NYS OMH Patient Characteristics Survey (PCS): 2015

Data Dictionary

Data Label	Data Type	Data Description
Survey Year	Number	Dates for 2015 Patient Characteristics Survey are between 10/19/2015 and 10/25/2015.
Program Category	Text	'Emergency', 'Inpatient', 'Outpatient', 'Residential', or 'Support'. Click here to view OMH's program category definitions.
Region Served	Text	Represents region where client received service. Regions include 'Central NY', 'Hudson River', 'Long Island', 'New York City', 'Western' or 'Unknown'. 'Unknown' is designated to maintain confidentiality. The following counties comprise the OMH regions: *REGION* *COUNTY* Central New York Broome Cayuga Chenango Clinton Cortland Delaware Essex Franklin Fulton Hamilton Herkimer Jefferson Lewis Madison Montgomery Oneida Onondaga Oswego Otsego Saint Lawrence Hudson River Albany Columbia Dutchess Greene Orange Putnam Rensselaer Rockland Saratoga Schenectady

Data Label	Data Type	Data Description
		Schoharie Sullivan Ulster Warren Washington Westchester
		Long Island Nassau Suffolk

		New York City Bronx
		                Kings
		                New York
		                Queens
		                Richmond

		Western New York Allegany
		                     Cattaraugus
		                     Chautauqua
		                     Chemung
		                     Erie
		                     Genesee
		                     Livingston
		                     Monroe
		                     Niagara
		                     Ontario
		                     Orleans
		                     Schuyler
		                     Seneca
		                     Steuben
		                     Tioga
		                     Tompkins
		                     Wayne
		                     Wyoming
		                     Yates

Age Group	Text	'Child', 'Adult', 'Unknown'.
Sex	Text	'Female', 'Male', 'Unknown'.
Transgender	Text	'No, Not Transgender', 'Yes, Transgender', 'Client Did Not Answer', or 'Unknown'.
Sexual Orientation	Text	'Bisexual', 'Lesbian or Gay', 'Straight or Heterosexual', 'Other', 'Client Did Not Answer', or 'Unknown'.
Hispanic Ethnicity	Text	'Yes', 'No, Not Hispanic/Latino', or 'Unknown'.
Race	Text	'Black Only', 'Multi-Racial', 'Other' (includes American Indian/Alaska Native Only, Asian Only, Native Hawaii/Other Pac Islander Only, and Other Race Only), 'White Only' or 'Unknown Race'.

Data Label	Data Type	Data Description
Living Situation	Text	'Private Residence', 'Institutional Setting', 'Other Living Situation', or 'Unknown'. [Click here to view OMH's residential program definitions](#)
Household Composition	Text	'Lives Alone', 'Cohabitates with Others', 'Not Applicable', or 'Unknown'.
Preferred Language	Text	'English', 'Spanish', 'Indo-European', 'Asian and Pacific Island', 'Afro-Asiatic' 'All Other Languages', or 'Unknown'.
Veteran Status	Text	'Yes', 'No', or 'Unknown'.
Employment Status	Text	'Employed', 'Non-paid/Volunteer', 'Not In Labor Force: Unemployed and not looking for work', 'Unemployed, looking for work', or 'Unknown Employment Status'.
Number of Hours Worked Each Week	Text	'01-14 Hours', '15-34', '35 Hours or More', 'Not Applicable', or 'Unknown Employment Hours'.
Education Status	Text	'No Formal Education', 'Pre-K to Fifth Grade', 'Middle School to High School', 'Some College', 'College or Graduate Degree', 'Other', or 'Unknown'.
Special Education Services	Text	'Yes', 'No', 'Not Applicable', 'Unknown'.
Mental Illness	Text	'Yes', 'No', or 'Unknown'.
Intellectual Disability	Text	'Yes', 'No', or 'Unknown'.
Autism Spectrum	Text	'Yes', 'No', or 'Unknown'.
Other Developmental Disabilities	Text	'Yes', 'No', or 'Unknown'.
Alcohol Related Disorder	Text	'Yes', 'No', or 'Unknown'.
Drug Substance Disorder	Text	'Yes', 'No', or 'Unknown'.
Mobility Impairment Disorder	Text	'Yes', 'No', or 'Unknown'.
Hearing Visual Impairment	Text	'Yes', 'No', or 'Unknown'.
Hyperlipidemia	Text	'Yes', 'No', or 'Unknown'.
High Blood Pressure	Text	'Yes', 'No', or 'Unknown'.
Diabetes	Text	'Yes', 'No', or 'Unknown'.
Obesity	Text	'Yes', 'No', or 'Unknown'.
Heart Attack	Text	'Yes', 'No', or 'Unknown'.
Stroke	Text	'Yes', 'No', or 'Unknown'.

Data Label	Data Type	Data Description
Other Cardiac	Text	'Yes', 'No', or 'Unknown'.
Pulmonary/Asthma	Text	'Yes', 'No', or 'Unknown'.
Alzheimer or Dementia	Text	'Yes', 'No', or 'Unknown'
Kidney Disease	Text	'Yes', 'No', or 'Unknown'.
Liver Disease	Text	'Yes', 'No', or 'Unknown'.
Endocrine Condition	Text	'Yes', 'No', or 'Unknown'.
Neurological Condition	Text	'Yes', 'No', or 'Unknown'.
Traumatic Brain Injury	Text	'Yes', 'No', or 'Unknown'.
Joint Disease	Text	'Yes', 'No', or 'Unknown'.
Cancer	Text	'Yes', 'No', or 'Unknown'.
Other Chronic Med. Condition	Text	'Yes', 'No', or 'Unknown'
No Chronic Med. Condition	Text	'Yes' – Indicates individual DOES NOT have a chronic medical condition 'No' – Indicates individual has at least one chronic medical condition 'Unknown' – Indicates that it is not known whether individual has a chronic medical condition
Unknown Chronic Med. Condition	Text	'Yes' – Indicates that it is not known whether individual has a chronic medical condition 'No' – Indicates individual has at least one chronic medical condition
Smokes	Text	'Yes', 'No', or 'Unknown'.
Received Smoking Medication	Text	'Yes', 'No', or 'Unknown'.
Received Smoking Counseling	Text	'Yes', 'No', or 'Unknown'.
Serious Mental Illness	Text	'Yes' or 'No'.
Principal Diagnosis Class	Text	'Mental Illness', 'Not MI-Developmental Disorders', 'Not MI-Organic Mental Disorder', 'Not MI-Other', 'Substance-related and Addictive Disorders', or 'Unknown'.
Additional Diagnosis Class	Text	'Mental Illness', 'Not MI-Developmental Disorders', 'Not MI-Organic Mental Disorder', 'Not MI-Other', 'Substance-related and Addictive Disorders', or 'Unknown'.
SSI Cash Assistance	Text	'Yes', 'No', or 'Unknown'.

Data Label	Data Type	Data Description
SSDI Cash Assistance	Text	'Yes', 'No', or 'Unknown'.
Veterans Disability Benefits	Text	'Yes', 'No', or 'Unknown'.
Veterans Cash Assistance	Text	'Yes', 'No', or 'Unknown'.
Public Assistance Cash Program	Text	'Yes', 'No', or 'Unknown'.
Other Cash Benefits	Text	'Yes', 'No', or 'Unknown'.
Medicaid and Medicare Insurance	Text	'Yes', 'No', or 'Unknown'.
No Insurance	Text	'Yes' – Indicates individual DOES NOT have any health insurance 'No' – Indicates individual has at least one type of health insurance 'Unknown' – Indicates that it is not known whether individual has health insurance
Unknown Insurance Coverage	Text	'Yes' – Indicates that it is not known whether individual has health insurance 'No' – Indicates individual has at least one type of health insurance
Medicaid Insurance	Text	'Yes', 'No', or 'Unknown'.
Medicaid Managed Insurance	Text	'Yes', 'No', 'Not Applicable', 'Unknown'.
Medicare Insurance	Text	'Yes', 'No', or 'Unknown'.
Private Insurance	Text	'Yes', 'No', or 'Unknown'.
Child Health Plus Insurance	Text	'Yes', 'No', or 'Unknown'.
Other Insurance	Text	'Yes', 'No', or 'Unknown'.
Criminal Justice Status	Text	'Yes', 'No', or 'Unknown'
Three Digit Residence Zip Code	Text	Three-digit residential zip code. Three digit zip code 888 indicates the client was homeless at the time of the survey and three digit zip code 999 indicates the residential zip code is unknown.