**2012**

**Behavioral Risk Factor Surveillance System**

**Texas**

**Public Use Data File Codebook**

**Last updated on 3/2/2016**

**Variable:** year

**Source:** DSHS

**Variable Label:** Year

**Variable:** ststr

**Source:** DSHS

**Variable Label:** State, Geographic Stratum and Household Density Stratum combined

**Variable:** seqno

**Source:** Contractor

**Variable Label:** Annual Sequence Number

**Value Label:**

**Variable:** state

**Source:** Contractor

**Variable Label:** State

**Value Label:** 48 Texas

**Variable:** geostr

**Source:** Contractor

**Variable Label:** Geographic Stratum Code

**Value Label:** 1 Houston-Sugar Land-Baytown MSA

2 Dallas-Plano-Irving PMSA

3 Fort Worth-Arlington PMSA

4 Travis County

5 San Antonio-NewBraunfels MSA

6 McAllen-Edinburg-Mission MSA

7 El Paso MSA

8 30 remaining LaPaz Border Counties

9 Remaining Metropolitan Counties

10 Remaining Counties

99 Cell Phone Stratum – Entire State

**Variable:** denstr

**Source:** Contractor

**Variable Label:** Household Density Stratum

**Value Label:** 1 Listed

2 Unlisted

**Variable:** precall

**Source:** Contractor

**Variable Label:** Pre-Call Status Code

**Value Label:** 1 To be called

3 Prescreened as a non-working number

4 Cell phone – PRO-T-S

5 Prescreened as a business number

6 Cell phone - interviewer

**Variable:** repnum

**Source:** Contractor

**Variable Label:**

**Value Label:** Replicate Number

**Variable:** repdepth

**Source:** Contractor

**Variable Label:**

**Value Label:** Replicate Depth

**Variable:** fmonth

**Source:** Contractor

**Variable Label:**  File Month

**Value Label:** 1 January

February

March

April

May

June

July

August

September

October

November

December

**Variable:** idate

**Source:** Contractor

**Variable Label:** Interview Date

**Value Label:**

**Variable:** dispcode

**Source:** Contractor

**Variable Label:** Final Disposition Code

**Value Label:** 110 Complete

120 Partial Complete

**Variable:** nattmpts

**Source:** Contractor

**Variable Label:** Number of Attempts

**Value Label:**

**Variable:** pvtresid

**Source:** Contractor

**Variable Label:** Private Residence

**Value Label:** 1 Yes

2 No

**Variable:** numadult

**Source:** Contractor

**Variable Label:** Number of Adults in Household

**Variable:** C01Q01

**Source:** Questionnaire

**Variable Label:** Would you say that in general your health is:

**Value Label:** 1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

7 Don’t know / Not sure

1. Refused

**Variable:** fairpoor

**Source:** Calculated

**Variable Label:** General Health Fair to Poor

**Value Label:** 1 Yes

2 No

**Variable:** C02Q01

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** \_ \_ Number of days

88 None

77 Don’t know / Not sure

1. Refused

**Variable:** phyng

**Source:** Calculated

**Variable Label:** Days Physical Health Not Good

**Value Label:** 1 None or less than 5 days

2 5 or more days

**Variable:** C02Q02

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** \_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

**Variable:** menng

**Source:** Calculated

**Variable Label:** Days mental Health Not Good

**Value Label:** 1 None or less than 5 days

2 5 or more days

**Variable:** C02Q03

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** \_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

**Variable:** keptusal

**Source:** Calculated

**Variable Label:** Days Poor Physical or Mental Health Kept you From Doing Usual Activities

**Value Label:** 1 None or less than 5 days

2 5 or more days

**Variable:** C03Q01

**Source:** Questionnaire

**Variable Label:** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C03Q02

**Source:** Questionnaire

**Variable Label:** Do you have one person you think of as your personal doctor or health care provider?

**Value Label:** 1 Yes, only one

More than one

No

Don’t know / Not sure

9 Refused

**Variable:** C03Q03

**Source:** Questionnaire

**Variable Label:** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C03Q04

**Source:** Questionnaire

**Variable Label:** About how long has it been since you last visited a doctor for a routine checkup?

**Value Label:** 1 Within the past year (1-12 months ago)

Within past 2 years (1-2 years ago)

Within past 5 years (2-5 years ago)

5 or more years ago

Don’t know / Not sure

Never

Refused

**Variable:** C04Q01

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q01

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you that you had a heart attack also called a myocardial infarction?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q02

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you had angina or coronary heart disease?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** hrtdis

**Source:** Calculated

**Variable Label:**  Heart Disease

**Value Label:** 1 Yes

1. No

**Notes:** Calculated from C05Q01 and C05Q02

**Variable:** C05Q03

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you had a stroke?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** cvd

**Source:** Calculated

**Variable Label:**  Cardiovascular Disease

**Value Label:** 1 Yes

2 No

**Notes:** Calculated from C05Q01, C05Q02 and C05Q03

**Variable:** C05Q04

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you had asthma?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q05

**Source:** Questionnaire

**Variable Label:** Do you still have asthma?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** asthma

**Source:** Calculated

**Variable Label:** Current Asthma

**Value Label:** 1 Yes

2 No

**Notes:** Calculated from C05Q04 and C05Q05

**Variable:** asthmst

**Source:** Calculated

**Variable Label:** Computed Asthma Status

**Value Label:** 1 Current

1. Former
2. Never

**Notes:** Calculated from C05Q04 and C05Q05

**Variable:** C05Q06

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you had skin cancer?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q07

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you had any other types of cancer?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q08

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q09

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q10

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q11

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse, or other health professional ever told you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q12

**Source:** Questionnaire

**Variable Label:** Do you have any trouble seeing, even when wearing glasses or contact lenses?

**Value Label:** 1 Yes

2 No

3 Not Applicable (BLIND)

7 Don’t know / Not sure

9 Refused

**Variable:** C05Q13

**Source:** Questionnaire

**Variable Label:** Have you ever been told by a doctor that you have diabetes?

**Value Label:** 1 Yes

1. Yes, but female told only during pregnancy
2. No
3. No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

**Variable:** Diabetes

**Source:** Calculated

**Variable Label:**  Doctor Diagnosed Diabetes

**Value Label:** 1 Yes

2 No

**Variable:** M01Q01

**Source:** Questionnaire

**Variable Label:** Have you had a test for high blood sugar or diabetes within the past three years? (Survey A)

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** M01Q02

**Source:** Questionnaire

**Variable Label:** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? (Survey A)

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** M02Q01

**Source:** Questionnaire

**Variable Label:** How old were you when you were told you have diabetes?(Survey A)

**Value Label: \_ \_** (Age in years)

98Don’t know / Not sure

99 Refused

**Variable:** diabage3

**Source:** Calculated

**Variable Label:**  Age at diagnosis of diabetes, stratified 3 age groups (Survey A)

**Value Label:** 1 Less than 40

2 41-64

3 65+

7 Don’t know / Not sure

9 Refused

**Variable:** M02Q02

**Source:** Questionnaire

**Variable Label:** Are you now taking insulin? (Survey A)

**Value Label:** 1 Yes

2 No

9 Refused

**Variable:** M02Q03

**Source:** Questionnaire

**Variable Label:** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (Survey A)

**Value Label:** 1\_ \_ (Number of times per day)

2\_ \_ (Number of times per week)

3\_ \_ (Number of times per month)

4\_ \_ (Number of times per year)

777 Don’t know / Not sure

1. Never

999 Refused

**Variable:** ckblood

**Source:** Calculated

**Variable Label:**  Check blood or glucose or sugar daily (Survey A)

**Value Label:** 1 Yes

2 No

**Variable:** M02Q04

**Source:** Questionnaire

**Variable Label:** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.(Survey A)

**Value Label:** 1\_ \_ (Number of times per day)

2\_ \_ (Number of times per week)

3\_ \_ (Number of times per month)

4\_ \_ (Number of times per year)

555 No Feet

777 Don’t know / Not sure

888 Never

999 Refused

**Variable:** ckfeet

**Source:** Calculated

**Variable Label:**  Check feet daily for any sores or irritations (Survey A)

**Value Label:** 1 Yes

2 No

**Variable:** M02Q05

**Source:** Questionnaire

**Variable Label:** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?(Survey A)

**Value Label:** \_ \_ (Number of times; 76 =76 or more)

77 Don’t know / Not sure

88 None

99 Refused

**Variable:** seedoc

**Source:** Calculated

**Variable Label:**  Seen a doctor or other health professional in the past 12 months for diabetes? (Survey A)

**Value Label:** 1 Yes

2 No

**Variable:** M02Q06

**Source:** Questionnaire

**Variable Label:** A test for “A one C’ measure the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for “A one C”? (Survey A)

**Value Label:** \_ \_ (Number of times; 76 =76 or more)

77 Don’t know / Not sure

1. None

98 Never heard of “A1C”

99 Refused

**Variable:** aonec

**Source:** Calculated

**Variable Label:**  Had a A one C test in the past 12 months (Survey A)

**Value Label:** 1 Yes

2 No

**Variable:** M02Q07

**Source:** Questionnaire

**Variable Label:** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (Survey A)

**Value Label:** \_ \_ (Number of times; 76 =76 or more)

77 Don’t know / Not sure

88 None

99 Refused

**Variable:** docfeet

**Source:** Calculated

**Variable Label:**  Had a health professional check your feet or any sores or irritations in the past 12 months (Survey A)

**Value Label:** 1 Yes

2 No

**Variable:** M02Q08

**Source:** Questionnaire

**Variable Label:** When was the last time you had an eye exam in which the pupils were dilated?(Survey A)

**Value Label:** 1 Within the past month

1. Within the past year
2. Within the past 2 years
3. Two or more years ago
4. Don’t know / Not sure
5. Never

9 Refused

**Variable:** M02Q09

**Source:** Questionnaire

**Variable Label:** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?(Survey A)

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** M02Q10

**Source:** Questionnaire

**Variable Label:** Have you ever taken a course or class in how to manage your diabetes yourself?(Survey A)

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C06Q01

**Source:** Questionnaire

**Variable Label:** How long has it been since you last visited a dentist or a dental clinic for any reason?

**Value Label:** 1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 5 or more years ago

7 Do not know - Not sure

8 Never

9 Refused

**Variable:** C06Q02

**Source:** Questionnaire

**Variable Label:** How many teeth removed because of tooth decay or gum disease?

**Value Label:** 1 1 to 5

2 6 or more but not all

3 All

7 Do not know - Not sure

8 None

9 Refused

**Variable:** C07Q01

**Source:** Questionnaire

**Variable Label:** What is your age?

**Value Label:** \_ \_ Code age in years

0 7 Don’t know / Not sure

0 9 Refused

**Variable:** agegr3

**Source:** Calculated

**Variable Label:** Age Group

**Value Label:** 1 18 to 44

1. 45 to 64
2. 65+

**Variable:** agegr4

**Source:** Calculated

**Variable Label:** Age Group

**Value Label:** 1 18 to 29

* 1. 30 to 44
  2. 45 to 64
  3. 65+

**Variable:** agegr6

**Source:** Calculated

**Variable Label:** Age Group

**Value Label:** 1 18 to 24

1. 25 to 34
2. 35 to 44
3. 45 to 54
4. 55 to 64

6 65+

**Variable:** agesex

**Source:** Calculated

**Variable Label:** Age/Sex Groups Used for Age and Gender Adjusting

**Value Label:** 1 Males 18 to 24

1. Males 25 to 34
2. Males 35 to 44
3. Males 45 to 54
4. Males 55 to 64
5. Males 65+
6. Females 18 to 24
7. Females 25 to 34
8. Females 35 to 44
9. Females 45 to 54
10. Females 55 to 64
11. Females 65+

**Variable:** C07Q02

**Source:** Questionnaire

**Variable Label:** Are you Hispanic or Latino?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C07Q03(a, b, c, d, e, f)

**Source:** Questionnaire

**Variable Label:** Which one or more of the following would you say is your race?

**Value Label:** 1 White

1. Black or African American
2. Asian
3. Native Hawaiian or Other Pacific Islander
4. American Indian, Alaska Native
5. Other (specify)
6. Don’t know / Not sure
7. No additional choices
8. Refused

**Variable:** C07Q04

**Source:** Questionnaire

**Variable Label:** Which one of these groups would you say best represents your race?

**Value Label:** 1 White

1. Black or African American
2. Asian
3. Native Hawaiian or Other Pacific Islander
4. American Indian, Alaska Native
5. Other (specify)
6. Don’t know / Not sure
7. Refused

**Variable:** raceeth

**Source:** Calculated

**Variable Label:** Race/Ethnicity

**Value Label:** 1 White

1. Black
2. Hispanic
3. Other

**Variable:** C07Q05

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** 1 Yes, now on active duty

2 Yes, on active duty during the past 12 months, but not now

3 Yes, on active duty in the past, but not during the last 12 months

4 No, training for reserves or national guard only

5 No, never served in the military

7 Don’t know / Not sure

1. Refused

**Variable:** C07Q06

**Source:** Questionnaire

**Variable Label:** Are you? (Marital Status)

**Value Label:** 1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

6 A member of an unmarried couple

1. Refused

**Variable:** mar\_cat

**Source:** Calculated

**Variable Label:** Marriage Categories

**Value Label:** 1 Married

2 Unmarried

**Variable:** C07Q07

**Source:** Questionnaire

**Variable Label:** How many children less than 18 years of age live in your household?

**Value Label:** \_ \_ Number of children

8 8 None

9 9 Refused

**Variable:** chldcnt

**Source:** Calculated

**Variable Label:** Number of Children in Household

**Value Label:** 0 No children in household

1 One child in household

2 Two children in household

3 Three children in household

4 Four children in household

5 Five children in household

6 Six children in household

7 Seven or more children in household

9 Refused

**Variable:** children

**Source:** Calculated

**Variable Label:** Children under 18 in Household

**Value Label:** 1 Yes

2 No

**Variable:** C07Q08

**Source:** Questionnaire

**Variable Label:** What is the highest grade or year of school you completed?

**Value Label:** 1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

9 Refused

**Variable:** educat3a

**Source:** Calculated

**Variable Label:** Education Categories

**Value Label:** 1 Less than high school graduate

1. High school graduate
2. Some college or college graduate

**Variable:** educat3b

**Source:** Calculated

**Variable Label:** Education Categories

**Value Label:** 1 Less than high school graduate

1. High school graduate and some college
2. College graduate

**Variable:** educat4

**Source:** Calculated

**Variable Label:** Education Categories

**Value Label:** 1 Less than high school graduate

1. High school graduate
2. Some college
3. College graduate

**Variable:** C07Q09

**Source:** Questionnaire

**Variable Label:** Are you currently? (Employment status)

**Value Label:** 1 Employed for wages

2 Self-employed

3 Out of work for more than 1 year

4 Out of work for less than 1 year

5 A homemaker

6 A student

7 Retired,

8 Unable to work

9 Refused

**Variable:** employed

**Source:** Calculated

**Variable Label:** Employed

**Value Label:** 1 Yes

2 No

**Variable:** emplt65

**Source:** Calculated

**Variable Label:** Employment Status Age < 65

**Value Label:** 1 Yes

2 No

**Variable:** C07Q10

**Source:** Questionnaire

**Variable Label:** Is your annual household income from all sources…?

**Value Label:** 01 Less than $10,000

1. $10,000 to less than $15,000
2. $15,000 to less than $20,000
3. $20,000 to less than $25,000
4. $25,000 to less than $35,000
5. $35,000 to less than $50,000
6. $50,000 to less than $75,000

08 $75,000 or more

77 Don’t know / Not sure

1. Refused

**Variable:** inccat3

**Source:** Calculated

**Variable Label:** Income Categories

**Value Label:** 1 < $25,000

1. $25,000 to < $75,000
2. $75,000+

**Variable:** inccat3b

**Source:** Calculated

**Variable Label:** Income Categories

**Value Label:** 1 < $25,000

2 $25,000 to < $50,000

3 $50,000+

**Variable:** inccat5

**Source:** Calculated

**Variable Label:** Income Categories

**Value Label:** 1 < $15,000

2 $15,000 to < $25,000

3 $25,000 to < $35,000

4 $35,000 to < $50,000

5 $50,000+

**Variable:** C07Q11

**Source:** Questionnaire

**Variable Label:** About how much do you weigh without shoes?

**Value Label:** \_ \_ \_ \_ Weight *(pounds/kilograms)*

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

**Note:** A 9 is in the first position if the respondent answers in metrics

**Variable:** C07Q12

**Source:** Questionnaire

**Variable Label:** About how tall are you without shoes?

**Value Label:** \_ \_/ \_ \_ Height *(feet/inches/meters/centimeters)*

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

**Note:** A 9 is in the first position if the respondent answers in metrics

**Variable:** bmi

**Source:** Calculated

**Variable Label:** Body Mass Index

**Value Label:**

**Notes:** Calculated from self reported height and weight

**Variable:** bmicat

**Source:** Calculated

**Variable Label:** BMI Categories

**Value Label:** 1 Neither overweight or obese

2 Overweight

3 Obese

**Variable:** bmicat2

**Source:** Calculated

**Variable Label:** BMI Categories

**Value Label:** 1 Underweight (BMI < 18.5)

2 Normal (BMI 18.5 – 24.9)

3 Overweight (BMI 25.0 – 29.9)

4 Obese (BMI 30.0 – 34.9)

5 Morbidly obese (BMI 35.0+)

**Variable:** bmi25

**Source:** Calculated

**Variable Label:** Risk Factor for Overweight and Obesity

**Value Label:** 1 Not at risk

2 At risk

**Variable:** bmi30

**Source:** Calculated

**Variable Label:** Risk Factor for Obesity

**Value Label:** 1 Not at risk

2 At risk

**Variable:** C07Q13

**Source:** Questionnaire

**Variable Label:** What county do you live in?

**Value Label:** \_ \_ \_ FIPS county code

1. Don’t know / not sure

999 Refused

**Variable:** tdhcnty

**Source:** Lookup Table

**Variable Label:** Texas County Codes

**Value Label:** 14 Bell

15 Bexar

31 Cameron

43 Collin

57 Dallas

61 Denton

71 El Paso

79 Fort Bend

94 Guadalupe

101 Harris

108 Hidalgo

123 Jefferson

126 Johnson

152 Lubbock

155 McLennan

170 Montgomery

178 Nueces

212 Smith

220 Tarrant

227 Travis

240 Webb

243 Wichita

246 Williamson

**Notes:** Counties with less than 50 cases are suppressed from the public use data file

**Variable:** countyname

**Source:** Lookup Table

**Variable Label:** Texas County Name

**Notes:** Counties with less than 50 cases are suppressed from the public use data file

**Variable:** phr

**Source:** Calculated

**Variable Label:** Public Health Region

**Value Label:** 1 PHR 1

1. PHR 2
2. PHR 3
3. PHR 4
4. PHR 5
5. PHR 6
6. PHR 7
7. PHR 8
8. PHR 9
9. PHR 10
10. PHR 11

**Variable**: border15

**Source**: Calculated

**Variable Label**: Border Counties (15)

**Value Label**: 1 Border Counties

2 Non-Border Counties

**Variable:** border32

**Source**: Calculated

**Variable Label**: La Paz Border Counties (32)

**Value Label**: 1 Border Counties

2 Non-Border Counties

**Variable:** msa00cod

**Source:** Calculated

**Variable Label:**

**Value Label:**  1 Abilene MSA

2 Amarillo MSA

3 Austin-Round Rock MSA

4 Beaumont-Port Arthur MSA

5 Brownsville-Harlingen MSA

7 Corpus Christi MSA

8 Dallas-Plano-Irving PMSA

9 Fort Worth-Arlington PMSA

10 El Paso MSA

11 Houston-Baytown-Sugar Land MSA

12 Killeen-Temple-Fort Hood MSA

13 Laredo MSA

14 Longview MSA

15 Lubbock MSA

16 McAllen-Edinburg-Pharr MSA

20 San Antonio MSA

23 Tyler MSA

25 Waco MSA

26 Wichita Falls MSA

27 Micropolitan Statistical Areas Combined

28 Balance of State

**Notes:** MSAs with less than 50 cases are suppressed from the public use data file

**Variable:** msa00lab

**Source:** Calculated

**Variable Label:** Metropolitan Statistical Area Code for 2000

**Variable:** admin2

**Source:** Calculated

**Variable Label:** Administrative Regions

**Value Label:** 1 AR 1

1. AR 2/3
2. AR 4/5N
3. AR 6/5S
4. AR 7
5. AR 8
6. AR 9/10
7. AR 11

**Variable:** C07Q14

**Source:** Questionnaire

**Variable Label:** What in your ZIP code where you live?

**Value Label:** \_ \_ \_ \_ \_ ZIP Code

7 7 7 7 7 Don’t know / Not sure

9 9 9 9 9 Refused

**Notes:** ZIP codes with less than 50 cases are suppressed from the public use data file

**Variable:** C07Q15

**Source:** Questionnaire

**Variable Label:** 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.

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C07Q16

**Source:** Questionnaire

**Variable Label:** How many of these phone numbers are residential numbers?

**Value Label:** \_ Residential telephone numbers [6=6 or more]

7 Don’t know / Not sure

1. Refused

**Variable:** C07Q17

**Source:** Questionnaire

**Variable Label:** Do you have a cell phone for personal use?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C07Q18

**Source:** Questionnaire

**Variable Label:** Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

**Value Label:** \_\_\_ Enter Percent (1 to 100)

888 NONE

777 DON’T KNOW/NOT SURE

999 REFUSED

**Variable:** C07Q19

**Source:** Questionnaire

**Variable Label:** Do you own or rent your home?

**Value Label:** 1 OWN

2 RENT

3 OTHER ARRANGEMENT

7 DON’T KNOW/NOT SURE

9 REFUSED

**Variable:** sex

**Source:** Interviewer Assigned

**Variable Label:** Sex of respondent

**Value Label:** 1 Male

2 Female

**Note:** Question about sex of respondent only asked if necessary

**Variable:** C07Q21

**Source:** Questionnaire

**Variable Label:** To your knowledge, are you now pregnant?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Note:** Only asked for females less than 45 years of age

**Variable:** C08Q01

**Source:** Questionnaire

**Variable Label:** Are you limited in any way in any activities because of physical, mental, or emotional problems?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C08Q02

**Source:** Questionnaire

**Variable Label:** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?(Include occasional use or use in certain circumstances)

**Value Label:** 1 Yes

2 No

1. Don’t know / Not sure

9 Refused

**Variable:** C09Q01

**Source:** Questionnaire

**Variable Label:** Have you smoked at least 100 cigarettes in your entire life?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C09Q02

**Source:** Questionnaire

**Variable Label:** Do you now smoke cigarettes every day, some days, or not at all?

**Value Label:** 1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

1. Refused

**Variable:** rfsmok

**Source:** Calculated

**Variable Label:** Current Smoker

**Value Label:** 1 Not at Risk

2 At Risk

**Notes:** Calculated from C09Q01 & C09Q02

**Variable:** smoker2

**Source:** Calculated

**Variable Label:** Four-level Smoker Status

**Value Label:**  1 Current smoker – every day

1. Current smoker – some days
2. Former smoker
3. Never smoked

**Notes:** Calculated from C09Q01 & C09Q02

**Variable:** C09Q03

**Source:** Questionnaire

**Variable Label:** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C09Q04

**Source:** Questionnaire

**Variable Label:** How long has it been since you last smoked cigarettes regularly?

**Value Label:** 1 Within the past month (less than 1 month ago)

2 Within the past 3 months (1 month but less than 3 months ago)

3 Within the past 6 months (2 months but less than 6 months ago)

4 Within the past year (6 months but less than 1 year ago)

5 Within the past 5 years (1 year but less than 5 years ago)

6 Within the past 10 years (5 years but less than 10 years ago)

7 10 years or more

8 Never smoked regularly

77 Don’t know / Not sure

99 Refused

**Variable:** C09Q05

**Source:** Questionnaire

**Variable Label:** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**Value Label:** 1 Everyday

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

**Variable:** C10Q01

**Source:** Questionnaire

**Variable Label:** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** C10Q02

**Source:** Questionnaire

**Variable Label:** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

**Value Label:** 1\_ \_ Days per week

2 \_ \_ Days in past 30 days

8 8 8 No drinks in the past 30 days

7 7 7 Don’t know / Not sure

9 9 9 Refused

**Variable:** C10Q03

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** \_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**Variable:** C10Q04

**Source:** Questionnaire

**Variable Label:** Considering all types of alcoholic beverages, how many times during the past 30 days did you have (5 or more drinks for men, 4 or more drinks for women) on one occasion?

**Value Label:** \_ \_ Number of times

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**Variable:** rfbing4

**Source:** Calculated

**Variable Label:** At Risk for Binge Drinking

**Value Label:** 1 Not at risk

2 At risk

**Notes:** More than 5 drinks on one occasion for men or 4 drinks on one occasion for women

**Variable**: rfdhvy2

**Source:** Calculated

**Variable Label:** Risk Factor for Heavy Alcohol Consumption

**Value Label:**  1 Not at risk

1. At risk

**Notes:** More than 2 drinks a day for men or 1 drink a day for women

**Variable:** rfdrmn2

**Source:** Calculated

**Variable Label:** Risk Factor for Heavy Alcohol Consumption for Men

**Value Label:**  1 Not at risk

1. At risk

**Notes:** More than 2 drinks a day for men

**Variable:** rfdrwm2

**Source:** Calculated

**Variable Label:** Risk Factor for Heavy Alcohol Consumption for Women

**Value Label:**  1 Not at risk

1. At risk

**Notes:** More than 1 drink a day for women

**Variable:** binghvy

**Source:** Calculated

**Variable Label:** Women Age 18 to 44 with Binge or Heavy Alcohol Use

**Value Label:**  1 Not at risk

1. At risk

**Notes:** More than 1 drink a day and/or more than 4 drinks on one occasion

**Variable:** C11Q01

**Source:** Questionnaire

**Variable Label:** During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** flu65

**Source:** Calculated

**Variable Label:** Flu Shot Age 65+

**Value Label:** 1 Yes

2 No

**Variable:** C11Q02

**Source:** Questionnaire

**Variable Label:** 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?

**Value Label:** \_ \_ /\_ \_ \_ \_ Code month and year

7 7 7 7 7 7 Don’t know / Not sure

9 9 9 9 9 9 Refused

**Variable:** C11Q03

**Source:** Questionnaire

**Variable Label:** At what kind of place did you get your last flu shot/vaccine?

**Value Label:** 01 A doctor’s office or health maintenance organization ( HMO)

02 A health department

03 Another type of clinic or health center

04 A senior, recreation or community center

05 A store

06 A hospital

07 An emergency room

08 Workplace

09 Some other kind of place

10 Received vaccine in Canada or Mexico

11 A school

77 Don’t Know/Not Sure

99 Refused

**Variable:** C11Q04

**Source:** Questionnaire

**Variable Label:** Have you ever had a pneumonia shot?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** pneu65

**Source:** Calculated

**Variable Label:** Pneumonia Shot Age 65+

**Value Label:** 1 Yes

2 No

**Variable**: C12Q01

**Source**: Questionnaire

**Variable Label**: In the past 3 months, how many times have you fallen?

**Value Label**: \_ \_ Number of Times

88 None

77 Don’t know / Not sure

99 Refused

**Note**: Only asked of individuals aged 45 years and older

**Variable**: C12Q02

**Source**: Questionnaire

**Variable Label**: Did any of these falls cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

**Value Label**: \_ \_ Number of falls

88 None

77 Don’t know / Not sure

99 Refused

**Note**: Only asked of individuals aged 45 years and older

**Variable**: C13Q01

**Source**: Questionnaire

**Variable Label**: How often do you use seat belts when you drive or ride in a car?

**Value Label**: 1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

7 Don’t know / Not sure

8 Never drive or ride in a car

9 Refused

**Variable:** C14Q01

**Source**: Questionnaire

**Variable Label**: During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?

**Value Label**: \_ \_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

**Note**: Not asked if individual answered “No” to C13Q01

**Variable:** C15Q01

**Source:** Questionnaire

**Variable Label:** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C15Q02

**Source:** Questionnaire

**Variable Label:** How long has it been since you had your last mammogram?

**Value Label:**  1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 years but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

**Variable:** rfmam2y

**Source:** Calculated

**Variable Label:** Females 40 years and Older Who Had a Mammogram within the Past 2 Years

**Value Label:** 1 Not at risk

2 At risk

**Variable:** C15Q03

**Source:** Questionnaire

**Variable Label:** A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps.Have you ever had a clinical breast exam?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C15Q04

**Source:** Questionnaire

**Variable Label:** How long has it been since you last breast exam?

**Value Label:** 1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

**Variable:** C15Q05

**Source:** Questionnaire

**Variable Label:** A Pap test is a test for cancer of the cervix.Have you ever had a Pap test?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** C15Q06

**Source:** Questionnaire

**Variable Label:** How long has it been since you last Pap test?

**Value Label:** 1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Do not know - Not sure

9 Refused

**Variable:** rfpap

**Source:** Calculated

**Variable Label:** Women Age 18+ with Intact Cervix Who Have Had a Pap Test Within the Past 3 Years

**Value Label:** 1 Not at Risk

2 At Risk

**Variable**: C15Q07

**Source**: Questionnaire

**Variable Label**: Have you had a hysterectomy?

**Value Label**: 1 Yes

2 No

7 Do not know - Not sure

9 Refused

**Note**: Not asked if respondent answered “yes” to C12Q21 (is pregnant)

**Variable**: C16Q01

**Source**: Questionnaire

**Variable Label:** A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse or other health professional EVER talked with you about the advantages of the PSA test?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: C16Q02

**Source**: Questionnaire

**Variable Label:** Has a doctor, nurse or other health professional EVER talked with you about the disadvantages of the PSA test?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: C16Q03

**Source**: Questionnaire

**Variable Label:** Has a doctor, nurse or other health professional EVER recommended that you have a PSA test?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: C16Q04

**Source**: Questionnaire

**Variable Label:** Have you ever had a PSA test?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: C16Q05

**Source**: Questionnaire

**Variable Label:** How long has it been since you had your last PSA test?

**Value Label:** 1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Don’t know / Not sure

9 Refused

**Variable**: rfpsa2y

**Source**: Calculated

**Variable Label:** Males 40 years and Older Who Have Not Had a PSA Test Within the Past 2 Years

**Value Label:** 1 Not at Risk

2 At Risk

**Variable**: C16Q06

**Source**: Questionnaire

**Variable Label:** What was the MAIN reason you had this PSA test – was it…?

**Value Label:** 1 Part of a routine exam

2 Because of a prostate problem

3 Because of a family history of prostate cancer

4 Because you were told you had prostate cancer

5 Some other reason

7 Don’t know / Not sure

9 Refused

**Variable**: C17Q01

**Source**: Questionnaire

**Variable Label:** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had a blood stool test using a home kit?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: C17Q02

**Source**: Questionnaire

**Variable Label:** How long has it been since you had your last blood stool test using a home kit?

**Value Label:**  1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

7 Do not know - Not sure

9 Refused

**Variable**: rfbldst

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Not Had a Blood Stool Test Within the Past 2 Years

**Value Label**: 1 Not at risk

2 At risk

**Variable**: C17Q03

**Source**: Questionnaire

**Variable Label:** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either sigmoidoscopy or colonoscopy exam?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: rfsigmd

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Never Had a Sigmoidoscopy or Colonoscopy

**Value Label:** 1 Not at risk

2 At risk

**Variable**: C17Q04

**Source**: Questionnaire

**Variable Label:** Was your most recent exam called a sigmoidoscopy or a colonoscopy?

**Value Label:** 1 Sigmoidoscopy

2 Colonoscopy

7 Don’t know / Not sure

9 Refused

**Variable**: C17Q05

**Source**: Questionnaire

**Variable Label:** How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Value Label:** 1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 yrs (3 years but less than 5 years ago)

5 Within the past 10 yrs (5 years but less than 10 years ago)

6 10 or more years ago

7 Don’t know / Not sure

9 Refused

**Variable:** C18Q01

**Source:** Questionnaire

**Variable Label:** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Note:** Not asked if respondent is 65 years or older

**Variable:** C18Q02

**Source:** Questionnaire

**Variable Label:** Not including blood donations, in what month and year was your last HIV test?

**Value Label:** \_ \_ /\_ \_ \_ \_ Code month and year

7 7 7 7 7 7 Don’t know / Not sure

9 9 9 9 9 9 Refused

**Note:** Not asked if respondent is 65 years or older

**Variable**: C18Q03

**Source**: Questionnaire

**Variable Label**: Do any of these situations apply to you?

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** M11Q01

**Source:** Questionnaire

**Variable Label:** Have you had a shingles vaccine? (Survey B)

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

Note: asked only of respondents over 50

**Variable:** M12Q01

**Source:** Questionnaire

**Variable Label:** Have you received a tetanus shot in the past 10 years?(Survey B)

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** M12Q02

**Source:** Questionnaire

**Variable Label:** Was your most recent tetanus shot given in 2005 or later?(Survey B)

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** M12Q03

**Source:** Questionnaire

**Variable Label:** Did your doctor say your recent tetanus shot included the pertussis or whooping cough vaccine?(Survey B)

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** M13Q01

**Source:** Questionnaire (Females 18 to 49)

**Variable Label:** Have you ever had an HPV vaccination? (Survey B)

**Value Label:** 1 Yes

2 No

3 Doctor refused when asked

7 Don't know / Not sure

9 Refused

**Variable:** M13Q02

**Source:** Questionnaire (Females 18 to 49)

**Variable Label:** How many HPV shots did you receive? (Survey B)

**Value Label:** \_\_ Number of shots

03 All shots

77 Don't know / Not sure

99 Refused

**Variable:** M23Q01

**Source:** Questionnaire

**Variable Label:** What is the birth month and year of the xth child?

**Value Label:** \_ \_/ \_ \_ \_ \_ Month / Year

7 7/ 7 7 7 7 Don’t know/Not sure

9 9/ 9 9 9 9 Refused

**Note:** Only asked if previously indicated that there was one or more children in the household. Random number generator picks which child to ask questions about.

**Variable:** chagemo

**Source:** Calculated

**Variable Label:** Child Age in Months

**Variable:** chageyr

**Source:** Calculated

**Variable Label:** Child Age in Years

**Variable:** M23Q02

**Source:** Questionnaire

**Variable Label:** Is this child a boy or a girl?

**Value Label:** 1 Boy

2 Girl

9 Refused

**Variable**: M23Q03

**Source**: Questionnaire

**Variable Label**: Is the child Hispanic or Latino?

**Value Label**:

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: M23Q04 (a, b, c, d, e, f)

**Source**: Questionnaire

**Variable Label**: Which one or more of the following would say is the race of the child? [record all]

**Value Label**:

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian, Alaska Native

6 Other [specify]

8 No additional choices

7 Don’t know / not sure

9 Refused

**Variable**: M23Q05

**Source**: Questionnaire

**Variable Label**: Which one of these groups would you say best represents the child’s race?

**Value Label**:

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian, Alaska Native

6 Other

7 Don’t know / Not sure

9 Refused

**Variable**: raceethc

**Source**: Calculated

**Variable Label**: Race/Ethnicity of Child

**Value Label**:

1 White

2 Black

3 Hispanic

4 Other

**Variable**: M23Q06

**Source**: Questionnaire

**Variable Label**: How are you related to the child?

**Value Label**:

1 Parent (include biological, step or adoptive parent)

2 Grandparent

3 Foster parent or guardian

4 Sibling (include biological, step and adoptive sibling)

5 Other relative

6 Not related in any way

7 Don’t know / Not sure

9 Refused

**Variable:** M24Q01

**Source:** Questionnaire

**Variable Label:** Has a doctor, nurse or other health professional EVER said that the child has asthma?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** M24Q02

**Source:** Questionnaire

**Variable Label:** Does the child still have asthma?

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** asthch

**Source:** Calculated

**Variable Label:** Current Asthma for Child

**Value Label:**  1 Yes

2 No

**Variable:** M25Q01

**Source:** Questionnaire

**Variable Label:** During the past 12 months, has he/she had a seasonal flu vaccination?

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** M25Q02

**Source:** Questionnaire

**Variable Label:** During what month and year did he/she receive his/her most recent seasonal flu vaccination?

**Value Label:** \_\_/\_\_\_\_ Month/Year

77/7777 Don't know / Not sure

99/9999 Refused

**Variable**: TX01Q01

**Source**: Questionnaire

**Variable Label**: Has this child ever had the HPV vaccination?

**Value Label**: 1 Yes

2 No

3 Doctor refused when asked

7 Don’t know / Not sure

9 Refused

**Notes**: Asked of children ages 9 to 17 years.

**Variable**: TX01Q02

**Source**: Questionnaire

**Variable Label**: How many HPV shots did he/she receive?

**Value Label**: \_\_ Number of shots

03 All shots

77 Don’t know / Not sure

99 Refused

**Notes**: Asked of children ages 9 to 17 years.

**Variable:** TX02Q01

**Source:** Questionnaire

**Variable Label:** Has he/she received a tetanus shot in the past 10 years?

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** TX02Q02

**Source:** Questionnaire

**Variable Label:** Was his/her most recent tetanus shot given in 2005 or later?

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable:** TX02Q03

**Source:** Questionnaire

**Variable Label:** Did the doctor say his/her most recent tetanus shot included the pertussis or whooping cough vaccine?

**Value Label:** 1 Yes (included pertussis)

2 No (did not include pertussis)

7 Don't know / Not sure

9 Refused

**Variable**: TX03Q01

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever said that this child has diabetes?

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX03Q02

**Source**: Questionnaire

**Variable Label**: Does this child have type 1 or type 2 diabetes?

**Value Label**: 1 Type 1

2 Type 2

7 Don’t know / Not sure

9 Refused

**Variable:** TX04Q01

**Source:** Questionnaire

**Variable Label:** Was this child breastfed, bottle fed formula, or both?

**Value Label:** 1 Breastfed

2 Bottle fed formula

3 Both

7 Don't know / Not sure

9 Refused

**Variable:** TX05Q01

**Source:** Questionnaire

**Variable Label:** Have you ever been vaccinated against meningococcal disease – also known as meningococcal meningitis?(Survey B)

**Value Label:** 1 Yes

2 No

3 Doctor refused when asked

7 Don't know / Not sure

9 Refused

**Variable:** TX06Q01

**Source:** Questionnaire

**Variable Label:** Have you ever received the hepatitis B vaccination?(Survey B)

**Value Label:** 1 Yes

2 No

3 Doctor refused when asked

7 Don't know / Not sure

9 Refused

**Variable:** TX06Q02

**Source:** Questionnaire

**Variable Label:** How many hepatitis B shots did you receive?(Survey B)

**Value Label:** \_\_ Number of shots

03 All shots

77 Don't know / Not sure

99 Refused

**Variable:** TX07Q01

**Source:** Questionnaire

**Variable Label:** Over the past thirty days, on a typical day, how much time did you spend sitting and watching TV or videos or using a computer outside of work?(Survey B)

**Value Label:** 1 Less than 1 hour

2 1 hour

3 2 hours

4 3 hours

5 4 hours

6 5 or more hours

8 You do not watch TV or videos or use computer outside of work

7 Don't know / Not sure

9 Refused

**Variable:** TX08Q01

**Source:** Questionnaire

**Variable Label:** How many times per day do you drink a can, bottle or glass of sugar-sweetened beverage?(Survey B)

**Value Label:** 1 1 time per day or less

2 2 times per day

3 3 times per day

4 4 times per day

5 5 times per day or more

8 None

7 Don't know / Not sure

9 Refused

**Variable:** TX09Q01

**Source:** Questionnaire

**Variable Label:** Sometimes restaurants have calorie information available. Is this type of information available at the fast food restaurants and chain restaurants you usually go to?(Survey B)

**Value Label:** 1 Yes

2 No

6 Don not eat at fast food or chain restaurants

8 Never noticed or never looked for calorie information

7 Don't know / Not sure

9 Refused

**Variable:** TX09Q02

**Source:** Questionnaire

**Variable Label:** How often does this calorie information help you decide what to order?(Survey B)

**Value Label:** 1 Always

2 Most of the time

3 About half of the time

4 Sometimes

5 Never

8 Usually Cannot find Calorie Information

7 Don't know / Not sure

9 Refused

**Variable:** TX10Q01

**Source:** Questionnaire

**Variable Label:** In your neighborhood, do you have access to any sidewalks, shoulders of the road, trails or parks where you can safely walk, run or bike?(Survey B)

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable**: TX11Q01

**Source**: Questionnaire

**Variable Label**: What is your personal reaction when you see a woman breastfeeding in public? (Survey B)

**Value Label**: 01 I think it is very positive

02 I think it is normal and appropriate

03 It doesn’t bother me

04 It doesn’t bother me if she covers up herself or is discreet

05 I do not think it is appropriate

06 I think she should go to the nearest restroom

07 I wish there was a more appropriate and private place for women to breastfeed other than a restroom

08 I wish a manager or security guard would make the woman leave the location

77 Don’t know / Not sure

99 Refused

**Variable**: TX11Q02

**Source**: Questionnaire

**Variable Label**: A woman should be able to breastfeed her baby in public even if it makers another person uncomfortable? (Survey B)

**Value Label**: 1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don’t know / Not sure

9 Refused

**Variable**: TX11Q03

**Source**: Questionnaire

**Variable Label**: In general, people in your community think it is important for women to breastfeed? (Survey B)

**Value Label**: 1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don’t know / Not sure

9 Refused

**Variable**: TX11Q04

**Source**: Questionnaire

**Variable Label**: Some formulas are just as healthy for babies as breast milk. (Survey B)

**Value Label**: 1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don’t know / Not sure

9 Refused

**Variable**: TX11Q05

**Source**: Questionnaire

**Variable Label**: Hospitals should not advertise baby formula for formula manufacturers. (Survey B)

**Value Label**: 1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don’t know / Not sure

9 Refused

**Variable**: TX11Q06

**Source**: Questionnaire

**Variable Label**: Breastfeeding saves money in health care costs. (Survey B)

**Value Label**: 1 Agree strongly

2 Agree slightly

3 Neither agree nor disagree

4 Disagree slightly

5 Disagree strongly

7 Don’t know / Not sure

9 Refused

**Variable**: TX11Q07

**Source**: Questionnaire

**Variable Label**: When it comes to infant feeding, healthcare providers should promote: (Survey B)

**Value Label**: 1 Only breastfeeding

2 Only formula feeding

3 Both breast and formula feeding

4 Healthcare providers do not have a role in infant feeding decisions

7 Don’t know / Not sure

9 Refused

**Variable**: TX12Q01

**Source**: Questionnaire

**Variable Label**: Have you EVER been told by a doctor, nurse or other health professional that you have high blood pressure? (Survey A)

**Value Label**: 1 Yes

2 Yes, but female told only during pregnancy

3 No

4 Told borderline high or pre-hypertensive

7 Don’t know / Not sure

9 Refused

**Variable**: TX12Q02

**Source**: Questionnaire

**Variable Label**: Are you currently taking medicine for your high blood pressure? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q01

**Source**: Questionnaire

**Variable Label**: Are you changing your eating habits (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q02

**Source**: Questionnaire

**Variable Label**: Are you cutting down on salt (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q03

**Source**: Questionnaire

**Variable Label**: Are you reducing alcohol use (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q04

**Source**: Questionnaire

**Variable Label**: Are you exercising (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q05

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to change your eating habits (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q06

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to cut down on salt (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q07

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to reduce alcohol use (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q08

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to exercise (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q09

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to take medication (to help lower or control high blood pressure)? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX13Q10

**Source**: Questionnaire

**Variable Label**: Were you told on TWO OR MORE DIFFERENT VISITS by a doctor or other health professional that you had high blood pressure? (Survey A)

**Value Label**: 1 Yes

2 Yes, but female told only during pregnancy

3 No

4 Told borderline high or pre-hypertensive

7 Don’t know / Not sure

9 Refused

**Variable**: TX14Q01

**Source**: Questionnaire

**Variable Label**: Are you currently watching or reducing your salt intake? (Survey A)

**Value Label**: 1 Yes

2 No

3 Do not use salt

7 Don’t know / Not sure

9 Refused

**Variable**: TX14Q02

**Source**: Questionnaire

**Variable Label**: How many days, weeks, months or years have you been watching or reducing your salt intake? (Survey A)

**Value Label**: 1\_ \_ (Number of times per day)

2\_ \_ (Number of times per week)

3\_ \_ (Number of times per month)

4\_ \_ (Number of times per year)

555 All my life

777 Don’t know / Not sure

999 Refused

**Variable**: TX14Q03

**Source**: Questionnaire

**Variable Label**: Has a doctor or other health professional ever advised you to reduce salt intake? (Survey A)

**Value Label**: 1 Yes

2 No

3 Do not use salt

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q01

**Source**: Questionnaire

**Variable Label**: How confident are you that you can do all the things necessary to manage your chronic condition(s) on a regular basis? (Survey A)

**Value Label**: 1 Not at all confident

2 A little confident

3 Moderately confident

4 Very confident

8 Do not have condition anymore

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q02a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis? (Survey A)

**Value Label**: 1 Yes

2 No

8 Do not have condition anymore

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q02b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease? (Survey A)

**Value Label**: 1 Yes

2 No

8 Do not have condition anymore

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q02c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure? (Survey A)

**Value Label**: 1 Yes

2 No

8 Do not have condition anymore

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q02d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes? (Survey A)

**Value Label**: 1 Yes

2 No

8 Do not have condition anymore

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q03a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from a doctor, nurse or other health professional? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q03b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from a doctor, nurse or other health professional? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q03c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from a doctor, nurse or other health professional? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q03d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from a doctor, nurse or other health professional? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q04a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from family or friends? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q04b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from family or friends? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q04c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from family or friends? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q04d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from family or friends? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q05a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from a DVD, television show or radio program? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q05b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from a DVD, television show or radio program? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q05c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from a DVD, television show or radio program? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q05d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from a DVD, television show or radio program? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q06a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from a website or the internet? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q06b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from a website or the internet? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q06c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from a website or the internet? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q06d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from a website or the internet? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q07a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from a printed book, magazine, or publication other than from a doctor or health provider? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q07b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from a printed book, magazine, or publication other than from a doctor or health provider? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q07c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from a printed book, magazine, or publication other than from a doctor or health provider? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q07d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from a printed book, magazine, or publication other than from a doctor or health provider? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q08a

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your arthritis from a group class? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q08b

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your heart disease from a group class? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q08c

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your high blood pressure from a group class? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX15Q08d

**Source**: Questionnaire

**Variable Label**: During the past 12 months, have you gotten information about how to take care of your diabetes from a group class? (Survey A)

**Value Label**: 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable**: TX16Q01

**Source**: Questionnaire

**Variable Label**: If there were a total ban on smoking in restaurants, would you eat out more, less, or would it make no difference? (Survey A & B)

**Value Label**: 1 More often

2 Less often

3 No difference

7 Don’t know / Not sure

9 Refused

**Variable**: TX16Q02

**Source**: Questionnaire

**Variable Label**: If there were a total ban on smoking in in bars and music clubs, would you go out to bars and music clubs more, less, or would it make no difference? (Survey A & B)

**Value Label**: 1 More often

2 Less often

3 No difference

7 Don’t know / Not sure

9 Refused

**Variable**: TX16Q03

**Source**: Questionnaire

**Variable Label**: Do you currently use electronic cigarettes or E-cigarettes, such as Ruyan, “Smoking Everywhere” or NJOY, every day, some days or not at all? (Survey A & B)

**Value Label**: 1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

**Variable**: TX16Q04

**Source**: Questionnaire

**Variable Label**: Do you currently use cigars, pipes, bidis, kreteks or other tobacco products, every day, some days or not at all? Do not include cigarettes, snus, snuff, or chewing tobacco. (Survey A & B)

**Value Label**: 1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

**Variable**: TX16Q05

**Source**: Questionnaire

**Variable Label**: On the days that you smoke…. How many cigarettes on average do you smoke? (Survey A & B)

**Value Label**: \_\_\_ Number of cigarettes

777 Don’t know / Not sure

999 Refused

**Variable**: TX17Q01

**Source**: Questionnaire

**Variable Label**: During the past 12 months, how many times did ANYBODY IN YOUR HOUSEHOLD buy any medications in Mexico? (Survey A & B)

**Value Label**: \_\_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

**Note:** Asked only of residents of the 32 LaPaz Border Counties

**Variable**: TX17Q02

**Source**: Questionnaire

**Variable Label**: During the past 12 months, how many times did YOU buy any medications in Mexico? (Survey A & B)

**Value Label**: \_\_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

**Note:** Asked only of residents of the 32 LaPaz Border Counties

**Variable**: TX17Q03

**Source**: Questionnaire

**Variable Label**: During the past 12 months, how many times did you seek dental care in Mexico? (Survey A & B)

**Value Label**: \_\_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

**Note:** Asked only of residents of the 32 LaPaz Border Counties

**Variable**: TX17Q04

**Source**: Questionnaire

**Variable Label**: During the past 12 months, how many times did you seek medical care in Mexico? (Survey A & B)

**Value Label**: \_\_ Number of times

88 None

77 Don’t know / Not sure

99 Refused

**Note:** Asked only of residents of the 32 LaPaz Border Counties

**Variable**: Hispanic

**Source**: Contractor

**Variable Label**: Hispanic Flag

**Value Label:** 1 Flagged as Hispanic

**Variable**: Letter

**Source**: Contractor

**Variable Label**: Sent Letter

**Value Label**: 1 Yes

2 No

**Variable:** Time

**Source:** Contractor

**Variable Label:** Complete Time In Minutes

**Variable**: QSTVER

**Source**: Contractor

**Variable Label**: Questionnaire Version

**Value Label:** 11 Survey A

12 Survey B

**Variable**: qstlang

**Source**: Contractor

**Variable Label**: Questionnaire Language

**Value Label:** 1 English

2 Spanish

**Variable:** wtregion

**Source:** Contractor

**Variable Label:** Regions calculated for weighting

**Value Label:** 1 Houston-Sugar Land-Baytown MSA

2 Dallas-Plano-Irving PMSA

3 Fort Worth-Arlington PMSA

4 Travis County

5 San Antonio-NewBraunfels MSA

6 McAllen-Edinburg-Mission MSA

7 El Paso MSA

8 30 remaining LaPaz Border Counties

9 Remaining Metropolitan Counties

10 Remaining Counties

**Variable:** LLCPWT

**Source:** Calculated

**Variable Label:** FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA

**Variable:** LCPWTV1

**Source:** Calculated

**Variable Label:** FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA SURVEY A

**Variable:** LCPWTV2

**Source:** Calculated

**Variable Label:** FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATASURVEY B

**Variable:** CLLCPWT

**Source:** Calculated

**Variable Label:** FINAL CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Below are the variables that were added to the file in March 2015.**

**Variable:** insur1864

**Source:** Calculated

**Variable Label:** Insurance Coverage - Age 18-64

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

1. Refused

**Variable:** check1yr

**Source:** Calculated

**Variable Label:** Had routine checkup in the past 12 months

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** highbp(In 2012, this question/calculated variable was asked as a state added question and it was administered only on path A of the 2012 questionnaire)

**Source:** Calculated

**Variable Label:** Doctor diagnosed High Blood Pressure

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** Anycncer

**Source:** Calculated

**Variable Label:** Has any type of cancer

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Last Visited Dentist or Dental Clinic In The Past Year

**Variable:** DENVISIT

**Source:** Calculated

**Variable Label:** Visited a dentist within the past year.

**Value Label:** 1 Yes

2 No

**Variable:** AGE65YR

**Source:** Calculated

**Variable Label:** Age Group

**Value Label:** 1 18 to 64

1. 65+

**Variable:** racegr5

**Source:** Calculated

**Variable Label:** Race/Ethnicity– 5 groups

**Value Label:** 1 White only, non-Hispanic

1. Black only, non-Hispanic
2. Hispanic
3. Other only, non-Hispanic
4. Multiracial

**Variable:** raceeth2

**Source:** Calculated

**Variable Label:** Race/Ethnicity – new race variable

**Value Label:** 1 White only, non-Hispanic

1. Black only, non-Hispanic
2. Hispanic
3. Other only/Multiracial

**Variable:** bmicat3

**Source:** Calculated

**Variable Label:** BMI Categories

**Value Label:** 1 Underweight

1. Neither overweight or obese
2. Overweight
3. Obese

**Variable:** DISABIL

**Source**: Calculated

**Variable Label**: Disability Status – has disability

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** STBELT

**Source**: Calculated

**Variable Label**: Always wear seatbelt

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** flu1864

**Source:** Calculated

**Variable Label:** Flu Shot Age 18 to 64

**Value Label:** 1 Yes

2 No

**Variable:** drnkany3

**Source:** calculated

**Variable Label:** Alcoholic Beverages consumed in the past 30 days?

**Value Label:** 1 Yes

2 No

Had Fall Past Twelve Months

**Variable:** FALLS

**Source**: Calculated

**Variable Label**: Respondent fell in the past 12 months

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Note**: Only asked of individuals aged 45 years and older

Drink and drove in the past 30 days

**Variable:** Drink\_drive

**Source**: Calculated

**Variable Label**: During the past 30 days, respondent drove when they had perhaps too much to drink

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Note**: Not asked if individual ALCDAY5, is coded 888 or SEATBELT, is coded 8

**Variable:** rf2mam2y

**Source:** Calculated

**Variable Label:** Females 50 years and Older Who Had a Mammogram within the Past 2 Years

**Value Label:** 1 Not at risk

2 At risk

Had Breast Physical Exam in the Past Year

**Variable:** CBE1Y

**Source:** Calculated

**Variable Label:** Had Breast Physical Exam In the Past Year

**Value Label:** 1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Variable:** rfpap\_ever

**Source:** Calculated

**Variable Label:** Women Age 18+ with Intact Cervix Who Have Ever Had a Pap Test

**Value Label:** 1 Not at Risk

2 At Risk

Doctor EVER talked with you about the advantages of the PSA test.

**Variable:** psa\_adv

**Source**: Calculated

**Variable Label:** Doctor EVER talked with you about the advantages of the PSA test.

**Value Label:** 1 Yes

2 No

**Variable**: rfpsa1y

**Source**: Calculated

**Variable Label:** Males 40 years and Older Who Have Not Had a PSA Test Within the Past Year

**Value Label:** 1 Not at Risk

2 At Risk

**Variable**: fobt1yr

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Had a Blood Stool Test In the Past Year

**Value Label**: 1 Not at risk

2 At risk

**Variable**: sig5yr

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Had a Sigmoidoscopy in the Past 5 Years

**Value Label:** 1 Not at risk

2 At risk

**Variable**: col10yr

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Had Had a Colonoscopy in the past 10 years

**Value Label:** 1 Not at risk

2 At risk

**Variable**: crc\_screen

**Source**: Calculated

**Variable Label:** Males and Females 50 years and Older Who Have Had Appropriate CRC Screening

**Value Label:** 1 Not at risk

2 At risk

**Variable:** HPV3SHT

**Source:** Calculated

**Variable Label:** Had all 3 HPV vaccination shots

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

**Variable**: race\_chi

**Source**: Calculated

**Variable Label**: Race/Ethnicity of Child

**Value Label:** 1 White only, non-Hispanic

2 Black only, non-Hispanic

3 American Indian only, non-Hispanic

4 Asian only, non-Hispanic

5 Pacific Islander only, non-Hispanic

6 Other only, non-Hispanic

7 Multiracial

8 Hispanic

9 Don’t know / Not sure/Refused

**Variable:** hepB3sht

**Source:** Calculated

**Variable Label:** Had all 3 hepatitis B vaccinations?

**Value Label:** 1 Yes

2 No

7 Don't know / Not sure

9 Refused

How many cigarettes on average do you smoke

**Variable**: cigsday

**Source**: Calculated

**Variable Label**: Number of cigarettes per day

**Value Label**: 1 1-9 cigarettes

2 10-19 cigarettes

3 20-29 cigarettes

4 30+ cigarettes

**Variable**: raceethc2

**Source**: Calculated

**Variable Label**: Race/Ethnicity of Child

**Value Label**:

1 White only, non-Hispanic

2 Black only, non-Hispanic

3 Hispanic

4 Other only/Multiracial

ANYBODY IN YOUR HOUSEHOLD bought medications in Mexico

**Variable**: mdcmexo

**Source**: Calculated

**Variable Label**: ANYBODY IN YOUR HOUSEHOLD bought any medications in Mexico.

**Value Label**: 1 Yes

2 No

Respondent bought medications in Mexico

**Variable**: mdcmexu

**Source**: Calculated

**Variable Label**: Respondent bought any medications in Mexico.

**Value Label**: 1 Yes

2 No

Respondent sought dental care in Mexico

**Variable**: denmexu

**Source**: Calculated

**Variable Label**: Respondent sought dental care in Mexico.

**Value Label**: 1 Yes

2 No

Respondent sought dental care in Mexico

**Variable**: denmexu

**Source**: Calculated

**Variable Label**: Respondent sought dental care in Mexico.

**Value Label**: 1 Yes

2 No