

Survey data of adults over 50 years related to their health status

Column Name	Description
HeartDisease	Respondents that have ever reported having coronary heart disease (CHD) or myocardial infarction (MI). (Yes/No)
BMI	Body Mass Index (BMI). (> 1 and < 99)
Smoking	Have you smoked at least 100 cigarettes in your entire life? [Note: 5 packs = 100 cigarettes] (Yes/No)
AlcoholDrinking	Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week (Yes/No)
Stroke	(Ever told) (you had) a stroke? (Yes/No)
PhysicalHealth	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30. (≥ 0 and ≤ 30)
MentalHealth	Thinking about your mental health, for how many days during the past 30 days was your mental health not good? (≥ 0 and ≤ 30)
DiffWalking	Do you have serious difficulty walking or climbing stairs? (Yes/No)
Sex	Are you male or female? (Female/Male)
AgeCategory	Fourteen-level age category (min age ≥ 50)
Race	Imputed race/ethnicity value (White/Hispanic/Black/Asian/Other)
Diabetic	(Ever told) (you had) diabetes? (Yes/No/No, borderline diabetes, Yes (during pregnancy))
PhysicalActivity	Adults who reported doing physical activity or exercise during the past 30 days other than their regular job (Yes/No)
GenHealth	Would you say that in general your health is...? (Very good/Good/Excellent/Fair/Poor)
SleepTime	On average, how many hours of sleep do you get in a 24-hour period? (> 0 and ≤ 24)
Asthma	(Ever told) (you had) asthma? (Yes/No)
KidneyDisease	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? (Yes/No)
SkinCancer	(Ever told) (you had) skin cancer? (Yes/No)