

Core, Optional Module and State Added Questions 2011-2026

Vermont Behavioral Risk Factor Surveillance System

X indicates inclusion on the survey

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Adverse Childhood Experiences	Lived with anyone who was depressed, mentally ill or suicidal	X															
Adverse Childhood Experiences	Lived with anyone who was a problem drinker or alcoholic	X															
Adverse Childhood Experiences	Live with anyone who used illegal street drugs or who abused prescription medications	X															
Adverse Childhood Experiences	Live with anyone who served time or was sentenced to serve time in a prison, jail or other correctional facility	X															
Adverse Childhood Experiences	Parents were separated or divorced	X															
Adverse Childhood Experiences	How often parents or adults in home ever slapped, hit, kicked, punched or beat each other up	X															
Adverse Childhood Experiences	Before age 18, how often parent or adult in home ever hit, beat, kicked, or physically hurt you in any way	X															
Adverse Childhood Experiences	How often parent or adult in home ever swore at you, insulted you or put you down	X															
Adverse Childhood Experiences	How often anyone at least 5 years older than you or an adult, ever touch you sexually	X															
Adverse Childhood Experiences	How often anyone at least 5 years older than you or an adult, try to make you touch them sexually	X															
Adverse Childhood Experiences	How often anyone at least 5 years older than you or an adult, force you to have sex	X															
Adverse Childhood Experiences	Calculated: ACE Scale (1-8 adverse childhood experiences)	X															
Adverse Childhood Experiences	Calculated: ACE Categories (collapsed)	X															

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Alcohol Use	Past month, had at least one alcoholic drink	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Past month, number of days per week or month had at least one alcoholic drink	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	On days drank, number of drinks had on average	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Past month, number of times had [X] or more drinks on an occasion Note: 5 for men or 4 for women; Previously was 5 for both	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Past month, largest number of drinks had on any occasion	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Calculated: Drink occasions per day	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Calculated: Number of alcohol drinks per day	X	X	X	X												
Alcohol Use	Calculated: Number of alcohol drinks per week					X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Calculated: Number of alcohol drinks per month	X	X	X	X												
Alcohol Use	Calculated: Heavy drinking risk factor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Calculated: Risk factor binge drinking	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alcohol Use	Calculated: Heavy drinking among men risk factor	X	X	X	X	X	X	X	X	X	X						
Alcohol Use	Calculated: Heavy drinking among females risk factor	X	X	X	X	X	X	X	X	X	X						
Alcohol Use and Driving	Past month, number of times driven when had too much to drink		X		X		X		X		X			X			X
Alcohol Use and Driving	Calculated: Past month, drove after having too much to drink						X		X		X			X			X
Alcohol Interactive Medications	Past month, number of days took prescribed medications for pain, sleep or anxiety								X		X		X				
Alcohol Screening	At last checkup (limited to those with checkup in last 2 years), asked in person or on form if drink alcohol	X			X		X		X		X						X
Alcohol Screening	Offered advice about what level of drinking is harmful or risky for health				X		X		X		X						X
Antibiotic Overuse	When prescribed an antibiotic, do you take it until it is gone				X	X											

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Arthritis	Ever told have arthritis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arthritis	Calculated: Respondent diagnosed with arthritis	X	X	X	X	X		X		X		X	X	X	X	X	X
Arthritis	Doctor ever suggested physical activity or exercise to help with arthritis or joint symptoms									X		X			X	X	X
Arthritis	Ever taken educational course on how to manage problems related to arthritis or joint symptoms									X		X					X
Arthritis	Now limited in any way in any activities because of joint symptoms	X		X		X		X		X		X					
Arthritis	Calculated: Arthritis or joint symptoms limit normal activities			X		X		X		X		X					
Arthritis	Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do	X		X		X		X		X		X					
Arthritis	Calculated: Arthritis or joint symptoms affect whether you work, type of work do, or amount of work do			X		X		X		X		X					
Arthritis	Past month, extent that arthritis or joint symptoms interfered with normal social activities	X		X		X		X									
Arthritis	Calculated: Arthritis or joint symptoms affect interfered with normal social activities			X		X		X									
Arthritis	Past month, how bad joint pain on average	X		X		X		X		X		X					
Asthma: Adult	Ever told have asthma	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Adult	Currently have asthma	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Adult	Calculated: Computed asthma status (Current, Former, Never)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Adult	Calculated: Risk factor for current asthma prevalence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Adult	Calculated: Risk factor for lifetime asthma prevalence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Child	Randomly selected child has asthma	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asthma: Child	Randomly selected child still has asthma	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cancer	Ever told have skin cancer that is not melanoma												X	X	X	X	X

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Cancer	Ever told have skin cancer	X	X	X	X	X	X	X	X	X	X	X					
Cancer	Ever told have any melanoma or any other types of cancer												X	X	X	X	X
Cancer	Ever told have any other types of cancer	X	X	X	X	X	X	X	X	X	X	X					
Cancer	Number of types of cancer had		X								X		X				
Cancer	Age first told had cancer		X								X		X				
Cancer	Most recent type of cancer had		X								X		X				
Cancer	Cancer was basal cell or squamous cell skin cancer		X	X	X												
Cancer Survivorship	Currently receiving treatment for cancer		X								X		X				
Cancer Survivorship	Type of doctor think of as personal health care provider		X								X		X				
Cancer Survivorship	Any doctor, nurse or health professional ever give written summary of all treatments received		X								X		X				
Cancer Survivorship	Ever received instructions from doctor about where should return or who should see for routine cancer check-ups after completing treatment		X								X		X				
Cancer Survivorship	Were these instructions written down or printed on paper		X								X		X				
Cancer Survivorship	With most recent diagnosis of cancer, had health insurance that paid for all or part of treatment		X								X		X				
Cancer Survivorship	Ever denied health or life insurance because of cancer		X								X		X				
Cancer Survivorship	Participated in clinical trial as part of cancer treatment		X								X		X				
Cancer Survivorship	Had physical pain caused by cancer or treatment		X								X		X				
Cancer Survivorship	Pain currently under control		X								X		X				
Cannabis Use	Ever used marijuana	X															
Cannabis Use	Past month, number of days used marijuana or cannabis	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X
Cannabis Use	Past month, smoked it												X	X	X	X	X
Cannabis Use	Past month, ate or drank it												X	X	X	X	X
Cannabis Use	Past month, vaporized it												X	X	X	X	X
Cannabis Use	Past month, dabbed it												X	X	X	X	X
Cannabis Use	Past month, used it in some other way													X	X	X	X

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Cannabis Use	Past month, which way used marijuana most often							X	X	X	X	X	X	X	X	X	X
Cannabis Use	Past month, reason for marijuana use										X	X	X	X	X	X	X
Cannabis Use and Driving	Past month, number of days drove car within 3 hours of using marijuana Note: Updated from "times" to "days" in 2022						X	X	X	X		X	X	X	X	X	X
Cannabis Use and Driving	Past month, number of times drove car when using marijuana		X	X		X											
Cannabis Screening	At last checkup (limited to those with checkup in last 2 years), asked in person or on form if use marijuana or cannabis																X
Cardiovascular Disease	Ever told had a heart attack, also called a myocardial infarction Note: Some years distinguishes last year vs. not	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told have angina or coronary heart disease Note: Some years distinguishes last year vs. not	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Ever told had stroke Note: Some years distinguishes last year vs. not	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cardiovascular Disease	Calculated: Ever reported having coronary heart disease (CHD) or myocardial infarction (MI)					X	X	X	X	X	X	X	X	X	X	X	X
Caregiving	Past month, provided regular care or assistance to friend or family member with health problem or disability											X				X	X
Caregiving	What is their relationship to you Note: 2025+ slight change in Q wording											X				X	X
Caregiving	Main health problem, long-term illness or disability that the person you care for has Note: 2025+ slight change in Q wording											X				X	X
Caregiving	Person you care for also has Alzheimer's disease, dementia or other cognitive impairment disorder											X				X	X

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Caregiving	Past month, provided regular care for person by helping with nursing or medical tasks such as injections, wound care or tube feedings															X	X
Caregiving	Past month, provided care for person by managing personal care such as bathing, getting to the bathroom or helping to eat Note: 2025+ slight change in Q wording											X				X	X
Caregiving	Past month, provided care for person by managing household tasks such as help with transportation, shopping or managing money Note: 2025+ slight change in Q wording											X				X	X
Caregiving	In average week, number of hours provide care or assistance											X				X	X
Caregiving	For how long provided care for that person											X				X	X
Caregiving	In next 2 years, expect to provide care or assistance to a friend or family member who has a health problem or disability											X					
Cholesterol Awareness	How long since last had cholesterol checked Note: 2021+ slight change in Q wording	X		X		X		X		X		X		X		X	
Cholesterol Awareness	Ever had blood cholesterol checked	X		X		X											
Cholesterol Awareness	Ever been told you had high blood cholesterol Note: 2021+ slight change in Q wording	X		X		X		X		X		X		X		X	
Cholesterol Awareness	Currently taking medicine for cholesterol prescribed by doctor or other health professional Note: 2021+ slight change in Q wording							X		X		X		X		X	
Cholesterol Awareness	Calculated: High cholesterol risk factor	X		X		X		X		X		X		X		X	
Cholesterol Awareness	Calculated: Cholesterol check within last five years	X		X		X		X		X		X		X		X	

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Cognitive Decline	Past year, experienced difficulties with thinking or memory that are happening more often or getting worse Note: prologue also updated														X		
Cognitive Decline	Past year, experienced confusion or memory loss that is happening more often or is getting worse			X			X				X		X				
Cognitive Decline	Worried about these difficulties with thinking or memory														X		
Cognitive Decline	You or anyone else discussed difficulties with thinking or memory loss with health care professional														X		
Cognitive Decline	You or anyone else discussed your confusion or memory loss with health care professional						X				X		X				
Cognitive Decline	Past year, difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments														X		
Cognitive Decline	Past year, as a result of confusion or memory loss, how often given up day-to-day household activities or chores used to do, such as cooking, cleaning, taking medications, driving or paying bills						X				X		X				
Cognitive Decline	When you need help with these day-to-day activities, how often able to get help that you need						X				X		X				
Cognitive Decline	Past year, difficulties with thinking or memory interfered with ability to work or volunteer														X		
Cognitive Decline	Past year, how often confusion or memory loss interfered with ability to work, volunteer or engage in social activities outside home			X			X				X		X				
Cognitive Decline	As a result of confusion or memory loss, how often need assistance with these day-to-day activities						X				X		X				

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Cognitive Decline	Past year, how often given up household activities or chores used to do, because of confusion or memory loss that is happening more often or is getting worse			X													
Cognitive Decline	As a result of confusion or memory loss, in which of the following four areas do you need the most assistance?			X													
Cognitive Decline	Past month, how often family member or friend provided any care or assistance for you because of confusion or memory loss			X													
Cognitive Decline	Anyone discussed increases in your confusion or memory loss with health care professional			X													
Cognitive Decline	Received treatment such as therapy or medications for confusion or memory loss			X													
Cognitive Decline	Has a health care professional ever said that you have Alzheimer's disease or some other form of dementia?			X													
Cognitive Decline	Health care provider ever said you or another adult in household has Alzheimer's Disease or some other form of dementia		X														
Colorectal Cancer Screening	Ever had sigmoidoscopy or colonoscopy		X		X		X		X				X		X		X
Colorectal Cancer Screening	How long since last sigmoidoscopy or colonoscopy Note: 2022+ - Asked of those who answered DK to which test they had		X		X		X		X				X		X		X
Colorectal Cancer Screening	Had colonoscopy, sigmoidoscopy or both												X		X		X
Colorectal Cancer Screening	How long since last colonoscopy										X		X		X		X
Colorectal Cancer Screening	Calculated: Had colonoscopy												X		X		
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had colonoscopy within past 10 yrs												X		X		

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Colorectal Cancer Screening	How long since last sigmoidoscopy										X		X		X		X
Colorectal Cancer Screening	Calculated: Had sigmoidoscopy												X		X		
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy within past 5 yrs												X		X		
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy within past 10 yrs												X		X		
Colorectal Cancer Screening	Ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test												X		X		X
Colorectal Cancer Screening	Ever had virtual colonoscopy?										X		X		X		X
Colorectal Cancer Screening	How long since last CT colonography or virtual colonoscopy Note: Q wording changed in 2022										X		X		X		X
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had virtual colonoscopy within past 5 yrs												X		X		
Colorectal Cancer Screening	Ever had blood stool test or FIT using home kit		X		X		X		X		X		X		X		X
Colorectal Cancer Screening	How long since last blood stool test or FIT using home kit		X		X		X		X		X		X		X		X
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had blood stool test within past yr												X		X		
Colorectal Cancer Screening	Was blood stool test or FIT conducted as part of a Cologuard test?												X		X		X
Colorectal Cancer Screening	Ever had stool DNA (entire bowel movement) test										X		X		X		X
Colorectal Cancer Screening	How long since last stool DNA (entire bowel movement) test										X		X		X		X
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had stool DNA test within past 3 yrs												X		X		
Colorectal Cancer Screening	Calculated: Respondents 45-75 who had sigmoidoscopy in past 10 yrs and blood stool test in past yr												X		X		
Colorectal Cancer Screening	Calculated: Respondents 45-75 who meet USPSTF recommendations on colorectal cancer screening												X		X		

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Colorectal Cancer Screening	Ever had colonoscopy										X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had colonoscopy in past 10 yrs						X		X		X						
Colorectal Cancer Screening	Ever had sigmoidoscopy										X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had sigmoidoscopy in past 5 yrs						X		X		X						
Colorectal Cancer Screening	Was most recent exam sigmoidoscopy or colonoscopy		X		X		X		X								
Colorectal Cancer Screening	Calculated: Respondents 50+ never had sigmoid/colonoscopy		X		X												
Colorectal Cancer Screening	Calculated: Respondents 50+ not had blood stool test in past 2 yrs		X		X												
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past yr				X												
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past 3 yrs						X		X		X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had blood stool test in past 3 yrs and sigmoidoscopy in last 5 yrs						X		X		X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who had sigmoidoscopy in past 10 yrs and blood stool test in past yr										X						
Colorectal Cancer Screening	Calculated: Respondents 50-75 who meet USPSTF recommendations on colorectal cancer screening				X		X		X		X						
COPD	Ever told have COPD Note: Some years distinguishes last year vs. not	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COPD	Past month, limited usual activities due to shortness of breath Note: 2026 - also asked among those with current asthma															X	X
COVID: Long-Term Effects	Have you ever tested positive for COVID-19 (using home test) or been told by a health care provider that you have or had COVID-19?													X			

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COVID: Long-Term Effects	Doctor, nurse or other health professional ever told that you tested positive for COVID-19												X				
COVID: Long-Term Effects	Had any symptoms lasting 3 months or longer that did not have prior to having COVID-19												X	X			
COVID: Long-Term Effects	Primary symptom experienced												X				
COVID: Long-Term Effects	Long-term symptoms reduce ability to carry out day-to-day activities compared with time before had COVID-19														X		
COVID: Vaccination	Received at least one dose of a COVID-19 vaccine														X		
COVID: Vaccination	Had a COVID-19 vaccine											X					
COVID: Vaccination	Month and year received first COVID-19 vaccine											X					
COVID: Vaccination	Month and year received second COVID-19 vaccine											X					
COVID: Vaccination	Number of COVID-19 vaccines received											X		X			
COVID: Vaccination	Intention to get COVID-19 vaccine											X		X			
COVID: Vaccination	Intention to get recommended COVID vaccines											X					
Demographics: Main	Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Sex at birth									X	X	X	X	X	X	X	X
Demographics: Main	Sex - Male or female	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Calculated: Sex (utilizes sex at birth question, or if unknown, gender screening question)									X	X	X	X	X	X	X	X
Demographics: Main	Total children in household under 18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Calculated: Children in household	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Homeowner status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Marital status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Demographics: Main	Currently pregnant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Ever served on active duty in US Armed Forces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Education level	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Calculated: Level of education completed	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Household income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Main	Employment status Note: 2013+ response 3 changed to 1 year or more	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Weight (without shoes)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Height (without shoes)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Calculated: Body Mass Index	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Calculated: Body Mass Index category	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: BMI	Calculated: Risk factor for overweight or obese	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	County of residence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	Zip code	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	Town of residence	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Geography	Town of primary care doctor's office	X	X	X	X	X	X	X	X								
Demographics: Industry/Occupation	Industry: What kind of business or industry do you work in/did you work in?				X					X			X				
Demographics: Industry/Occupation	Industry recoded to NHIS simple codes				X					X			X				
Demographics: Industry/Occupation	Industry recoded to NHIS detailed codes									X			X				
Demographics: Industry/Occupation	Occupation: What kind of work do you do/did you do?				X					X			X				
Demographics: Industry/Occupation	Occupation recoded to NHIS simple codes				X					X			X				
Demographics: Industry/Occupation	Occupation recoded to NHIS detailed codes									X			X				

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Demographics: Internet/Phone	More than one telephone number in household	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Internet/Phone	Number of residential telephone numbers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Internet/Phone	Number of cell phones have for personal use							X	X	X	X	X	X	X	X	X	X
Demographics: Internet/Phone	Have cell phone for personal use	X	X	X	X	X	X										
Demographics: Internet/Phone	Percent of calls received on cell phone	X	X	X													
Demographics: Internet/Phone	Number of adults in household currently use cell phone for any purpose		X														
Demographics: Internet/Phone	Share a cell phone (at least 1/3 of the time) for personal use with other adults	X															
Demographics: Internet/Phone	Usually share this cell phone (at least 1/3 of the time) with any other adults	X															
Demographics: Internet/Phone	Past month, used internet			X	X	X	X	X	X								
Demographics: Race/Ethnicity	Calculated: Race, no ethnicity indicated Note: 2011-2012 - multiple and preferred races allowed; 2013+ - question changed to allow additional races	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Race, with ethnicity and multiple races indicated Note: 2011-2012 - multiple races allowed; 2013-2021 - question changed to allow additional races - response options in slightly different order; 2022 - Does not include 'other race' category and therefore differs from VT calculated vars	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Race, detailed races, no ethnicity indicated Note: 2013+ - question changed to allow additional races; 2022 - Does not include 'other race' category and therefore differs from VT calculated vars			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Calculated: Preferred race category	X	X	X	X	X	X	X	X	X	X	X	X				

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Demographics: Race/Ethnicity	Ethnicity - Are you Hispanic, Latino/a, or Spanish origin? (multiple response allowed)			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Race/Ethnicity	Ethnicity - Are you Hispanic or Latino?	X	X														
Demographics: Race/Ethnicity	Calculated: Ethnicity - Hispanic, Latino/a, or Spanish origin			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Demographics: Sexual Orientation and Gender Identity	Sexual orientation				X		X	X	X	X	X	X	X	X			
Demographics: Sexual Orientation and Gender Identity	Sexual orientation														X	X	X
Demographics: Sexual Orientation and Gender Identity	Transgender status														X	X	X
Demographics: Sexual Orientation and Gender Identity	Transgender status				X		X	X	X	X	X	X	X	X			
Demographics: Sexual Orientation and Gender Identity	Gender identity														X	X	X
Depression	Ever told have a depressive disorder, including depression, major depression, dysthymia, or minor depression	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diabetes	Ever told have diabetes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diabetes	Age first told have diabetes		X		X	X	X	X	X	X	X	X	X	X	X	X	X
Diabetes	According to your doctor or other health professional, what type of diabetes do you have?												X		X		X
Diabetes	Currently taking insulin		X			X		X					X		X		X
Diabetes	How often check blood for glucose or sugar		X			X		X		X	X						
Diabetes	Past year, number of times doctor checked hemoglobin for A1C		X			X		X		X	X		X		X		X
Diabetes	Last time had eye exam in which pupils were dilated		X			X		X		X	X		X		X		X
Diabetes	Last time doctor, nurse or other health professional took photo of back of eye with specialized camera												X		X		X

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	
Diabetes	Doctor ever told that diabetes has affected your eyes or that you had retinopathy		X			X		X										
Diabetes	Last time took course or class in how to manage diabetes												X		X		X	
Diabetes	Ever taken course in how to manage diabetes		X			X		X			X							
Diabetes	Ever had sores or irritations on feet that took more than four weeks to heal												X		X		X	
Diabetes	How often check feet for sores or irritations		X			X		X										
Diabetes	Past year, number of times doctor checked feet for sores or irritations		X			X		X		X	X							
Diabetes	Past year, number of times seen doctor for diabetes		X			X		X										
Diabetes (pre)	Ever told have prediabetes		X	X	X			X		X		X		X		X		
Diabetes (pre)	Last time had test for high blood sugar or diabetes													X		X		
Diabetes (pre)	Past 3 years, had a test for high blood sugar or diabetes		X		X			X		X		X						
Diabetes (pre)	Ever attended a lifestyle change program, such as the diabetes prevention program, in order to improve health or prevent diabetes Note: 2017,2019 - Asked of adults ever tested for prediabetes; 2021 - Asked of adults tested for diabetes in past 3 yrs; 2023 - Asked of adults tested for diabetes in past yr																	
Diabetes (pre)								X		X		X		X		X		
Disability	Are you blind or do you have serious difficulty seeing, even when wearing glasses?				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Do you have serious difficulty walking or climbing stairs?				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Do you have difficulty dressing or bathing?				X	X	X	X	X	X	X	X	X	X	X	X	X	X

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Disability	Because of a physical, mental, or emotional condition, do you have difficulty doing errands along such as visiting a doctor's office or shopping?			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Disability	Are you deaf or do you have serious difficulty hearing?						X	X	X	X	X	X	X	X	X	X	X
Disability	Limited in any way in any activities because of physical, mental or emotional problems?	X	X	X	X	X											
Disability	Have health problem that requires special equipment?	X	X	X	X	X											
Environmental Factors	Past year, had illness or symptom that was caused or made worse by air quality, mold, pests, furnishings, or excessive heat or cold inside of home										X			X			X
Environmental Factors	Main source of water that comes into home									X	X	X	X		X		
Environmental Factors	Last time private water was tested for arsenic (among those without public water system)														X		
Environmental Factors	Last time private water was tested (among those without public water system) Note: 2019-2020 - limited to those who do not drink treated tap water									X	X	X	X				
Environmental Factors	Source of water most often drink at home (among those without public water system)									X	X	X	X				
Environmental Factors	Reason for testing water (among those without public water system, who do not drink treated tap water, and ever tested)									X							
Environmental Factors	Past month, how often ate fish caught in Vermont waters													X			
Exercise/Physical Activity	Past month, participated in physical activities or exercise	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Exercise/Physical Activity	Calculated: No leisure time physical activity or exercise Note: calculated differently in 2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Exercise/Physical Activity	Type of physical activity or exercise participated in most (Repeated add'l activity)	X		X		X		X		X				X			
Exercise/Physical Activity	Times per week or month take part in this activity (Repeated add'l activity)	X		X		X		X		X				X			
Exercise/Physical Activity	When participated, minutes or hours kept at it (Repeated add'l activity)	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: 150 minutes physical activity	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: 300 minutes of physical activity	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Estimated activity intensity	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Minutes of total physical activity per week	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Minutes of total vigorous physical activity per week	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Minutes of vigorous physical activity per week	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Physical Activity Categories	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Physical Activity Index (met recs vs. not)	X		X		X		X		X				X			
Exercise/Physical Activity	Past month, times per week or month participated in activities to strengthen muscles (not aerobic activities)	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Muscle strengthening recommendation	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: Aerobic and Strengthening Guideline	X		X		X		X		X				X			
Exercise/Physical Activity	Calculated: 2-level aerobic and strengthening guideline	X		X		X		X		X				X			
Falls	Past year, number of times fallen		X		X		X		X		X			X			X
Falls	Number of times injured in fall (can refer to 3 or 12 months depending on year)		X		X		X		X		X			X			X
Falls	Past year, done things to reduce chance of falling								X								
Family Planning	Past year, had sexual intercourse												X		X		

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Family Planning	Used contraception last time had sex (in past year) to prevent pregnancy Note: Women <50 yrs, currently pregnant=no/DK/ref, hysterectomy=no/DK/ref												X		X		
Family Planning	Used contraception last time had sex to prevent pregnancy Note: 2016 - Women <45 yrs, not currently pregnant		X	X			X										
Family Planning	Contraception method used last time had sex (in past year) to prevent pregnancy Note: Use caution when comparing to 2022 - methodology slightly different as respondents could answer with two methods.												X		X		
Family Planning	Contraception method used last time had sex to prevent pregnancy		X	X			X										
Family Planning	Where obtained [1st contraception method] used when last had sex (in past year)												X				
Family Planning	Additional contraception method used last time had sex (in past year) to prevent pregnancy												X				
Family Planning	Main reason for not doing anything to prevent pregnancy last time had sex (in past year)												X		X		
Family Planning	Main reason for not doing anything to prevent pregnancy last time had sex		X	X			X										
Family Planning	If could use any birth control method, what method would use												X				
Family Planning	Feelings about having child now or in future		X	X		X	X										
Family Planning	Health care worker ever discussed ways to prepare for a healthy pregnancy and baby		X	X		X	X										
Family Planning	Ever been pregnant		X	X			X										
Firearms	Any firearms now kept in or around home								X		X			X		X	

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Firearms	Any firearms now loaded								X		X			X		X	
Firearms	Any firearm in or around home that is now unlocked										X					X	
Firearms	Any of loaded firearms also unlocked Note: Asked of those with loaded firearms and unlocked firearms										X					X	
Firearms	Any of loaded firearms also unlocked Note: Only asked of those with loaded firearms								X					X			
Firearms	Any of unloaded firearms also unlocked Note: Only asked of those who do not have a loaded firearm								X								
Fit & Healthy Vermonters	Rate community as a safe place to walk	X						X		X				X			
Fit & Healthy Vermonters	Use walking trails, parks, playgrounds, sports fields in community for physical activity	X	X														
Fit & Healthy Vermonters	Weight perception of self				X	X											
Folic Acid	Times per week currently take multivitamin, prenatal vitamin, or folic acid vitamin		X	X			X										
Fruits and Vegetables	How often drink fruit juices	X		X				X		X		X					X
Fruits and Vegetables	Not counting juice, how often eat fruit	X		X				X		X		X					X
Fruits and Vegetables	Calculated: Fruits less than once per day	X		X		X		X		X		X					X
Fruits and Vegetables	Calculated: Eat 2+ servings of fruit per day	X		X		X		X		X		X					X
Fruits and Vegetables	Calculated: Total fruits consumed daily	X		X		X		X		X		X					X
Fruits and Vegetables	How often eat cooked or canned beans	X		X		X											
Fruits and Vegetables	How often eat dark green vegetables	X		X		X											
Fruits and Vegetables	How often eat orange-colored vegetables	X		X		X											
Fruits and Vegetables	How often eat other vegetables (other than beans, dark green, and orange)	X		X		X											

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fruits and Vegetables	How often green leafy or lettuce salad with or without other vegetables							X		X		X				X	
Fruits and Vegetables	How often eat any kind of fried potatoes including french fries, home fries, or hash browns							X		X		X				X	
Fruits and Vegetables	How often eat other kinds of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad							X		X		X				X	
Fruits and Vegetables	Not including lettuce salads and potatoes, how often eat other vegetables							X		X		X				X	
Fruits and Vegetables	Calculated: Vegetables less than once per day	X		X		X		X		X		X				X	
Fruits and Vegetables	Calculated: Eat 3+ servings of vegetables per day	X		X		X		X		X		X				X	
Fruits and Vegetables	Calculated: Total vegetables consumed daily	X		X		X		X		X		X				X	
Fruits and Vegetables	Calculated: Consumed five or more fruits and vegetables per day	X		X		X		X		X		X				X	
Gambling	Gambled in past year																X
Gambling	Past year, how often participated in sports wagering online or in person																X
Health Care Access	Calculated: Have any health insurance											X	X	X	X	X	X
Health Care Access	Calculated: Respondents age 18-64 with health care coverage	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Health Care Access	Have any kind of health care coverage	X	X	X	X	X	X	X	X	X	X						
Health Care Access	Primary source of health insurance											X	X	X	X	X	X
Health Care Access	Primary source of health insurance				X			X	X								
Health Care Access	Currently covered by any of the following types of health insurance or health coverage plans (multiple responses allowed)																
Health Care Access	Have Medicare			X	X												
Health Care Access	Past year, time when did not have health insurance or coverage			X	X												
Health Care Access	How long since last had health care coverage			X	X												

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Health Care Access	Past year, delayed getting needed medical care for any of following reasons			X	X												
Health Care Access	Have one person or group of doctors as personal health care provider Note: 2021- Q wording changed and interviewer note added	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	Past year, time when needed to see doctor but couldn't because of cost	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	How long since visited doctor for routine checkup	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Care Access	Past year, number of times been to doctor, nurse, or other health professional			X	X												
Health Care Access	Satisfaction with health care received			X	X												
Health Care Access	Past year, time when did not take medication as prescribed because of cost			X	X												
Health Care Access	Currently have any medical bills being paid over time			X	X												
Health Status	General health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: General health status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Number of days in past 30 when physical health not good	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: Computed physical health status						X	X	X	X	X	X	X	X	X	X	X
Health Status	Number of days in past 30 when mental health not good	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Status	Calculated: Computed mental health status						X	X	X	X	X	X	X	X	X	X	X
Health Status	Past month, number of days poor physical or mental health kept you from doing usual activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Healthy Vermonters 2030	Did not see doctor when needed to in past 12 months because could not afford it										X	X	X	X	X	X	X
Healthy Vermonters 2030	Did not engage in leisure time physical activity in past month										X	X	X	X	X	X	X
Healthy Vermonters 2030	Did not engage in leisure time physical activity in past month, Ages 65+										X	X	X	X	X	X	X

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	
Healthy Vermonters 2030	Have chronic kidney disease and ever been diagnosed with high blood pressure										X	X	X	X		X		
Healthy Vermonters 2030	Experience subjective cognitive decline and discussed symptoms with a provider, Ages 45+						X				X		X		X			
Healthy Vermonters 2030	Diagnosed with diabetes and ever received formal diabetes self-management education (DSME)										X		X		X		X	
Healthy Vermonters 2030	Diagnosed with diabetes and ever received formal diabetes self-management education (DSME), Ages 65+										X		X		X		X	
Healthy Vermonters 2030	Reported binge drinking in past month, Ages 21+										X	X	X	X	X	X	X	
Healthy Vermonters 2030	Currently use cigarettes, e-cigarettes, or smokeless tobacco							X			X	X	X	X	X	X	X	
HIV/AIDS and other STI	Ever tested for HIV	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV/AIDS and other STI	Calculated: Ever been tested for HIV	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
HIV/AIDS and other STI	Month and year of last HIV test	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
HIV/AIDS and other STI	Location of last HIV test		X	X	X	X												
HIV/AIDS and other STI	Main reason of last HIV test		X															
HIV/AIDS and other STI	Following high risk behaviors apply to last year: IV Drug use, treated for STD/VD, money for sex, anal sex without a condom, four or more sex partners	X	X				X	X	X	X	X		X		X		X	
Hypertension Awareness	Ever told have high blood pressure	X		X		X		X	X	X	X	X	X	X		X		
Hypertension Awareness	Calculated: High blood pressure risk factor	X		X		X		X		X		X		X		X		
Hypertension Awareness	Currently taking medicine for high blood pressure	X		X		X		X		X	X	X		X		X		

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Hypertension Awareness	Doctor or other health professional ever worked with you to create self-management plan to help lower or control blood pressure								X	X	X	X					
Hypertension Awareness	Doctor, nurse or other health professional ever advised you to take blood pressure at home									X	X	X					
Incarceration	After age 18, served time in a prison, jail or other correctional facility															X	
Incarceration	After age 18, number of times served in a prison, jail or other correctional facility															X	
Incarceration	Altogether, after age 18, how much time served in a prison, jail or other correctional facility															X	
Immunization - Adult	Past year, received flu vaccine	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Month and year of most recent flu vaccine	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Calculated: Respondents aged 65+ that had flu vaccine in past year	X	X			X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Location of last flu vaccine	X	X			X			X			X			X		
Immunization - Adult	Ever had pneumonia vaccine	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Calculated: Respondents aged 65+ that ever had pneumonia vaccine	X	X			X	X	X	X	X	X	X	X	X	X	X	X
Immunization - Adult	Ever had shingles vaccine		X		X	X		X			X			X			X
Immunization - Adult	Past 10 years, had tetanus vaccine									X			X			X	
Immunization - Adult	Past 10 years, had tetanus vaccine		X														
Immunization - Adult	Since 2005, had tetanus vaccine			X	X		X										
Immunization - Adult	Most recent tetanus vaccine in 2005 or later		X														
Immunization - Adult	Recent tetanus vaccine included pertussis or whooping cough vaccine		X														
Immunization - Adult	Currently work or volunteer in health care facility	X															

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Immunization - Adult	Have direct face-to-face contact with patients in routine work	X															
Intimate Partner Violence	In a safe place to answer questions				X			X				X					
Intimate Partner Violence	Intimate partner ever hit, slapped, punched, kicked, choked, or hurt you in any way											X					
Intimate Partner Violence	Intimate partner ever hit, slapped, punched, kicked, choked, or hurt you in any way				X			X									
Intimate Partner Violence	Intimate partner ever tried to control your daily activities											X					
Intimate Partner Violence	Intimate partner ever tried to control your daily activities				X			X									
Intimate Partner Violence	Ever been frightened for your safety or safety of your family or friends because of anger or threats by a current or former intimate partner											X					
Intimate Partner Violence	Intimate partner ever threatened you or made you feel unsafe in some way				X			X									
Kidney Disease	Ever told have kidney disease	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lung Cancer Screening	How old were you when you first started to smoke cigarettes regularly?							X		X			X		X		X
Lung Cancer Screening	Calculated: Age last smoked cigarettes														X		
Lung Cancer Screening	Age when last smoked cigarettes regularly							X		X			X				X
Lung Cancer Screening	Calculated: Number of years smoked cigarettes												X		X		
Lung Cancer Screening	Calculated: Number of years since quit smoking cigarettes												X		X		
Lung Cancer Screening	Number of cigarettes do/did smoke each day on average when smoke/smoked regularly							X		X			X		X		X
Lung Cancer Screening	Calculated: Number of cigarettes smoked each day														X		
Lung Cancer Screening	Calculated: Years smoked reported packs per day												X		X		
Lung Cancer Screening	Past year, had CT or CAT scan							X		X							

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Lung Cancer Screening	Ever had CT or CAT scan of chest area												X		X		X
Lung Cancer Screening	Any of CT or CAT scans of chest area done mainly to check or screen for lung cancer												X		X		X
Lung Cancer Screening	Calculated: Had chest CT scan for lung cancer														X		
Lung Cancer Screening	When had most recent CT or CAT scan of chest area mainly to check or screen for lung cancer												X		X		X
Lung Cancer Screening	Calculated: Lung cancer screening age groups														X		
Lung Cancer Screening	Calculated: Number of packs of cigarettes smoked per day												X		X		
Lung Cancer Screening	Calculated: Smoking group														X		
Lung Cancer Screening	Calculated: Smoking group												X				
Lung Cancer Screening	Calculated: Respondents who meet USPSTF eligibility criteria for lung cancer screening														X		
Lung Cancer Screening	Calculated: Respondents who meet USPSTF recommendations on lung cancer screening														X		
Lung Cancer Screening	Calculated: Respondents 50-80 who meet USPSTF recommendations on lung cancer screening												X				
Menu Labeling	When calorie information is available in restaurant, how often this information helps for deciding what to order		X														
Oral Health	How long since visited dentist for any reason		X		X		X		X		X		X		X		X
Oral Health	Calculated: Adults that have visited a dentist/dental hygienist/clinic		X		X		X		X		X		X		X		X
Oral Health	Number of permanent teeth removed because of tooth decay or gum disease		X		X		X		X		X		X		X		X
Oral Health	Calculated: Risk factor for having had permanent teeth extracted		X		X		X		X		X		X		X		X
Oral Health	Calculated: Adults aged 65+ who have had all their teeth removed		X		X		X		X		X		X		X		X

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Oral Health	How long since had teeth cleaned		X														
Oral Health	Reason did not get dental care in last year		X														
Oral Health	Type of dental care coverage used to pay for dental care		X														
Oral Health	Have one place for regular dental care		X														
Prescription Drugs	Ever used prescription drug without own prescription from a doctor	X	X	X		X		X									
Prescription Drugs	Past month, number of days used a prescription drug without own prescription	X	X	X		X		X									
Prostate Cancer Screening	Ever had a PSA test Note: 2024 included interviewer note		X		X		X		X		X				X		
Prostate Cancer Screening	How long since last PSA test Note: 2024 included interviewer note		X		X		X		X		X				X		
Prostate Cancer Screening	Calculated: Men 40+ with PSA in past two years		X		X		X		X		X						
Prostate Cancer Screening	Main reason had PSA test		X		X		X		X		X				X		
Prostate Cancer Screening	Who first suggested PSA test														X		
Prostate Cancer Screening	When met with doctor, nurse or other health care professional, did they talk about advantages, disadvantages or both of PSA test														X		
Prostate Cancer Screening	Doctor, nurse or other health professional ever talked about advantages of PSA test		X		X		X		X		X						
Prostate Cancer Screening	Doctor, nurse or other health professional ever talked about disadvantages of PSA test		X		X		X		X		X						
Prostate Cancer Screening	Doctor, nurse or other health professional ever recommended you have a PSA test		X		X		X		X		X						
Prostate Cancer Screening	Ever had digital rectal exam		X														
Prostate Cancer Screening	How long since last digital rectal exam		X														
Random Child Selection	Child's sex at birth												X	X			

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Random Child Selection	Birth month and year of [selected] child	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's gender: boy or girl	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's race (multiple responses)	X		X	X	X	X	X	X	X	X	X		X	X	X	X
Random Child Selection	Child's race (multiple and preferred) Note: 2015+ question changed to allow additional races - response options slightly different			X	X	X	X	X	X	X	X	X	X				
Random Child Selection	Child's ethnicity - Hispanic or Latino			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Random Child Selection	Child's ethnicity - Hispanic or Latino	X															
Random Child Selection	Adult's (respondent) relationship to child	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Reactions to Race	How do other people usually classify you in this country												X	X			
Reactions to Race	How think about your race												X	X			
Reactions to Race	Past year, feel that in general you were treated worse than, the same as, or better than people of other races												X	X			
Reactions to Race	Past year at work, feel you were treated worse than, the same as, or better than people of other races												X	X			
Reactions to Race	Past year, when seeking healthcare, feel your experiences were worse than, the same as, or better than those for people of other races												X	X			
Reactions to Race	Past month, experienced any physical symptoms, as a result of how you were treated based on your race												X	X			
Seat Belt Use	How often use seatbelts when drive or ride in car	X	X	X	X	X	X	X	X		X				X		X
Seat Belt Use	Calculated variable: Always wear seat belt	X	X	X	X	X	X	X	X		X				X		X
Seat Belt Use	Calculated variable: Always or nearly always wear seat belt	X	X	X	X	X	X	X	X		X				X		X
Sexual Behavior	Past year, number of people had sex with		X														

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Sexual Behavior	Past year, had sex with only males, only females, or both males and females		X														
Sexual Behavior	Used condom last time had sex with main/casual partner		X														
Sexual Behavior	Past year, had sex with someone who is not main partner or did not consider to be main partner at the time		X														
Sexual Violence	In a safe place to answer questions					X						X					
Sexual Violence	Anyone EVER made you take part in any sexual activity (including touch that made you uncomfortable) when really did not want to, or without consent											X					
Sexual Violence	Past year, anyone exposed you to unwanted sexual situations not involving physical touching					X						X					
Sexual Violence	Past year, anyone touched sexual parts of your body without consent					X											
Sexual Violence	Past year, anyone had sex with you without consent					X											
Sexual Violence	Has anyone ever had sex with you without consent					X											
Skin Cancer Prevention	Past year, number of times had sunburn									X				X			
Skin Cancer Prevention	Past year, number of sunburns lasting more than one day			X													
Sleep	On average, number of hours of sleep get in 24-hour period			X	X		X		X		X		X			X	
Social Determinants of Health	Past year, how often did food bought not last, and you didn't have money to get more												X		X		
Social Determinants of Health	Past year, ever worried that you or someone else in household would NOT have enough food to eat								X		X						
Social Determinants of Health	Past year, received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card Note: 2024- Included interviewer note for 3SquaresVT												X		X		
Social Determinants of Health	Past year, time when not able to pay mortgage, rent or utility bills								X		X		X		X		

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Social Determinants of Health	How often get social and emotional support needed		X		X		X		X		X		X		X		X
Social Determinants of Health	Satisfaction with life												X		X		
Social Determinants of Health	How often feel lonely														X		
Social Determinants of Health	Past year, lost employment or had hours reduced												X		X		
Social Determinants of Health	Past year, time when electric, gas, oil or water company threatened to shut off services												X		X		
Social Determinants of Health	Past year, lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living												X		X		X
Social Determinants of Health	How safe from crime do you consider neighborhood to be														X		
Social Determinants of Health	How often feel socially isolated from others												X				
Social Determinants of Health	Past month, how often felt stress												X				
Sodium or Salt Related Behavior	Currently watching or reducing sodium or salt intake																X
Sodium or Salt Related Behavior	Doctor or other health professional ever advised you to reduce sodium or salt intake																X
Sugar Sweetened Beverages	Past month, how often drank regular soda or pop that contains sugar			X				X									
Sugar Sweetened Beverages	Past month, how often drank sugar-sweetened fruit drinks, sweet tea and sports energy drinks			X				X									
Suicide	Past year, ever seriously considered attempting suicide								X			X	X		X		X
Suicide	Past year, number of times actually attempted suicide								X								
Tickborne Disease Prevention	Past year, gone in wooded or tall grassy areas								X	X							
Tickborne Disease Prevention	Past year, when in wooded or tall grassy areas, how often wore long pants tucked into socks								X	X							

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Tickborne Disease Prevention	Past year, when in wooded or tall grassy areas, how often looked for ticks and removed them								X	X							
Tickborne Disease Prevention	Past year, when in wooded or tall grassy areas, how often used insect repellent on skin or clothes								X	X							
Tobacco Use	Currently use chewing tobacco, snuff or snus every day, some days or not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use	Heard of heated tobacco products													X			
Tobacco Use	How often use nicotine pouches															X	X
Tobacco Use	How often use cigars, cigarillos or little cigars															X	X
Tobacco Use: Cigarettes	Smoked at least 100 cigarettes in lifetime	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	Now smoke everyday, some days, or not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	How long since last smoked cigarettes regularly	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	Past year, quit for at least one day	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	Calculated: Current smoking status risk factor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	Calculated: Four level smoker status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tobacco Use: Cigarettes	Currently, when smoke cigarettes, usually smoke menthol cigarettes												X	X	X	X	X
Tobacco Use: E-Cigarettes	Never used e-cigarettes or other electronic vaping products in 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												X	X	X	X	X
Tobacco Use: E-Cigarettes	Currently use e-cigarettes and other electronic vaping products every day, some days, or not at all Note: 2021- No skip logic bc no ever use Q, cannot calculate ever or former use						X	X			X	X					
Tobacco Use: E-Cigarettes	Ever used e-cigarette or other electronic vaping product, even just one time, in entire life						X	X			X						

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Tobacco Use: E-Cigarettes	Calculated: Current e-cigarette user status						X	X				X	X	X	X	X	X
Tobacco Use: E-Cigarettes	Calculated: 4-level e-cigarette user status						X	X									
Tobacco Use: E-Cigarettes	Currently, when use e-cigarettes, usually use menthol e-cigarettes												X	X	X	X	
Tobacco Use: Secondhand Smoke	Past week, how many days did anyone smoke tobacco anywhere inside your home																X
Tobacco Use: Secondhand Smoke	Past week, how many days did anyone vape or use e-cigarettes anywhere inside your home																X
Tobacco Use: Secondhand Smoke	Past week, how many days did you breathe smoke from someone who was smoking tobacco in an indoor or outdoor public place																X
Traumatic Brain Injury (TBI)	In lifetime, ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness										X						
Traumatic Brain Injury (TBI)	Events that led to most serious head injury										X						
Vision Impairment	Any trouble seeing, even when wearing glasses or contact lenses	X	X														
Women's Health: Breast Cancer Screening	Ever had mammogram		X		X		X		X		X		X		X		X
Women's Health: Breast Cancer Screening	How long since last mammogram		X		X		X		X		X		X		X		X
Women's Health: Breast Cancer Screening	Ever had clinical breast exam		X		X												
Women's Health: Breast Cancer Screening	How long since last breast exam		X		X												
Women's Health: Breast Cancer Screening	Calculated: Women 50+ that have had mammogram in last two years		X		X												

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Women's Health: Breast Cancer Screening	Calculated: Women 40+ that have had mammogram in past two years		X		X		X		X		X		X		X		
Women's Health: Breast Cancer Screening	Calculated: Women 40-74 that had mammogram in past two years														X		
Women's Health: Breast Cancer Screening	Calculated: Women 50-74 that had mammogram in past two years				X		X		X		X		X				
Women's Health: Cervical Cancer Screening	Had hysterectomy		X		X		X		X		X		X		X		X
Women's Health: Cervical Cancer Screening	Ever had cervical cancer screening test												X		X		X
Women's Health: Cervical Cancer Screening	How long since last cervical cancer screening test												X		X		X
Women's Health: Cervical Cancer Screening	Had Pap test at most recent cervical cancer screening												X		X		X
Women's Health: Cervical Cancer Screening	Had HPV test at most recent cervical cancer screening												X		X		X
Women's Health: Cervical Cancer Screening	Calculated: Women 30-65 who have had HPV screening in past 5 years														X		
Women's Health: Cervical Cancer Screening	Calculated: Women 21-65 who have had Pap test in past 3 years, OR women 30-65 who have had HPV screening in past 5 years														X		
Women's Health: Cervical Cancer Screening	Calculated: Women (all ages) meeting cervical cancer screening recommendations (PAP and HPV)														X		
Women's Health: Cervical Cancer Screening	Ever had Pap smear		X		X		X		X		X						

Topic Area	Question Description	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Women's Health: Cervical Cancer Screening	How long since last Pap smear		X		X		X		X		X						
Women's Health: Cervical Cancer Screening	Calculated: Women 21-65 that had Pap test in past three years				X				X		X				X		
Women's Health: Cervical Cancer Screening	Calculated: Women 18+ that had Pap test in past three years		X		X												
Women's Health: Cervical Cancer Screening	Ever had HPV test						X		X		X						
Women's Health: Cervical Cancer Screening	How long since last HPV test						X		X		X						
Women's Health: Cervical Cancer Screening	Women 30-65 who had HPV screening in past 3 years						X										
Women's Health: Cervical Cancer Screening	Calculated: Women 21-65 meeting cervical cancer screening recommendations (PAP and HPV)						X										