

Behavioral Risk Factor Surveillance System

2019 Alaska BRFSS Questionnaire (Alaska-specific content is in purple)



CENTERS FOR DISEASE CONTROL AND PREVENTION

Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021

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 <u>ivk7@cdc.gov</u>.

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2019 Questionnaire

Table of Contents

Interviewer's Script – Landline	4
Interviewer's Script – Cell Phone	8
CDC Core Sections	12
Section 1: Health Status	12
Section 2: Healthy Days	12
Section 3: Health Care Access	13
Section 4: Hypertension Awareness	13
Section 5: Cholesterol Awareness	14
Section 6: Chronic Health Conditions	14
Section 7: Arthritis	16
Section 8: Demographics	
Section 9: Tobacco Use	23
Section 10: Alcohol Consumption	24
Section 11: Exercise (Physical Activity)	25
Section 12: Fruits & Vegetables	26
Section 13: Immunization	27
Section 14: HIV/AIDS	
Closing Statement / Transition to Modules	29
Alaska Selected CDC Modules	
Module 2: Diabetes	
Module 15: Aspirin for CVD Prevention	
Module 16: Home / Self-measured Blood Pressure	
Module 29: Sexual Orientation and Gender Identity (SOGI)	
Alaska Specific Questions	
Tobacco Use (E-Cigarettes)	
Sugar Sweetened Beverages	
Opioid Use	
Marijuana Use	
Expanded Education and Income Categories	
Appendix: Exercise and Physical Activity Codes	

Field Size	Variable Name	Question	Response Options		
	Interviewer's Script – Landline				
HELLO, I am calling for the <u>(health department)</u> . My name is <u>(name)</u> . We are gathering information about the health of <u>(state)</u> 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 if QSTVER > = 20			
1	[CTELENM1]	Is this (phone number) ? Variable only on the land line survey	1 = Yes - Go to LL.02, PVTRESD1 2 = No - Terminate Phone Call		
		Skip Question if QSTVER >= 20			
1	[PVTRESD1]	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		
		Variable only on the land line survey			

Field Size	Variable Name	Question	Response Options
	Skip Question if QSTVER >= 20; or PVTRESD1=1		
1	[COLGHOUS]	Do you live in college housing?	1 = Yes - Go to LL.04, STATERE1
		Variable only on the land line survey	2 = No - Terminate Phone Call

Field Size	Variable Name	Question	Response Options
		Skip Question if QSTVER >= 20	
1	[STATEREI]	Do you currently live in(state)? Variable only on the land line survey	1 = Yes - Go to LL.05, CELPHONE 2 = No - Terminate Phone Call

Field Size	Variable Name	Question	Response Options		
	Skip Question if QSTVER >= 20				
1	[CELPHONE]	Is this a cell telephone?	1 = Yes - Terminate Phone Call 2 = No - Go to LL.06, LADULTI		
		Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile			
		and usable outside of your neighborhood."			
		Note: Telephone service over the internet counts as			
		landline service (includes Vonage, Magic Jack and other home-based phone services)			
		Variable only on the land line survey			
		Skip Question if QSTVER >= 20			
1	[LADULTI]	Are you 18 years of age or older?	1 = Yes - If LL.03, COLGHOUS, is 1 go to LL.07,		
		Variable only on the land line survey	COLGSEX; else go to LL.08, NUMADULT 2 = No - Terminate Phone Call		
		Skip Question if QSTVER >= 20; or if LL.03, COLGH	OUS, is not coded 1		
1	[COLGSEX]	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		
	1	Skip Question if QSTVER >= 20	1		

Field Size	Variable Name	Question	Response Options
2	[NUMADULT]	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? Variable only on the land line survey	 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 5 = Number of adults in the household - Go to LL.10, NUMMEN 6-99 = 6 or more - Go to LL.10, NUMMEN
		Skip Question if QSTVER >= 20; or if NUMA	ADULT > 1;
1	[LANDSEX]	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
	-	Skip Question if QSTVER >= 20; or if LL.08, NUMAI	DULT, is equal to 1
2	[NUMMEN]	How many of these adults are men? Variable only on the land line survey	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
	1	Skip Question if QSTVER >= 20; or if LL.08, NUMA	DULT, is equal to 1
2	[NUMWOMEN]	So the number of women in the household is [X]. Is that correct? Variable only on the land line survey	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
	1	Skip Question if QSTVER >= 20; or if LL.08, NUMA	DULT, is equal to 1
1	[RESPSLCT]	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

Field Size	Variable Name	Question	Response Options
		Skip Question if QSTVER < 20	
nformati with assis	on about the h stance from the	the <u>(health department)</u> . My name is ealth of <u>(state)</u> residents. This proj e Centers for Disease Control and Prevention. Y ike to ask some questions about health and hea	ect is conducted by the health departmen our telephone number has been chosen
1	[SAFETIME]	Is this a safe time to talk with you?	1 = Yes - Go to CP.02, CTELNUM1
		Variable only on the cell phone survey	2 = No - Set Appointment or Terminate Phone Call
	·	Skip Question if QSTVER < = 20	
1	[CTELNUM1]	Is this (phone number) ? Variable only on the cell phone survey	1 = Yes - Go to CP.03, CELLFON5 2 = No - Terminate Phone Call
		Skip Question if QSTVER < 20	
1	[CELLFON5]	Is this a cell phone? Variable only on the cell phone survey	1 = Yes - Go to CP.04, CADULTI 2 = No - Terminate Phone Call
1	[CADULTI]	Are you 18 years of age or older? Variable only on the cell phone survey	1 = Yes - Go to CP.05, CELLSEX 2 = No - Terminate Phone Call
1	[CELLSEX]	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
		1	1
1	[PVTRESD3]	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
		Variable only on the cell phone survey	
		Skip Question if QSTVER < 20; or PVTR	ESD3=1

Field Size	Variable Name	Question	Response Options	
1	[CCLGHOUS]	Do you live in college housing? Variable only on the cell phone survey	1 = Yes - Go to CP.08, CSTATE1 2 = No - Terminate Phone Call	
		·		
1	[CSTATE1]	Do you currently live in(state)? Variable only on the cell phone survey	1 = Yes - Go to CP.10, LANDLINE 2 = No - Go to CP.09, RSPSTATI	
	Skip Question if QSTVER < 20; or CP.08, CSTATE1, is coded 1			

2	[RSPSTATI]	In what state do you currently live?	1 = Alabama
		Mariable and the sell share survey	2 = Alaska
		Variable only on the cell phone survey	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
			17 = 100 minors $18 = 100$ minors $18 = 100$ minors $18 = 100$ minors 100 mino
			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
			99 = Refused
	1	1	1

Field Size	Variable Name	Question	Response Options
1	[LANDLINE]	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
		Variable only on the cell phone survey	9 = Refused
2	[HHADULT]	How many members of your household, including yourself, are 18 years of age or older?	1-76 = Number of adults 77 = Don't know/Not sure 99 = Refused
		INTERVIEWER NOTE: IF CCLGHOUS=1, set HHADULT=1	
		Variable only on the cell phone survey	
		CDC Core Sections	5
Section	1: Health Sta	atus	
1	[GENHLTH]	01.01 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 D	Days	
2	[PHYSHLTH]	02.01 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?	1-30 = Number of days 88 = None 77 = Don't know/Not sure 99 = Refused
	-		-
2	[MENTHLTH]	02.02 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?	1-30 = Number of days 88 = None 77 = Don't know/Not sure 99 = Refused
	Skip Qu	uestion 02.03, if Section 02.01, PHYSHLTH, is 88 and Se	ection 2.02, MENTHLTH, is 88
2	[POORHLTH]	02.03 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	1-30 = Number of days 88 = None 77 = Don't know/Not sure

Field Size	Variable Name	Question	Response Options
Section	3: Health Ca	are Access	
1	[HLTHPLN1]	03.01 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
1	[PERSDOC2]	03.02 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
1	[MEDCOST]	03.03 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	[CHECKUP1]	03.04 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 7 = Don't know/Not sure 8 = Never 9 = Refused
Section	4: Hyperten	sion Awareness	
1	[BPHIGH4]	04.01 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?".	 Yes Yes, but female told only during pregnancy Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2 No - Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2 Told borderline high or pre-hypertensive - Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2 Told borderline high or pre-hypertensive - Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2 Ton't know/Not Sure - Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2 Refused - Go to Section 05.01 (Cholesterol Awareness) CHOLCHK2

Field Size	Variable Name	Question	Response Options
	S	kip Question 04.02, if Section 04.01, BPHIGH4, is code	d 2, 3, 4, 7, 9, or Missing
1	[BPMEDS]	04.02 Are you currently taking medicine for your high blood pressure?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
Section	5: Cholester	ol Awareness	
1	[CHOLCHK2]	Blood cholesterol is a fatty substance found in the blood. 05.01 About how long has it been since you last had your blood cholesterol checked?	 1 = Never - Go to Section 06.01 (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 9 = Refused - Go to Section 06.01 (Chronic Health Conditions) CVDINFR4
		Skip Question 05.02, if Section 05.01, CHOLCHK2, is a	coded 1, 9, or Missing
1	[TOLDHI2]	05.02 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	 1 = Yes 2 = No - Go to Section 06.01 (Chronic Health Conditions) CVDINFR4 7 = Don't know/Not Sure - Go to Section 06.01 (Chronic Health Conditions) CVDINFR4 9 = Refused - Go to Section 06.01 (Chronic Health Conditions) CVDINFR4
Skip Que	stion 05.03, if Sec	tion 05.01, CHOLCHK2, is coded 1, 9 or Missing; or Sec	tion 05.02, TOLDHI2, is coded 2, 7, 9, or Missing
1	[CHOLMED2]	05.03 Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
Section	6: Chronic H	lealth Conditions	
1	[CVDINFR4]	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": 06.01 (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	Variable Name	Question	Response Options
1	[CVDCRHD4]	06.02 (Ever told) you had angina or coronary heart disease?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	[CVDSTRK3]	06.03 (Ever told) you had a stroke.	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
1	[ASTHMA3]	06.04 (Ever told) you had asthma?	 Yes No - Go to Section 06.06 (Chronic Health Conditions) CHCSCNCR Don't know/Not Sure - Go to Section 06.0 (Chronic Health Conditions) CHCSCNCR Refused - Go to Section 06.06 (Chronic Health Conditions) CHCSCNCR
		Skip Question 06.05, if Section 06.04, ASTHMA3, is co	ded 2, 7, 9, or Missing
1	[ASTHNOW]	06.05 Do you still have asthma?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
1	[CHCSCNCR]	06.06 (Ever told) you had skin cancer?	1 = Yes 2 = No 7 = Don't know / Not sure 9 = Refused
		1	1
1	[CHCOCNCR]	06.07 (Ever told) you had any other types of cancer?	1 = Yes 2 = No 7 = Don't know / Not sure 9 = Refused
1	[CHCCOPD2]	06.08 (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

1		
[ADDEPEV3]	06.09 (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
[CHCKDNY2]	06.10 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
[DIABETE4]	06.11 (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.	 Yes Yes, but female told only during pregnancy Go to Section 07.01 (Arthritis) HAVARTH4 No - Go to Section 07.01 (Arthritis) HAVARTH4 No, pre-diabetes or borderline diabetes - Go to Section 07.01 (Arthritis) HAVARTH4 Don't know/Not Sure - Go to Section 07.01 (Arthritis) HAVARTH4 Refused - Go to Section 07.01 (Arthritis) HAVARTH4
S	kip Question 06.12, if Section 06.11, DIABETE4, is coded	2, 3, 4, 7, 9, or Missing
[DIABAGE3]	06.12 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
7: Arthritis		
[HAVARTH4]	 07.01 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica; osteoarthritis (not osteporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, etc. 	1 = Yes 2 = No - 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 07.02, if Section 07.01, HAVARTH4, is co	ded 2, 7, 9, or Missing
[ARTHEXER]	07.02 Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? Note: If the respondent is unclear about whether this means an increase or decrease in physical activity.	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
	[DIABETE4] [DIABAGE3] 7: Arthritis [HAVARTH4]	dysthymia, or minor depression)? [CHCKDNY2] 06.10 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? [DIABETE4] 06.11 (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. Skip Question 06.12, if Section 06.11, DIABETE4, is coded [DIABAGE3] 06.12 How old were you when you were told you had diabetes? 7: Arthritis [HAVARTH4] 07.01 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatica; osteoarthritis (not osteporosis); tendonitis, bursitis, bunion, tennis elbow; carpal tunnel syndrome, tarsal tunnel syndrome; joint infection, etc. Skip Question 07.02, if Section 07.01, HAVARTH4, is compared by your arthritis or joint symptoms?

Field Size	Variable Name	Question	Response Options
		Skip Question 07.03, if Section 07.01, HAVARTH4, is co	oded 2, 7, 9, or Missing
1	[ARTHEDU]	07.03 Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
		Skip Question 07.04, if Section 07.01, HAVARTH4, is co	oded 2, 7, 9, or Missing
1	[LMTJOIN3]	 07.04 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? INTERVIEWER INSTRUCTION: If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use 	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
	-	Skip Question 07.05, if Section 07.01, HAVARTH4, is co	oded 2, 7, 9, or Missing
1	[ARTHDIS2]	In this next question we are referring to work for pay. 07.05 Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do? INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
	1	Skip Question 07.06, if Section 07.01, HAVARTH4, is co	oded 2, 7, 9, or Missing
2	[JOINPAI2]	 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. 07.06 During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? 	0-10 = Enter number [0-10] 77 = Don't know/Not Sure 99 = Refused

ield Size	Variable Name	Question	Response Options
ection	8: Demogra	phics	
2	[AGE]	08.01 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
4	[HISPANC3]	08.02 Are you Hispanic, Latino/a, or Spanish origin? 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
28	[MRACE1]	08.03 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

ield Size	Variable Name	Question	Response Options
2	[ORACE3]	08.04 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
1	[MARITAL]	08.05 Are you: (marital status)	1 = Married 2 = Divorced 3 = Widowed 4 = Separated 5 = Never married 6 = A member of an unmarried couple 9 = Refused
1	[EDUCA]	08.06 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-Added Questions section)	 1 = Never attended school or only kindergarter 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) 7 = GED (High school equivalence diploma) 8 = Home-schooled with diploma or correspondence school 9 = Refused
1	[RENTHOM1]	08.07 Do you own or rent your home? INTERVIEWER NOTE: 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

ield Size	Variable Name	Question	Response Options
3	[CTYCODE2]	08.08 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 777 = Don't know/Not sure 778-887 = ANSI county code (formerly FIPS code) 888 = County from another state (cell phone data only) 999 = Refused
5	[ZIPCODE1]	08.09 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
1	[NUMHHOL3]	08.10 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) CPDEMOIB 7 = Don't know/Not sure - Go to Section 08.12 (Demographics) CPDEMOIB 9 = Refused - Go to Section 08.12 (Demographics) CPDEMOIB
	Skip Que	stion 08.11, if Section 08.11, NUMHHOL3, is coded 2, 7, 9	9, or Missing; or QSTVER >= 20
1	[NUMPHON3]	08.11 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
			·
1	[CPDEMOIB]	08.12 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
1	[VETERAN3]	08.13 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	Variable Name	Question	Response Options
1	[EMPLOY1]	08.14 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
2	[CHILDREN]	08.15 How many children less than 18 years of age live in your household?	1-87 = Number of children 88 = None 99 = Refused
2	[INCOME2]	08.16 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
4	[WEIGHT2]	08.17 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
4	[HEIGHT3]	08.18 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

Field Size	Variable Name	Question	Response Options
	0	Skip Question 08.19, if respondent sex, SEXVA r Module 28.01, BIRTHSEX, is coded 1; or Section 08.01,	
1	[PREGNANT]	08.19 To your knowledge, are you now pregnant?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
1	[DEAF]	08.20 Are you deaf or do you have serious difficulty hearing?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
1	[BLIND]	08.21 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
1	[DECIDE]	08.22 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
	1	1	1
1	[DIFFWALK]	08.23 Do you have serious difficulty walking or climbing stairs?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
1	[DIFFDRES]	08.24 Do you have difficulty dressing or bathing?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused
	1	1	1
1	[DIFFALON]	08.25 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

9: Тоbacco [SMOKE100]	Use 09.01 Have you smoked at least 100 cigarettes in your entire life?	1 = Yes 2 = No - Go to Section 09.05 (Tobacco Use)
[SMOKE100]		2 = No - Go to Section 09.05 (Tobacco Use)
	Note: 5 packs = 100 cigarettes	USENOW3 7 = Don't know/Not Sure - Go to Section 09.05 (Tobacco Use) USENOW3
		9 = Refused - Go to Section 09.05 (Tobacco Use) USENOW3
	Skip Question 09.02, if Section 09.01, SMOKE100, is co	oded 2, 7, 9, or Missing
[SMOKDAY2]	09.02 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 09.04 (Tobacco Use) LASTSMK2
		 7 = Don't Know/Not Sure - Go to Section 09.05 (Tobacco Use) USENOW3 9 = Refused - Go to Section 09.05 (Tobacco Use) USENOW3
9	•	-
[STOPSMK2]	09.03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	 Yes - Go to Section 09.05 (Tobacco Use) USENOW3 No - Go to Section 09.05 (Tobacco Use) USENOW3 Don't know/Not Sure - Go to Section 09.05 (Tobacco Use) USENOW3 Refused - Go to Section 09.05 (Tobacco Use) USENOW3
	 A second sec second second sec	
[LASTSMK2]	09.04 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
	[SMOKDAY2]	some days, or not at all? some days, or not at all? Skip Question 09.03, if Section 09.01, SMOKE100, is co or Section 09.02, SMOKDAY2, is coded 3, 7, 9 [STOPSMK2] 09.03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? Skip Question 09.04, if Section 09.01, SMOKE100, is co or Section 09.02, SMOKDAY2, is coded 7, 9, or Missing; or Section 0 [LASTSMK2] 09.04 How long has it been since you last smoked a

Field Size	Variable Name	Question	Response Options
1	[USENOW3]	09.05 Do you currently use chewing tobacco, snuff, iq'mik, or snus every day, some days, or not at all? Snus (rhymes with "goose") Note: Snus (Swedish for snuff) is a moist smokeless	1 = Every day 2 = Some days 3 = Not at all 7 = Don't know/Not Sure 9 = Refused
		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.	
Section	10: Alcohol	Consumption	
3	[ALCDAY5]	10.01 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 11.01 (Exercise (Physical Activity)) EXERANY2 777 = Don't know/Not sure - Go to Section 11.01 (Exercise (Physical Activity)) EXERANY2 999 = Refused - Go to Section 11.01 (Exercise (Physical Activity)) EXERANY2
		Skip Question 10.02, if Section 10.01, ALCDAY5, is cod	led 888, 777, or 999;
2	[AVEDRNK3]	 10.02 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 10.03, if Section 10.01, ALCDAY5, is coc	led 888, 777, or 999;
2	[DRNK3GE5]	10.03 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 10.04, if Section 10.01, ALCDAY5, is coo	led 888, 777, or 999;
2	[MAXDRNKS]	10.04 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

Field Size	Variable Name	Question	Response Options
Section	11: Exercise	(Physical Activity)	
1	[EXERANY2]	11.01 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 - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH 7 = Don't know/Not Sure - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH 9 = Refused - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH
	<u>.</u>	Skip Question 11.02, if Section 11.01, EXERANY2, is coc	led 2, 7, 9, or Missing
2	[EXRACTII]	11.02 What type of physical activity or exercise did you spend the most time doing during the past month?	 1-76 = See Activity List Appendix 98 = Other 77 = Don't know/Not Sure - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH 99 = Refused - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH
Ski	p Question 11.03,	if Section 11.01, EXERANY2, is coded 2, 7, 9, or Missing;	or Section 11.02, EXRACT11 is coded 77, 99
3	[EXEROFTI]	11.03 How many times per week or per month did you take part in this activity during the past month?	101-199 = Times per week 201-299 = Times per month 777 = Don't know/Not sure 999 = Refused
Ski	p Question 11.04,	if Section 11.01, EXERANY2, is coded 2, 7, 9, or Missing;	or Section 11.02, EXRACT11 is coded 77, 99
3	[EXERHMM1]	11.04 And when you took part in this activity, for how many minutes or hours did you usually keep at it?	1-759 = Hours and Minutes 800-959 = Hours and Minutes 777 = Don't know/Not sure 999 = Refused
Ski	p Question 11.05,	if Section 11.01, EXERANY2, is coded 2, 7, 9, or Missing;	or Section 11.02, EXRACT11 is coded 77, 99
2	[EXRACT21]	11.05 What other type of physical activity gave you the next most exercise during the past month?	 1-76 = See Activity List Appendix 98 = Other 77 = Don't know/Not Sure - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH 88 = No other activity - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH 99 = Refused - Go to Section 11.08 (Exercise (Physical Activity)) STRENGTH
	or Sec	Skip Question 11.06, if Section 11.01, EXERANY2, is cod tion 11.02, EXRACT11 is coded 77, 99 or Section 11.05, E	-
3	[EXEROFT2]	11.06 How many times per week or per month did you take part in this activity during the past month?	101-199 = Times per week 201-299 = Times per month 777 = Don't know/Not sure 999 = Refused

ield Size	Variable Name	Question	Response Options
	or Sec	Skip Question 11.07, if Section 11.01, EXERANY2, is cod tion 11.02, EXRACT11 is coded 77, 99 or Section 11.05, E	
3	[EXERHMM2]	11.07 And when you took part in this activity, for how many minutes or hours did you usually keep at it?	1-759 = Hours and Minutes 800-959 = Hours and Minutes 777 = Don't know/Not sure 999 = Refused
3	[STRENGTH]	 11.08 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. 	101-199 = Times per week 201-299 = Times per month 888 = Never 777 = Don't know / Not sure 999 = Refused
Section	12: Fruits &	Vegetables	
3	[FRUIT2]	12.01 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
		•	<u>.</u>
3	[FRUITJU2]	12.02 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
3	[FRUITJU2]	juices with added sugar, how often did you drink 100% fruit juice such as apple or orange	201-299 = Weeks 301-399 = Month / Year 300 = Less than once a month 555 = Never 777 = Don't know/Not sure

Field Size	Variable Name	Question	Response Options
3	[FRENCHF1]	12.04 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
		1	
3	[POTATOE1]	12.05 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
3	[VEGETAB2]	12.06 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	13: Immuniz	ation	
1	[FLUSHOT7]	13.01 During the past 12 months, have you had either flu vaccine that was sprayed in your nose or flu shot injected into your arm?	 Yes No - Go to Section 13.03 (Immunization) TETANUSI T = Don't know/Not Sure - Go to Section 13.03 (Immunization) TETANUSI Refused - Go to Section 13.03 (Immunization) TETANUSI
	1	Skip Question 13.02, if Section 13.01, FLUSHOT7, is	s coded 2, 7, or 9
6	[FLSHTMY3]	13.02 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?	12007-122008 = Month / Year 777777 = Don't know/Not Sure 999999 = Refused

ield Size	Variable Name	Question	Response Options
1	[TETANUSI]	13.03 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
1	[PNEUVAC4]	13.04 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
ection	14: HIV/AID	S	
1	[HIVTST7]	14.01 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 14.03 (HIV/AIDS) HIVRISK5 7 = Don't know/Not Sure - Go to Section 14.0. (HIV/AIDS) HIVRISK5 9 = Refused - Go to Section 14.03 (HIV/AIDS) HIVRISK5
		Skip Question 14.02, if Section 14.01, HIVTST7, is code	ed 2, 7, 9, or Missing
,	[HIVTSTD3]	14.02 Not including blood donations, in what month and year was your last H.I.V. test?	11985-122020 = Code month and year 771985-772020 = Unknown month and know
6		Note: If response is before January 1985, code "777777". INTERVIEWER NOTE: If the respondent remembers	year 777777 = Don't know/Not sure 999999 = Refused

Field Size	Variable Name	Question	Response Options
1	[HIVRISK5]	 14.03 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. 	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
		Do any of these situations apply to you? Closing Statement / Transition	n to Modules
		on. Everyone's answers will be combined to hel is state. Thank you very much for your time an	
		Alaska Selected CDC Mo	odules
	2: Diabetes fter Section 06	Chronic Health Conditions	
	Sk	ip Question M02.01, if Section 06.11, DIABETE4, is code	d 2, 3, 4, 7, 9, or Missing
1	[INSULIN1]	M02.01 Are you now taking insulin?	1 = Yes

1	[INSULINI]	M02.01 Are you now taking insulin?	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused		
	Sk	ip Question M02.02, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing		
3	[BLDSUGAR]	M02.02 About how often do you check your blood for glucose or sugar? [Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.]	101-199 = Times per day 201-299 = Times per week 301-399 = Times per month 401-499 = Times per year 888 = Never 777 = Don't know/Not sure 999 = Refused		
	Skip Question M02.03, if Section 06.11, DIABETE4, is coded 2, 3, 4, 7, 9, or Missing				

Field Size	Variable Name	Question	Response Options
3	[FEETCHK3]	M02.03 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	101-199 = Times per day 201-299 = Times per week 301-399 = Times per month 401-499 = Times per year 555 = No feet 888 = Never 777 = Don't know/Not sure 999 = Refused
	Sk	ip Question M02.04, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing
2	[DOCTDIAB]	M02.04 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	1-76 = Number of times [76=76 or more] 88 = None 77 = Don't know/Not sure 99 = Refused
	Sk	ip Question M02.05, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing
2	[CHKHEMO3]	M02.05 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	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 Ç	uestion M02.06,	if Section 06.11, DIABETE4, is coded 2, 3, 4, 7, 9, or Miss	ing; or Module 2.03, FEETCHK3, is coded 555
2	[FEETCHK]	M02.06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	1-76 = Number of times [76=76 or more] 88 = None 77 = Don't know/Not sure 99 = Refused
	Sk	ip Question M02.07, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing
1	[EYEEXAM1]	M02.07 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
	Sk	ip Question M02.08, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing
1	[DIABEYE]	M02.08 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
	Sk	ip Question M02.09, if Section 06.11, DIABETE4, is code	ed 2, 3, 4, 7, 9, or Missing

Field Size	Variable Name	Question	Response Options
1	[DIABEDU]	M02.09 Have you ever taken a course or class in how to manage your diabetes yourself?	1 = Yes 2 = No 7 = Don't know/Not sure 9 = Refused
Module	15: Aspirin f	or CVD Prevention	
1	[ASPIRIN]	M15.01 How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say	 1 = Daily 2 = Some days 3 = Used to take it but had to stop due to side effects, or 4 = Do not take it 7 = Don't know/Not Sure 9 = Refused
		Self-measured Blood Pressure Hypertension Awareness	
1	[НОМВРСНК]	M16.01 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
1	[HOMRGCHK]	M16.02 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
	S	kip Question M16.03, if Module 16.02, HOMRGCHK, is c	oded 2, 7, 9, or Missing
1	[WHEREBP]	M16.03 Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	 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
	S	kip Question M16.04, if Module 16.02, HOMRGCHK, is c	oded 2, 7, 9, or Missing
1	[SHAREBP]	M16.04 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
	29: Sexual C	Drientation and Gender Identity (SOGI)	
		ion M29., if respondent sex, SEXVAR, is coded 2; or Mod	

	Variable Name	Question	Response Options
1	[SOMALE]	M29. 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
	Skip Ques	tion M29., if respondent sex, SEXVAR, is coded 1; or Mo	dule 28.01, BIRTHSEX, is coded 1;
1	[SOFEMALE]	M29. 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
1	[TRNSGNDR]	M29.02 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
	o Use (E-Cig asked after Sec	arettes) tion 09: Tobacco	
		Skip AK2.1 if STATE NE AK or CSTATE	= 2
2	[ECIGARET]	AK2.1 Have you ever used an e-cigarette or other electronic vaping product, even just one time,	1 = Yes 2 = No
		in your entire life? READ ONLY 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.	7 = Don't know/Not Sure 9 = Refused
		in your entire life? READ ONLY 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	7 = Don't know/Not Sure
		in your entire life? READ ONLY 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. INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is	7 = Don't know/Not Sure 9 = Refused

Field Size	Variable Name	Question	Response Options
	weetened Be		1
Question	s asked after Se	ction 12: Fruits and Vegetables Skip AK3.1 if STATE NE AK or CSTATE	- 2
3	[SSBSUGR2]	AK3.1 During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	(101-499) 888 = None 777 = DON'T KNOW / NOT SURE 999 = REFUSED
		1 Times per day (RANGE 101-199) 2 Times per week (RANGE 201-299) 3 Times per month (RANGE 301-399) 4 Times per year (RANGE 401-499) [NUMBER BOX]	
		Skip AK3.2 if STATE NE AK or CSTATE	= 2
3	[SSBFRUT3]	AK3.2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid [™] and lemonade), sweet tea, and sports or energy drinks (such as Gatorade [™] and Red Bull [™])? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	(101-499) 888 = None 777 = DON'T KNOW / NOT SURE 999 = REFUSED
		 Times per day (RANGE 101-199) Times per week (RANGE 201-299) Times per month (RANGE 301-399) Times per year (RANGE 401-499) [NUMBER BOX] 	
Opioid (Jse		
		Skip AK4.1 if STATE NE AK or CSTATE	= 2
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	[OPTYPE1] [OPTYPE2] [OPTYPE3] [OPTYPE4] [OPTYPE5] [OPTYPE6] [OPTYPE7] [OPTYPE8] [OPTYPE9] [OPTYPE10] [OPTYPE11] [OPTYPE1]	 AK4.1 In the past 30 days what, if any, opioids have you taken? Examples of opioids include Codeine, fentanyl, hydrocodone, Methadone, OxyContin, Percocet, tramadol, and Vicodin. INTERVIEWER NOTE: Select <u>all that apply</u>. If you are not sure if what the respondent indicates is an opioid, write it in "Other". (Select all that apply). First mention is in position 1, second mention is in position 2, and so on. These are later collapsed by the Alaska BRFSS program so that all "Buprenorphine" responses are in one variable, all "Codeine" responses are in a second variable, etc. 	01 = Buprenorphine (Butrans, Subutex, Buprenex) 02 = Codeine 03 = Fentanyl (Duragesic, Actiq) 04 = Hydrocodone (Norco, Vicodin, Lortab, Lorcet) 05 = Hydromorphone (Dilaudid, Exalgo) 06 = Meperidine (Demerol) 07 = Methadone (Methadose, Dolophine) 08 = Morphine (MS Contin, Embeda) 09 = Oxycodone (Oxycontin, Endocet, Percocet) 10 = Tramadol (Ultram, Tramal) 11 = Other (specify): [TEXT BOX] 88 = Participant did not take opioids in the last 30 days [EXCLUSIVE] 77 = DON'T KNOW / NOT SURE [EXCLUSIVE] 99 = REFUSED [EXCLUSIVE]

Field Size	Variable Name	Question	Response Options
	Sk	ip AK4.2 if AK4.1 coded as 88, 97, 99 or Missing or STA	TE NE AK or CSTATE = 2
2 20	[OPWHY] [OPWHYT]	AK4.2What was the main reason you used opioids the last time?	 1 = To relieve physical pain 2 = To relax or relieve tension 3 = To experiment or to see what they're like 4 = To feel good or get high 5 = To help with my sleep 6 = To help me with my feelings or emotions 7 = To increase or decrease the effect(s) of some other drug 8 = Because I am "hooked" or I have to have them 9 = I used them for some other reason (Specify:) [TEXT BOX] 77 = DON'T KNOW / NOT SURE 99 = REFUSED
Marijua	na Use		•
		Skip AK5.1 if STATE NE AK or CSTATI	
3	[MJAGEFRST]	AK5.1 How old were you the first time you used marijuana or cannabis? RANGE 5-110 [NUMBER BOX]	(05-110) this was to 099 in 2018 888 = Never used marijuana 777 = DON'T KNOW / NOT SURE 999 = REFUSED
		Skip AK5.2 if AK5.1 is coded as 888 or STATE NE	AK or CSTATE = 2
2	[MARIJAN1]	AK5.2 During the past 30 days, on how many days did you use marijuana or cannabis? RANGE 1-30 [NUMBER BOX]	(1-30 days) 88 = None 77 = DON'T KNOW / NOT SURE 99 = REFUSED
	Skip AK5.3 if AK	5.1 is coded as 888 or AK5.2 is coded as 88, 97, 99 or 1	Missing or STATE NE AK or CSTATE = 2
1 1 1 1 1 20	[MJUSE1] [MJUSE2] [MJUSE3] [MJUSE4] [MJUSE5] [MJUSE6] [MJUSET]	 AK5.3 During the past 30 days, how did you use marijuana or cannabis? Please select all that apply. Did you (Select all that apply). First mention is in position 1, second mention is in position 2, etc. These are later collapsed by the Alaska BRFSS program so that all "smoke it" responses are in one variable, all "eat it" responses are in a second variable, etc. 	 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, or alcohol) 4 = Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 = Dab it (for example, using waxes or concentrates) 6 = Use it some other way. Specify: [TEXT BOX] 7 = DON'T KNOW / NOT SURE [EXCLUSIVE] 9 = REFUSED [EXCLUSIVE]

Field Size	Variable Name	Question	Response Options		
Expanded Education and Income Categories					
2	[INCOME100]	 08.17 Is your annual household income from all sources: Note: If respondent refuses at any income level, code "Refused." Alaska obtained approval in the 2017 survey year to expand answer options for this question. Income levels in Alaska are generally higher than other states due to increased cost of living. The modification to this question's answer options would allow 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 (\$70,000 to less than \$75,000) 8 = Less than \$85,000 (\$70,000 to less than \$100,000) 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 		
1	[EDUCA_AK]	08.07 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 in the 2017 survey year 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 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) 7 = GED (High School equivalence diploma) 8 = Home-schooled with diploma or correspondence school 9 = Refused 		

Appendix: Exercise and Physical Activity Codes

	Appendix: Exercise and	Pnysi	cal Activity Codes
Response		Response	
Code	Activity Response	Code	Activity Response
1	Active Gaming Devices (Wii Fit, Dance, Dance revolution)	41	Rugby
2	Aerobics video or class	42	Scuba diving
3	Backpacking	43	Skateboarding
4	Badminton	44	Skating – ice or roller
5	Basketball	45	Sledding, tobogganing
6	Bicycling machine exercise	46	Snorkeling
7	Bicycling	47	Snow blowing
8	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	48	Snow shoveling by hand
9	Bowling	49	Snow skiing
10	Boxing	50	Snowshoeing
11	Calisthenics	51	Soccer
12	Canoeing/rowing in competition	52	Softball/Baseball
13	Carpentry	53	Squash
14	Dancing-ballet, ballroom, Latin, hip hop, etc	54	Stair climbing/Stair master
15	Elliptical/EFX machine exercise	55	Stream fishing in waders
16	Fishing from river bank or boat	56	Surfing
17	Frisbee	57	Swimming
18	Gardening (spading, weeding, digging, filling)	58	Swimming in laps
19	Golf (with motorized cart)	59	Table tennis
20	Golf (without motorized cart)	60	Tai Chi
21	Handball	61	Tennis
22	Hiking – cross-country	62	Touch football
23	Hockey	63	Volleyball
24	Horseback riding	64	Walking
25	Hunting large game – deer, elk	66	Waterskiing
26	Hunting small game – quail	67	Weight lifting
27	Inline Skating	68	Wrestling
28	Jogging	69	Yoga
29	Lacrosse	71	Childcare
30	Mountain climbing	72	Farm/Ranch Work (caring for livestock, stacking hay, etc.)
31	Mowing lawn	73	Household Activities (vacuuming, dusting, home repair, etc.)
32	Paddleball	74	Karate/Martial Arts
33	Painting/papering house	75	Upper Body Cycle (wheelchair sports, ergometer, etc.)
34	Pilates	76	Yard work (cutting/gathering wood, trimming hedges, etc.
35	Racquetball	98	Other
36	Raking lawn	77	Don't know/Not Sure
37	Running	88	No other activity
38	Rock Climbing	99	Refused
39	Rope skipping	BLANK	Not asked or Missing
40	Rowing machine exercise		