

Proc Contents of NYS CDC BRFSS 2015 Dataset

VARNUM	NAME	TYPE	LABEL	FORMAT
325	ACTIN11_	Num	ESTIMATED ACTIVITY INTENSITY FOR FIRST ACTIVITY	
326	ACTIN21_	Num	ESTIMATED ACTIVITY INTENSITY FOR SECOND ACTIVITY	
60	ADDEPEV2	Num	Has a doctor, nurse, or other health professional ever told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	AD2DEPEV
176	ADHISPA	Num	ADULT HISPANIC RESPONSE	
175	ADLTCHLD	Num	WHICH HOUSEHOLD MEMBER WAS SELECTED TO BE THE FOCUS OF THE CALLBACK.	ADLTCHLD
65	AGE	Num	What is your age?	AGE
97	ALCDAY5	Num	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?	ALC5DAY
116	ARTHDIS2	Num	DOES ARTHRITIS AFFECT WHETHER YOU WORK	ARTH2DIS
156	ARTHEDU	Num	EVER TAKEN CLASS IN MANAGING ARTHRITIS OR JOINT SYMPTOMS	ARTHEDU
155	ARTHEXER	Num	DR. SUGGEST USE OF PHYSICAL ACTIVITY OR EXERCISE FOR ARTHRITIS OR JOINT SYMPTOMS	ARTHEXER
117	ARTHSOCL	Num	SOCIAL ACTIVITIES LIMITED BECAUSE OF JOINT SYMPTOMS	ARTHSOCL
154	ARTHWGT	Num	DR. SUGGEST LOSE WEIGHT FOR ARTHRITIS OR JOINT SYMPTOMS	ARTHWGT
153	ARTTODAY	Num	WHAT CAN YOU DO BECAUSE OF ARTHRITIS OR JOINT SYMPTOMS	ARTTODAY
54	ASTHMA3	Num	Has a doctor, nurse, or other health professional ever told you had asthma?	AST3HMA
55	ASTHNOW	Num	Do you still have asthma?	ASTHNOW
98	AVEDRNK2	Num	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?	AVE2DRNK
304	BEANDAY_	Num	COMPUTED BEAN INTAKE IN TIMES PER DAY	
157	BLDSTOOL	Num	EVER HAD BLOOD STOOL TEST USING HOME KIT	BLDSTOOL
130	BLDSUGAR	Num	HOW OFTEN CHECK BLOOD FOR GLUCOSE	BLDSUGAR
87	BLIND	Num	BLIND OR DIFFICULTY SEEING	BLIND
48	BLOODCHO	Num	EVER HAD BLOOD CHOLESTEROL CHECKED	BLOODCHO
46	BPHIGH4	Num	EVER TOLD BLOOD PRESSURE HIGH	BP4HIGH
47	BPMEDS	Num	CURRENTLY TAKING BLOOD PRESSURE MEDICATION	BPMEDS
31	CADULT	Num	ARE YOU 18 YEARS OF AGE OR OLDER?	CADULT
174	CALLBACK	Num	ASTHMA FOLLOW-UP CALL BACK REQUEST	CALLBACK
138	CAREGIV1	Num	PROVIDED REGULAR CARE FOR FAMILY OR FRIEND	CARE1GIV
365	CARERCVD	Num	In general, how satisfied are you with the health care you received?	CARERCVD
172	CASTHDX2	Num	Has a doctor, nurse or other health professional ever said that the child has asthma?	CASTH2DX
173	CASTHNO2	Num	Does the child still have asthma?	CASTH2NO
181	CATI_RG	Char	CATI FIELD RESPONDENT GENDER	
180	CATI_RN	Char	CATI FIELD RESPONDENT NUMBER	
182	CATI_SR	Char	CATI FIELD SELECTED RESPONDENT	
33	CCLGHOUS	Num	DO YOU LIVE IN COLLEGE HOUSING?	CCLGHOUS
149	CDASSIST	Num	NEED ASSISTANCE WITH DAY-TO- DAY ACTIVITIES DUE TO CONFUSION OR MEMORY LOSS	CDASSIST
152	CDDISCUS	Num	HAVE YOU DISCUSSED YOUR CONFUSION OR MEMORY LOSS WITH A HEALTH CARE PROFESSIONAL?	CDDISCUS
150	CDHELP	Num	WHEN YOU NEED HELP WITH DAY-TO-DAY ACTIVITIES ARE YOU ABLE TO GET IT	CDHELP
148	CDHOUSE	Num	GIVEN UP DAY-TO-DAY CHORES DUE TO CONFUSION OR MEMORY LOSS	CDHOUSE
151	CDSOCIAL	Num	DOES CONFUSION OR MEMORY LOSS INTERFERE WITH WORK OR SOCIAL ACTIVITIES	CDSOCIAL
30	CELLFON2	Num	IS THIS A CELLULAR TELEPHONE?	CELL2FON

VARNUM	NAME	TYPE	LABEL	FORMAT
24	CELLFON3	Num	CELLULAR TELEPHONE	CELL3FON
58	CHCCOPD1	Num	Has a doctor, nurse, or other health professional ever told you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?	CHC1COPD
61	CHCKIDNY	Num	Has a doctor, nurse, or other health professional ever told you have kidney disease? Do not include kidney stones, bladder infection or incontinence.	CHCKIDNY
57	CHCOCNCR	Num	Has a doctor, nurse, or other health professional ever told you had any other types of cancer?	CHCOCNCR
56	CHCSCNCR	Num	Has a doctor, nurse, or other health professional ever told you had skin cancer?	CHCSCNCR
45	CHECKUP1	Num	About how long has it been since you last visited a doctor for a routine checkup?	CHECK1UP
177	CHHISPA	Num	CHILD HISPANIC RESPONSE	
213	CHILDAGE	Num	CHILD AGE (IN MONTHS)	CHILDAGE
79	CHILDREN	Num	How many children less than 18 years of age live in your household?	CHILDREN
133	CHKHEMO3	Num	TIMES CHECKED FOR GLYCOSYLATED HEMOGLOBIN	CHK3HEMO
49	CHOLCHK	Num	HOW LONG SINCE CHOLESTEROL CHECKED	CHOLCHK
147	CIMEMLOS	Num	HAVE YOU EXPERIENCED CONFUSION OR MEMORY LOSS THAT IS HAPPENING MORE OFTEN OR IS GETTING WORSE?	CIMEMLOS
22	COLGHOUS	Num	DO YOU LIVE IN COLLEGE HOUSING?	COLGHOUS
76	CPDEMO1	Num	Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	CP1DEMO
205	CRACASC1	Num	CRACORG1 WITH RESPONSES IN ASCENDING ORDER	
204	CRACORG1	Char	RCSRACE1 WITH 77, 88, 80, 99S REMOVED	
146	CRGVEXPT	Num	DO YOU EXPECT TO HAVE A RELATIVE YOU WILL NEED TO PROVIDE CARE FOR?	CRGVEXPT
144	CRGVHOUS	Num	MANAGED HOUSEHOLD TASKS	CRGVHOUS
141	CRGVHRS1	Num	HOW MANY HOURS DO YOU PROVIDE CARE FOR PERSON?	CRGV1HRS
140	CRGVLNG1	Num	HOW LONG PROVIDED CARE FOR PERSON.	CRGV1LNG
145	CRGVMST2	Num	WHICH SUPPORT DO YOU MOST NEED THAT YOU ARE NOT GETTING?	CRGV2MST
143	CRGVPERS	Num	MANAGED PERSONAL CARE	CRGVPERS
142	CRGVPRB1	Num	WHAT IS THE MAJOR HEALTH PROBLEM, ILLNESS, DISABILITY FOR CARE FOR PERSON?	CRGV1PRB
139	CRGVREL1	Num	RELATIONSHIP OF PERSON TO WHOM YOU ARE GIVING CARE?	CRGV1REL
34	CSTATE	Num	ARE YOU A RESIDENT OF [STATE]?	CSTATE
20	CTELENUM	Num	Correct Telephone Number	CTELENUM
29	CTELNUM1	Num	CORRECT PHONE NUMBER?	CTEL1NUM
72	CTYCODE1	Num	What county do you live in?	CTYCODE1F
52	CVDCRHD4	Num	Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?	CVD4CRHD
51	CVDINFR4	Num	Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?	CVD4INFR
53	CVDSTRK3	Num	Has a doctor, nurse, or other health professional ever told you had a stroke?	CVD3STRK
369	DAYSRTRN	Num	How many days after your work-related injury were you able to return to work? (include weekends & days off or vacation)	DAYSRTRN
88	DECIDE	Num	DIFFICULTY CONCENTRATING OR REMEMBERING	DECIDE
360	DELAYMED	Num	Have you delayed getting needed medical care for any of the following reasons in the past 12 months?	DELAYMED
63	DIABAGE2	Num	AGE WHEN TOLD DIABETIC	DIAB2AGE
137	DIABEDU	Num	EVER TAKEN CLASS IN MANAGING DIABETES	DIABEDU
62	DIABETE3	Num	Has a doctor, nurse, or other health professional ever told you have diabetes?	DIA3BETE
136	DIABEYE	Num	EVER TOLD DIABETES HAS AFFECTED EYES	DIABEYE
91	DIFFALON	Num	DIFFICULTY DOING ERRANDS ALONE	DIFFALON
90	DIFFDRES	Num	DIFFICULTY DRESSING OR BATHING	DIFFDRES

VARNUM	NAME	TYPE	LABEL	FORMAT
398	DIFFHEAR	Num	Do you have serious difficulty hearing or are you deaf?	DIFFHEAR
89	DIFFWALK	Num	DIFFICULTY WALKING OR CLIMBING STAIRS	DIFFWALK
14	DISPCODE	Num	Final Disposition	
132	DOCTDIAB	Num	TIMES SEEN HEALTH PROFESSIONAL FOR DIABETES	DOCTDIAB
99	DRNK3GE5	Num	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?	DRNK35GE
297	DRNKANY5	Num	DRINK ANY ALCOHOLIC BEVERAGES IN PAST 30 DAYS	DRNK5ANY
298	DROCDY3_	Num	COMPUTED DRINK-OCCASIONS-PER-DAY	DROCDY3_
363	DRVISITS	Num	How many times have you been to a doctor, nurse, or other health professional in the past 12 months?	DRVISITS
70	EDUCA	Num	What is the highest grade or year of school you completed?	EDUCA
372	EMPAWARE	Num	Was your employer aware of the work-related injury?	EMPAWARE
78	EMPLOY1	Num	Are you currently.....?	EMPLOY1F
367	EMPLSTYR	Num	During the past 12 months, have you been employed for any period of time, either PT, FT or self-employed?	EMPLSTYR
183	EXACTOT1	Char	FIRST ACTIVITY OTHER RESPONSE DESCRIPTION	
184	EXACTOT2	Char	SECOND ACTIVITY OTHER RESPONSE DESCRIPTION	
107	EXERANY2	Num	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?	EXER2ANY
110	EXERHMM1	Num	MINUTES OR HOURS WALKING, RUNNING, JOGGING, OR SWIMMING	EXER1HMM
113	EXERHMM2	Num	MINUTES OR HOURS WALKING, RUNNING, JOGGING, OR SWIMMING	EXER2HMM
109	EXEROFT1	Num	HOW MANY TIMES WALKING, RUNNING, JOGGING, OR SWIMMING	EXER1OFT
112	EXEROFT2	Num	HOW MANY TIMES WALKING, RUNNING, JOGGING, OR SWIMMING	EXER2OFT
108	EXTRACT11	Num	TYPE OF PHYSICAL ACTIVITY	EXR11ACT
111	EXTRACT21	Num	OTHER TYPE OF PHYSICAL ACTIVITY GIVING MOST EXERCISE DURING PAST MONTH	EXR21ACT
135	EYEEXAM	Num	LAST EYE EXAM WHERE PUPILS WERE DILATED	EYEEXAM
324	FC60_	Num	ESTIMATED FUNCTIONAL CAPACITY	
134	FEETCHK	Num	TIMES FEET CHECK FOR SORES/IRRITATIONS	FEETCHK
131	FEETCHK2	Num	HOW OFTEN CHECK FEET FOR SORES OR IRRITATIONS	FEET2CHK
121	FLSHTMY2	Num	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHT2MY
120	FLUSHOT6	Num	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?	FLU6SHOT
8	FMONTH	Num	File Month	FMONTH
102	FRUIT1	Num	HOW MANY TIMES DID YOU EAT FRUIT?	FRUIT1F
101	FRUITJU1	Num	HOW MANY TIMES DID YOU DRINK 100 PERCENT PURE FRUIT JUICES?	FRUIT1JU
399	FRUITVEG	Num	When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?	FRUITVEF
303	FRUTDA1_	Num	COMPUTED FRUIT INTAKE IN TIMES PER DAY	
302	FTJUDA1_	Num	COMPUTED FRUIT JUICE INTAKE IN TIMES PER DAY	
103	FVBEANS	Num	HOW MANY TIMES DID YOU EAT BEANS OR LENTILS?	FVBEANS
104	FVGREEN	Num	HOW MANY TIMES DID YOU EAT DARK GREEN VEGETABLES?	FVGREEN
105	FVORANG	Num	HOW MANY TIMES DID YOU EAT ORANGE-COLORED VEGETABLES?	FVORANG
38	GENHLTH	Num	Would you say that in general your health is	GENHLTH
305	GRENDAY_	Num	COMPUTED DARK GREEN VEGETABLE INTAKE IN TIMES PER DAY	
160	HADSGCO1	Num	WAS LAST TEST A SIGMOIDOSCOPY OR COLONOSCOPY	HAD1SGCO
159	HADSIGM3	Num	EVER HAD SIGMOIDOSCOPY/COLONOSCOPY	HAD3SIGM

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59	HAVARTH3	Num	Has a doctor, nurse, or other health professional ever told you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAV3ARTH
385	HCVHEAR	Num	Have you heard of hepatitis C?	HCVHEAR
390	HCVINPTA	Num	Did you accept the HCV test that was offered by a medical care provider at the inpatient unit of a hospital?	HCVINPTA
389	HCVINPTO	Num	Were you offered an HCV test while receiving care at an inpatient unit of a hospital?	HCVINPTO
388	HCVINPTR	Num	In the past 12 months, have you received medical care at an inpatient unit of a hospital?	HCVINPTR
387	HCVLASTT	Num	Not including blood donations, in what month and year was your last HCV test?	HCVLASTT
393	HCVPRIMA	Num	Did you accept the HCV test that was offered by your primar care provider?	HCVPRIMA
392	HCVPRIMO	Num	Were you offered an HCV test by your primary care provider?	HCVPRIMO
391	HCVPRIMR	Num	In the past 12 months, have you received medical care from a primary care provider?	HCVPRIMA
386	HCVTEST	Num	Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.	HCVTEST
394	HEALTHCL1	Num	You said that a medical professional has told you that you have or have had [a chronic illness]. During the last 12 months, have you taken a course/class to teach you about how to manage problems related to (this/these) chronic illness(es)?	YESNO
83	HEIGHT3	Num	About how tall are you without shoes?	HEIGHT
37	HHADULT	Num	NUMBER OF ADULTS IN HOUSEHOLD	
66	HISPANC3	Char	Are you Hispanic, Latino, or Spanish?	\$HISPANC3F
124	HIVTST6	Num	Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.	HIV6TST
125	HIVTSTD3	Num	Not including blood donations, in what month and year was your last HIV test?	HIV3TSTD
359	HLTHCVR1	Num	What is the primary source of your health care coverage?	HLTHCVRGB
42	HLTHPLN1	Num	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	HLTH1PLN
286	HTIN4	Num	COMPUTED HEIGHT IN INCHES	HT4IN
287	HTM4	Num	COMPUTED HEIGHT IN METERS	HT4M
9	IDATE	Char	Interview Date	
11	IDAY	Char	Interview Day	
122	IMFVPLAC	Num	WHERE DID YOU GET YOUR LAST FLU SHOT/VACCINE?	IMFVPLAC
10	IMONTH	Char	Interview Month	\$IMONTH
80	INCOME2	Num	Is your annual household income from all sources:	IN2COME
129	INSULIN	Num	NOW TAKING INSULIN	INSULIN
81	INTERNET	Num	INTERNET USE IN THE PAST 30 DAYS?	INTERNET
13	INTVID	Char	Interviewer Identification	
12	IYEAR	Char	Interview Year	
368	JOBINJMT	Num	During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?	JOBINJMT
118	JOINPAIN	Num	HOW BAD WAS JOINT PAIN	JOINPAIN
25	LADULT	Num	ARE YOU 18 YEARS OF AGE OR OLDER?	LADULT
36	LANDLINE	Num	DO YOU ALSO HAVE A LANDLINE TELEPHONE?	LANDLINE
396	LASTDENT1	Num	How long has it been since you last visited a dentist or a dental clinic for any reason?	LAST3DEN
161	LASTSIG3	Num	TIME SINCE LAST SIGMOIDOSCOPY/COLONOSCOPY	LAST3SIG
95	LASTSMK2	Num	How long has it been since you last smoked a cigarette, even one or two puffs?	LAST2SMK
395	LIFECHG	Num	Have you ever attended a lifestyle change program, such as the Diabetes Prevention Program, in order to improve your health or prevent diabetes?	YESNO
115	LMTJOIN3	Num	LIMITED BECAUSE OF JOINT SYMPTOMS	LMT3JOIN
158	LSTBLDS3	Num	TIME SINCE LAST BLOOD STOOL TEST	LST3BLDS

VARNUM	NAME	TYPE	LABEL	FORMAT
362	LSTCOVRG	Num	About how long has it been since you last had health care coverage?	LSTCOVRG
69	MARITAL	Num	Are you (marital status)	MARITAL
100	MAXDRNKS	Num	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS
323	MAXVO2_	Num	ESTIMATED AGE-GENDER SPECIFIC MAXIMUM OXYGEN CONSUMPTION	
366	MEDBILL1	Num	Do you currently have any health care bills that are being paid off over time?	MEDBILLS
44	MEDCOST	Num	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST
358	MEDICARE	Num	Do you have Medicare?	MEDICARE
364	MEDSCOST	Num	Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include OTC	MEDSCOST
40	MENTHLTH	Num	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?	MENTHLTH
321	METVL11_	Num	ACTIVITY MET VALUE FOR FIRST ACTIVITY	
322	METVL21_	Num	ACTIVITY MET VALUE FOR SECOND ACTIVITY	
376	MISDEPRD	Num	During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?	MISF
377	MISEFFRT	Num	During the past 3 days, about how often did you feel that everything was an effort?	MISF
374	MISHOPLS	Num	During the past 30 days, about how often did you feel hopeless-all of time, most, some, a little, or none of the time?	MISF
373	MISNERVS	Num	About how often during the past 30 days did you feel nervous-all of time, most, some, a little, or none of the time?	MISF
379	MISNOWRK	Num	During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?	MISNOWRK
382	MISPHLPF	Num	People are generally caring and sympathetic to people with mental illness. Do you - agree slightly or strongly, or disagree slightly or strongly?	MISPHLPF
375	MISRSTLS	Num	During the past 30 days, about how often did you feel restless or fidgety?	MISF
380	MISTMNT	Num	Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	MISTMNT
381	MISTRHLP	Num	Treatment can help people with mental illness lead normal lives. Do you- agree slightly or strongly, or disagree slightly or strongly?	MISF
378	MISWTLES	Num	During the past 30 days, about how often did you feel worthless?	MISF
357	MOSTKNOW	Num	ARE YOU THE PARENT OR GUARDIAN IN THE HOUSEHOLD WHO KNOWS THE MOST ABOUT (CHILD)'S ASTHMA?	
273	MRACASC1	Num	MRACEORG WITH RESPONSES IN ASCENDING ORDER CALCULATED VARIABLE	
67	MRACE1	Char	Which one or more of the following would you say is your race?	\$MRACE1F
272	MRACORG1	Char	MRACE WITH TRAILING 7,8,9S REMOVED CALCULATED VARIABLE	
187	MSCODE	Num	METROPOLITAN STATUS CODE	MSCODE
17	NATTMPTS	Num	Number of Sample Records Selected from Stratum	
361	NOCOV121	Num	In the past 12 months was there any time when you did NOT have ANY health insurance or coverage?	NO121COV
400	NOVEGFRU	Num	What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?	NOVEGFRU
401	NOVFOTHR	Char	Other reason for not buying F/V in community	
18	NRECSEL	Num	Number of Telephone Numbers in Stratum	
19	NRECSTR	Num	Number of Telephone Numbers in Stratum from Which Sample Was Selected	
26	NUMADULT	Num	Number of Adults in Household	
74	NUMHHOL2	Num	Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.	NUM2HHOL
27	NUMMEN	Num	Number of Adult Men in Household	
75	NUMPHON2	Num	How many of these telephone numbers are residential numbers?	NUM2PHON
28	NUMWOMEN	Num	Number of Adult Women in Household	

VARNUM	NAME	TYPE	LABEL	FORMAT
68	ORACE3	Num	Which one of these groups would you say best represents your race?	O3RACE
220	ORGSEQNO	Char	ORIGINAL STATE AND ORIGINAL SEQUENCE NUMBER	
306	ORNGDAY_	Num	COMPUTED ORANGE-COLORED VEGETABLE INTAKE IN TIMES PER DAY	
371	OTHRPAID	Char	Other source (paid medical treatment)	\$OTHRPAID
202	O_STATE	Num	ORIGINAL STATE THAT COLLECTED THE CELL PHONE DATA	
337	PA1MIN_	Num	MINUTES OF TOTAL PHYSICAL ACTIVITY PER WEEK	
340	PA1VIGM_	Num	MINUTES OF TOTAL VIGOROUS PHYSICAL ACTIVITY PER WEEK	
327	PADUR1_	Num	MINUTES OF FIRST ACTIVITY	
328	PADUR2_	Num	MINUTES OF SECOND ACTIVITY	
329	PAFREQ1_	Num	PHYSICAL ACTIVITY FREQUENCY PER WEEK FOR FIRST ACTIVITY	
330	PAFREQ2_	Num	PHYSICAL ACTIVITY FREQUENCY PER WEEK FOR SECOND ACTIVITY	
335	PAMIN11_	Num	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
336	PAMIN21_	Num	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
334	PAMISS1_	Num	MISSING PHYSICAL ACTIVITY DATA	
338	PAVIG11_	Num	MINUTES OF VIGOROUS PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
339	PAVIG21_	Num	MINUTES OF VIGOROUS PHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
127	PDIABTST	Num	HAD A TEST FOR HIGH BLOOD SUGAR IN PAST THREE YEARS	PDIABTST
43	PERSDOC2	Num	Do you have one person you think of as your personal doctor or health care provider?	PERS2DOC
39	PHYSHLTH	Num	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?	PHYSHLTH
123	PNEUVAC3	Num	A pneumonia shot or pneumococcal vaccine is usually given only once or twice in person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	PNEU3VAC
41	POORHLTH	Num	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH
406	PPS_1	Num	Albany Medical Center Hospital	YESNO
410	PPS_14	Num	Nassau University Medical Center	YESNO
411	PPS_16	Num	Stony Brook University Hospital	YESNO
412	PPS_19	Num	Montefiore Medical Center	YESNO
413	PPS_20	Num	Refuah Health Center	YESNO
414	PPS_21	Num	Westchester Medical Center	YESNO
415	PPS_22	Num	Mohawk Valley PPS - Bassett	YESNO
416	PPS_23	Num	Adirondack Health Institute	YESNO
417	PPS_25	Num	Advocate Community Partners - AW Medical	YESNO
418	PPS_27	Num	Bronx-Lebanon Hospital Center	YESNO
407	PPS_3	Num	Ellis Hospital	YESNO
419	PPS_32	Num	Lutheran Medical Center	YESNO
420	PPS_33	Num	Maimonides Medical Center	YESNO
421	PPS_34	Num	Mount Sinai Hospitals Group	YESNO
422	PPS_36	Num	St Barnabas Hospital - dba SBH Health System	YESNO
423	PPS_39	Num	The New York and Presbyterian Hospital	YESNO
424	PPS_40	Num	The New York Hospital Medical Center of Queens	YESNO
425	PPS_43	Num	Richmond Univ Med Center & Staten Island Univ Hosp	YESNO
426	PPS_44	Num	United Health Services Hospitals Inc	YESNO
427	PPS_45	Num	Samaritan Medical Center	YESNO
428	PPS_46	Num	Catholic Medical Partners-Accountable Care IPA INC	YESNO

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429	PPS_48	Num	Millennium Collaborative Care PPS - ECMC	YESNO
430	PPS_52	Num	New York City Health and Hospitals-led PPS	YESNO
408	PPS_8	Num	CNY DSRIP Performing Provider System	YESNO
409	PPS_9	Num	Finger Lakes PPS	YESNO
4	PRECALL	Num	Pre-Call Status Code	PRECALL
128	PREDIAB1	Num	EVER BEEN TOLD YOU HAVE PRE-DIABETES OR BORDERLINE DIABETES	PRE1DIAB
84	PREGNANT	Num	To your knowledge, are you now pregnant?	PREGNANT
21	PVTRES1	Num	PRIVATE RESIDENCE?	PVT1RES1
32	PVTRES2	Num	DO YOU LIVE IN A PRIVATE RESIDENCE?	PVT2RES2
85	QLACTLM2	Num	Are you limited in any way in any activities because of physical, mental, or emotional problems?	QL2ACTLM
179	QSTLANG	Num	LANGUAGE IDENTIFIER	QSTLANG
178	QSTVER	Num	QUESTIONNAIRE VERSION IDENTIFIER	QSTVER
168	RCHISLA1	Char	Is the child Hispanic, Latino/a, or Spanish origin?	\$HISPANC3F
166	RCSBIRTH	Char	What is the birth month and year of the Xth child?	
170	RCSBRAC2	Num	RACE OF CHILD	RCS2BRAC
167	RCSGENDR	Num	Is the child a boy or a girl?	RCSGENDR
169	RCSRACE1	Char	Which one or more of the following would you say is the race of the child?	\$RCSRACE1F
171	RCSRLTN2	Num	How are you related to the child?	RCS2RLTN
405	REGION	Num	NYC/ROS	REGIONF
71	RENTHOM1	Num	Do you own or rent your home?	RENT1HOM
7	REPDEPTH	Num	Replicate Depth	
6	REPNUM	Num	Replicate Number	
397	RMTEETH1	Num	How many of your permanent teeth have been removed because of tooth decay or gum?	RMVTETHF
35	RSPSTATE	Num	IN WHAT STATE DO YOU LIVE?	RSPSTATE
119	SEATBELT	Num	How often do you use seat belts when you drive or ride in a car? Would you say:	SEATBELT
5	SECSCRFL	Num	SECONDARY SCREENING FLAGS	
15	SEQNO	Num	Annual Sequence Number	
64	SEX	Num	Sex of respondent.	SEX
93	SMOKDAY2	Num	Do you now smoke cigarettes every day, some days or not at all?	SMOK2DAY
92	SMOKE100	Num	Have you smoked at least 100 cigarettes in your entire life?	SMOK100_
384	SSBFRUT2	Num	During the past 30 days, how often did you drink sugar-sweetened fruit drinks(Kool-Aid and lemonade), sweet tea, sports or energy drinks(Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, artificial sweetened drinks.	SSB2FRUT
383	SSBSUGR1	Num	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.	SSBSUGAR
185	STATEQUE	Char	STATE ADDED QUESTIONS	
23	STATERES	Num	RESIDENT OF STATE	
94	STOPSMK2	Num	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOP2SMK
114	STRENGTH	Num	HOW MANY TIMES DID YOU DO PHYSICAL ACTIVITIES OR EXERCISES TO STRENGTHEN YOUR MUSCLES?	STRENGTH
333	STRFREQ_	Num	STRENGTH ACTIVITY FREQUENCY PER WEEK	
403	STRSMEAL	Num	How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?	STRSMEAL
402	STRSRENT	Num	How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?	STRSRENT
164	SXORIENT	Num	SEXUAL ORIENTATION OR GENDER IDENTITY	SXORIENT

VARNUM	NAME	TYPE	LABEL	FORMAT
50	TOLDHI2	Num	EVER TOLD BLOOD CHOLESTEROL HIGH	TOLD2HI
165	TRNSGNDR	Num	DO YOU CONSIDER YOURSELF TO BE TRANSGENDER?	TRNSGNDR
163	TYPEINDS	Char	TYPE OF BUSINESS/INDUSTRY	
162	TYPEWORK	Char	TYPE OF WORK	
86	USEEQUIP	Num	Do you now have any health problems that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	USEEQUIP
96	USENOW3	Num	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USE3NOW
307	VEGEDA1_	Num	COMPUTED VEGETABLE INTAKE IN TIMES PER DAY	
106	VEGETAB1	Num	HOW MANY TIMES DID YOU EAT OTHER VEGETABLES?	VEGE1TAB
77	VETERAN3	Num	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?	VET3ERAN
82	WEIGHT2	Num	About how much do you weigh without shoes?	WEIGHT
370	WHOPAIDT	Num	For your most recent work-related injury, who paid for your medical treatment?	WHOPAIDT
126	WHRTST10	Num	LOCATION OF LAST HIV TEST	WHR10TST
288	WTKG3	Num	COMPUTED WEIGHT IN KILOGRAMS	
73	ZIPCODE	Char	What is your ZIP Code where you live?	
283	_AGE65YR	Num	REPORTED AGE IN TWO AGE GROUPS CALCULATED VARIABLE	_AGE65YR
284	_AGE80	Num	IMPUTED AGE VALUE COLLAPSED ABOVE 80	_AGE80F
282	_AGEG5YR	Num	REPORTED AGE IN FIVE-YEAR AGE CATEGORIES CALCULATED VARIABLE	_AGEG5YR
285	_AGE_G	Num	IMPUTED AGE IN SIX GROUPS	_AGE_G
356	_AIDTST3	Num	EVER BEEN TESTED FOR HIV CALCULATED VARIABLE	_3AIDTST
270	_ASTHMS1	Num	COMPUTED ASTHMA STATUS	_1ASTHMS
289	_BMI5	Num	COMPUTED BODY MASS INDEX	_5BMI
290	_BMI5CAT	Num	COMPUTED BODY MASS INDEX CATEGORIES	_BMI5CAT
269	_CASTHM1	Num	CURRENT ASTHMA CALCULATED VARIABLE	_1CASTHM
203	_CHISPNC	Num	CHILD HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_CHISPNC
292	_CHLDCNT	Num	COMPUTED NUMBER OF CHILDREN IN HOUSEHOLD	_CHLDCNT
265	_CHOLCHK	Num	CHOLESTEROL CHECKED CALCULATED VARIABLE	_CHOLCHK
214	_CLCM1V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
215	_CLCM2V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
216	_CLCM3V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (GENDER-RACE/ETHNICITY)	
217	_CLCM4V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
218	_CLCM5V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (TELEPHONE SOURCE)	
219	_CLCWTV1	Num	VERSION 1 CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA	
207	_CPRACE	Num	PREFERRED CHILD RACE CATEGORIES	
206	_CRACE1	Num	CHILD NON-HISPANIC RACE INCLUDING MULTIRACIAL	_C1RACE
3	_DENSTR2	Num	Household Density Stratum Code	_2DENSTR
271	_DRDXAR1	Num	RESPONDENTS DIAGNOSED WITH ARTHRITIS	_DRDX1AR
300	_DRNKWEK	Num	COMPUTED NUMBER OF DRINKS OF ALCOHOL BEVERAGES PER WEEK	
222	_DUALCOR	Num	DUAL PHONE USE CORRECTION FACTOR	
221	_DUALUSE	Num	DUAL PHONE USE CATEGORIES	_DUALUSE
293	_EDUCAG	Num	COMPUTED LEVEL OF EDUCATION COMPLETED CATEGORIES	_EDUCAG
354	_FLSHOT6	Num	FLU SHOT CALCULATED VARIABLE	_6FLSHOT

VARNUM	NAME	TYPE	LABEL	FORMAT
316	_FRT16	Num	REPORTED CONSUMING FRUIT >16/DAY	_16FRT
314	_FRTL1	Num	CONSUME FRUIT 1 OR MORE TIMES PER DAY	_FRT1LT
310	_FRTRESP	Num	MISSING ANY FRUIT RESPONSES	_FRTRESP
318	_FRUITEX	Num	FRUIT EXCLUSION FROM ANALYSES	_FRUITEX
312	_FRUTSUM	Num	TOTAL FRUITS CONSUMED PER DAY	
2	_GEOSTR	Num	Geographic Stratum Code	
263	_HCVU651	Num	RESPONDENTS AGED 18-64 WITH HEALTH CARE COVERAGE	_HCV165U
277	_HISPANC	Num	HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_HISPANC
195	_IMPAGE	Num	Imputed age used in post-stratification	_IMPAGE
208	_IMPCAGE	Num	IMPUTED CHILD AGE	_IMPCAGE
209	_IMPCRAC	Num	Imputed Child Race/Ethnicity	_IMPCRAC
210	_IMPCSEX	Num	IMPUTED CHILD GENDER	_IMPCSEX
198	_IMPCTY	Num	IMPUTED COUNTY	CTYCODE1F
199	_IMPEDUC	Num	IMPUTED EDUCATION LEVEL	_IMPEDUC
201	_IMPHOME	Num	IMPUTED RENT OR OWN HOME STATUS	_IMPHOME
200	_IMPMRTL	Num	IMPUTED MARITAL STATUS	_IMPMRTL
197	_IMPNPH	Num	IMPUTED NUMBER OF PHONES	_IMPNPH
196	_IMPRACE	Num	IMPUTED RACE/ETHNICITY VALUE	_IMPRACE
294	_INCOMG	Num	COMPUTED INCOME CATEGORIES	_INCOMG
240	_LCM01V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
249	_LCM01V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
241	_LCM02V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
250	_LCM02V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
242	_LCM03V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
251	_LCM03V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
243	_LCM04V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
252	_LCM04V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
244	_LCM05V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
253	_LCM05V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
245	_LCM06V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
254	_LCM06V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
246	_LCM07V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
255	_LCM07V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
247	_LCM08V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
256	_LCM08V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
257	_LCM09V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
258	_LCM10V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
259	_LCM11V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
260	_LCM12V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
248	_LCPWTV1	Num	VERSION 1 WEIGHT: LAND-LINE AND CELL-PHONE DATA	

VARNUM	NAME	TYPE	LABEL	FORMAT
261	_LCPWTV2	Num	VERSION 2 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
223	_LLCPM01	Num	COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
224	_LLCPM02	Num	COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
225	_LLCPM03	Num	COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
226	_LLCPM04	Num	COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
227	_LLCPM05	Num	COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
228	_LLCPM06	Num	COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
229	_LLCPM07	Num	COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
230	_LLCPM08	Num	COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
231	_LLCPM09	Num	COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
232	_LLCPM10	Num	COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
233	_LLCPM11	Num	COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
234	_LLCPM12	Num	COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
235	_LLCPM13	Num	COMBINED LAND-LINE AND CELL-PHONE THIRTEENTH MARGIN (COUNTIES)	
236	_LLCPM14	Num	COMBINED LAND-LINE AND CELL-PHONE FOURTEENTH MARGIN (COUNTIES-RACE/ETHNICITY)	
237	_LLCPM15	Num	COMBINED LAND-LINE AND CELL-PHONE FIFTEENTH MARGIN (COUNTIES-AGE)	
238	_LLCPM16	Num	COMBINED LAND-LINE AND CELL-PHONE SIXTEENTH MARGIN (COUNTIES-SEX)	
239	_LLCPWT	Num	FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA	
349	_LMTACT1	Num	LIMITED USUAL ACTIVITIES	_LMT1ACT
351	_LMTSCL1	Num	LIMITED SOCIAL ACTIVITIES	_LMT1SCL
350	_LMTWRK1	Num	LIMITED WORK ACTIVITIES	_LMT1WRK
268	_LTASTH1	Num	LIFETIME ASTHMA CALCULATED VARIABLE	_1LTASTH
267	_MICH	Num	RESPONDENTS THAT HAVE EVER REPORTED HAVING CORONARY HEART DISEASE (CHD) OR MYOCARDIAL INFARCTION (MI)	_MICH
331	_MINAC11	Num	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
332	_MINAC21	Num	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
308	_MISFRTN	Num	THE NUMBER OF MISSING FRUIT RESPONSES	_MISFRTN
309	_MISVEGN	Num	THE NUMBER OF MISSING VEGETABLE RESPONSES	_MISVEGN
275	_MRACE1	Num	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M1RACE
186	_MSACODE	Char	METROPOLITAN STATISTICAL AREA CODE.	
276	_M_RACE	Num	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M_RACE
343	_PA150R2	Num	150 MINUTE PHYSICAL ACTIVITY CALCULATED VARIABLE	_2PA150R
345	_PA30021	Num	300 MINUTE PHYSICAL ACTIVITY 2-LEVEL CALCULATED VARIABLE	_30021PA
344	_PA300R2	Num	300 MINUTE PHYSICAL ACTIVITY CALCULATED VARIABLE	_2PA300R
341	_PACAT1	Num	PHYSICAL ACTIVITY CATEGORIES	_PA1CAT
342	_PAINDX1	Num	PHYSICAL ACTIVITY INDEX	_PA1INDX
347	_PAREC1	Num	AEROBIC AND STRENGTHENING GUIDELINE	_PA1REC
348	_PASTAE1	Num	AEROBIC AND STRENGTHENING (2-LEVEL)	_PA1ATAE
346	_PASTRNG	Num	MUSCLE STRENGTHENING RECOMMENDATION	_PASTRNG
355	_PNEUMO2	Num	PNEUMONIA VACCINATION CALCULATED VARIABLE	_2PNEUMO
274	_PRACE1	Num	COMPUTED PREFERRED RACE	_P1RACE
16	_PSU	Num	Primary Sampling Unit	
278	_RACE	Num	COMPUTED RACE-ETHNICITY GROUPING	_RACE

VARNUM	NAME	TYPE	LABEL	FORMAT
279	_RACEG21	Num	COMPUTED NON-HISPANIC WHITES/ALL OTHERS RACE CATEGORIES RACE/ETHNIC GROUP CODES USED IN POST-STRATIF	_21RACEG
280	_RACEGR3	Num	COMPUTED FIVE LEVEL RACE/ETHNICITY CATEGORY.	_3RACEGR
281	_RACE_G1	Num	COMPUTED RACE GROUPS USED FOR INTERNET PREVALENCE TABLES	_RACE1_G
190	_RAW	Num	RAW WEIGHTING FACTOR	
211	_RAWCH	Num	RAW CHILD WEIGHTING FACTOR	
192	_RAWRAKE	Num	RAW WEIGHTING FACTOR USED IN RAKING	
194	_REGION	Num	Region, Geographic Stratification areas	
299	_RFBING5	Num	BINGE DRINKING CALCULATED VARIABLE	_5RFBING
291	_RFBMI5	Num	OVERWEIGHT OR OBESE CALCULATED VARIABLE	_5RFBMI
266	_RFCHOL	Num	HIGH CHOLESTEROL CALCULATED VARIABLE	_RFCHOL
301	_RFDRHV5	Num	HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	
262	_RFHLTH	Num	ADULTS WITH GOOD OR BETTER HEALTH	_RFHLTH
264	_RFHYPE5	Num	HIGH BLOOD PRESSURE CALCULATED VARIABLE	_5RFHYPE
352	_RFSEAT2	Num	ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS	_2RFSEAT
353	_RFSEAT3	Num	ALWAYS WEAR SEAT BELTS	_3RFSEAT
296	_RFSMOK3	Num	CURRENT SMOKING CALCULATED VARIABLE	_3RFSMOK
295	_SMOKER3	Num	COMPUTED SMOKING STATUS	_3SMOKER
1	_STATE	Num	State FIPS Code	_STATE
189	_STRWT	Num	STRATUM WEIGHT	
188	_STSTR	Num	SAMPLE DESIGN STRATIFICATION VARIABLE	
320	_TOTINDA	Num	LEISURE TIME PHYSICAL ACTIVITY CALCULATED VARIABLE	_TOTINDA
317	_VEG23	Num	REPORTED CONSUMING VEGETABLES >23/DAY	_23VEG
313	_VEGESUM	Num	TOTAL VEGETABLES CONSUMED PER DAY	
319	_VEGETEX	Num	VEGETABLE EXCLUSION FROM ANALYSES	_VEGETEX
315	_VEGLT1	Num	CONSUME VEGETABLES 1 OR MORE TIMES PER DAY	_VEG1LT
311	_VEGRES	Num	MISSING ANY VEGETABLE RESPONSES	_VEGRES
191	_WT2	Num	DESIGN WEIGHT	
212	_WT2CH	Num	CHILD DESIGN WEIGHT	
193	_WT2RAKE	Num	DESIGN WEIGHT USED IN RAKING	
404	dsripreg	Num	DSRIP Region	DSRIPREG

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