



National Center for Health Statistics



National Health and Nutrition Examination Survey

August 2021-August 2023 Questionnaire Variable List

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Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
AUQ054	These next questions are about {your/SP's} hearing. Which statement best describes {your/SP's} hearing (without a hearing aid, personal sound amplifier, or other listening devices)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ101	How often {do you/does SP} have difficulty hearing and understanding if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ144	A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses. When was the last time {you /SP} had {your/his/her} hearing tested by a hearing specialist?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410A	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410B	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None

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AUQ410C	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410D	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410E	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410F	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410G	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410H	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410I	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
AUQ410J	What are the main causes of {your/SP's} hearing loss?	AUQ_L	Audiometry	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	AUQ_L	Audiometry	2021	2023	Questionnaire	None
DID040	How old {was SP/were you} when a doctor or other health professional first told {you/him/her} that {you/he/she} had diabetes or sugar diabetes?	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DID060	For how long {have you/has SP} been taking insulin?	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DIQ010	The next questions are about specific medical conditions. {Other than during pregnancy, {have you/has SP}/{Have you/Has SP}} ever been told by a doctor or health professional that {you have/{he/she/SP} has} diabetes or sugar diabetes?	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DIQ050	{Is SP/Are you} now taking insulin	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DIQ060U	UNIT OF MEASURE	DIQ_L	Diabetes	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DIQ070	{Is SP/Are you} now taking diabetic pills to lower {{his/her}/your} blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DIQ160	{Have you/Has SP} ever been told by a doctor or other health professional that {you have/SP has} any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes or that {your/her/his} blood sugar is higher than normal but not high enough to be called diabetes or sugar diabetes?	DIQ_L	Diabetes	2021	2023	Questionnaire	None
DIQ180	{Have you/Has SP} had a blood test for high blood sugar or diabetes within the past three years?	DIQ_L	Diabetes	2021	2023	Questionnaire	None
SEQN	Respondent sequence number	DIQ_L	Diabetes	2021	2023	Questionnaire	None
RXQ033	In the past 30 days, {have you/has SP} used or taken medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. {Please remember to include any prescription birth control products that you are taking or using such as pills or patches.} Do not include prescription vitamins or minerals.	RXQ_RX_L	Prescription Medications	2021	2023	Questionnaire	None
RXQ050	How many prescription medications {have you/has SP} taken in the past 30 days? Would you say {you have/SP has} taken...	RXQ_RX_L	Prescription Medications	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	RXQ_RX_L	Prescription Medications	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
RXQ510	Doctors and other health care providers sometimes recommend that {you take/SP takes) a low-dose aspirin each day to prevent heart attacks, strokes, or cancer. {Have you/Has SP} ever been told to do this?	RXQASA_L	Preventive Aspirin Use	2021	2023	Questionnaire	None
RXQ515	{Are you/Is SP} now following this advice?	RXQASA_L	Preventive Aspirin Use	2021	2023	Questionnaire	None
RXQ520	On {your/SP's} own, {are you/is SP} now taking a low-dose aspirin each day to prevent heart attacks, strokes, or cancer?	RXQASA_L	Preventive Aspirin Use	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	RXQASA_L	Preventive Aspirin Use	2021	2023	Questionnaire	None
DUQ230	During the past 30 days, on how many days did you use marijuana or cannabis?	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only
DUQ250	The following questions are about cocaine, including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste. Have you ever, even once, used cocaine, in any form?	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only
DUQ290	The following questions are about heroin. Have you ever, even once, used heroin?	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only
DUQ330	The following questions are about methamphetamine, also known as crank, crystal, ice or speed. Have you ever, even once, used methamphetamine?	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only
DUQ370	The following questions are about the different ways that certain drugs can be used. Have you ever, even once, used a needle to inject a drug not prescribed by a doctor?	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	DUQ_L_R	Drug Use	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
HIQ011	{Are you/Is SP} covered by health insurance or some other kind of health care plan? [Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.]	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032A	{Are you/Is SP} covered by private insurance?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032B	{Are you/Is SP} covered by Medicare?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032C	{Are you/Is SP} covered by Medi-Gap?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032D	{Are you/Is SP} covered by Medicaid?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032E	{Are you/Is SP} covered by CHIP (Children's Health Insurance Program)?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032F	{Are you/Is SP} covered by military health plan (Tricare/VA/Champ-VA)?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032H	{Are you/Is SP} covered by state-sponsored health plan?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ032I	{Are you/Is SP} covered by other government insurance?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HIQ210	In the past 12 months, was there any time when {you/SP} did not have any health insurance coverage?	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	HIQ_L	Health Insurance	2021	2023	Questionnaire	None
HOD051	I would like to ask you about {your/FAMILY SP's} home. How many rooms are in {your/FAMILY SP's} home? Count the kitchen and do not count any bathrooms, or an unfinished basement, or a laundry room.	HOQ_L	Housing Characteristics	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	HOQ_L	Housing Characteristics	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
HUQ010	{First/Next} I have some general questions about {your/SP's} health. Would you say {your/SP's} health in general is . . .	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None
HUQ030	Is there a place that {you/SP} usually {go/goes} when {you are/he/she is} sick or {you/s/he} need{s} advice about {your/his/her} health?	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None
HUQ042	{What kind of place is it/ What kind of place {do you/does SP} go to most often} - a doctor's office or health center; an urgent care center or clinic in a drug store or grocery store; an emergency room; a VA Medical Center or VA outpatient clinic; or some other place? READ IF NECESSARY: A doctor's office or health center is a place where you see the same doctor or same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file. READ IF NECESSARY: Urgent care centers, and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider.	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None
HUQ055	In past 12 months, {have you/has SP} had an appointment with a doctor, nurse, or other health professional by video conference or by phone?	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None
HUQ090	During the past 12 months, did {you/SP} receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SEQN	Respondent sequence number.	HUQ_L	Hospital Utilization & Access to Care	2021	2023	Questionnaire	None
OHQ620	How often during the last year (have you/ has SP) had painful aching anywhere in (your/his/her/SP's) mouth? Would you say....	OHQ_L	Oral Health	2021	2023	Questionnaire	None
OHQ630	How often during the last year (have you/ has SP) felt that life in general was less satisfying because of problems with (your/his/her/SP's) teeth, mouth or dentures? Would you say . . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None
OHQ640	How often during the last year {have you/has SP} had difficulty doing {your/his/her/SP's} usual jobs or attending school because of problems with {your/his/her/SP's} teeth, mouth or dentures? Would you say. . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None
OHQ660	How often during the last year (have you/has SP) avoided particular foods because of problems with (your/his/her/SP's) teeth, mouth or dentures? Would you say . . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None
OHQ670	How often during last year {have you/has SP} found it uncomfortable to eat food because of problems with {your/his/her/SP's} teeth, mouth, or dentures? Would you say . . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None
OHQ680	How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her/SP's} teeth, mouth or dentures? Would you say . . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None

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OHQ845	The next questions are about {your/SP's} teeth and gums. Overall, how would {you/SP} rate the health of {your/his/her/SP's} teeth and gums? Would you say . . .	OHQ_L	Oral Health	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	OHQ_L	Oral Health	2021	2023	Questionnaire	None
PAD680	The following question is about sitting at school, at home, getting to and from places, or with friends including time spent sitting at a desk, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping. How much time {do you/does SP} usually spend sitting on a typical day?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAD790Q	The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your leisure time. We are interested in two types of physical activity: moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate. How often {do you/does SP} do moderate-intensity leisure-time physical activities?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None

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PAD790U	The next questions are about physical activities such as exercise, sports, or physically active hobbies that you may do in your leisure time. We are interested in two types of physical activity: moderate and vigorous-intensity. Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate. How often {do you/does SP} do moderate-intensity leisure-time physical activities?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAD800	About how long {do you/does SP} do these moderate leisure-time physical activities each time?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAD810Q	How often {do you/does SP} do vigorous-intensity leisure-time physical activities?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAD810U	How often {do you/does SP} do vigorous-intensity leisure-time physical activities?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAD820	About how long {do you/does SP} do these vigorous leisure-time physical activities each time?	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	PAQ_L	Physical Activity	2021	2023	Questionnaire	None
PAQ706	I'd like to ask you some questions about {your/SP's} activities. During the past 7 days, on how many days {were you/was SP} physically active for a total of at least 60 minutes per day? Add up all the time {you/he/she} spent in any kind of physical activity that increased {your/his/her} heart rate and made {you/him/her} breathe hard some of the time.	PAQY_L	Physical Activity - Youth	2021	2023	Questionnaire	None

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PAQ711	On a typical day during the school year, about how many hours {do you/does SP} usually spend playing with a smartphone or computer, watching TV or movies, or playing video games?	PAQY_L	Physical Activity - Youth	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	PAQY_L	Physical Activity - Youth	2021	2023	Questionnaire	None
BPQ020	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had hypertension, also called high blood pressure?	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
BPQ030	{Were you/Was SP} told on 2 or more different visits that {you/s/he} had hypertension, also called high blood pressure?	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
BPQ080	{Have you/Has SP} ever been told by a doctor or other health professional that {your/his/her} blood cholesterol level was high?	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
BPQ101D	{Are you/Is SP} now taking any medication prescribed by a doctor lower {your/his/her/SP's} blood cholesterol?	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
BPQ150	{Are you/Is SP} now taking any medication prescribed by a doctor for {your/his/her/SP's} high blood pressure?	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
SEQN	Respondent sequence number	BPQ_L	Blood Pressure & Cholesterol	2021	2023	Questionnaire	None
HEQ010	Has a doctor or other health professional ever told {you/SP} that {you have/s/he/SP has} Hepatitis B? (Hepatitis is a form of liver disease. Hepatitis B is an infection of the liver from the Hepatitis B virus (HBV).)	HEQ_L	Hepatitis	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SEQN	Respondent sequence number.	HEQ_L	Hepatitis	2021	2023	Questionnaire	None
AGQ030	During the past 12 months, {have you/has SP} had an episode of hay fever?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ010	The following questions are about different medical conditions. Has a doctor or other health professional ever told {you/SP} that {you have/s/he/SP has} asthma (az-ma)?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ035	{Do you/Does SP} still have asthma (az-ma)?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ040	During the past 12 months, {have you/has SP} had an episode of asthma (az-ma) or an asthma attack?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ050	[During the past 12 months], {have you/has SP} had to visit an emergency room or urgent care center because of asthma (az-ma)?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ053	During the past 3 months, {have you/has SP} been on treatment for anemia (a-nee-me-a), sometimes called "tired blood" or "low blood"? [Include diet, iron pills, iron shots, transfusions as treatment.]	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ149	Have {SP's} periods or menstrual (men-stral) cycles started yet?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160a	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had arthritis (ar-thry-tis)?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160b	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had congestive heart failure?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160c	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had coronary (kor-o-nare-ee) heart disease?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None

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MCQ160d	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had angina (an-gi-na), also called angina pectoris?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160e	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had a heart attack (also called myocardial infarction (my-o-car-dee-al in-fark-shun))?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160f	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had a stroke?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160l	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had any kind of liver condition?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160m	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had another thyroid (thigh-roid) problem?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ160p	{Have you/Has SP} ever been told by a doctor or other health professional that {you/he/she} . . . had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ170l	{Do you/Does SP} still . . . have any kind of liver condition?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ170m	{Do you/Does SP} still . . . have another thyroid problem?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ195	Which type of arthritis was it?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ220	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had cancer or a malignancy (ma-lig-nan-see) of any kind?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None

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MCQ230a	1st cancer - what kind was it?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ230b	2nd cancer - what kind was it?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ230c	3rd cancer - what kind was it?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ230d	More than 3 kinds of cancer.	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ500	Has a doctor or other health professional ever told {you/SP} that {you/s/he} ever had any kind of liver condition?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510a	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510b	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510c	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510d	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510e	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ510f	Which type of liver condition was it . . .	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ550	Has a doctor or other health professional ever told {you/SP} that {you/s/he} had gallstones?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
MCQ560	Have {you/s/he} ever had gallbladder surgery?	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
OSQ230	The following question is about metal objects you may have inside your body. Do you have any artificial joints, pins, plates, metal suture material, or other types of metal objects in your body? Some common examples are on the hand card.	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	MCQ_L	Medical Conditions	2021	2023	Questionnaire	None

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IMQ011	Hepatitis (Hep-a-ti-tis) A vaccine is given as a two dose series to some children older than 2 years and also to some adults, especially people who travel outside the United States. It has only been available since 1995. {Have you/Has SP} ever received hepatitis A vaccine?	IMQ_L	Immunization	2021	2023	Questionnaire	None
IMQ060	Human Papillomavirus (HPV) vaccine is given to prevent HPV infection, {cervical cancer,} and other conditions caused by HPV {in girls and women}. It is given in 2 or 3 separate doses. {Have you/Has SP} ever received one or more doses of the HPV vaccine? (The brand names for the HPV vaccines are Cervarix, Gardasil or Gardasil 9.)	IMQ_L	Immunization	2021	2023	Questionnaire	None
IMQ070	Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and conditions caused by HPV in boys and men. It is given in 2 or 3 separate doses. {Have you/Has SP} ever received one or more doses of the HPV vaccine? (The brand names for the vaccines are Gardasil or Gardasil 9.)	IMQ_L	Immunization	2021	2023	Questionnaire	None
IMQ090	How old {were you/was SP} when {you/SP} received {your/his/her/SP's} first dose of HPV vaccine?	IMQ_L	Immunization	2021	2023	Questionnaire	None
IMQ100	How many doses of the vaccine {have you/has SP} received?	IMQ_L	Immunization	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	IMQ_L	Immunization	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
BAQ321A	The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with... vertigo - a sensation of spinning, tilting, swaying or rocking of {yourself/himself/herself/SP's} or {your/his/her/SP's} surroundings?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ321B	The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with... blurring of {your/his/her/SP's} vision when {you move your/he moves his/she moves her/SP moves SP's} head?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ321C	The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with... unsteadiness - a feeling of being off-balance or not stable when standing or sitting upright?	BAQ_L	Balance	2021	2023	Questionnaire	None

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BAQ321D	The next questions are about symptoms of dizziness, light-headedness, or balance problems. Do not include times when drinking alcohol, using recreational drugs, or taking medications that cause dizziness. In the past 12 months, {have you/has SP} had problems with... light-headedness - without a sense of motion, OR fainting - a feeling {you are/he is/she is/SP is} going to pass out or faint	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ341	This next section focuses on {your/SP's} most bothersome symptom in the past 12 months. During the past 12 months, which one of these problems bothered {you/SP} the most?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ391A	During the past 12 months, were {your/SP's} episodes for {your/his/her/SP's} {RESPONSE FOR BAQ.341} accompanied by the following?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ391B	During the past 12 months, were {your/SP's} episodes for {your/his/her/SP's} {RESPONSE FOR BAQ.341} accompanied by the following?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ401	During the past 12 months, {did your/SP's} dizziness or balance problem(s) prevent {you/SP} from doing things {you/he/she/SP} otherwise would do, such as, work, school, or other scheduled activities?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ421	During the past 12 months, how much of a problem was {your/his/her/SP's} problem with balance, blurred vision, or light-headedness and fainting? Was it...	BAQ_L	Balance	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
BAQ431	Think of any time {you have/SP has} had symptoms of dizziness, imbalance, etc. {Have you/Has SP} ever seen a doctor or other health professional, including emergency room physicians, about {your/his/her/SP's} problem(s) with balance, blurred vision, or light-headedness and fainting?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ491	{Have you/Has SP} ever tried anything to treat {your/his/her/SP's} problem(s) with balance, blurred vision, or light-headedness and fainting?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ530	The next questions are about frequency of falling and associated injuries. By "falling", we mean unexpectedly or unintentionally dropping to a lower surface - the floor or ground - for example, from a standing, seated, walking, or bending position. During the past 5 years, how many times {have you/has SP} fallen?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ550	During the past 12 months, how many times {have you/has SP} fallen?	BAQ_L	Balance	2021	2023	Questionnaire	None
BAQ560	During the past 12 months, did {you/SP} have an injury that resulted from falling?	BAQ_L	Balance	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	BAQ_L	Balance	2021	2023	Questionnaire	None
HSQ590	Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever had {your/his/her} blood tested for the AIDS virus infection?	HSQ_L	Current Health Status	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	HSQ_L	Current Health Status	2021	2023	Questionnaire	None
IND310	Total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}.	INQ_L	Income	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
INDFMMPC	Family monthly poverty level index categories.	INQ_L	Income	2021	2023	Questionnaire	None
INDFMMPI	Family monthly poverty level index, a ratio of monthly family income to the HHS poverty guidelines specific to family size.	INQ_L	Income	2021	2023	Questionnaire	None
INQ300	Do {you/NAMES OF OTHER FAMILY/you and NAMES OF FAMILY MEMBERS} have more than \$5,000 in savings at this time? Please include money in your checking accounts.	INQ_L	Income	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	INQ_L	Income	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	WHQ_L	Weight History	2021	2023	Questionnaire	None
WHD010	These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life. How tall {are you/is SP} without shoes?	WHQ_L	Weight History	2021	2023	Questionnaire	None
WHD020	How much {do you/does SP} weigh without clothes or shoes?	WHQ_L	Weight History	2021	2023	Questionnaire	None
WHD050	How much did {you/SP} weigh a year ago?	WHQ_L	Weight History	2021	2023	Questionnaire	None
WHQ070	During the past 12 months, {have you/has SP} tried to lose weight?	WHQ_L	Weight History	2021	2023	Questionnaire	None
DBD030	How old was {SP} when {he/she} completely stopped breastfeeding or being fed breastmilk?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBD041	How old was {SP} when {he/she} was first fed formula?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBD050	How old was {SP} when {he/she} completely stopped drinking formula?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DBD055	This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow's milk, sugar water, baby food, or anything else that {SP} might have been given, even water. How old was {SP} when {he/she} was first fed anything other than breast milk or formula? (Days)	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBD061	How old was {SP} when {he/she} was first fed milk?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBD381	During the school year, about how many times a week {do you/does SP} usually get a complete school lunch?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBD411	During the school year, about how many times a week {do you/does SP} usually get a complete breakfast at school?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ010	Now I'm going to ask you some general questions about {SP's} eating habits. Was {SP} ever breastfed or fed breastmilk?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073A	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073B	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073C	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073D	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073E	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ073U	What type of milk was {SP} first fed? Was it . . .	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DBQ301	The next questions are about meals provided by community or government programs. In the past 12 months, did {you/SP} receive any meals delivered to {your/his/her} home from community programs, "Meals on Wheels", or any other programs?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ330	In the past 12 months, did {you/SP} go to a community program or senior center to eat prepared meals?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ360	During the school year, {do you/does SP} attend a kindergarten, grade school, junior or high school?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ370	Does {your/SP's} school serve school lunches? These are complete lunches that cost the same every day.	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ390	{Do you/Does SP} get these lunches free, at a reduced price, or {do you/does he/she} pay full price?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ400	Does {your/SP's} school serve a complete breakfast that costs the same every day?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ421	{Do you/Does SP} get these breakfasts free, at a reduced price, or {do you/does he/she} pay full price?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ424	(Do you/Does SP) get a free or reduced price meal at any summer program (he/she) attends?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ930	{Are you/Is SP} the person who does most of the planning or preparing of meals in {your/SP's} family?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ935	{Do you/Does SP} share in the planning or preparing of meals with someone else?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DBQ940	{Are you/Is SP} the person who does most of the shopping for food in {your/SP's} family?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DBQ945	{Do you/Does SP} share in the shopping for food with someone else?	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	DBQ_L	Diet Behavior & Nutrition	2021	2023	Questionnaire	None
DEQ034A	When {you go/SP goes} outside on a very sunny day, for more than one hour, how often {do you/does SP} Stay in the shade?	DEQ_L	Dermatology	2021	2023	Questionnaire	None
DEQ034C	Wear a long sleeved shirt? Would you say . . .	DEQ_L	Dermatology	2021	2023	Questionnaire	None
DEQ034D	Use sunscreen? Would you say . . .	DEQ_L	Dermatology	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	DEQ_L	Dermatology	2021	2023	Questionnaire	None
ECD070A	How much did {SP NAME} weigh at birth?	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
ECD070B	How much did {SP NAME} weigh at birth?	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
ECQ080	Did {SP NAME} weigh . . .	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
ECQ090	Did {SP NAME} weigh . . .	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
MCQ080E	Has a doctor or health professional ever told you that {SP} was overweight?	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
WHQ030E	How do you consider {SP} weight?	ECQ_L	Early Childhood	2021	2023	Questionnaire	None
KIQ005	The next few questions ask about urine leakage. Many people have leakage of urine. How often do you have urinary leakage?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
KIQ010	How much urine do you lose each time?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ022	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he/SP} had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ025	In the past 12 months, {have you/has SP} received dialysis (either hemodialysis or peritoneal dialysis)?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ042	During the past 12 months, have you leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ044	During the past 12 months, have you leaked or lost control of even a small amount of urine with an urge or pressure to urinate and you couldn't get to the toilet fast enough?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ052	During the past 12 months, how much did your leakage of urine affect your day-to-day activities?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
KIQ481	In the past 30 days, during a typical night, how many times did you wake up and urinate?	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	KIQ_U_L	Kidney Conditions - Urology	2021	2023	Questionnaire	None
ALQ111	In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
ALQ121	During the past 12 months, about how often did you drink any type of alcoholic beverage? PROBE: In other words, how many days per week, per month, or per year did you drink?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ130	During the past 12 months, on those days that you drank alcoholic beverages, on average, how many drinks did you have? (By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.)	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ142	During the past 12 months, about how often did you have {DISPLAY NUMBER} or more drinks of any alcoholic beverage? PROBE: In other words, how many days per week, per month, or per year did you have {DISPLAY NUMBER} or more drinks in a single day?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ151	Was there ever a time or times in your life when you drank {DISPLAY NUMBER} or more drinks of any kind of alcoholic beverage almost every day?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ170	Considering all types of alcoholic beverages, during the past 30 days, how many times did you have {DISPLAY NUMBER} or more drinks on an occasion?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ270	During the past 12 months, about how often did you have {DISPLAY NUMBER} or more drinks in a period of two hours or less?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
ALQ280	During the past 12 months, about how often did you have 8 or more drinks in a single day?	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	ALQ_L	Alcohol Use	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
ALD020	During your life, on how many days have you had at least one drink of alcohol?	ALQY_L_R	Alcohol Use - Youth	2021	2023	Questionnaire	RDC Only
ALD030	During the past 30 days, on how many days did you have at least one drink of alcohol?	ALQY_L_R	Alcohol Use - Youth	2021	2023	Questionnaire	RDC Only
ALD040	During the past 30 days, on how many days did you have {DISPLAY NUMBER} or more drinks of alcohol in a row, that is, within a couple of hours?	ALQY_L_R	Alcohol Use - Youth	2021	2023	Questionnaire	RDC Only
ALQ010	How old were you when you had your first drink of alcohol, other than a few sips?	ALQY_L_R	Alcohol Use - Youth	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	ALQY_L_R	Alcohol Use - Youth	2021	2023	Questionnaire	RDC Only
DPQ010	Over the last 2 weeks, how often have you been bothered by the following problems: little interest or pleasure in doing things? Would you say...	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ020	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling down, depressed, or hopeless?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ030	[Over the last 2 weeks, how often have you been bothered by the following problems:] trouble falling or staying asleep, or sleeping too much?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ040	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling tired or having little energy?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ050	[Over the last 2 weeks, how often have you been bothered by the following problems:] poor appetite or overeating?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DPQ060	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling bad about yourself - or that you are a failure or have let yourself or your family down?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ070	[Over the last 2 weeks, how often have you been bothered by the following problems:] trouble concentrating on things, such as reading the newspaper or watching TV?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ080	[Over the last 2 weeks, how often have you been bothered by the following problems:] moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ090	[Over the last 2 weeks, how often have you been bothered by the following problems:] Thoughts that you would be better off dead or of hurting yourself in some way?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ100	How difficult have these problems made it for you to do your work, take care of things at home, or get along with people?	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	DPQ_L	Mental Health - Depression Screener	2021	2023	Questionnaire	None
DPQ010	Over the last 2 weeks, how often have you been bothered by the following problems: little interest or pleasure in doing things? Would you say...	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ020	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling down, depressed, or hopeless?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DPQ030	[Over the last 2 weeks, how often have you been bothered by the following problems:] trouble falling or staying asleep, or sleeping too much?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ040	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling tired or having little energy?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ050	[Over the last 2 weeks, how often have you been bothered by the following problems:] poor appetite or overeating?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ060	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling bad about yourself - or that you are a failure or have let yourself or your family down?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ070	[Over the last 2 weeks, how often have you been bothered by the following problems:] trouble concentrating on things, such as reading the newspaper or watching TV?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ080	[Over the last 2 weeks, how often have you been bothered by the following problems:] moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
DPQ090	[Over the last 2 weeks, how often have you been bothered by the following problems:] Thoughts that you would be better off dead or of hurting yourself in some way?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
DPQ100	How difficult have these problems made it for you to do your work, take care of things at home, or get along with people?	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	DPQY_L_R	Mental Health - Depression Screener - Youth	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMAQUEX2	Questionnaire Mode Flag	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMD100MN	Do you usually smoke menthol or non-menthol cigarettes?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMD630	How old were you when you smoked a whole cigarette for the first time?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMD641	On how many of the past 30 days did {you/SP} smoke a cigarette?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMD650	During the past 30 days, on the days that {you/SP} smoked, about how many cigarettes did {you/s/he} smoke per day?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMQ020	These next questions are about cigarette smoking and other tobacco use. {Have you/Has SP} smoked at least 100 cigarettes in {your/his/her} entire life?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMQ040	{Do you/Does SP} now smoke cigarettes?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SMQ621	The following questions are about cigarette smoking and other tobacco use. Do not include cigars or marijuana. About how many cigarettes have you smoked in your entire life?	SMQ_L	Smoking - Cigarette Use	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	SMQFAM_L	Smoking - Household Smokers	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SMD460	Now I would like to ask you a few questions about smoking in this home. How many people who live here smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product?	SMQFAM_L	Smoking - Household Smokers	2021	2023	Questionnaire	None
SMD470	Not counting decks, porches, or detached garages, how many people who live here smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product inside this home?	SMQFAM_L	Smoking - Household Smokers	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMDANY	Used any tobacco product last 5 days?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ681	During the past 5 days, including today, did you smoke cigarettes, pipes, regular cigars, cigarillos, or little filtered cigars, water pipes, or hookahs with tobacco?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690A	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690B	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690C	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690D	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690E	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690F	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SMQ690G	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ690K	Which of these products did {you/he/she} use?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ710	During the past 5 days, including today, on how many days did {you/he/she} smoke cigarettes?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ720	During the past 5 days, including today, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ725	When did {you/he/she} smoke {your/his/her} last cigarette? Was it...	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ740	During the past 5 days, including today, on how many days did {you/he/she} smoke a pipe?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ770	During the past 5 days, including today, on how many days did you smoke regular cigars, cigarillos, or little filtered cigars?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ845	During the past 5 days, including today, on how many days did {you/he/she} smoke tobacco in a water pipe or Hookah?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ846	During the past 5 days, including today, did you use e-cigarettes? You may also know them as JUUL(TM), vape-pens, vapes, hookah-pens, e-hookahs, or vaporizers. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ849	During the past 5 days, including today, on how many days did {you/he/she} use e-cigarettes?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SMQ851	Smokeless tobacco products are placed in the mouth or nose and can include chewing tobacco, snuff, dip, snus, or dissolvable tobacco. During the past 5 days, including today, did {you/he/she} use any smokeless tobacco?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
SMQ863	During the past 5 days, including today, did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?	SMQRTU_L	Smoking - Recent Tobacco Use	2021	2023	Questionnaire	None
RHD043	What is the reason that {you have/SP has} not had a period in the past 12 months?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHD143	{Are you/Is SP} pregnant now?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHD167	How many deliveries {have you/has SP} had? (Please count all vaginal and Cesarean deliveries and count stillbirths as well as live births.)	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHD280	{Have you/Has SP} had a hysterectomy that is, surgery to remove {your/her} uterus or womb?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ010	The next series of questions are about {your/SP's} reproductive history. I will begin by asking about {your/SP's} periods or menstrual cycles. How old {were you/was SP} when {you/SP} had {your/her} first menstrual period?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ031	{Have you/Has SP} had at least one menstrual period in the past 12 months? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
RHQ060	About how old {were you/was SP} when {you/SP} had {your/her} last menstrual period?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ078	{Have you/Has SP} ever been treated for an infection in {your/her} fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ131	The next questions are about {your/SP's} pregnancy history. {Have you/Has SP ever been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ200	{Are you/Is SP} now breast feeding a child?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ305	{Have you/Has SP} had both of {your/her} ovaries removed (either when {you/she} had {your/her} uterus removed or at another time)?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHQ332	How old {were you/was SP} when {you/she} had {your/her} ovaries removed or last ovary removed if removed at different times?	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	RHQ_L	Reproductive Health	2021	2023	Questionnaire	None
RHD043	What is the reason that {you have/SP has} not had a period in the past 12 months?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHD143	{Are you/Is SP} pregnant now?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHD280	{Have you/Has SP} had a hysterectomy that is, surgery to remove {your/her} uterus or womb?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
RHQ010	The next series of questions are about {your/SP's} reproductive history. I will begin by asking about {your/SP's} periods or menstrual cycles. How old {were you/was SP} when {you/SP} had {your/her} first menstrual period?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ031	{Have you/Has SP} had at least one menstrual period in the past 12 months? (Please do not include bleedings caused by medical conditions, hormone therapy, or surgeries.)	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ060	About how old {were you/was SP} when {you/SP} had {your/her} last menstrual period?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ078	{Have you/Has SP} ever been treated for an infection in {your/her} fallopian tubes, uterus or ovaries, also called a pelvic infection, pelvic inflammatory disease, or PID?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ131	The next questions are about {your/SP's} pregnancy history. {Have you/Has SP ever been pregnant? Please include (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies and abortions.	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ167	How many deliveries {have you/has SP} had? (Please count all vaginal and Cesarean deliveries and count stillbirths as well as live births.)	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ200	{Are you/Is SP} now breast feeding a child?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
RHQ305	{Have you/Has SP} had both of {your/her} ovaries removed (either when {you/she} had {your/her} uterus removed or at another time)?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
RHQ332	How old {were you/was SP} when {you/she} had {your/her} ovaries removed or last ovary removed if removed at different times?	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	RHQ_L_R	Reproductive Health - Women 12 Years and Older	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLD012	Number of hours usually sleep on weekdays or workdays.	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLD013	Number of hours usually sleep on weekends or non-workdays.	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLQ300	What time {do you/does SP} usually fall asleep on weekdays or workdays?	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLQ310	What time {do you/does SP} usually wake up on weekdays or workdays?	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLQ320	What time {do you/does SP} usually fall asleep on weekends or non-workdays?	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SLQ330	What time {do you/does SP} usually wake up on weekends or non-workdays?	SLQ_L	Sleep Disorders	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXD021	Ever had vaginal, anal, or oral sex.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXD101	In your lifetime, with how many men have you had any kind of sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SXD171	In your lifetime, with how many women have you had any kind of sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXD450	In the past 12 months, with how many men have you had any kind of sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXD510	In the past 12 months, with how many women have you had any kind of sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ130	In your lifetime with how many women have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ260	Has a doctor or other health care professional ever told you that you had genital herpes?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ265	Has a doctor or other health care professional ever told you that you had genital warts?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ295	Which of the following best represents how you think of yourself?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ296	Which of the following best represents how you think of yourself?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ410	In your lifetime, with how many men have you had anal or oral sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ490	In the past 12 months, with how many women have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ550	In the past 12 months, with how many men have you had anal or oral sex?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ648	In the past 12 months, did you have any kind of sex with a person that you never had sex with before?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SXQ700	Have you ever had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ703	Have you ever performed oral sex on a man? This means putting your mouth on a man's penis or genitals.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ706	Have you ever had anal sex? This means contact between a man's penis and your anus or butt.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ709	Have you ever had any kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ800	Have you ever had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ803	Have you ever performed oral sex on a woman? This means putting your mouth on a woman's vagina or genitals.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ806	Have you ever had anal sex with a woman? Anal sex means contact between your penis and a woman's anus or butt.	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SXQ809	Have you ever had any kind of sex with a man, including oral or anal?	SXQ_L_R	Sexual Behavior - Adult	2021	2023	Questionnaire	RDC Only
SEQN	Respondent sequence number.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXD021	Ever had vaginal, anal, or oral sex.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXD101	In your lifetime, with how many men have you had any kind of sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SXD171	In your lifetime, with how many women have you had any kind of sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXD450	In the past 12 months, with how many men have you had any kind of sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXD510	In the past 12 months, with how many women have you had any kind of sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ130	In your lifetime with how many women have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ260	Has a doctor or other health care professional ever told you that you had genital herpes?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ265	Has a doctor or other health care professional ever told you that you had genital warts?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ410	In your lifetime, with how many men have you had anal or oral sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ490	In the past 12 months, with how many women have you had sex? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ550	In the past 12 months, with how many men have you had anal or oral sex?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ648	In the past 12 months, did you have any kind of sex with a person that you never had sex with before?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ700	Have you ever had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ703	Have you ever performed oral sex on a man? This means putting your mouth on a man's penis or genitals.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SXQ706	Have you ever had anal sex? This means contact between a man's penis and your anus or butt.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ709	Have you ever had any kind of sex with a woman? By sex, we mean sexual contact with another woman's vagina or genitals.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ800	Have you ever had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ803	Have you ever performed oral sex on a woman? This means putting your mouth on a woman's vagina or genitals.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ806	Have you ever had anal sex with a woman? Anal sex means contact between your penis and a woman's anus or butt.	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
SXQ809	Have you ever had any kind of sex with a man, including oral or anal?	SXQY_L_R	Sexual Behavior - Youth	2021	2023	Questionnaire	RDC Only
OCD150	In this part of the survey, I will ask you questions about {your/SP's} work experience. Which of the following {were you/was SP} doing last week?	OCQ_L	Occupation	2021	2023	Questionnaire	None
OCQ180	How many hours did {you/SP} work last week at all jobs or businesses?	OCQ_L	Occupation	2021	2023	Questionnaire	None
OCQ210	{Do you/Does SP} usually work 35 hours or more per week in total at all jobs or businesses?	OCQ_L	Occupation	2021	2023	Questionnaire	None
OCQ215	How many days per week {do you/does SP} usually work?	OCQ_L	Occupation	2021	2023	Questionnaire	None
OCQ383	(SP Interview Version) What is the main reason {you/SP} did not work last week? (Family Interview Version) What is the main reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work last week?	OCQ_L	Occupation	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
SEQN	Respondent sequence number	OCQ_L	Occupation	2021	2023	Questionnaire	None
FNDADI	WG-SS Disability Indicator 18+	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNDAEDI	WG-SS Enhanced Disability Indicator 18+	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNDCDI	CFM Disability Indicator for 5-17 years	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ021	Please look at card FNQ1. I would like to ask you some questions about difficulties {you/SP} may have. {Do you/Does SP} have difficulty seeing even if wearing glasses or contact lenses? Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ041	{Do you/Does SP} have difficulty hearing sounds like peoples' voices or music even if using a hearing aid? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ050	{Do you/Does SP} use any equipment or receive assistance for walking?	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ060	Please look at card FNQ2. Without {your/his/her/SP's} equipment or assistance, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. Would you say {you have/SP has}: some difficulty, a lot of difficulty, or cannot do at all?	FNQ_L	Functioning	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
FNQ080	Please look at card FNQ1, again. Compared with children of the same age, {do you/does SP} have difficulty walking 100 yards/meters on level ground? That would be about the length of 1 football field. [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ100	When {you speak/SP speaks}, {do you/does he/does she/does SP} have difficulty being understood by people inside of this household? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ110	When {you speak/SP speaks}, {do you/does he/does she/does SP} have difficulty being understood by people outside of this household? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ120	Compared with children of the same age, {do you/does SP} have difficulty learning things? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ130	Compared with children of the same age, {do you/does SP} have difficulty controlling {your/his/her/SP's} behavior? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ140	How often {do you feel/does SP seem} very anxious, nervous or worried? Would you say daily, weekly, monthly, a few times a year or never?	FNQ_L	Functioning	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
FNQ150	How often {do you feel/does SP seem} very sad or depressed? Would you say daily, weekly, monthly, a few times a year or never?	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ160	{Turn back to card FNQ1.} {Do you/Does SP} have difficulty with self-care such as feeding or dressing {yourself/himself/herself/SP}? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ170	Compared with children of the same age, {do you/does SP} have difficulty remembering things? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ180	{Do you/Does SP} have difficulty concentrating on an activity that {you enjoy/he enjoys/she enjoys/SP enjoys} doing? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ190	{Do you/Does SP} have difficulty accepting changes in {your/his/her/SP's} routine? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ200	{Do you/Does SP} have difficulty making friends? [Would you say {you have/SP has}: no difficulty, some difficulty, a lot of difficulty, or cannot do at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
FNQ410	Please look at card FNQ1. The next questions ask about difficulties {you/SP} may have doing certain activities because of a health problem. {Do you/Does SP} have difficulty seeing even if wearing glasses or contact lenses? Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ430	{Do you/Does SP} have difficulty hearing even if using a hearing aid? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ440	{Do you/Does SP} have difficulty walking or climbing steps? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ450	Using {your/his/her/SP's} usual language, {do you/does SP} have difficulty communicating, for example, understanding or being understood? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ460	{Do you/Does SP} have difficulty remembering or concentrating? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ470	{Do you/Does SP} have difficulty with self-care, such as washing all over and dressing? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
FNQ480	{Do you/Does SP} have difficulty raising a 2 liter bottle of water or soda from waist to eye level? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ490	{Do you/Does SP} have difficulty using {your/his/her/SP's} hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? [Would you say no difficulty, some difficulty, a lot of difficulty, or {you/he/she/SP} cannot do this at all?]	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ510	How often {do you/does SP} feel worried, nervous, or anxious? Would you say. . .	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ520	Thinking about the last time {you/SP} felt worried, nervous, or anxious, how would {you/he/she/SP} describe the level of these feelings? Would you say . . .	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ530	How often {do you/does SP} feel depressed? Would you say. . .	FNQ_L	Functioning	2021	2023	Questionnaire	None
FNQ540	Thinking about the last time {you/SP} felt depressed, how depressed did {you/he/she/SP} feel? Would you say. . .	FNQ_L	Functioning	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	FNQ_L	Functioning	2021	2023	Questionnaire	None
ACD010A	What language(s) {do you/does SP} usually speak at home?	ACQ_L	Acculturation	2021	2023	Questionnaire	None
ACD010B	What language(s) {do you/does SP} usually speak at home?	ACQ_L	Acculturation	2021	2023	Questionnaire	None
ACD010C	What language(s) {do you/does SP} usually speak at home?	ACQ_L	Acculturation	2021	2023	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	EndYear	Component	Use Constraints
ACD040	Now I'm going to ask you about language use. What language(s) {do you/does SP} usually speak at home? {Do you/Does he/Does she} speak only Spanish, more Spanish than English, both equally, more English than Spanish, or only English?	ACQ_L	Acculturation	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	ACQ_L	Acculturation	2021	2023	Questionnaire	None
PUQ100	In the past 7 days, were any chemical products used in {your/his/her} home to control fleas, roaches, ants, termites, or other insects?	PUQMEC_L	Pesticide Use	2021	2023	Questionnaire	None
PUQ110	In the past 7 days, were any chemical products used in {your/his/her} lawn or garden to kill weeds?	PUQMEC_L	Pesticide Use	2021	2023	Questionnaire	None
SEQN	Respondent sequence number.	PUQMEC_L	Pesticide Use	2021	2023	Questionnaire	None