Behavioral Risk Factor Surveillance System (BRFSS)

2025 Alaska Questionnaire

Version 9.15.25

Alaska-specific content is in purple

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CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

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 Marquisette Glass Lewis at grp2@cdc.gov.

Behavioral Risk Factor Surveillance System (BRFSS)

2025 Alaska Questionnaire

Table of Contents

Screener – Landline Only

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. This call may be monitored or recorded for quality control.

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 ____(state)____?

1 = Yes - *Go to LL.05, CELPHON1*
2 = No - *Terminate Phone Call*

Skip Question LL05, if QSTVER >= 20

Field Size: 1

Variable Name: [CELPHON1]

Question: LL.05 Is this a cell telephone?

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

Skip Question LL06, if QSTVER >= 20

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, COLGSEX1; else go to LL.08, NUMADULT*
2 = No - *If LL.03, COLGHOUS, is 1 Terminate Phone Call, else go to LL.08, NUMADULT*

Skip Question LL07, if QSTVER >= 20

Field Size: 2

Variable Name: [NUMADULT]

Question: LL.07 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, LANDSEX3*
2 = Number of adults in the household - *Go to LL.08, RESPSLC1*
3 = Number of adults in the household - *Go to LL.08, RESPSLC1*
4 = Number of adults in the household - *Go to LL.08, RESPSLC1*
5 = Number of adults in the household - *Go to LL.08, RESPSLC1*
6-99 = 6 or more - *Go to LL.08, RESPSLC1*

Skip Question LL08, if QSTVER >= 20; or if LL.08, NUMADULT, is greater than 1

Field Size: 1

Variable Name: [RESPSLC1]

Question: LL.08 The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

1 = Yes - *Go to Section 01.01 (Health Status) GENHLTH*
2 = No – *Ask for correct respondent*

Skip Question LL09, if QSTVER >= 20

Field Size: 1

Variable Name: [LANDSEX3]

Question: LL.09 Are you?

1 = Male
2 = Female
3 = Transgender, non-binary, or another gender
7 = Don't know/Not Sure
9 = Refused

Skip Question LL10, if QSTVER >= 20; or if LL.09, LANDSEX3, is coded 1 or 2

Field Size: 1

Variable Name: [LNDSXBRT]

Question: LL.10 What was your sex at birth? Was it male or female?

1 = Male
2 = Female
7 = Don't know/Not Sure - *Terminate Phone Call*
9 = Refused - *Terminate Phone Call*

Screener – Cell Phone Only

Skip Question CP01, 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 Alaska 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*

Skip Question CP02, if QSTVER < = 20

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*

Skip Question CP03, if QSTVER < 20; or CP.02, CTELNUM1, is coded 2

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*

Skip Question CP04, if QSTVER < 20; or CP.03, CELLLFON5, is coded 2

Field Size: 1

Variable Name: [CADULT1]

Question: CP.04 Are you 18 years of age or older?

1 = Yes - *Go to CP.05, CELLSEX3*
2 = No - *Terminate Phone Call*

Skip Question CP05, if QSTVER < 20; or CP.04, CADULT1, is coded 2

Field Size: 1

Variable Name: [CELLSEX3]

Question: CP.05 Are you?

1 = Male - *Go to CP.07, PVTRESD3*
2 = Female - *Go to CP.07, PVTRESD3*
3 = Transgender, non-binary, or another gender - *Go to CP.06, CELSXBRT*
7 = Don't know/Not Sure - *Go to CP.06, CELSXBRT*
9 = Refused - *Go to CP.06, CELSXBRT*

Skip Question CP06, if QSTVER < 20; or CP.05, CELLSEX3, is coded 1 or 2

Field Size: 1

Variable Name: [CELSXBRT]

Question: CP.06 What was your sex at birth? Was it male or female?

1 = Male - *Go to CP.07, PVTRESD3*
2 = Female - *Go to CP.07, PVTRESD3*
7 = Don't know/Not Sure - *Terminate Phone Call*
9 = Refused - *Terminate Phone Call*

Skip Question CP07, if QSTVER < 20; or CP.06, CELSXBRT, is coded 7 or 9

Field Size: 1

Variable Name: [PVTRESD3]

Question: CP.07 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 CP08, if QSTVER < 20; or CP.07, PVTRESD3, is coded 1

Field Size: 1

Variable Name: [CCLGHOUS]

Question: CP.08 Do you live in college housing?

1 = Yes - *Go to CP.09, CSTATE1*
2 = No - *Terminate Phone Call*

Skip Question CP09, if QSTVER < 20; or CP.08, CCLGHOUS, is coded 2

Field Size: 1

Variable Name: [CSTATE1]

Question: CP.09 Do you currently live in Alaska?

1 = Yes - *Go to CP.11, LANDLINE*
2 = No - *Go to CP.10, RSPSTAT1*

Skip Question CP10, if QSTVER < 20; or CP.09, CSTATE1, is coded 1

Field Size: 2

Variable Name: [RSPSTAT1]

Question: CP.10 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 Call*
99 = Refused - *Terminate Call*

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

Field Size: 1

Variable Name: [LANDLINE]

Question: CP.11 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 CP12, if QSTVER < 20; or CP.10, RSPSTAT1, is coded 77 or 99

Field Size: 2

Variable Name: [HHADULT]

Question: CP.12 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

CDC Core Sections

Respondent Sex

Field Size: 1

Variable Name: [SEXVAR]

Sex of Respondent

1 = Male - *Code=1 if LANDSEX3=1 or LNDSXBRT=1 or CELLSEX3=1 or CELSXBRT=1*
2 = Female - *Code=2 if LANDSEX3=1 or LNDSXBRT=1 or CELLSEX3=1 or CELSXBRT=1*

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: 2

Variable Name: [PRIMINS2]

Question: C03.01 What is the current primary source of your health care coverage?

NOTE: If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

1 = A plan purchased through an employer or union (including plans purchased through another person´s employer)
2 = A private nongovernmental plan that you or another family member buys on your own
3 = Medicare
4 = Medigap

5 = Medicaid
6 = Children´s Health Insurance Program (CHIP)
7 = Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA
8 = Native Health Service or Indian Health Service
9 = State sponsored health plan
10 = Other government program
88 = No coverage of any type
77 = Don't know/Not Sure
99 = Refused

Field Size: 1

Variable Name: [PERSDOC3]

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

NOTE: If the respondent had multiple doctor groups, then it would be more than one—but if they had more than one doctor in the same group it would be one.

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.

NOTE: 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?

NOTE: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

Section 5: Hypertension Awareness

Field Size: 1

Variable Name: [BPHIGH6]

Question: C05.01 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?".
Note: 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 - *Go to Section 06.01 (Cholesterol Awareness) CHOLCHK3*
3 = No - *Go to Section 06.01 (Cholesterol Awareness) CHOLCHK3*
4 = Told borderline high or pre-hypertensive or elevated blood pressure - *Go to Section 06.01 (Cholesterol Awareness) CHOLCHK3*
7 = Don´t know/Not Sure - *Go to Section 06.01 (Cholesterol Awareness) CHOLCHK3*
9 = Refused - *Go to Section 06.01 (Cholesterol Awareness) CHOLCHK3*

Skip Question 05.02, if Section 05.01, BPHIGH6, is coded 2, 3, 4, 7, 9, or Missing

Field Size: 1

Variable Name: [BPMEDS1]

Question: C05.02 Are you currently taking prescription medicine for your high blood pressure?

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

Section 6: Cholesterol Awareness

Field Size: 1

Variable Name: [CHOLCHK3]

Question: C06.01 About how long has it been since you last had your cholesterol checked?

1 = Never - *Go to Section 07.01 (Chronic Health Conditions) CVDINFR4*
2 = Within the past year (anytime less than one year ago)
3 = Within the past 2 years (1 year but less than 2 years ago)
4 = Within the past 3 years (2 years but less than 3 years ago)
5 = Within the past 4 years (3 years but less than 4 years ago)
6 = Within the past 5 years (4 years but less than 5 years ago)
8 = 5 or more years ago
7 = Don't know/Not Sure - *Go to Section 07.01 (Chronic Health Conditions) CVDINFR4*
9 = Refused - *Go to Section 07.01 (Chronic Health Conditions) CVDINFR4*

Skip Question 06.02, if Section 06.01, CHOLCHK3, is coded 1, 7, 9, or Missing

Field Size: 1

Variable Name: [TOLDHI3]

Question: C06.02 Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

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

Skip Question 06.03, if Section 06.01, CHOLCHK3, is coded 1, 7, 9, or Missing

Field Size: 1

Variable Name: [CHOLMED3]

Question: C06.03 Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

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

Section 7: 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: C07.01 (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: C07.02 (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: C07.03 (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: C07.04 (Ever told) you had asthma?

1 = Yes
2 = No - *Go to Section 07.06 (Chronic Health Conditions) CHCSCNC1*
7 = Don’t know/Not sure - *Go to Section 07.06 (Chronic Health Conditions) CHCSCNC1*
9 = Refused - *Go to Section 07.06 (Chronic Health Conditions) CHCSCNC1*

Skip Question 07.05, if Section 07.04, ASTHMA3 is coded 2, 7, 9, or Missing

Field Size: 1

Variable Name: [ASTHNOW]

Question: C07.05 Do you still have asthma?

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

Field Size: 1

Variable Name: [CHCSCNC1]

Question: C07.06 (Ever told) you had skin cancer that is not melanoma?

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

Field Size: 1

Variable Name: [CHCOCNC1]

Question: C07.07 (Ever told) you had melanoma or any other types of cancer?

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

Field Size: 1

Variable Name: [CHCCOPD3]

Question: C07.08 (Ever told) you had C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

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

Field Size: 1

Variable Name: [ADDEPEV3]

Question: C07.09 (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: C07.10 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

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

Field Size: 1

Variable Name: [HAVARTH4]

Question: C07.11 (Ever told) you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica; osteoarthritis (not osteoporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, Reiter's syndrome, ankylosing spondylitis, etc.

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

Field Size: 1

Variable Name: [DIABETE4]

Question: C07.12 (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 08.01 (Demographics) AGE*
3 = No - *Go to Section 08.01 (Demographics) AGE*
4 = No, pre-diabetes or borderline diabetes - *Go to Section 08.01 (Demographics) AGE*
7 = Don't know/Not sure - *Go to Section 08.01 (Demographics) AGE*
9 = Refused - *Go to Section 08.01 (Demographics) AGE*

Skip Question 07.13, if Section 07.12, DIABETE4, is coded 2, 3, 4, 7, 9, or Missing

Field Size: 2

Variable Name: [DIABAGE4]

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 8: Demographics

Field Size: 2

Variable Name: [AGE]

Question: C08.01 What is your age?

_ _ = Code age in years [18-99]

07 = Don't know / Not sure

09 = Refused

Field Size: 1

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
9 = Refused

Field Size: 2

Variable Name: [MRACE1]

Question: C08.03 Which one or more of the following would you say is your race?

NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.

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: 1

Variable Name: [MARITAL]

Question: C08.04 Are you.....

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: C08.05 What is the highest grade or year of school you completed?

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: C08.06 Do you own or rent your home?

NOTE: Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.

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

Field Size: 3

Variable Name: [~~CTYCODE2~~]

Question: C08.07 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.

_ _ = 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: C08.08 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 08.09, if QSTVER >= 20

Field Size: 1

Variable Name: [NUMHHOL4]

Question: C08.09 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

1 = Yes
2 = No - *Go to Section 08.11 (Demographics) CPDEMO1C*
7 = Don't know / Not sure - *Go to Section 08.11 (Demographics) CPDEMO1C*
9 = Refused - *Go to Section 08.11 (Demographics) CPDEMO1C*

Skip Question 08.10, if Section 08.09, NUMHHOL4, is coded 2, 7, 9, or Missing; or QSTVER >= 20

Field Size: 1

Variable Name: [NUMPHON4]

Question: C08.10 How many of these landline 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: [CPDEMO1C]

Question: C08.11 How many cell phones do you have for personal use?

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

Note: Last question needed for partial complete.

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: C08.12 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?

Note: Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

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

Field Size: 1

Variable Name: [EMPLOY1]

Question: C08.13 Are you currently...?

NOTE: If more than one, say ´select the category which best describes you´.

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: C08.14 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: [INCOME3]

Question: C08.15 Is your annual household income from all sources:

NOTE: If respondent refuses at any income level, code "Refused." Expanded income options are added for the Alaska BRFSS with CDC approval (see Alaska State Added Questions section).

01 = Less than $10,000?
02 = Less than $15,000? ($10,000 to less than $15,000)
03 = Less than $20,000? ($15,000 to less than $20,000)
04 = Less than $25,000
05 = Less than $35,000 If ($25,000 to less than $35,000)
06 = Less than $50,000 If ($35,000 to less than $50,000)
07 = Less than $75,000? ($50,000 to less than $75,000)
08 = Less than $100,000? ($75,000 to less than $100,000)
09 = Less than $150,000? ($100,000 to less than $150,000)?
10 = Less than $200,000? ($150,000 to less than $200,000)
11 = $200,000 or more
77 = Don't know / Not sure
99 = Refused

Skip Question 08.16, if respondent sex, SEXVAR, is coded 1; or AGE is greater than 49

Field Size: 1

Variable Name: [PREGNANT]

Question: C08.16 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: C08.17 About how much do you weigh without shoes?

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: C08.18 About how tall are you without shoes?

Note: Round fractions down.

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

_ _ / _ _ = Height (ft / inches/meters/centimeters)
7777 = Don't know / Not sure
9999 = Refused

Section 9: Disability

Field Size: 1

Variable Name: [DEAF]

Question: C09.01 Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

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

Field Size: 1

Variable Name: [BLIND]

Question: C09.02 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: C09.03 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: C09.04 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: C09.05 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: C09.06 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: Inadequate Sleep

Field Size: 1

Variable Name: [SLEPTIM1]

Question: C10.01 On average, how many hours of sleep do you get in a 24-hour period?

Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

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

Section 11: Tobacco Use

Field Size: 1

Variable Name: [SMOKE100]

Question: C11.01 Have you smoked at least 100 cigarettes in your entire life?

Note: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.

1 = Yes
2 = No - *Go to Section 11.03 (Tobacco Use) USENOW3*
7 = Don't know/Not Sure - *Go to Section 11.03 (Tobacco Use) USENOW3*
9 = Refused - *Go to Section 11.03 (Tobacco Use) USENOW3*

Skip Question 11.02, if Section 11.01, SMOKE100, is coded 2, 7, 9, or Missing

Field Size: 1

Variable Name: [SMOKDAY2]

Question: C11.02 Do you now smoke cigarettes every day, some days, or not at all?

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

Field Size: 1

Variable Name: [USENOW3]

Question: C11.03 Do you currently use chewing tobacco, snuff, or snus or iq'mik every day, some days, or not at all?

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

Field Size: 1

Variable Name: [ECIGNOW3]

Question: C11.04 Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

Note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

1 = Never used e-cigarettes in your entire life
2 = Use them every day

3 = Use them some days
4 = Used them in the past but do not currently use them at all
7 = Don't know / Not sure
9 = Refused

Section 12: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

Field Size: 3

Variable Name: [ALCDAY4]

Question: C12.01 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

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

1 _ _ = Days per week
2 _ _ = Days in past 30 days
888 = No drinks in past 30 days - *Go to Section 13.01 (Immunization) FLUSHOT7*
777 = Don't know/Not sure - *Go to Section 13.01 (Immunization) FLUSHOT7*
999 = Refused - *Go to Section 13.01 (Immunization) FLUSHOT7*

Skip Question 12.02, if Section 12.01, ALCDAY4, is coded 888, 777, or 999;

Field Size: 2

Variable Name: [AVEDRNK4]

Question: C12.02 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 12.03, if Section 12.01, ALCDAY4, is coded 888, 777, or 999;

Field Size: 2

Variable Name: [DRNK3GE5]

Question: C12.03 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?

_ _ = Number of times
77 = Don't know / Not sure
88 = no days
99 = Refused

Skip Question 12.04, if Section 12.01, ALCDAY4, is coded 888, 777, or 999;

Field Size: 2

Variable Name: [MAXDRNKS]

Question: C12.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

_ _ = Number of drinks
77 = Don't know / Not sure
99 = Refused

Section 13: Immunization

Field Size: 1

Variable Name: [FLUSHOT7]

Question: C13.01 During the past 12 months, have you had either flu vaccine that was sprayed in your nose or flu shot injected into your arm?

NOTE: Read if necessary. A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 = Yes
2 = No - *Go to Section 13.03 (Immunization) PNEUVAC4*
7 = Don't know/Not sure - *Go to Section 13.03 (Immunization) PNEUVAC4*
9 = Refused - *Go to Section 13.03 (Immunization) PNEUVAC4*

Skip Question 13.02, if Section 13.01, FLUSHOT7, is coded 2, 7, or 9

Field Size: 6

Variable Name: [FLSHTMY3]

Question: C13.02 During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

_ _ / _ _ _ _ = Month / Year
777777 = Don't know / Not sure
099999 = Refused

Field Size: 1

Variable Name: [PNEUVAC4]

Question: C13.03 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

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

Field Size: 1

Variable Name: [TETANUS1]

Question: C13.04 Have you received a tetanus shot in the past 10 years?

Note: If yes, ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

1 = Yes, received Tdap
2 = Yes, received tetanus shot, but not Tdap
3 = Yes, received tetanus shot but not sure what type
4 = No, did not receive any tetanus shot in the past 10 years
7 = Don’t know/Not Sure
9 = Refused

Section 14: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Field Size: 3

Variable Name: [FRUIT2]

Question: C14.01 Not including juices, how often did you eat fruit?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don’t know/Not sure
999 = Refused

Field Size: 3

Variable Name: [FRUITJU2]

Question: C14.02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don’t know/Not sure
999 = Refused

Field Size: 3

Variable Name: [FVGREEEN1]

Question: C14.03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don't know/Not sure
999 = Refused

Field Size: 3

Variable Name: [FRENCHF1]

Question: C14.04 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don't know/Not sure
999 = Refused

Field Size: 3

Variable Name: [POTATOE1]

Question: C14.05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don't know/Not sure
999 = Refused

Field Size: 3

Variable Name: [VEGETAB2]

Question: C14.06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

101-199 = Days
201-299 = Weeks
301-399 = Month / Year
300 = Less than once a month
555 = Never
777 = Don't know/Not sure
999 = Refused

Section 15: HIV/AIDS

Field Size: 1

Variable Name: [HIVTST7]

Question: C15.01 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?

NOTE: Please remember that your answers are strictly confidential and that you don´t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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

Skip Question 15.02, if Section 15.01, HIVTST7, is coded 2, 7, 9, or Missing

Field Size: 6

Variable Name: [HIVTSTD3]

Question: C15.02 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.

11985-122024 = Code month and year
771985-772024 = Unknown month and known year
777777 = Don't know/Not sure
999999 = Refused

Alaska Selected CDC Modules

Module 2: Diabetes

Skip Question M02.01, if Section 07.12, DIABETE4, is coded 2, 3, 4, 7, 9, or Missing

Field Size: 1

Variable Name: [DIABTYPE]

M02.01 According to your doctor or other health professional, what type of diabetes do you have?

1 = Type 1
2 = Type 2
7 = Don't know/Not Sure
9 = Refused

Skip Question M02.02, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 1

Variable Name: [INSULIN1]

M02.02 Insulin can be taken by shot or pump. Are you now taking insulin?

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

Skip Question M02.03, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 3

Variable Name: [CHKHEMO3]

M02.03 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

NOTE: Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.

1 -76 = Number of times [76=76 or more]
88 = None
98 = Never heard of "A one C" test
77 = Don't know/Not sure
99 = Refused

Skip Question M02.04, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 1

Variable Name: [EYEEXAM1]

M02.04 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

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

Skip Question M02.05, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 1

Variable Name: [DIABEYE1]

M02.05 When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

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

Skip Question M02.06, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 1

Variable Name: [DIABEDU1]

M02.06 When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

1 = Within the past year (anytime less than 12 months ago)
2 = Within the last 2 years (1 year but less than 2 years ago)
3 = Within the last 3 years (2 years but less than 3 years ago)
4 = Within the last 5 years (3 to 4 years but less than 5 years ago)
5 = Within the last 10 years (5 to 9 years but less than 10 years ago)
6 = 10 years ago or more
8 = Never
7 = Don't know/Not sure
9 = Refused

Skip Question M02.07, if Section 07.12, DIABETE4, is coded 2,3,4,7,9, or Missing

Field Size: 1

Variable Name: [FEETSORE]

M02.07 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Module 9: Caregiver

Field Size: 1

Variable Name: [CAREGIV1]

Question: M9.01 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

NOTE: If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8.

1 = Yes
2 = No - *Go to next module*
7 = Don't know/Not Sure - *Go to next module*
8 = Caregiving recipient died in past 30 days - *Go to next module*
9 = Refused - *Go to next module*

Skip Question M09.02, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 2

Variable Name: [CRGVREL5]

Question: M9.02 What is their relationship to you?

NOTE: If respondent provides care for more than one person, say: ´Please refer to the person whom you are providing the most care.´ Read selections if necessary or unable to code.

1 = Parent, stepparent, or parent-in-law
2 = Grandparent, step grandparent or grandparent-in-law
3 = Spouse or partner
4 = Child or stepchild
5 = Grandchild or step grandchild
6 = Sibling, stepsibling, or sibling-in-law
7 = Other relative
8 = Friend or non-relative
77 = Don't know/Not Sure
99 = Refused

Skip Question M09.03, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 2

Variable Name: [CRGVPRB4]

Question: M9.03 What is the main health problem or disability that the person you care for has?

1 = Alzheimer´s disease, dementia, or other cognitive impairment - *Go to Module 09.05 (Caregiver) CRGVNURS*
2 = Heart disease, hypertension, or stroke
3 = Cancer
4 = Diabetes
5 = Injuries including broken bones or traumatic brain injury
6 = Mental illness such as depression, anxiety, or schizophrenia
7 = Developmental disorders such as autism, Down syndrome, or spina bifida
8 = Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
9 = Arthritis/rheumatism
10 = Hearing or vision loss
11 = Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy
12 = Old age, infirmity, or frailty
13 = Other
77 = Don't know/Not Sure
99 = Refused

Skip Question M09.04, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9; or Module 09.03, CRGVPRB4, is coded 1

Field Size: 1

Variable Name: [CRGVALZD]

Question: M9.04 Does the person you care for also have Alzheimer´s disease, dementia or other cognitive impairment disorder?

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

Skip Question M09.05, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 1

Variable Name: [CRGVNURS]

Question: M9.05 In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

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

Skip Question M09.06, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 1

Variable Name: [CRGVPER2]

Question: M9.06 In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

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

Skip Question M09.07, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 1

Variable Name: [CRGVHOU2]

Question: M9.07 in the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

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

Skip Question M09.08, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 1

Variable Name: [CRGVHRS2]

Question: M9.08 In an average week, how many hours do you provide regular care or assistance? Would you say...

1 = Less than 20 hours per week (19 hours or less)
2 = Less than 40 hours per week (more than 19 hours, but less than 40 hours)
3 = 40 hours or more per week
7 = Don't know/Not sure
9 = Refused

Skip Question M09.09, if Module 09.01, CAREGIV1, is coded 2, 8, 7, or 9

Field Size: 1

Variable Name: [CRGVLNG2]

Question: M9.07 For how long have you provided regular care to this person?

1 = Within the past 30 days (anytime less than 30 days ago)
2 = Within the past 2 years (more than 30 days but less than 2 years ago)
3 = Within the past 5 years (more than 2 years but less than 5 years ago)
4 = 5 years or more
7 = Don't know/Not sure
9 = Refused

Module 14: Home / Self-measured Blood Pressure

Field Size: 1

Variable Name: [HOMBPCHK]

Question: M14.01 Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

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

Field Size: 1

Variable Name: [HOMRGCHK]

Question: M14.02 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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 M14.03, if Module 14.02, HOMRGCHK, is coded 2, 7, 9 or Missing

Field Size: 1

Variable Name: [WHEREBP]

Question: M14.03 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 = At home
2 = On a machine at a pharmacy, grocery or similar location
3 = Do not check it
7 = Don't know/Not Sure
9 = Refused

Skip Question M14.04, if Module 14.02, HOMRGCHK, is coded 2, 7, 9 or Missing

Field Size: 1

Variable Name: [SHAREBP]

Question: M14.04 How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

1 = Telephone
2 = Other methods such as email, internet portal, or fax
3 = In person
4 = Do not share information
7 = Don't know/Not Sure
9 = Refused

Module 16: Sexual Orientation

Skip Question M16.01, if respondent sex, SEXVAR, is coded 2;

The next two questions are about sexual orientation.

Field Size: 1

Variable Name: [SOMALE]

Question: M16.01 Which of the following best represents how you think of yourself?

Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.

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

Skip Question M16.02, if respondent sex, SEXVAR, is coded 1;

Field Size: 1

Variable Name: [SOFEMALE]

Question: M16.02 Which of the following best represents how you think of yourself?

Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.

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

Module 19: Family Planning

Skip Question M19.01, if Section 08.01, AGE, is greater than 49; or Section 08.16, PREGNANT, is coded 1; or SEXVAR is coded 1;

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

Field Size: 1

Variable Name: [HADSEX]

Question: M19.01 In the past 12 months, did you have sexual intercourse?

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 M19.02, if Section 08.01, AGE, is greater than 49; or Section 08.16, PREGNANT, is coded 1; or SEXVAR is coded 1; or Module 19.01, HADSEX, is coded 2, 7, 9 or Missing;

Field Size: 1

Variable Name: [PFPPRVN4]

Question: M19.02 Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 = Yes
2 = No - Go to Module 25.04 (Family Planning) NOBCUSE8
7 = Don't know/Not Sure - Go to next module
9 = Refused - Go to next module

Skip Question M19.03, if Section 08.01, AGE, is greater than 49; or Section 08.16, PREGNANT, is coded 1; or SEXVAR is coded 1; or Module 19.01, HADSEX, is coded 2, 7, 9 or Missing; or Module 19.02, PFPPRVN4, is coded 2, 7, 9, or Missing;

Field Size: 2

Variable Name: [TYPCNTR10]

Question: M19.03 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

NOTE: If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports ´other method, ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

1 = Female sterilization (Tubal ligation, Essure, or Adiana) - *Go to next module*
2 = Male sterilization (vasectomy) - *Go to next module*
3 = Contraceptive implant (Implanon, Nexplanon) - *Go to next module*
4 = Intrauterine device or IUD (Mirena, Liletta, Skyla, Kyleena, Levonorgestrel IUD, ParaGard, copper IUD) - *Go to next module*
5 = Shots (Depo-Provera) - *Go to next module*
6 = Prescription birth control pills, Contraceptive Ring (NuvaRing, ElyRyng, Annovera), Contraceptive patch (Ortho Evra, Xulane, Twirla, Zafemy) - *Go to next module*
7 = Over the counter birth control pills (Opill) - *Go to next module*
8 = Condoms (male or female) - *Go to next module*
9 = Diaphragm, vaginal gel (Phexxi), cervical cap, sponge, foam, jelly, film, or cream - *Go to next module*

10 = Had sex at a time when less likely to get pregnant (rhythm method, natural family planning, apps for contraception) - *Go to next module*
11 = Withdrawal or pulling out - *Go to next module*
12 = Emergency contraception or the morning after pill (such as Plan B or ella) - *Go to next module*
13 = Other method - *Go to next module*
77 = Don't know/Not sure - *Go to next module*
99 = Refused - *Go to next module*

Skip Question M19.04, if Section 08.01, AGE, is greater than 49; or Section 08.16, PREGNANT, is coded 1; or SEXVAR is coded 1; or Module 19.01, HADSEX, is coded 2, 7, 9 or Missing; or Module 19.03, TYPCNT10, is not missing; or Module 19.02, PFPPRVN4, is coded 7, 9, or Missing ;

Field Size: 2

Variable Name: [NOBCUSE9]

Question: M19.04 Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant. The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

NOTE: If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports ´other method, ask respondent to 'please be specific' and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

1 = You didn´t think you were going to have sex/no regular partner
2 = You just didn´t think about it
3 = You wanted a pregnancy
4 = You didn´t care if you got pregnant
5 = You or your partner didn´t want to use birth control (side effects, don´t like birth control)
6 = You had trouble getting or paying for birth control
7 = You didn´t trust giving out your personal information to medical personnel
8 = Didn´t think you or your partner could get pregnant (infertile or too old)
9 = You were using withdrawal or "pulling out"
10 = You had your tubes tied (sterilization)
11 = Your partner had a vasectomy (sterilization)
12 = You were breast-feeding or you just had a baby
14 = Other reasons
77 = Don't know/Not sure
99 = Refused

Alaska State Added Sections

AK State Added Section 1: Health Care Access

Inserted into Core Section 3: Healthcare Access after 03.04

Skip Question AK01.01, if Section 03.04 is coded 1. If Section 03.04 is coded 1, autofill AK01.01 as 1.

Field Size: 1

Variable Name: [GETCARE]

Question: AK01.01. During the past 12 months, have you seen a doctor, nurse, or other health professional to get ANY kind of care for yourself?

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

AK State Added Section 2: Borough

Inserted into Core Section 8: Demographics after 08.08

Skip question AK02.01 if 08.08 not in 77777, 99999, or Missing;

Field Size: 2, 35

Variable Name: [AKCENSUS] [AKCENTXT]

Question: AK02.01 In which borough, census area, or municipality do you currently live?

Note: Text answer is coded into Alaska geographic regions (public health, behavioral health system, and tribal health organization)

01 = Response_____ [TEXT BOX]
77 = Don't know/ Not sure
99 = Refused

AK State Added Section 3: Income

Inserted into Core Section 8: Demographics in 08.15

Field Size: 2

Variable Name: [INCOME200]

Question: AK03.01 Is your annual household income from all sources:

NOTE: If respondent refuses at any income level, code "Refused."

[Alaska obtained CDC approval to expand answer options for this core CDC question. The modification to this question's response set allows us to better estimate poverty levels for large households with higher incomes.]

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 = Less than $150,000? ($100,000 to less than $150,000)?
11 = Less than $200,000? ($150,000 to less than $200,000)
12 = $200,000 or more
77 = Don't know/Not sure
99 = Refused

AK State Added Section 4: Tobacco

Inserted into Core Section 11: Tobacco Use

Skip Question AK04.01, if Section 11.02 is coded 1, 2, 7, 9, or Missing

Field Size: 1

Variable Name: [LASTSMK6]

Question: AK04.01. About how long has it been since you last smoked cigarettes regularly? Was that…

6 = 10 years or more
5 = At least 5 years but less than 10 years ago
4 = More than a year ago (but less than 5 years ago)
3 = About 1 year ago
2 = At least 3 months but less than 1 year ago
1 = Less than 3 months ago
7 = Don't know/ Not sure
9 = Refused

Skip Question AK 4.02, if Section 11.02 is coded 3, 7, 9, or Missing

Field Size: 1

Variable Name: [STOPSMK2]

Question: AK04.02. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

Skip Question AK04.03, if Section 11.02 is coded 3, 7, 9, or Missing, or if Question AK01.02 is coded 2, 7, 9 or Missing

Field Size: 1

Variable Name: [QUITSMOK]

Question: AK04.03 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

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

Skip Question AK04.04c, if Section 11.03 is coded 3, 7, 9, or Missing

Field Size: 1

Variable Name: [IQMKNOW]

Question: AK04.04c. (Do you currently use…) Iq'mik or blackbull?

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

AK State Added Section 5: Marijuana Use

Inserted immediately after Core Section 15

The following question is about marijuana or cannabis. Do not include hemp-based or CBD-only products in your response.

Field Size: 1

Variable Name: [MARIJAN1]

Question: AK05.01. During the past 30 days, on how many days did you use marijuana or cannabis?

Range 1-30 [Number of days]
88 None
77 Don't know/not sure
99 Refused

Closing Statement

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.