

# **New York BRFSS 2020**

## **DATA DICTIONARY**

**Center for Community Health  
Division of Chronic Disease Prevention  
Bureau of Chronic Disease Evaluation and Research**

**11/2/2021**

**Health Data NY**

VARNUM	NAME	TYPE	LABEL	FORMAT
1	_STATE	1	STATE FIPS CODE	_STATE
2	IDATE	2	INTERVIEW DATE	
3	IMONTH	2	INTERVIEW MONTH	
4	IDAY	2	INTERVIEW DAY	
5	IYEAR	2	INTERVIEW YEAR	
6	SEQNO	2	ANNUAL SEQUENCE NUMBER	
7	_PSU	1	PRIMARY SAMPLING UNIT	
8	COLGSEX	1	ARE YOU MALE OR FEMALE?	COLGSEX
9	LANDSEX	1	ARE YOU MALE OR FEMALE?	LANDSEX
10	RESPSLCT	1	RESPONDENT SELECTION	RESPSLCT
11	CELLSEX	1	ARE YOU MALE OR FEMALE?	CELLSEX
12	SEXVAR	1	SEX OF RESPONDENT	SEXVAR
13	GENHLTH	1	GENERAL HEALTH	GENHLTH
14	PHYSHLTH	1	NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	PHYSHLTH
15	MENTHLTH	1	NUMBER OF DAYS MENTAL HEALTH NOT GOOD	MENTHLTH
16	POORHLTH	1	POOR PHYSICAL OR MENTAL HEALTH	POORHLTH
17	HLTHPLN1	1	HAVE ANY HEALTH CARE COVERAGE	HLTH1PLN
18	PERSDOC2	1	MULTIPLE HEALTH CARE PROFESSIONALS	PERS2DOC
19	MEDCOST	1	COULD NOT SEE DR. BECAUSE OF COST	MED1COST
20	CHECKUP1	1	LENGTH OF TIME SINCE LAST ROUTINE CHECKUP	CHECK1UP
21	EXERANY2	1	EXERCISE IN PAST 30 DAYS	EXER2ANY
22	SLEPTIM1	1	HOW MUCH TIME DO YOU SLEEP	SLEP1TIM
23	CVDINFR4	1	EVER DIAGNOSED WITH HEART ATTACK	CVD4INFR
24	CVDCRHD4	1	EVER DIAGNOSED WITH ANGINA OR CORONARY HEART DISEASE	CVD4CRHD
25	CVDSTRK3	1	EVER DIAGNOSED WITH A STROKE	CVD3STRK
26	ASTHMA3	1	EVER TOLD HAD ASTHMA	AST3HMA
27	ASTHNOW	1	STILL HAVE ASTHMA	ASTHNOW
28	CHCSCNCR	1	(EVER TOLD) YOU HAD SKIN CANCER?	CHCSCNCR
29	CHCOCNCR	1	(EVER TOLD) YOU HAD ANY OTHER TYPES OF CANCER?	CHCOCNCR
30	CHCCOPD2	1	(EVER TOLD) YOU HAD (COPD) CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EMPHYSEMA OR CHRONIC BRONCHITIS?	CHC2COPD
31	HAVARTH4	1	TOLD HAVE ARTHRITIS	HAV4ARTH
32	ADDEPEV3	1	(EVER TOLD) YOU HAD A DEPRESSIVE DISORDER	AD3DEPEV
33	CHCKDNY2	1	EVER TOLD YOU HAVE KIDNEY DISEASE?	CHC2KDNY
34	DIABETE4	1	(EVER TOLD) YOU HAD DIABETES	DIA4BETE
35	DIABAGE3	1	AGE WHEN TOLD DIABETES	DIAB2AGE
36	LASTDEN4	1	LAST VISITED DENTIST OR DENTAL CLINIC	LAST4DEN

VARNUM	NAME	TYPE	LABEL	FORMAT
37	RMVTETH4	1	NUMBER OF PERMANENT TEETH REMOVED	RMV4TETH
38	AGE	1	REPORTED AGE IN YEARS	AGE
39	HISPANC3	2	HISPANIC, LATINO/A, OR SPANISH ORIGIN?	
40	MRACE1	2	MULTIPLE RACE	
41	ORACE3	1	RESPONDENT RACE CHOICE	O3RACE
42	MARITAL	1	MARITAL STATUS	MARITAL
43	EDUCA	1	EDUCATION LEVEL	EDUCA
44	RENTHOM1	1	OWN OR RENT HOME	RENT1HOM
45	CTYCODE2	1	IN WHAT COUNTY DO YOU CURRENTLY LIVE?	SUPPRESSF
46	ZIPCODE1	2	ZIP CODE WHERE YOU CURRENTLY LIVE	\$SUPPRF
47	VETERAN3	1	ARE YOU A VETERAN	VET3ERAN
48	EMPLOY1	1	EMPLOYMENT STATUS	EMPLOY1F
49	INCOME2	1	INCOME LEVEL	IN2COME
50	PREGNANT	1	PREGNANCY STATUS	PREGNANT
51	WEIGHT2	1	REPORTED WEIGHT IN POUNDS	WEIGHT
52	HEIGHT3	1	REPORTED HEIGHT IN FEET AND INCHES	HEIGHT
53	DEAF	1	ARE YOU DEAF OR DO YOU HAVE SERIOUS DIFFICULTY HEARING?	DEAF
54	BLIND	1	BLIND OR DIFFICULTY SEEING	BLIND
55	DECIDE	1	DIFFICULTY CONCENTRATING OR REMEMBERING	DECIDE
56	DIFFWALK	1	DIFFICULTY WALKING OR CLIMBING STAIRS	DIFFWALK
57	DIFFDRES	1	DIFFICULTY DRESSING OR BATHING	DIFFDRES
58	DIFFALON	1	DIFFICULTY DOING ERRANDS ALONE	DIFFALON
59	SMOKE100	1	SMOKED AT LEAST 100 CIGARETTES	SMOK100_
60	SMOKDAY2	1	FREQUENCY OF DAYS NOW SMOKING	SMOK2DAY
61	STOPSMK2	1	STOPPED SMOKING IN PAST 12 MONTHS	STOP2SMK
62	LASTSMK2	1	INTERVAL SINCE LAST SMOKED	LAST2SMK
63	USENOW3	1	USE OF SMOKELESS TOBACCO PRODUCTS	USE3NOW
64	ALCDAY5	1	DAYS IN PAST 30 HAD ALCOHOLIC BEVERAGE	ALC5DAY
65	AVEDRNK3	1	AVG ALCOHOLIC DRINKS PER DAY IN PAST 30	AVE3DRNK
66	DRNK3GE5	1	BINGE DRINKING	DRNK35GE
67	MAXDRNKS	1	MOST DRINKS ON SINGLE OCCASION PAST 30 DAYS	MAXDRNKS
68	FLUSHOT7	1	ADULT FLU SHOT/SPRAY PAST 12 MOS	FLU7SHOT
69	FLSHTMY3	1	WHEN RECEIVED MOST RECENT SEASONAL FLU SHOT/SPRAY	FLSHT3MY
70	SHINGLE2	1	HAVE YOU EVER HAD THE SHINGLES OR ZOSTER VACCINE?	SHIN2GLE
71	PNEUVAC4	1	PNEUMONIA SHOT EVER	PNEU4VAC
72	FALL12MN	1	HAD FALL PAST TWELVE MONTHS	FALL12MN

VARNUM	NAME	TYPE	LABEL	FORMAT
73	FALLINJ4	1	INJURED IN FALL	FALL4INJ
74	SEATBELT	1	HOW OFTEN USE SEATBELTS IN CAR?	SEATBELT
75	DRNKDRI2	1	DID YOU DRIVE AFTER HAVING TOO MUCH TO DRINK IN THE PAST 30 DAYS?	DRNK2DRI
76	HADMAM	1	HAVE YOU EVER HAD A MAMMOGRAM	HADMAM
77	HOWLONG	1	HOW LONG SINCE LAST MAMMOGRAM	HOWLONG
78	HADPAP2	1	EVER HAD A PAP TEST	HAD2PAP
79	LASTPAP2	1	HOW LONG SINCE LAST PAP TEST	LAST2PAP
80	HPVTEST	1	HAVE YOU EVER HAD AN HPV TEST?	HPVTEST
81	HPLSTTST	1	HOW LONG SINCE YOUR LAST HPV TEST?	HPLSTTST
82	HADHYST2	1	HAD HYSTERECTOMY	HAD2HYST
83	PCPSAAD3	1	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE ADVANTAGES OF THE PSA TEST?	PCPSA3AD
84	PCPSADI1	1	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE DISADVANTAGES OF THE PSA TEST?	PCPSA1DI
85	PCPSARE1	1	HAS A DOCTOR EVER RECOMMENDED THAT YOU HAVE A PSA TEST?	PCPSA1RE
86	PSATEST1	1	EVER HAD PSA TEST	PSA1TEST
87	PSATIME	1	TIME SINCE LAST PSA TEST	PSA1TIME
88	PCPSARS1	1	WHAT WAS THE MAIN REASON YOU HAD THIS PSA TEST?	PCPSA1RS
89	COLNSCPY	1	HAVE YOU EVER HAD A COLONOSCOPY?	COLNSCPY
90	COLNTEST	1	HOW LONG HAS IT BEEN SINCE YOU HAD COLONOSCOPY?	COLNTEST
91	SIGMSCPY	1	HAVE YOU EVER HAD A SIGMOIDOSCOPY?	SIGMSCPY
92	SIGMTEST	1	HOW LONG HAS IT BEEN SINCE YOU HAD SIGMOIDOSCOPY?	SIGM1TES
93	BLDSTOL1	1	EVER HAD BLOOD STOOL TEST USING HOME KIT	BLD1STOL
94	LSTBLDS4	1	HOW LONG SINCE YOU HAD BLOOD STOOL TEST?	LST4BLDS
95	STOOLDNA	1	EVER HAD STOOL DNA TEST?	STOOLDNA
96	SDNATEST	1	HOW LONG SINCE YOU HAD STOOL DNA?	SDNATEST
97	VIRCOLON	1	HAVE YOU EVER HAD A VIRTUAL COLONOSCOPY?	VIRCOLON
98	VCLNTEST	1	HOW LONG HAS IT BEEN SINCE YOU HAD VIRTUAL COLONOSCOPY?	VCLNTEST
99	HIVTST7	1	EVER TESTED H.I.V.	HIV7TST
100	HIVTSTD3	1	MONTH AND YEAR OF LAST HIV TEST	HIV3TSTD
101	HIVRISK5	1	DO ANY HIGH RISK SITUATIONS APPLY	HIV5RISK
102	PDIABTST	1	HAD A TEST FOR HIGH BLOOD SUGAR IN PAST THREE YEARS	PDIABTST
103	PREDIAB1	1	EVER BEEN TOLD YOU HAVE PRE-DIABETES OR BORDERLINE DIABETES	PRE1DIAB
104	CIMEMLOS	1	HAVE YOU EXPERIENCED CONFUSION OR MEMORY LOSS THAT IS HAPPENING MORE OFTEN OR IS GETTING WORSE?	CIMEMLOS
105	CDHOUSE	1	GIVEN UP DAY-TO-DAY CHORES DUE TO CONFUSION OR MEMORY LOSS	CDHOUSE
106	CDASSIST	1	NEED ASSISTANCE WITH DAY-TO- DAY ACTIVITIES DUE TO CONFUSION OR MEMORY LOSS	CDASSIST
107	CDHELP	1	WHEN YOU NEED HELP WITH DAY-TO-DAY ACTIVITIES ARE YOU ABLE TO GET IT	CDHELP

VARNUM	NAME	TYPE	LABEL	FORMAT
108	CDSOCIAL	1	DOES CONFUSION OR MEMORY LOSS INTERFERE WITH WORK OR SOCIAL ACTIVITIES	CDSOCIAL
109	CDDISCUS	1	HAVE YOU DISCUSSED YOUR CONFUSION OR MEMORY LOSS WITH A HEALTH CARE PROFESSIONAL?	CDDISCUS
110	CAREGIV1	1	PROVIDED REGULAR CARE FOR FAMILY OR FRIEND	CARE1GIV
111	CRGVREL4	1	RELATIONSHIP OF PERSON TO WHOM YOU ARE GIVING CARE?	CRGV4REL
112	CRGVLNG1	1	HOW LONG PROVIDED CARE FOR PERSON.	CRGV1LNG
113	CRGVHRS1	1	HOW MANY HOURS DO YOU PROVIDE CARE FOR PERSON?	CRGV1HRS
114	CRGVPRB3	1	WHAT IS THE MAJOR HEALTH PROBLEM, ILLNESS, DISABILITY FOR CARE FOR PERSON?	CRGV3PRB
115	CRGVALZD	1	DOES PERSON BEING CARED FOR HAVE ALZHEIMER'S DISEASE?	CRGVALZD
116	CRGVPER1	1	MANAGED PERSONAL CARE	CRGV1PER
117	CRGVHOU1	1	MANAGED HOUSEHOLD TASKS	CRGV1HOU
118	CRGVEXPT	1	DO YOU EXPECT TO HAVE A RELATIVE YOU WILL NEED TO PROVIDE CARE FOR?	CRGVEXPT
119	ECIGARET	1	HAVE YOU EVER USED AN E-CIGARETTE OR OTHER ELECTRONIC "VAPING" PRODUCT?	ECIGARET
120	ECIGNOW	1	DO YOU NOW USE E-CIGARETTES, EVERY DAY, SOME DAYS, OR NOT AT ALL?	ECIGNOW
121	CNCRDIFF	1	HOW MANY TYPES OF CANCER?	CNCRDIFF
122	CNCRAGE	1	AGE TOLD HAD CANCER	CNCRAGE
123	CNCRTYP1	1	TYPE OF CANCER	CNCR1TYP
124	BIRTHSEX	1	ARE YOU MALE OR FEMALE?	BIRTHSEX
125	SOMALE	1	SEXUAL ORIENTATION	SOMALE
126	SOFEMALE	1	SEXUAL ORIENTATION	SOFEMALE
127	TRNSGNDR	1	DO YOU CONSIDER YOURSELF TO BE TRANSGENDER?	SUPPRESSF
128	RCSBIRTH	2	BIRTH DATE OF CHILD	\$SUPPRF
129	RCSGENDR	1	GENDER OF CHILD	SUPPRESSF
130	RCHISLA1	2	ETHNICITY OF CHILD	\$SUPPRF
131	RCSRACE1	2	RACE OF CHILD (MULTIPLE POSSIBLE)	\$SUPPRF
132	RCSBRAC2	1	RACE OF CHILD	SUPPRESSF
133	RCSRLTN2	1	RELATIONSHIP TO CHILD	SUPPRESSF
134	CASTHDX2	1	HLTH PRO EVER SAID CHILD HAS ASTHMA	CASTH2DX
135	CASTHNO2	1	CHILD STILL HAVE ASTHMA?	CASTH2NO
136	CALLBACK	1	ASTHMA FOLLOW-UP CALL BACK REQUEST	SUPPRESSF
137	ADLTCHLD	1	WHICH HOUSEHOLD MEMBER WAS SELECTED TO BE THE FOCUS OF THE CALLBACK.	
138	ADHISPA	1	ADULT HISPANIC RESPONSE	
139	CHHISPA	1	CHILD HISPANIC RESPONSE	
140	QSTVER	1	QUESTIONNAIRE VERSION IDENTIFIER	
141	QSTLANG	1	LANGUAGE IDENTIFIER	QSTLANG
142	_URBNRRL	1	NCHS URBAN-RURAL CLASSIFICATION	_URBNRRL
143	_METSTAT	1	METROPOLITAN STATUS	

VARNUM	NAME	TYPE	LABEL	FORMAT
144	_URBSTAT	1	URBAN/RURAL STATUS	_URBSTAT
145	_MSACODE	2	METROPOLITAN STATISTICAL AREA CODE.	\$SUPPRF
146	MSCODE	1	METROPOLITAN STATUS CODE	MSCODE
147	_STSTR	1	SAMPLE DESIGN STRATIFICATION VARIABLE	
148	_REGION	1	REGION	SUPPRESSF
149	_IMPSEX	1	IMPUTED GENDER	_IMPSEX
150	_IMPAGE	1	AGE VALUE USED TO DETERMINE AGE GROUPS	_IMPAGE
151	_IMPRACE	1	IMPUTED RACE/ETHNICITY VALUE	_IMPRACE
152	_IMPNPH	1	IMPUTED NUMBER OF PHONES	_IMPNPH
153	_IMPCTY	1	IMPUTED COUNTY	SUPPRESSF
154	_IMPEDUC	1	IMPUTED EDUCATION LEVEL	_IMPEDUC
155	_IMPMRTL	1	IMPUTED MARITAL STATUS	_IMPMRTL
156	_IMPHOME	1	IMPUTED RENT OR OWN HOME STATUS	_IMPHOME
157	_CHISPNC	1	CHILD HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	SUPPRESSF
158	_CRACE1	1	CHILD NON-HISPANIC RACE INCLUDING MULTIRACIAL	SUPPRESSF
159	_CPRACE	1	PREFERRED CHILD RACE CATEGORIES	SUPPRESSF
160	_IMPCAGE	1	IMPUTED CHILD AGE	SUPPRESSF
161	_IMPCRAC	1	Imputed Child Race/Ethnicity	SUPPRESSF
162	_IMPCSEX	1	IMPUTED CHILD GENDER	SUPPRESSF
163	CHILDAGE	1	CHILD AGE (IN MONTHS)	SUPPRESSF
164	CAGEG	1	FOUR LEVEL CHILD AGE	SUPPRESSF
165	_CLCWTV2	1	VERSION 2 CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA	
166	_LLCPWT	1	FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA	
167	_LCPWTV1	1	VERSION 1 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
168	_LCPWTV2	1	VERSION 2 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
169	_LCPWTV3	1	VERSION 3 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
170	_RFHLTH	1	ADULTS WITH GOOD OR BETTER HEALTH	_RFHLTH
171	_PHYS14D	1	COMPUTED PHYSICAL HEALTH STATUS	_PHYS14D
172	_MENT14D	1	COMPUTED MENTAL HEALTH STATUS	_MENT14D
173	_HCVU651	1	RESPONDENTS AGED 18-64 WITH HEALTH CARE COVERAGE	_HCV165U
174	_TOTINDA	1	LEISURE TIME PHYSICAL ACTIVITY CALCULATED VARIABLE	_TOTINDA
175	_MICH	1	RESPONDENTS THAT HAVE EVER REPORTED HAVING CORONARY HEART DISEASE (CHD) OR MYOCARDIAL INFARCTION (MI)	_MICH
176	_LTASTH1	1	LIFETIME ASTHMA CALCULATED VARIABLE	_1LTASTH
177	_CASTHM1	1	CURRENT ASTHMA CALCULATED VARIABLE	_1CASTHM
178	_ASTHMS1	1	COMPUTED ASTHMA STATUS	_1ASTHMS
179	_DRDXAR2	1	RESPONDENTS DIAGNOSED WITH ARTHRITIS	_DRDX2AR

VARNUM	NAME	TYPE	LABEL	FORMAT
180	_EXTETH3	1	RISK FACTOR FOR HAVING HAD PERMANENT TEETH EXTRACTED	_EX3TETH
181	_ALTETH3	1	ADULTS AGED 65+ WHO HAVE HAD ALL THEIR NATURAL TEETH EXTRACTED	_AL3TETH
182	_DENVST3	1	ADULTS WHO HAVE VISITED A DENTIST, DENTAL HYGENIST OR DENTAL CLINIC WITHIN THE PAST YEAR	_DEN3VST
183	_PRACE1	1	COMPUTED PREFERRED RACE	_P1RACE
184	_MRACE1	1	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M1RACE
185	_M_RACE	1	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M_RACE
186	_HISPANC	1	HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_HISPANC
187	_RACE	1	COMPUTED RACE-ETHNICITY GROUPING	_RACE
188	_RACEG21	1	COMPUTED NON-HISPANIC WHITES/ALL OTHERS RACE CATEGORIES RACE/ETHNIC GROUP CODES USED IN POST-STRATIF	_21RACEG
189	_RACEGR3	1	COMPUTED FIVE LEVEL RACE/ETHNICITY CATEGORY.	_3RACEGR
190	_RACEPRV	1	COMPUTED RACE GROUPS USED FOR INTERNET PREVALENCE TABLES	_RACEPRV
191	_SEX	1	CALCULATED SEX VARIABLE	_SEX
192	_AGEG5YR	1	REPORTED AGE IN FIVE-YEAR AGE CATEGORIES CALCULATED VARIABLE	_AGEG5YR
193	_AGE65YR	1	REPORTED AGE IN TWO AGE GROUPS CALCULATED VARIABLE	_AGE65YR
194	_AGE80	1	IMPUTED AGE VALUE COLLAPSED ABOVE 80	_AGE80F
195	_AGE_G	1	IMPUTED AGE IN SIX GROUPS	_AGE_G
196	HTIN4	1	COMPUTED HEIGHT IN INCHES	HT4IN
197	HTM4	1	COMPUTED HEIGHT IN METERS	HT4M
198	WTKG3	1	COMPUTED WEIGHT IN KILOGRAMS	
199	_BMI5	1	COMPUTED BODY MASS INDEX	_5BMI
200	_BMI5CAT	1	COMPUTED BODY MASS INDEX CATEGORIES	_BMI5CAT
201	_RFBMI5	1	OVERWEIGHT OR OBESE CALCULATED VARIABLE	_5RFBMI
202	_CHLDCNT	1	COMPUTED NUMBER OF CHILDREN IN HOUSEHOLD	_CHLDCNT
203	_EDUCAG	1	COMPUTED LEVEL OF EDUCATION COMPLETED CATEGORIES	_EDUCAG
204	_INCOMG	1	COMPUTED INCOME CATEGORIES	_INCOMG
205	_SMOKER3	1	COMPUTED SMOKING STATUS	_3SMOKER
206	_RFSMOK3	1	CURRENT SMOKING CALCULATED VARIABLE	_3RFSMOK
207	DRNKANY5	1	DRINK ANY ALCOHOLIC BEVERAGES IN PAST 30 DAYS	DRNK5ANY
208	DROCDY3_	1	COMPUTED DRINK-OCCASIONS-PER-DAY	DROCDY3_
209	_RFBING5	1	BINGE DRINKING CALCULATED VARIABLE	_5RFBING
210	_DRNKWK1	1	COMPUTED NUMBER OF DRINKS OF ALCOHOL BEVERAGES PER WEEK	_DRNK1WK
211	_RFDRHV7	1	HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_7RFDRHV
212	_FLSHOT7	1	FLU SHOT CALCULATED VARIABLE	_7FLSHOT
213	_PNEUMO3	1	PNEUMONIA VACCINATION CALCULATED VARIABLE	_3PNEUMO
214	_RFSEAT2	1	ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS	_2RFSEAT

VARNUM	NAME	TYPE	LABEL	FORMAT
215	_RFSEAT3	1	ALWAYS WEAR SEAT BELTS	_3RFSEAT
216	_DRNKDRV	1	DRINKING AND DRIVING	_DRNKDRV
217	_RFMAM22	1	WOMEN RESPONDENTS AGED 40+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_22RFMAM
218	_MAM5023	1	WOMEN RESPONDENTS AGED 50-74 WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_5023MAM
219	_RFPAP35	1	WOMEN RESPONDENTS AGED 21-65 WHO HAVE HAD A PAP TEST IN THE PAST THREE YEARS	_35RFPAP
220	_RFPSA23	1	MALE RESPONDENTS AGED 40+ WHO HAVE HAD A PSA TEST IN THE PAST 2 YEARS	_RF23PSA
221	_CLNSCPY	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A COLONOSCOPY WITHIN THE PAST TEN YEARS	_CLNSCPY
222	_SGMSCPY	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A SIGMOIDOSCOPY WITHIN THE PAST FIVE YEARS	_SGMSCPY
223	_SGMS10Y	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A SIGMOIDOSCOPY WITHIN THE PAST TEN YEARS	_SGMS10Y
224	_RFB LDS4	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST YEAR	_RF4BLDS
225	_STOLDNA	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A STOOL DNA TEST WITHIN THE PAST THREE YEARS	_STOLDNA
226	_VIRCOLN	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A VIRTUAL COLONOSCOPY WITHIN THE PAST FIVE YEARS	_VIRCOLN
227	_SBONTIM	1	RESPONDENTS AGED 50-75 WHO HAVE HAD A SIGMOIDOSCOPY WITHIN THE PAST TEN YEARS AND A BLOOD STOOL TEST	_SBONTIM
228	_CRCREC1	1	RESPONDENTS AGED 50-75 WHO HAVE FULLY MET THE USPSTF RECOMMENDATIONS	_CRC1REC
229	_AIDTST4	1	EVER BEEN TESTED FOR HIV CALCULATED VARIABLE	_4AIDTST
230	MEDICARE	1	Do you have Medicare?	YESNO_SA
231	HLTHCVR1	1	What is the primary source of your health care coverage?	HLTH1CVRSA
232	BPHIGH4	1	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4SA
233	BPMEDS	1	Are you currently taking medicine for your high blood pressure?	YESNO_SA
234	HEALTHCL1	1	During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness(es)?	YESNO_SA
235	CSRVTRT2	1	Are you currently receiving treatment for cancer?	CSRV2TRT_SA
236	CSRVRSUM	1	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	YESNO_SA
237	CSRVRTRN	1	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your cancer treatment?	YESNO_SA
238	CSRVINST	1	Were these instructions written down or printed on paper for you?	YESNO_SA
239	USEPNMED	1	In the past 12 months, have you used prescription pain medicine without a healthcare providers prescription or differently than how the healthcare provider told you to use it?	YESNO_SA
240	USECOCAIN	1	In the past 12 months, have you used any form of cocaine?	SUPPRESSF
241	USEHROIN	1	In the past 12 months, have you used heroin?	SUPPRESSF
242	WTRSOURCE	1	What is your home water source?	WTRSOURCE
243	WELLTEST	1	Has your well water been tested for coliform bacteria in the last two years?	YESNO_SA



VARNUM	NAME	TYPE	LABEL	FORMAT
244	HLTHPREG	1	Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?	YESNO_SA
245	STRSMEAL	1	How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?	STRSMEALSA
246	SSBSUGR1	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.	SSB2SUGRSA
247	SSBFRUT2	1	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)?	SSB2FRUTSA
248	WTCHSALT	1	Are you currently watching or reducing your sodium or salt intake?	YESNO_SA
249	DRADVISE	1	Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	YESNO_SA
250	EATFRUIT	1	How often do you eat fruits, excluding juice?	EATFRUIT
251	EATVEGET	1	How often do you eat vegetables or salad (excluding juices and potatoes)?	EATVEGET
252	FRUITVEG	1	When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?	FRUITVEFSA
253	NOVEGFRU	1	What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?	NOVEGFRUSA
254	MJUSE30	1	During the past 30 days, on how many days did you use marijuana or cannabis?	MARI1JANSA
255	MJHOWUSE	1	During the past 30 days, which one of the following ways did you use marijuana the most often?	MJHOWUSESA
256	MJREASON	1	When you used marijuana or cannabis during the last 30 days, was it primarily for medical or non-medical reasons?	MJREASONSA
257	MJHCPREC	1	During the past 30 days, did you use medical marijuana as recommended by a doctor or other health care provider for treatment of a medical condition?	YESNO_SA
258	MJNYSMMP	1	Do you participate in the New York State medical marijuana program?	YESNO_SA
259	HEPCTEST	1	Have you ever been tested for hepatitis C(HCV)?	YESNO_SA
260	HEPCTOLD	1	Has a doctor, nurse or other health professional ever told you that you had hepatitis C?	YESNO_SA
261	HEPCTRET	1	Were you ever treated for hepatitis C?	YESNO_SA
262	HEPCCURE	1	Were you told you were cured and no longer have hepatitis C?	YESNO_SA
263	STDTESTING	1	In the past 12 months, other than HIV, have you been tested for an STD, such as chlamydia, gonorrhea, or syphilis?	YESNO_SA
264	SEXUSECO1	1	Now thinking back about the last time you had sex, did you or your partner use a condom?	YESNO_SA
265	SEXNOCON	1	Which statement best describes the reason you did not use a condom the last time you had sex?	SEXNOCONSA
266	CMGENER	1	Do you own at least one portable generator which you plan to use during a power outage?	YESNO_SA
267	CMDETECT	1	Do you have a CO detector in your home?	YESNO_SA
268	CMBATTER	1	Does the CO detector have battery power, either as a primary power source or as a backup power source?	YESNO_SA
269	HOMECHCK	1	Has your doctor, nurse, or other healthcare professional recommended you check your blood pressure outside of the office or at home?	YESNO_SA
270	HMCHCKREG	1	Do you regularly check your blood pressure outside of your healthcare professionals office or at home?	YESNO_SA
271	BPCHCKWHR	1	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	BPCHCKWHRSA
272	BPSHARE	1	How do you share your blood pressure numbers that you collected with your healthcare professional?	BPSHARESA
273	EVERWALK	1	In a typical month, do you walk to get from one place to another?	YESNO_SA

VARNUM	NAME	TYPE	LABEL	FORMAT
274	EVERBIKE	1	In a typical month, do you ride a bike to get from one place to another place?	YESNO_SA
275	COVIDDX	1	Have you or anyone else in your household been diagnosed as having coronavirus (COVID-19)?	COVIDDX
276	COV_FEVR	1	During the last 30 days, did you feel like you had a fever?	YESNO_SA
277	COV_FVTH	1	Was the fever measured with a thermometer and at least 100.4 Fahrenheit or 38.0 Celsius?	YESNO_SA
278	COV_COUGH	1	Last 30 days - Cough	YESNO_SA
279	COV_DBRETH	1	Last 30 days - Shortness of breath or difficulty breathing	YESNO_SA
280	COV_CHLS	1	Last 30 days - Chills	YESNO_SA
281	COV_HEADA	1	Last 30 days - Headache	YESNO_SA
282	COV_MPAIN	1	Last 30 days - Muscle Pain	YESNO_SA
283	COV_THRT	1	Last 30 days - Sore throat	YESNO_SA
284	COV_NSENS	1	Last 30 days - New loss of taste or smell	YESNO_SA
285	COV_DRVIS	1	Did you see or talk to a doctor or other health professional about these symptoms?	YESNO_SA
286	COV_DRNO	1	Why didn't you see a doctor about your symptoms?	COVNODR
287	COV_TEST	1	Were you tested for coronavirus (COVID-19)?	YESNO_SA
288	COV_TESTNO	1	What was the main reason you were not tested for coronavirus?	COVNOTEST
289	COV_HANDS	1	Last 30 days - Washing hands	COV_FREQ
290	COV_MASK	1	Last 30 days - wearing mask public places	COV_FREQ
291	COV_DISINF	1	Last 30 days - using more disinfectants, hand sanitizers, wipes	COV_FREQ
292	COV_SOCIAL	1	Last 30 days - social distancing	COV_FREQ
293	COV_SHAKE	1	Last 30 days - avoid shaking hands with others	COV_FREQ
294	COV_FACE	1	Last 30 days - avoid touching your face	COV_FREQ
295	COV_FRIENDS	1	Last 30 days - avoid friends and neighbors	COV_FREQ
296	COV_BARSR	1	Last 30 days - avoid bars and restaurants	COV_FREQ
297	COV_RETAIL	1	Last 30 days - avoid most retail stores	COV_FREQ
298	COV_PUBLIC	1	Last 30 days - avoid public transportation	COV_FREQ
299	_WT2SPLITS	1	Final Adjusted Weight for Content on Two of Three Splits	
300	REGION	1	NYC/ROS	REGIONF
301	DSRIPREG	1	DSRIP Region	DSRIPREG
302	PPS_1	1	Albany Medical Center Hospital	SUPPRESSF
303	PPS_3	1	Ellis Hospital	SUPPRESSF
304	PPS_8	1	CNY DSRIP Performing Provider System	SUPPRESSF
305	PPS_9	1	Finger Lakes PPS	SUPPRESSF
306	PPS_14	1	Nassau University Medical Center	SUPPRESSF
307	PPS_16	1	Stony Brook University Hospital	SUPPRESSF
308	PPS_19	1	Montefiore Medical Center	SUPPRESSF
309	PPS_20	1	Refuah Health Center	SUPPRESSF

VARNUM	NAME	TYPE	LABEL	FORMAT
310	PPS_21	1	Westchester Medical Center	SUPPRESSF
311	PPS_22	1	Mohawk Valley PPS - Bassett	SUPPRESSF
312	PPS_23	1	Adirondack Health Institute	SUPPRESSF
313	PPS_25	1	Advocate Community Partners - AW Medical	SUPPRESSF
314	PPS_27	1	Bronx-Lebanon Hospital Center	SUPPRESSF
315	PPS_32	1	Lutheran Medical Center	SUPPRESSF
316	PPS_33	1	Maimonides Medical Center	SUPPRESSF
317	PPS_34	1	Mount Sinai Hospitals Group	SUPPRESSF
318	PPS_36	1	St Barnabas Hospital - dba SBH Health System	SUPPRESSF
319	PPS_39	1	The New York and Presbyterian Hospital	SUPPRESSF
320	PPS_40	1	The New York Hospital Medical Center of Queens	SUPPRESSF
321	PPS_43	1	Richmond Univ Med Center & Staten Island Univ Hosp	SUPPRESSF
322	PPS_44	1	United Health Services Hospitals Inc	SUPPRESSF
323	PPS_45	1	Samaritan Medical Center	SUPPRESSF
324	PPS_46	1	Catholic Medical Partners-Accountable Care IPA INC	SUPPRESSF
325	PPS_48	1	Millennium Collaborative Care PPS - ECMC	SUPPRESSF
326	PPS_52	1	New York City Health and Hospitals-led PPS	SUPPRESSF
327	SEXNOCON_OTH	2	Other reason you did not use a condom the last time you had sex	\$
328	NOVEGFRU_OTH	2	Other reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood	\$
329	CHILDREN	1		CHILDREN