Go to CP.05, CELLSEX*
2 = No - *Terminate Phone Call*

Field Size: 1

Variable Name: [CELLSEX]

Question: CP.05 Are you male or female?

1 = Male – *Go to CP.06, PVTRESD3*
2 = Female – *Go to CP.06, PVTRESD3*
7 = Don't know/Not sure – *Terminate Phone Call*
9 = Refused – *Terminate Phone Call*

Skip Question CP06, if QSTVER < 20

Field Size: 1

Variable Name: [PVTRESD3]

Question: CP.06 Do you live in a private residence?
Note: By private residence, we mean someplace like a house or apartment.

1 = Yes – *Go to CP.08, CSTATE1*
2 = No – *Go to CP.07 CCLGHOUS*

Skip Question CP07, if QSTVER < 20; or CP.06, PVTRESD3, is coded 1

Field Size: 1

Variable Name: [CCLGHOUS]

Question: CP.07 Do you live in college housing?

1 = Yes – *Go to CP.08, CSTATE1*
2 = No – *Terminate Phone Call*

Skip Question CP08, if QSTVER < 20

Field Size: 1

Variable Name: [CSTATE1]

Question: CP.08 Do you currently live in Alaska?

1 = Yes – *Go to CP.10, LANDLINE*
2 = No – *Go to CP.09, RSPSTAT1*

Skip Question CP09, if QSTVER < 20; or CP.08, CSTATE1, is coded 1

Field Size: 2

Variable Name: [RSPSTAT1]

Question: CP.09 In what state do you currently live?

With CDC approval, Alaska changed the protocol on 07.01.20. If respondent lives in a state other than 2 (Alaska), discontinue the interview.

1 = Alabama
2 = Alaska
4 = Arizona
5 = Arkansas
6 = California

8 = Colorado
9 = Connecticut
10 = Delaware
11 = District of Columbia
12 = Florida
13 = Georgia
15 = Hawaii
16 = Idaho
17 = Illinois
18 = Indiana
19 = Iowa
20 = Kansas
21 = Kentucky
22 = Louisiana
23 = Maine
24 = Maryland
25 = Massachusetts
26 = Michigan
27 = Minnesota
28 = Mississippi
29 = Missouri
30 = Montana
31 = Nebraska
32 = Nevada
33 = New Hampshire
34 = New Jersey
35 = New Mexico
36 = New York
37 = North Carolina
38 = North Dakota
39 = Ohio
40 = Oklahoma
41 = Oregon
42 = Pennsylvania
44 = Rhode Island
45 = South Carolina
46 = South Dakota
47 = Tennessee
48 = Texas
49 = Utah
50 = Vermont
51 = Virginia
53 = Washington
54 = West Virginia
55 = Wisconsin
56 = Wyoming
66 = Guam
72 = Puerto Rico
78 = Virgin Islands
77 = Out of US – *Terminate Phone Call*
99 = Refused – *Terminate Phone Call*

Skip Question CP10, if QSTVER < 20; or RSPSTAT1=77 or 99

Field Size: 1

Variable Name: [LANDLINE]

Question: CP.10 Do you also have a landline telephone in your home that is used to make and receive calls?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Skip Question CP11, if QSTVER < 20; or RSPSTAT1=77 or 99

Field Size: 2

Variable Name: [HHADULT]

Question: CP.11 How many members of your household, including yourself, are 18 years of age or older?

INTERVIEWER NOTE: IF CCLGHOUS=1, set HHADULT=1

1-76 = Number of adults
77 = Don't know/Not sure
99 = Refused

Respondent Sex

Field Size: 1

Variable Name: [SEXVAR]

Sex of Respondent

1 = Male - *Code=1 if LANDSEX=1 or CELLSEX=1 or COLGSEX=1*
2 = Female - *Code=2 if LANDSEX=2 or CELLSEX=2 or COLGSEX=2*

CDC Core Sections

Section 1: Health Status

Field Size: 1

Variable Name: [GENHLTH]

Question: C01.01 Would you say that in general your health is:

1 = Excellent
2 = Very good
3 = Good
4 = Fair
5 = Poor
7 = Don't know/Not sure
9 = Refused

Section 2: Healthy Days

Field Size: 2

Variable Name: [PHYSHLTH]

Question: C02.01 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

01-30 = Number of days
88 = None
77 = Don't know/Not sure
99 = Refused

Field Size: 2

Variable Name: [MENTHLTH]

Question: C02.02 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

01-30 = Number of days
88 = None
77 = Don't know/Not sure
99 = Refused

Skip Question 02.03, if Section 02.01, PHYSHLTH, is 88 and Section 2.02, MENTHLTH, is 88

Field Size: 2

Variable Name: [POORHLTH]

Question: C02.03 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

01-30 = Number of days
88 = None
77 = Don't know/Not sure
99 = Refused

Section 3: Health Care Access

Field Size: 1

Variable Name: [HLTHPLN1]

Question: C03.01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Native Health Service, or Indian Health Service?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [PERSDOC2]

Question: C03.02 Do you have one person you think of as your personal doctor or health care provider?

Note: If "No" ask "Is there more than one or is there no person who you think of as your personal doctor or health care provider?".

1 = Yes, only one
2 = More than one
3 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [MEDCOST1]

Question: C03.03 Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CHECKUP1]

Question: C03.04 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

1 = Within past year (anytime less than 12 months ago)
2 = Within past 2 years (1 year but less than 2 years ago)
3 = Within past 5 years (2 years but less than 5 years ago)
4 = 5 or more years ago
8 = Never
7 = Don't know/Not sure
9 = Refused

Section 4: Exercise

Field Size: 1

Variable Name: [EXERANY2]

Question: C04.01 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 = Yes
2 = No
7 = Don't know/Not sure

9 = Refused

Section 5: Inadequate Sleep

Field Size: 2

Variable Name: [SLEPTIM1]

Question: C05.01 On average, how many hours of sleep do you get in a 24-hour period?

1-24 = Number of hours [1-24]
77 = Don't know/Not sure
99 = Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure":

Field Size: 1

Variable Name: [CVDINFR4]

Question: C06.01 (Ever told) you had a heart attack, also called a myocardial infarction?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CVDCRHD4]

Question: C06.02 (Ever told) you had angina or coronary heart disease?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused
Field Size: 1

Variable Name: [CVDSTRK3]

Question: C06.03 (Ever told) you had a stroke?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [ASTHMA3]

Question: C06.04 (Ever told) you had asthma?

1 = Yes
2 = No – *Go to Section 06.06 (Chronic Health Conditions) CHCSCNCR*
7 = Don't know/Not sure – *Go to Section 06.06 (Chronic Health Conditions) CHCSCNCR*
9 = Refused – *Go to Section 06.06 (Chronic Health Conditions) CHCSCNCR*

Skip Question 06.05, if Section 06.04, ASTHMA3 is coded 2, 7, 9, or Missing

Field Size: 1

Variable Name: [ASTHNOW]

Question: C06.05 Do you still have asthma?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CHCSCNCR]

Question: C06.06 (Ever told) you had skin cancer?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CHCOCNCR]

Question: C06.07 (Ever told) (you had) any other types of cancer?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CHCCOPD2]

Question: C06.08 (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [HAVARTH4]

Question: C06.09 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [ADDEPEV3]

Question: C06.10 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CHCKDNY2]

Question: C06.11 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [DIABETE4]

Question: C06.12 (Ever told) (you had) diabetes?

NOTE: If "Yes" and respondent is female, ask "Was this only when you were pregnant?". If Respondent says pre-diabetes or borderline diabetes, use response code 4.

1 = Yes
2 = Yes, but female told only during pregnancy - *Go to Section 07.01 (Oral Health) LASTDEN4*
3 = No - *Go to Section 07.01 (Oral Health) LASTDEN4*
4 = No, pre-diabetes or borderline diabetes - *Go to Section 07.01 (Oral Health) LASTDEN4*
7 = Don't know/Not sure - *Go to Section 07.01 (Oral Health) LASTDEN4*
9 = Refused - *Go to Section 07.01 (Oral Health) LASTDEN4*

Field Size: 2

Variable Name: [DIABAGE3]

Question: C06.13 How old were you when you were told you had diabetes?

1-97 = Age in years [97 = 97 and older]
98 = Don't know/Not sure
99 = Refused

Section 7: Oral Health

Field Size: 1

Variable Name: [LASTDEN4]

Question: C07.01 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 5 years (2 years but less than 5 years ago)
4 = 5 or more years ago
7 = Don't know/Not sure
8 = Never
9 = Refused

Field Size: 1

Variable Name: [RMVTETH4]

Question: C07.02 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

1 = 1 to 5
2 = 6 or more, but not all
3 = All
8 = None
7 = Don't know/Not sure
9 = Refused

Section 8: Demographics

Field Size: 2

Variable Name: [AGE]

Question: C08.01 What is your age?

18-24 = Age 18 - 24
25-34 = Age 25 - 34

35-44 = Age 35 - 44
45-54 = Age 45 - 54
55-64 = Age 55 - 64
65-99 = Age 65 or older
7 = Don't know/Not sure
9 = Refused

Field Size: 4

Variable Name: [HISPANC3]

Question: C08.02 Are you Hispanic, Latino/a, or Spanish origin?

NOTE: One or more categories may be selected.

1 = Mexican, Mexican American, Chicano/a
2 = Puerto Rican
3 = Cuban
4 = Another Hispanic, Latino/a, or Spanish origin
5 = No
7 = Don't know/Not sure
12-4321 = Multiple responses
9 = Refused

Field Size: 28

Variable Name: [MRACE1]

Question: C08.03 Which one or more of the following would you say is your race? Select all that apply.
NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10 = White
20 = Black or African American
30 = American Indian or Alaska Native
40 = Asian
41 = Asian Indian
42 = Chinese
43 = Filipino
44 = Japanese
45 = Korean
46 = Vietnamese
47 = Other Asian
50 = Pacific Islander
51 = Native Hawaiian
52 = Guamanian or Chamorro
53 = Samoan
54 = Other Pacific Islander
60 = Other
1020-6054535251 = Multiple responses
88 = No additional choices
77 = Don't know/Not sure
99 = Refused

Field Size: 2

Variable Name: [ORACE3]

Question: C08.04 Which one of these groups would you say best represents your race?

 NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

10 = White
20 = Black or African American
30 = American Indian or Alaska Native
40 = Asian
41 = Asian Indian
42 = Chinese
43 = Filipino
44 = Japanese
45 = Korean
46 = Vietnamese
47 = Other Asian
50 = Pacific Islander
51 = Native Hawaiian
52 = Guamanian or Chamorro
53 = Samoan
54 = Other Pacific Islander
60 = Other
77 = Don't know/Not sure
99 = Refused

Field Size: 1

Variable Name: [MARITAL]

Question: C08.05 Are you: (marital status)

1 = Married
2 = Divorced
3 = Widowed
4 = Separated
5 = Never married
6 = A member of an unmarried couple
9 = Refused

Field Size: 1

Variable Name: [EDUCA]

Question: C08.06 What is the highest grade or year of school you completed?

Expanded education options were added for the Alaska BRFSS with approval from the CDC (see Alaska State-Added Questions section).

1 = Never attended school or only kindergarten
2 = Grades 1 through 8 (Elementary)
3 = Grades 9 through 11 (Some high school)
4 = Grade 12 or GED (High school graduate)
5 = College 1 year to 3 years (Some college or technical school)
6 = College 4 years or more (College graduate)
9 = Refused

Field Size: 1

Variable Name: [RENTHOM1]

Question: C08.07 Do you own or rent your home?

1 = Own
2 = Rent
3 = Other arrangement
7 = Don't know/Not sure
9 = Refused

Field Size: 3

Variable Name: [~~CTYCODE2~~]

Question: C08.08 In what county do you currently live?

Not asked of Alaska residents: Alaska obtained approval in previous survey years to remove this question. Alaska does not have traditional counties, so this question would not make sense to survey respondents. Instead, AK DHSS can geocode Alaska regions using zip codes.

1-776 = ANSI county code (formerly FIPS code)
778-887 = ANSI county code (formerly FIPS code)
888 = County from another state (cell phone data only)
777 = Don't know/Not sure
999 = Refused

Field Size: 5

Variable Name: [ZIPCODE1]

Question: C08.09 What is the ZIP Code where you currently live?

1001-77776 = Zipcode
77778-99950 = Zipcode
77777 = Don't know/Not sure
99999 = Refused

Skip Question 08.10, if QSTVER >= 20

Field Size: 1

Variable Name: [NUMHHOL3]

Question: C08.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 = Yes
2 = No – *Go to Section 08.12 (Demographics) CPDEMO1B*
7 = Don't know/Not sure – *Go to Section 08.12 (Demographics) CPDEMO1B*
9 = Refused – *Go to Section 08.12 (Demographics) CPDEMO1B*

Field Size: 1

Variable Name: [NUMPHON3]

Question: C08.11 How many of these telephone numbers are residential numbers?

1-5 = Residential telephone number(s)
6 = Residential telephone numbers [6 = 6 or more]
8 = None
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [CPDEMO1B]

Question: C08.12 How many cell phones do you have for personal use?

INTERVIEWER NOTE: Read if necessary: Include cell phones used for both business and personal use.

1-5 = Enter number (1-5)
6 = Six or more
8 = None
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [VETERAN3]

Question: C08.13 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [EMPLOY1]

Question: C08.14 Are you currently…?

1 = Employed for wages
2 = Self-employed
3 = Out of work for 1 year or more
4 = Out of work for less than 1 year
5 = A homemaker
6 = A student
7 = Retired
8 = Unable to work
9 = Refused

Field Size: 2

Variable Name: [CHILDREN]

Question: C08.15 How many children less than 18 years of age live in your household?

1-87 = Number of children
88 = None
99 = Refused

Field Size: 2

Variable Name: [INCOME2]

Question: C08.16 Is your annual household income from all sources:
NOTE: If respondent refuses at any income level, code "Refused."

Higher income options were added for the Alaska BRFSS with approval from the CDC (see Alaska-Added Questions section)

1 = Less than $10,000
2 = Less than $15,000 ($10,000 to less than $15,000)
3 = Less than $20,000 ($15,000 to less than $20,000)
4 = Less than $25,000 ($20,000 to less than $25,000)
5 = Less than $35,000 ($25,000 to less than $35,000)
6 = Less than $50,000 ($35,000 to less than $50,000)
7 = Less than $75,000 ($50,000 to less than $75,000)
8 = $75,000 or more
77 = Don't know/Not sure
99 = Refused

*Skip Question 08.17 if respondent sex, SEXVAR, is coded 1;
or Module 19.01, BIRTHSEX, is coded 1; or Section 08.01 AGE is greater than 49*

Field Size: 1

Variable Name: [PREGNANT]

Question: C08.17 To your knowledge, are you now pregnant?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 4

Variable Name: [WEIGHT2]

Question: C08.18 About how much do you weigh without shoes?

Round fractions up.

NOTE: If respondent answers in metrics, put a 9 in the first column

50-999 = Weight (pounds)
9000-9998 = Weight (kilograms)
7777 = Don't know/Not sure
9999 = Refused

Field Size: 4

Variable Name: [HEIGHT3]

Question: C08.19 About how tall are you without shoes?

Round fractions down.

NOTE: If respondent answers in metrics, put a 9 in the first column

200-711 = Height (ft/inches)
9000-9998 = Height (meters/centimeters)
7777 = Don't know/Not sure
9999 = Refused

Section 9: Disability

Field Size: 1

Variable Name: [DEAF]

Question: C9.01 Are you deaf or do you have serious difficulty hearing?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [BLIND]

Question: C9.02 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [DECIDE]

Question: C9.03 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [DIFFWALK]

Question: C9.04 Do you have serious difficulty walking or climbing stairs?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [DIFFDRES]

Question: C9.05 Do you have difficulty dressing or bathing?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [DIFFALON]

Question: C9.06 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Section 10: Tobacco Use

Field Size: 1

Variable Name: [SMOKE100]

Question: C10.01 Have you smoked at least 100 cigarettes in your entire life?

Note: 5 packs = 100 cigarettes

1 = Yes
2 = No – *Go to Section 10.05 (Tobacco Use) USENOW3*
7 = Don't know/Not Sure – *Go to Section 10.05 (Tobacco Use) USENOW3*
9 = Refused – *Go to Section 10.05 (Tobacco Use) USENOW3*

Skip Question 10.02 if Section 10.01, SMOKE100, is coded 2, 7, 9, or Missing

Field Size: 1

Variable Name: [SMOKDAY2]

Question: C10.02 Do you now smoke cigarettes every day, some days, or not at all?

1 = Every day

2 = Some days
3 = Not at all – *Go to Section 10.04 (Tobacco Use) LASTSMK2*
7 = Don't Know/Not Sure – *Go to Section 10.05 (Tobacco Use) USENOW3*
9 = Refused – *Go to Section 10.05 (Tobacco Use) USENOW3*

*Skip Question 10.03 if Section 10.01, SMOKE100, is coded 2, 7, 9, or Missing;
or Section 10.02, SMOKDAY2, is coded 3, 7, 9, or Missing*

Field Size: 1

Variable Name: [STOPSMK2]

Question: C10.03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 = Yes – *Go to Section 10.05 (Tobacco Use) USENOW3*
2 = No – *Go to Section 10.05 (Tobacco Use) USENOW3*
7 = Don't know/Not Sure – *Go to Section 10.05 (Tobacco Use) USENOW3*
9 = Refused – *Go to Section 10.05 (Tobacco Use) USENOW3*

*Skip Question 10.04 if Section 10.01, SMOKE100, is coded 2, 7, 9, or Missing;
or Section 10.02, SMOKDAY2, is coded 7, 9, or Missing; or Section 10.03, STOPSMK2, is coded 1, 2, 7, 9*

Field Size: 2

Variable Name: [LASTSMK2]

Question: C10.03 How long has it been since you last smoked a cigarette, even one or two puffs?

1 = Within the past month (less than 1 month ago)
2 = Within the past 3 months (1 month but less than 3 months ago)
3 = Within the past 6 months (3 months but less than 6 months ago)
4 = Within the past year (6 months but less than 1 year ago)
5 = Within the past 5 years (1 year but less than 5 years ago)
6 = Within the past 10 years (5 years but less than 10 years ago)
7 = 10 years or more
8 = Never smoked regularly
77 = Don't know/Not sure
99 = Refused

Field Size: 1

Variable Name: [USENOW3]

Question: C10.03 Do you currently use chewing tobacco, snuff, snus, or iq'mik every day, some days, or not at all?

Snus (rhymes with "goose")

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. Iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash," which is the ash generated by burning a fungus that grows on birch trees.

1 = Every day
2 = Some days
3 = Not at all
7 = Don't know/Not sure
9 = Refused

Section 11: Alcohol Consumption

Field Size: 3

Variable Name: [ALCDAY5]

Question: C11.01 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

101-107 = Days per week
201-230 = Days in past 30 days
888 = No drinks in past 30 days - *Go to Section 12.01 (Immunization) FLUSHOT7*
777 = Don't know/Not sure - *Go to Section 12.01 (Immunization) FLUSHOT7*
999 = Refused - *Go to Section 12.01 (Immunization) FLUSHOT7*

Skip Question 11.02 if Section 11.01, ALCDAY5, is coded 888, 777, or 999

Field Size: 2

Variable Name: [AVEDRNK3]

Question: C11.02 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

 NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1-76 = Number of drinks
78-87 = Number of drinks
89-98 = Number of drinks
88 = None
77 = Don't know/Not sure
99 = Refused

Skip Question 11.03 if Section 11.01, ALCDAY5, is coded 888, 777, or 999

Field Size: 2

Variable Name: [DRNK3GE5]

Question: C11.03 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?

1-76 = Number of Times
88 = None
77 = Don't know/Not sure
99 = Refused

Skip Question 11.04 if Section 11.01, ALCDAY5, is coded 888, 777, or 999

Field Size: 2

[MAXDRNKS]

Question: C11.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

1-76 = Number of drinks
77 = Don't know/Not sure
99 = Refused

Section 12: Immunization

Field Size: 1

Variable Name: [FLUSHOT7]

Question: C12.01 During the past 12 months, have you had either flu vaccine that was sprayed in your nose or flu shot injected into your arm?

1 = Yes
2 = No - *Go to Section 12.03 (Immunization) SHINGLE2*
7 = Don't know/Not Sure - *Go to Section 12.03 (Immunization) SHINGLE2*
9 = Refused - *Go to Section 12.03 (Immunization) SHINGLE2*

Skip Question 12.02 if Section 12.01, FLUSHOT7, is coded 2, 7, or 9

Field Size: 6

Variable Name: [FLSHTMY3]

Question: C12.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

12020-122021 = Month/Year
777777 = Don't know/Not sure
999999 = Refused

Skip Question 12.03, if Section 08.01, AGE, is less than 50

Field Size: 1

Variable Name: [SHINGLE2]

Question: C12.03 Have you ever had the shingles or zoster vaccine?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [PNEUVAC4]

Question: C12.04 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Section 13: Falls

Skip Question 13.01, if Section 08.01, AGE, coded 18-44

Field Size: 2

Variable Name: [FALL12MN]

Question: C13.01 In the past 12 months, how many times have you fallen?

1-76 = Number of times [76=76 or more]
88 = None – *Go to Section 14.01 (Seatbelt Use and Drinking and Driving) SEATBELT*
77 = Don't know/Not Sure – *Go to Section 14.01 (Seatbelt Use and Drinking and Driving) SEATBELT*
99 = Refused – *Go to Section 14.01 (Seatbelt Use and Drinking and Driving) SEATBELT*

Skip Question 13.02, if Section 08.01, AGE, coded 18-44; or Section 13.01, FALL12MN, is coded 77, 88, 99 or Missing

Field Size: 2

Variable Name: [FALLINJ4]

Question: C13.02 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

1-76 = Number of falls [76=76 or more]
88 = None
77 = Don't know/Not Sure
99 = Refused

Section 14: Seatbelt Use and Drinking and Driving

Field Size: 1

Variable Name: [SEATBELT]

Question: C14.01 How often do you use seat belts when you drive or ride in a car? Would you say—

1 = Always
2 = Nearly always
3 = Sometimes
4 = Seldom
5 = Never
7 = Don't know/Not sure
8 = Never drive or ride in a car – *Go to Section 14.1 (Breast and Cervical Cancer Screening) HADMAM*
9 = Refused

Field Size: 2

Variable Name: [DRNKDRI2]

Question: C14.02 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

1-76 = Number of times
88 = None
77 = Don't know/Not sure
99 = Refused

Section 15: Breast and Cervical Cancer Screening

Field Size: 1

Variable Name: [HADMAM]

Question: C15.01 Have you ever had a mammogram?

1 = Yes
2 = No - *Go to Section 15.03 (Breast and Cervical Cancer Screening) HADPAP2*
7 = Don't know/Not sure - *Go to Section 15.03 (Breast and Cervical Cancer Screening) HADPAP2*
9 = Refused - *Go to Section 15.03 (Breast and Cervical Cancer Screening) HADPAP2*

Field Size: 1

Variable Name: [HOWLONG]

Question: C15.02 How long has it been since you had your last mammogram?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [HADPAP2]

Question: C15.03 How long has it been since you had your last mammogram?

1 = Yes
2 = No - *Go to Section 15.05 (Breast and Cervical Cancer Screening) HPVTEST*
7 = Don't know/Not sure - *Go to Section 15.05 (Breast and Cervical Cancer Screening) HPVTEST*
9 = Refused - *Go to Section 15.05 (Breast and Cervical Cancer Screening) HPVTEST*

Field Size: 1

Variable Name: [LASTPAP2]

Question: C15.04 How long has it been since you had your last Pap test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [HPVTEST]

Question: C15.05 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

1 = Yes
2 = No – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*
7 = Don't know/Not Sure – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*
9 = Refused – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*

Field Size: 1

Variable Name: [HPLSTTST]

Question: C15.06 How long has it been since you had your last H.P.V. test?

1 = Yes
2 = No – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*
7 = Don't know/Not Sure – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*
9 = Refused – *Go to Section 15.07 (Breast and Cervical Cancer Screening) HADHYST2*

Field Size: 1

Variable Name: [HADHYST2]

Question: C15.07 Have you had a hysterectomy?
Note: A hysterectomy is an operation to remove the uterus (womb).

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Section 16: Prostate Cancer Screening

Field Size: 1

Variable Name: [PCPSAAD3]

Question: C16.01 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

Note: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [PCPSADI1]

Question: C16.02 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the PSA test?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [PCPSARE1]

Question: C16.03 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [PSATEST1]

Question: C16.04 Have you ever had a P.S.A. test?

1 = Yes
2 = No - *Go to Section 17.1 (Colorectal Cancer Screening) COLNSCPY*

7 = Don't know/Not Sure - *Go to Section 17.1 (Colorectal Cancer Screening) COLNSCPY*
9 = Refused - *Go to Section 17.1 (Colorectal Cancer Screening) COLNSCPY*

Skip Question 16.05 if Section 08.01, AGE, is less than 40; or respondent sex, SEXVAR, is coded 2; or Module 19.01, BIRTHSEX, is coded 2; or Section 16.04, PSATEST1, is coded, 2, 7, 9, or Missing

Field Size: 1

Variable Name: [PSATIME]

Question: C16.05 How long has it been since you had your last P.S.A. test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not Sure
9 = Refused

Skip Question 16.06, if Section 08.01, AGE, is less than 40; or respondent sex, SEXVAR, is coded 2; or Module 19.01, BIRTHSEX, is coded 2; or Section 16.04, PSATEST1, is coded, 2, 7, 9, or Missing

Field Size: 1

Variable Name: [PCPSARS1]

Question: C16.06 What was the MAIN reason you had this P.S.A. test – was it …?

1 = Part of a routine exam
2 = Because of a prostate problem
3 = Because of a family history of prostate cancer
4 = Because you were told you had prostate cancer
5 = Some other reason
7 = Don't know/Not Sure
9 = Refused

Section 17: Colorectal Cancer Screening

The next questions are about the five different types of tests for colorectal cancer screening.
A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

Skip Question 17.01, if Section 08.01, AGE, is less than 45

Field Size: 1

Variable Name: [COLNSCPY]

Question: C17.01 Have you ever had a colonoscopy?

1 = Yes
2 = No - *Go to Section 17.03 (Colorectal Cancer Screening) SIGMSCPY*
7 = Don't know/Not Sure - *Go to Section 17.03 (Colorectal Cancer Screening) SIGMSCPY*
9 = Refused – *Go to Section 17.03 (Colorectal Cancer Screening) SIGMSCPY*

Field Size: 1

Variable Name: [COLNTEST]

Question: C17.02 How long has it been since you had this test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [SIGMSCPY]

Question: C17.03 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

1 = Yes
2 = No – *Go to Section 17.05 (Colorectal Cancer Screening) BLDSTOL1*
7 = Don't know/Not Sure – *Go to Section 17.05 (Colorectal Cancer Screening) BLDSTOL1*
9 = Refused – *Go to Section 17.05 (Colorectal Cancer Screening) BLDSTOL1*

Field Size: 1

Variable Name: [SIGMTEST]

Question: C17.04 How long has it been since you had this test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [BLDSTOL1]

Question: C17.05 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1 = Yes
2 = No – *Go to Section 17.07 (Colorectal Cancer Screening) STOOLDNA*
7 = Don't know/Not Sure – *Go to Section 17.07 (Colorectal Cancer Screening) STOOLDNA*
9 = Refused – *Go to Section 17.07 (Colorectal Cancer Screening) STOOLDNA*

Field Size: 1

Variable Name: [LSTBLDS4]

Question: C17.06 How long has it been since you had this test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [STOOLDNA]

Question: C17.07 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

1 = Yes
2 = No - *Go to Section 17.09 (Colorectal Cancer Screening) VIRCOLON*
7 = Don't know/Not Sure – *Go to Section 17.09 (Colorectal Cancer Screening) VIRCOLON*
9 = Refused - Go to Section 17.09 (Colorectal Cancer Screening) VIRCOLON

Field Size: 1

Variable Name: [SDNATEST]

Question: C17.08 How long has it been since you had this test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [VIRCOLON]

Question: C17.09 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped x-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

1 = Yes
2 = No - *Go to Section 18.01 (HIV/AIDS) HIVTST6*
7 = Don't know/Not Sure - *Go to Section 18.01 (HIV/AIDS) HIVTST6*
9 = Refused – *Go to Section 18.01 (HIV/AIDS) HIVTST6*

Field Size: 1

Variable Name: [VCLNTEST]

Question: C17.10 How long has it been since you had this test?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the past 2 years (1 year but less than 2 years ago)
3 = Within the past 3 years (2 years but less than 3 years ago)
4 = Within the past 5 years (3 years but less than 5 years ago)
5 = 5 or more years ago
7 = Don't know/Not sure
9 = Refused

Section 18: HIV/AIDS

Field Size: 1

Variable Name: [HIVTST7]

Question: C18.01 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

1 = Yes
2 = No - *Go to Section 18.03 (HIV/AIDS) HIVRISK5*
7 = Don't know/Not Sure - *Go to Section 18.03 (HIV/AIDS) HIVRISK5*
9 = Refused - *Go to Section 18.03 (HIV/AIDS) HIVRISK5*

Field Size: 1

Variable Name: [HIVTSD3]

Question: C18.02 Not including blood donations, in what month and year was your last H.I.V. test?

Note: If response is before January 1985, code "777777". If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

11985-122020 = Code month and year
771985-772020 = Unknown month and known year
777777 = Don't know/Not sure
999999 = Refused

Field Size: 1

Variable Name: [HIVRISK5]

Question: C18.03 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

- You have injected any drug other than those prescribed for you in the past year.
- You have been treated for a sexually transmitted disease or STD in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Closing Statement/Transition to Modules

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Alaska Selected CDC Modules

Module 1: Pre-Diabetes

Inserted after Section 6: Chronic Health Conditions

Skip Question M01.01, if Section 06.12, DIABETE4, is coded 1

Field Size: 1

Variable Name: [PDIABTST]

Question: M01.01 Have you had a test for high blood sugar or diabetes within the past three years?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Skip Question M01.02, if Section 06.12, DIABETE4, is coded 1;
If Section 06.12, DIABETE4, is coded 4 automatically code Module 01.02, PREDIAB1, equal to 1 (yes)

Field Size: 1

Variable Name: [PREDIAB]

Question: M01.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

Note: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1 = Yes
2 = Yes, during pregnancy
3 = No
7 = Don't know/Not Sure
9 = Refused

Module 6: Cognitive Decline

Inserted after Alaska State Added Section 2: Hypertension Awareness

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

Skip Question M06.01, if Section 08.01, AGE, is less than 45

Field Size: 1

Variable Name: [CIMEMLOS]

Question: M06.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 = Yes
2 = No - *Go to next module*
7 = Don't know/Not sure
9 = Refused - *Go to next module*

Skip Question M06.02, if Section 08.01, AGE, is less than 45; or Module 06.01, CIMEMLOS, is coded 2 or 9

Field Size: 1

Variable Name: [CDHOUSE]

Question: M06.02 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?

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never
7 = Don't know/Not sure
9 = Refused

Skip Question M06.03 if Section 08.01, AGE, is less than 45; or Module 06.01, CIMEMLOS, is coded 2 or 9

Field Size: 1

Variable Name: [CDASSIST]

Question: M06.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely - *Go to Module 06.05 (Cognitive Decline) CDSOCIAL*
5 = Never - *Go to Module 06.05 (Cognitive Decline) CDSOCIAL*
7 = Don't know/Not sure - *Go to Module 06.05 (Cognitive Decline) CDSOCIAL*
9 = Refused - *Go to Module 06.05 (Cognitive Decline) CDSOCIAL*

Skip Question M06.04 if Section 08.01, AGE, is less than 45;
or Module 06.01, CIMEMLOS, is coded 2 or 9; or Module 06.03, CDASSIST, is coded 4, 5, 7, 9

Field Size: 1

Variable Name: [CDHELP]

Question: M06.04 When you need help with these day-to-day activities, how often are you able to get the help that you need?

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never
7 = Don't know/Not sure
9 = Refused

Skip Question M06.05 if Section 08.01, AGE, is less than 45; or Module 06.01, CIMEMLOS, is coded 2 or 9

Field Size: 1

Variable Name: [CDSOCIAL]

Question: M06.05 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?

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never
7 = Don't know/Not sure
9 = Refused

Skip Question M06.05 if Section 08.01, AGE, is less than 45; or Module 06.01, CIMEMLOS, is coded 2 or 9

Field Size: 1

Variable Name: [CDDISCUS]

Question: M06.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 = Yes

2 = No
7 = Don't know/Not Sure
9 = Refused

Module 8: E-Cigarettes

Inserted after Section 10: Tobacco Use

Field Size: 1

Variable Name: [ECIGARET]

Question: M08.01 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

1 = Yes
2 = No - *Go to next module*
7 = Don't know/Not Sure - *Go to next module*
9 = Refused - *Go to next module*

Skip Question M08.02, if Module 08.01, ECIGARET, is coded 2, 7, 9, or Missing

Field Size: 1

Variable Name: [ECIGNOW]

Question: M08.02 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

1 = Every day
2 = Some days
3 = Not at all
7 = Don't know / Not sure
9 = Refused

Module 9: Marijuana Use

Inserted after Module 6: Cognitive Decline

Field Size: 2

Variable Name: [MARIJAN1]

Question: M09.01 During the past 30 days, on how many days did you use marijuana or cannabis?

1-30 = Number of Days
88 = None - *Go to next module*

77 = Don't know/Not Sure - *Go to next module*
99 = Refused - *Go to next module*

Field Size: 1

Variable Name: [USEMRJN2]

Question: M09.02 During the past 30 days, which one of the following ways did you use marijuana the most often? Please select one. Did you...

1 = Smoke it (for example, in a joint, bong, pipe, or blunt)
2 = Eat it (for example, in brownies, cakes, cookies, or candy)
3 = Drink it (for example, in tea, cola, alcohol)
4 = Vaporize it (for example, in an e-cigarette-like vaporizer or other vaporizing device)
5 = Dab it (for example, using waxes or concentrates)
6 = Use it some other way
7 = Don't know/Not Sure
9 = Refused

Field Size: 1

Variable Name: [RSNMRJN1]

Question: M09.03 When you used marijuana or cannabis during the past 30 days, was it usually:

1 = For medical reasons (like to treat or decrease symptoms of a health condition)
2 = For non-medical reasons (like to have fun or fit in)
3 = For both medical and non-medical reasons
7 = Don't know/Not Sure
9 = Refused

Module 20: Sexual Orientation and Gender Identity (SOGI)
Inserted after Section 8: Demographics

Field Size: 1

Variable Name: [SOMALE]

Question: M20.01a Which of the following best represents how you think of yourself?

1 = Gay
2 = Straight, that is, not gay
3 = Bisexual
4 = Something else
7 = I don´t know the answer
9 = Refused

Field Size: 1

Variable Name: [SOFEMALE]

Question: M20.01b Which of the following best represents how you think of yourself?

1 = Lesbian or Gay
2 = Straight, that is, not gay
3 = Bisexual
4 = Something else
7 = I don´t know the answer
9 = Refused

Field Size: 1

Variable Name: [TRNSGNDR]

Question: M20.02 Do you consider yourself to be transgender?

Note: If yes, ask "Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?

1 = Yes, Transgender, male-to-female
2 = Yes, Transgender, female to male
3 = Yes, Transgender, gender nonconforming
4 = No
7 = Don't know/Not Sure
9 = Refused

Alaska Specific Questions

State-Added Section 1: Expanded Income and Education Categories

Extra categories inserted in Section 8: Demographics

Field Size: 2

Variable Name: [INCOME100]

Question: AK01.02 Is your annual household income from all sources:
NOTE: If respondent refuses at any income level, code "Refused."

Alaska obtained approval to expand answer options for this core CDC question to better estimate poverty levels.

1 = Less than $10,000
2 = Less than $15,000 ($10,000 to less than $15,000)
3 = Less than $20,000 ($15,000 to less than $20,000)
4 = Less than $25,000 ($20,000 to less than $25,000)
5 = Less than $35,000 ($25,000 to less than $35,000)
6 = Less than $50,000 ($35,000 to less than $50,000)
7 = Less than $75,000 ($50,000 to less than $75,000)
8 = Less than $85,000 ($75,000 to less than $85,000)
9 = Less than $100,000 ($85,000 to less than $100,000)
10 = $100,000 or more
77 = Don't know/Not sure
99 = Refused

Field Size: 1

Variable Name: [EDUCA_AK]

Question: AK01.01 What is the highest grade or year of school you completed?

INTERVIEWER PROBE: If respondent says Grade 12: "When you say that you completed 12th grade, does that mean you graduated with a diploma from your high school or a correspondence school or home-school, or did you receive a GED?"
Alaska obtained approval to expand answer options for this core CDC question.

1 = Never attended school or only kindergarten
2 = Grades 1 through 8 (Elementary)
3 = Grades 9 through 11 (Some high school)
4 = Grade 12 (High school graduate)
5 = College 1 year to 3 years (Some college or technical school)
6 = College 4 years or more (College graduate)
7 = GED (High School equivalence diploma)
8 = Home-schooled with diploma or correspondence school
9 = Refused

State-Added Section 2: Hypertension Awareness
Inserted after Section 18: H.I.V./AIDS

Field Size: 1

Variable Name: [BPHIGH4]

Question: AK02.01 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Note: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

Read if necessary: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.
1 = Yes
2 = Yes, but female told only during pregnancy
3 = No
4 = Told borderline high or pre-hypertensive
7 = Don't know / Not sure
9 = Refused

State-Added Section 3: Home/Self-Measured Blood Pressure
Inserted after State-Added Section 2: Hypertension Awareness

Skip Question AK2.2, if AK2.1 is coded 2, 3, 7, 9

Field Size: 1

Variable Name: [HOMCHKAK]

Question: AK03.01 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 = Yes

2 = No
7 = Don't know/Not sure
9 = Refused

State-Added Section 4: Exposure to Domestic Violence and Sexual Assault

Inserted at the end of the survey after Module 9: Marijuana Use

The next questions are about different types of physical and/or sexual violence that can happen during a person's lifetime, including childhood. Answering these questions will help us better understand the problem of violence and may help others in the future. This is a sensitive topic, and some people may feel uncomfortable with these questions. You can ask me to skip any question you do not want to answer or do not feel safe answering. At the end of this section, I can give you a phone number for an organization that can help with these issues.

NOTE: If participant asks for resources, provide the following phone numbers: For information about domestic violence, you can call the National Domestic Violence Hotline at 1-800.799-7233. For information about sexual assault, you can call the National Sexual Assault Hotline at 1-800-656-4673.

Field Size: 1

Variable Name: [S_PRNHRT]

Question: AK04.01 As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, choked, threatened, or otherwise physically hurt by their spouse or partner?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [S_MDESEX]

Question: AK04.02 In your lifetime, has anyone ever made you take part in a sexual activity when you really did not want to, including touch that made you uncomfortable?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [S_LFEHRT]

Question: AK04.03 In your lifetime, has an intimate partner ever hit, slapped, punched, shoved, kicked, choked, threatened, or otherwise physically hurt you?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused

Field Size: 1

Variable Name: [S_PST1HT]

Question: AK04.04 In the past twelve months have you ever feared for your safety or been hit, slapped, punched, shoved, kicked, choked, threatened, or otherwise physically hurt by a current or former intimate partner?

1 = Yes
2 = No
7 = Don't know/Not sure
9 = Refused