## Proc Contents of NYS CDC BRFSS 2012 dataset (8.22.2013)

Obs	NAME	TYPE	VARNUM	LABEL	<b>FORMAT</b>
1	_STATE	1	1	State FIPS Code	_STATE
2	_GEOSTR	1	2	Geographic Stratum Code	
3	_DENSTR2	1	3	Household Density Stratum Code	SUPPRESF
4	PRECALL	1	4	Pre-Call Status Code	PRECALL
5	REPNUM	1	5	Replicate Number	
6	REPDEPTH	1	6	Replicate Depth	
7	FMONTH	1	7	File Month	FMONTH
8	IDATE	2	8	Interview Date	
9	IMONTH	2	9	Interview Month	\$IMONTH
10	IDAY	2	10	Interview Day	
11	IYEAR	2	11	Interview Year	
12	DISPCODE	1	12	Final Disposition	
13	SEQNO	1	13	Annual Sequence Number	
14	_PSU	1	14	Primary Sampling Unit	
15	NATTMPTS	1	15	Number of Sample Records Selected from Stratum	
16	NRECSEL	1	16	Number of Telephone Numbers in Stratum	
17	NRECSTR	1	17	Number of Telephone Numbers in Stratum from Which Sample Was Selected	
18	CELLFON	1	18	CELLULAR TELEPHONE	

Obs	NAME	TYPE	VARNUM	LABEL	<b>FORMAT</b>
19	NUMADULT	1	19	Number of Adults in Household	
20	GENHLTH	1	20	Would you say that in general your health is	GENHLTH
21	PHYSHLTH	1	21	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH
22	MENTHLTH	1	22	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH
23	POORHLTH	1	23	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH
24	HLTHPLN1	1	24	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	HLTHPLAN
25	PERSDOC2	1	25	Do you have one person you think of as your personal doctor or health care provider?	PERS2DOC
26	MEDCOST	1	26	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST
27	CHECKUP1	1	27	About how long has it been since you last visited a doctor for a routine checkup?	CHECK1UP
28	EXERANY2	1	28	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?	YESNO
29	CVDINFR4	1	29	Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?	YESNO
30	CVDCRHD4	1	30	Has a doctor, nurse, or other health professional ever told you that you had	YESNO

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
				angina or coronary heart disease?	
31	CVDSTRK3	1	31	Has a doctor, nurse, or other health professional ever told you had a stroke?	YESNO
32	ASTHMA3	1	32	Has a doctor, nurse, or other health professional ever told you had asthma?	YESNO
33	ASTHNOW	1	33	Do you still have asthma?	YESNO
34	CHCSCNCR	1	34	Has a doctor, nurse, or other health professional ever told you had skin cancer?	YESNO
35	CHCOCNCR	1	35	Has a doctor, nurse, or other health professional ever told you had any other types of cancer?	YESNO
36	CHCCOPD	1	36	Has a doctor, nurse, or other health professional ever told you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?	YESNO
37	HAVARTH3	1	37	Has a doctor, nurse, or other health professional ever told you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	YESNO
38	ADDEPEV2	1	38	Has a doctor, nurse, or other health professional ever told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	YESNO
39	CHCKIDNY	1	39	Has a doctor, nurse, or other health professional ever told you have kidney disease? Do not include kidney stones, bladder infection or incontinence.	YESNO
40	CHCVISN1	1	40	DO YOU HAVE ANY TROUBLE SEEING, EVEN WHEN WEARING GLASSES OR CONTACT LENSES?	CHCVISON
41	DIABETE3	1	41	Has a doctor, nurse, or other health professional ever told you have diabetes?	DIABETEF
42	LASTDEN3	1	42	LAST VISITED DENTIST OR DENTAL CLINIC	LASTDENF
43	RMVTETH3	1	43	NUMBER OF PERMANENT TEETH REMOVED	RMVTETHF

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
44	AGE	1	44	What is your age?	AGE
45	HISPANC2	1	45	Are you Hispanic or Latino?	YESNO
46	MRACE	2	46	Which one or more of the following would you say is your race?	\$SUPPRF
47	ORACE2	1	47	Which one of these groups would you say best represents your race?	SUPPRESF
48	VETERAN3	1	48	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?	YESNO
49	MARITAL	1	49	Are you (marital status)	MARITAL
50	CHILDREN	1	50	How many children less than 18 years of age live in your household?	CHILDREN
51	EDUCA	1	51	What is the highest grade or year of school you completed?	EDUCA
52	EMPLOY	1	52	Are you currently employed?	EMPLOY
53	INCOME2	1	53	Is your annual household income from all sources:	IN2COME
54	WEIGHT2	1	54	About how much do you weigh without shoes?	SUPPRESF
55	HEIGHT3	1	55	About how tall are you without shoes?	SUPPRESF
<b>56</b>	CTYCODE1	1	56	What county do you live in?	SUPPRESF
57	ZIPCODE	2	57	What is your ZIP Code where you live?	\$SUPPRF
58	NUMHHOL2	1	58	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.	YESNO
59	NUMPHON2	1	59	How many of these telephone numbers are residential numbers?	NUM2PHON
60	CPDEMO1	1	60	Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	YESNO

Obs	NAME	TYPE	VARNUM	LABEL	<b>FORMAT</b>
61	CPDEMO4	1	61	Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?	CP4DEMO
62	RENTHOM1	1	62	Do you own or rent your home?	RENT1HOM
63	SEX	1	63	Sex of respondent.	SEX
64	PREGNANT	1	64	To your knowledge, are you now pregnant?	YESNO
65	QLACTLM2	1	65	Are you limited in any way in any activities because of physical, mental, or emotional problems?	YESNO
66	USEEQUIP	1	66	Do you now have any health problems that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	YESNO
<b>67</b>	SMOKE100	1	67	Have you smoked at least 100 cigarettes in your entire life?	YESNO
68	SMOKDAY2	1	68	Do you now smoke cigarettes every day, some days or not at all?	SMOK2DAY
69	STOPSMK2	1	69	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	YESNO
70	LASTSMK2	1	70	How long has it been since you last smoked a cigarette, even one or two puffs?	LAST2SMK
71	USENOW3	1	71	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USE3NOW
72	ALCDAY5	1	72	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALC5DAY
73	AVEDRNK2	1	73	One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVE2DRNK

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
74	DRNK3GE5	1	74	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?	DRNK3GEF
75	MAXDRNKS	1	75	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS
76	FLUSHOT5	1	76	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?	YESNO
77	FLSHTMY2	1	77	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHT2MY
<b>78</b>	IMFVPLAC	1	78	At what kind of place did you get your last flu shot/vaccine?	IMFVPLAC
79	PNEUVAC3	1	79	A pneumonia shot or pneumococcal vaccine is usually given only once or twice in person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	YESNO
80	FALL3MN2	1	80	HAD FALL PAST TWELVE MONTHS	FALL3MNF
81	FALLINJ2	1	81	INJURED IN FALL	FALLINJF
82	SEATBELT	1	82	How often do you use seat belts when you drive or ride in a car? Would you say:	SEATBELT
83	DRNKDRI2	1	83	DID YOU DRIVE AFTER HAVING TOO MUCH TO DRINK IN THE PAST 30 DAYS?	DRNKDRIF
84	HADMAM	1	84	HAVE YOU EVER HAD A MAMMOGRAM	YESNO
85	HOWLONG	1	85	HOW LONG SINCE LAST MAMMOGRAM	HOWLONG
86	PROFEXAM	1	86	EVER HAD BREAST PHYSICAL EXAM BY DOCTOR	YESNO
87	LENGEXAM	1	87	HOW LONG SINCE LAST BREAST PHYSICAL EXAM	LENGEXAM
88	HADPAP2	1	88	EVER HAD A PAP TEST	YESNO

Obs	NAME	ТҮРЕ	VARNUM	LABEL	FORMAT
89	LASTPAP2	1	89	HOW LONG SINCE LAST PAP TEST	LAST2PAP
90	HADHYST2	1	90	HAD HYSTERECTOMY	YESNO
91	PCPSAAD1	1	91	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE ADVANTAGES OF THE PSA TEST?	YESNO
92	PCPSADI1	1	92	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE DISADVANTAGES OF THE PSA TEST?	YESNO
93	PCPSARE1	1	93	HAS A DOCTOR EVER RECOMMENDED THAT YOU HAVE A PSA TEST?	YESNO
94	PSATEST1	1	94	EVER HAD PSA TEST	YESNO
95	PSATIME	1	95	TIME SINCE LAST PSA TEST	PSATIMEF
96	PCPSARS1	1	96	WHAT WAS THE MAIN REASON YOU HAD THIS PSA TEST?	PCPSARSF
97	BLDSTOOL	1	97	EVER HAD BLOOD STOOL TEST USING HOME KIT	YESNO
98	LSTBLDS3	1	98	TIME SINCE LAST BLOOD STOOL TEST	LST3BLDS
99	HADSIGM3	1	99	EVER HAD SIGMOIDOSCOPY/COLONOSCOPY	YESNO
100	HADSGC01	1	100	WAS LAST TEST A SIGMOIDOSCOPY OR COLONOSCOPY	YESNO
101	LASTSIG3	1	101	TIME SINCE LAST SIGMOIDOSCOPY/COLONOSCOPY	LAST3SIG
102	HIVTST6	1	102	Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.	YESNO
103	HIVTSTD3	1	103	Not including blood donations, in what month and year was your last HIV test?	HIV2TSTD
104	HIVRISK3	1	104	In past year, you have used intravenous drugs, treated for a sexually transmitted or venereal disease, given or received money or drugs in exchange for sex, had anal sex without a condom. Do any of these	YESNO

Obs	NAME	ТҮРЕ	VARNUM	LABEL	FORMAT
				situations apply	
105	PDIABTST	1	105	Have you had a test for high blood sugar or diabetes within the past three years?	YESNO
106	PREDIAB1	1	106	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PRE1DIAB
107	SSBSUGR1	1	107	HOW OFTEN DID YOU DRINK REGULAR SODA OR POP THAT CONTAINS SUGAR?	SSBSUGRF
108	SSBFRUT1	1	108	HOW OFTEN DID YOU DRINK SWEETENED FRUIT DRINKS, SUCH AS KOOL-AID, CRANBERRY JUICE COCKTAIL, AND LEMO	SSBSUGRF
109	SSBCALRI	1	109	HOW OFTEN DOES CALORIE INFORMATION HELP YOU DECIDE WHAT TO ORDER?	SSBCALRF
110	MISNERVS	1	110	HOW OFTEN FEEL NERVOUS PAST 30 DAYS	MENTALF
111	MISHOPLS	1	111	HOW OFTEN FEEL HOPELESS PAST 30 DAYS	MENTALF
112	MISRSTLS	1	112	HOW OFTEN FEEL RESTLESS PAST 30 DAYS	MENTALF
113	MISDEPRD	1	113	HOW OFTEN FEEL DEPRESSED PAST 30 DAYS	MENTALF
114	MISEFFRT	1	114	HOW OFTEN FEEL EVERYTHING WAS AN EFFORT PAST 30 DAYS	MENTALF
115	MISWTLES	1	115	HOW OFTEN FEEL WORTHLESS PAST 30 DAYS	MENTALF
116	MISNOWRK	1	116	EMOTIONAL PROBLEM KEPT YOU FROM DOING WORK PAST 30 DAYS	MISTRHLF
117	MISTMNT	1	117	Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	YESNO
118	MISTRHLP	1	118	MENTAL HEALTH TREATMENT CAN HELP PEOPLE LEAD NORMAL LIFE	ATTITUDF

Obs	NAME	TYPE	VARNUM	LABEL	<b>FORMAT</b>
119	MISPHLPF	1	119	PEOPLE ARE GENERALLY CARING TOWARD PEOPLE WITH MENTAL ILLNESS	ATTITUDF
120	RCSBIRTH	2	120	What is the birth month and year of the Xth child?	\$SUPPRF
121	RCSGENDR	1	121	Is the child a boy or a girl?	RCSGENDR
122	RCHISLAT	1	122	Is the child Hispanic or Latino?	YESNO
123	RCSRACE	2	123	Which one or more of the following would you say is the race of the child?	\$SUPPRF
124	RCSBRACE	1	124	Which one of these groups would you say best represents the child's race?	SUPPRESF
125	RCSRLTN2	1	125	How are you related to the child?	RCSRLTN
126	CASTHDX2	1	126	Has a doctor, nurse or other health professional ever said that the child has asthma?	YESNO
127	CASTHNO2	1	127	Does the child still have asthma?	YESNO
128	CTELNUM1	1	128	CORRECT PHONE NUMBER?	CTELENUM
129	CELLFON2	1	129	IS THIS A CELLULAR TELEPHONE?	CELL2FON
130	CADULT	1	130	ARE YOU 18 YEARS OF AGE OR OLDER?	CADULT
131	PVTRESD2	1	131	DO YOU LIVE IN A PRIVATE RESIDENCE?	
132	CCLGHOUS	1	132	DO YOU LIVE IN COLLEGE HOUSING?	
133	CSTATE	1	133	ARE YOU A RESIDENT OF [STATE]?	
134	RSPSTATE	1	134	IN WHAT STATE DO YOU LIVE?	_STATE
135	LANDLINE	1	135	DO YOU ALSO HAVE A LANDLINE TELEPHONE?	
136	QSTVER	1	136	QUESTIONNAIRE VERSION IDENTIFIER	
137	QSTLANG	1	137	LANGUAGE IDENTIFIER	QSTLANG

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
138	_MSACODE	1	138	METROPOLITAN STATISTICAL AREA CODE.	
139	MSCODE	1	139	METROPOLITAN STATUS CODE	MSCODE
140	_STSTR	1	140	SAMPLE DESIGN STRATIFICATION VARIABLE	
141	_STRWT	1	141	STRATUM WEIGHT	
142	_RAW	1	142	RAW WEIGHTING FACTOR	
143	_WT2	1	143	DESIGN WEIGHT	
144	_RAWRAKE	1	144	RAW WEIGHTING FACTOR USED IN RAKING	
145	_WT2RAKE	1	145	DESIGN WEIGHT USED IN RAKING	
146	_REGION	1	146	Region, Geographic Stratification areas	REGION
147	_IMPAGE	1	147	Imputed age used in post-stratification	_IMPAGE
148	_IMPRACE	1	148	IMPUTED RACE/ETHNICITY VALUE	IMPRACE
149	_IMPNPH	1	149	IMPUTED NUMBER OF PHONES	_IMPNPH
150	_IMPEDUC	1	150	IMPUTED EDUCATION LEVEL	IMPEDUC
151	_IMPMRTL	1	151	IMPUTED MARITAL STATUS	IMPMRTL
152	_IMPHOME	1	152	IMPUTED RENT OR OWN HOME STATUS	IMPHOME
153	O_STATE	1	153	ORIGINAL STATE THAT COLLECTED THE CELL PHONE DATA	_STATE
154	_MRG01	1	154	LAND-LINE FIRST MARGIN (AGE-GENDER)	
155	_MRG02	1	155	LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
156	_MRG03	1	156	LAND-LINE THIRD MARGIN (EDUCATION)	
157	_MRG04	1	157	LAND-LINE FOURTH MARGIN (MARITAL STATUS)	

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
158	_MRG05	1	158	LAND-LINE FIFTH MARGIN (HOME OWNERSHIP)	
159	_MRG06	1	159	LAND-LINE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
160	_MRG07	1	160	LAND-LINE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
161	_MRG08	1	161	LAND-LINE EIGHTH MARGIN (REGIONS)	
162	_MRG09	1	162	LAND-LINE NINTH MARGIN (REGIONS-AGE)	
163	_MRG10	1	163	LAND-LINE TENTH MARGIN (REGIONS-GENDER)	
164	_MRG11	1	164	LAND-LINE ELEVENTH MARGIN (REGIONS-RACE/ETHNICITY)	
165	_LANDWT	1	165	FINAL WEIGHT: LAND-LINE DATA ONLY	
166	_CRACE	1	166	CHILD NON-HISPANIC RACE INCLUDING MULTIRACIAL	
167	_RAWCH	1	167	RAW CHILD WEIGHTING FACTOR	
168	_WT2CH	1	168	CHILD DESIGN WEIGHT	
169	_CMRG01	1	169	CHILD LAND-LINE FIRST MARGIN (AGE-GENDER)	
170	_CMRG02	1	170	CHILD LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
171	_CMRG03	1	171	CHILD LAND-LINE THIRD MARGIN (GENDER-RACE/ETHNICITY)	
172	_CMRG04	1	172	CHILD LAND-LINE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
173	_CLANDWT	1	173	FINAL CHILD WEIGHT: LAND-LINE DATA ONLY	
174	_CLCPM01	1	174	CHILD COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
175	_CLCPM02	1	175	CHILD COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
176	_CLCPM03	1	176	CHILD COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (GENDER-RACE/ETHNICITY)	

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
177	_CLCPM04	1	177	CHILD COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
178	_CLCPM05	1	178	CHILD COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (TELEPHONE SOURCE)	
179	_CLLCPWT	1	179	FINAL CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA	
180	_RAWHH	1	180	RAW HOUSEHOLD WEIGHTING FACTOR	
181	_WT2HH	1	181	HOUSEHOLD DESIGN WEIGHT	
182	NPHH	1	182	NUMBER OF PERSONS IN HOUSEHOLD	
183	NAHH	1	183	NUMBER OF ADULTS IN HOUSEHOLD	
184	NCHH	1	184	NUMBER OF CHILDREN IN HOUSEHOLD	
185	_HHOLDWT	1	185	FINAL HOUSEHOLD WEIGHT: LAND-LINE DATA ONLY	
186	_DUALUSE	1	186	DUAL PHONE USE CATEGORIES	
187	_DUALCOR	1	187	DUAL PHONE USE CORRECTION FACTOR	
188	_LLCPM01	1	188	COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
189	_LLCPM02	1	189	COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
190	_LLCPM03	1	190	COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
191	_LLCPM04	1	191	COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
192	_LLCPM05	1	192	COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
193	_LLCPM06	1	193	COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
194	_LLCPM07	1	194	COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
195	_LLCPM08	1	195	COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
196	_LLCPM09	1	196	COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
197	_LLCPM10	1	197	COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
198	_LLCPM11	1	198	COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
199	_LLCPM12	1	199	COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
200	_LLCPWT	1	200	FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA	
201	_RFHLTH	1	201	ADULTS WITH GOOD OR BETTER HEALTH	_RFHLTH
202	_HCVU651	1	202	RESPONDENTS AGED 18-64 WITH HEALTH CARE COVERAGE	_HCV65U
203	_TOTINDA	1	203	LEISURE TIME PHYSICAL ACTIVITY CALCULATED VARIABLE	_TOTINDA
204	_LTASTH1	1	204	LIFETIME ASTHMA CALCULATED VARIABLE	_LTASTHM
205	_CASTHM1	1	205	CURRENT ASTHMA CALCULATED VARIABLE	NY
206	_ASTHMS1	1	206	COMPUTED ASTHMA STATUS	_ASTHMST
207	_DRDXAR1	1	207	RESPONDENTS DIAGNOSED WITH ARTHRITIS	_DRDXART
208	_EXTETH2	1	208	RISK FACTOR FOR HAVING HAD PERMANENT TEETH	

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
				EXTRACTED	
209	_ALTETH2	1	209	ADULTS AGED 65+ WHO HAVE HAD ALL THEIR NATURAL TEETH EXTRACTED	
210	_DENVST2	1	210	ADULTS WHO HAVE VISITED A DENTIST, DENTAL HYGENIST OR DENTAL CLINIC WITHIN THE PAST YEAR	
211	_PRACE	1	211	COMPUTED PREFERRED RACE	_PRACE
212	_MRACE	1	212	COMPUTED NON-HISPANIC RACE INCLUDING MULTIRACIAL	MRACEF
213	RACE2	1	213	COMPUTED RACE-ETHNICITY GROUPING	RACE2FMT
214	_RACEG2	1	214	COMPUTED NON-HISPANIC WHITES/ALL OTHERS RACE CATEGORIES RACE/ETHNIC GROUP CODES USED IN POST- STRATIF	_2RACEG
215	_RACEGR2	1	215	COMPUTED FIVE LEVEL RACE/ETHNICITY CATEGORY.	_2RACEGR
216	_RACE_G	1	216	COMPUTED RACE GROUPS USED FOR INTERNET PREVALENCE TABLES	_RACE_G
217	_CNRACE	1	217	COMPUTED NUMBER OF CENSUS RACE CATEGORIES CHOSEN	_CNRACE
218	_CNRACEC	1	218	COMPUTED NUMBER OF CENSUS RACE CATEGORIES CHOSEN, COLLAPSED	_CNRACEC
219	_AGEG5YR	1	219	REPORTED AGE IN FIVE-YEAR AGE CATEGORIES CALCULATED VARIABLE	_AGEG5YR
220	_AGE65YR	1	220	REPORTED AGE IN TWO AGE GROUPS CALCULATED VARIABLE	_AGE65YR
221	_AGE_G	1	221	IMPUTED AGE IN SIX GROUPS	_AGE_G
222	HTIN4	1	222	COMPUTED HEIGHT IN INCHES	HT3IN
223	HTM4	1	223	COMPUTED HEIGHT IN METERS	HT3M

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
224	WTKG3	1	224	COMPUTED WEIGHT IN KILOGRAMS	WT2KG
225	_BMI5	1	225	COMPUTED BODY MASS INDEX	_4BMI
226	_BMI5CAT	1	226	COMPUTED BODY MASS INDEX CATEGORIES	_BMI4CAT
227	_RFBMI5	1	227	OVERWEIGHT OR OBESE CALCULATED VARIABLE	_4RFBMI
228	_CHLDCNT	1	228	COMPUTED NUMBER OF CHILDREN IN HOUSEHOLD	_CHLDCNT
229	_EDUCAG	1	229	COMPUTED LEVEL OF EDUCATION COMPLETED CATEGORIES	_EDUCAG
230	_INCOMG	1	230	COMPUTED INCOME CATEGORIES	_INCOMG
231	_SMOKER3	1	231	COMPUTED SMOKING STATUS	_3SMOKER
232	_RFSMOK3	1	232	CURRENT SMOKING CALCULATED VARIABLE	_3RFSMOK
233	DRNKANY5	1	233	DRINK ANY ALCOHOLIC BEVERAGES IN PAST 30 DAYS	DRNK4ANY
234	DROCDY3_	1	234	COMPUTED DRINK-OCCASIONS-PER-DAY	DROCDY2_
235	_RFBING5	1	235	BINGE DRINKING CALCULATED VARIABLE	_4RFBING
236	_DRNKDY4	1	236	COMPUTED NUMBER OF DRINKS OF ALCOHOL BEVERAGES PER DAY	_3DRNKDY
237	_DRNKMO4	1	237	COMPUTED TOTAL NUMBER DRINKS A MONTH	_3DRNKMO
238	_RFDRHV4	1	238	HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_3RFDRHV
239	_RFDRMN4	1	239	ADULT MEN HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_3RFDRMN
240	_RFDRWM4	1	240	ADULT WOMEN HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_3RFDRWM
241	_FLSHOT5	1	241	FLU SHOT CALCULATED VARIABLE	YESNO
242	_PNEUMO2	1	242	PNEUMONIA VACCINATION CALCULATED VARIABLE	_2PNEUMO

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
243	_RFSEAT2	1	243	ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS	_2RFSEAT
244	_RFSEAT3	1	244	ALWAYS WEAR SEAT BELTS	_3RFSEAT
245	_RFMAM2Y	1	245	WOMEN RESPONDENTS AGED 40+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_RFMAM2Y
246	_MAM502Y	1	246	WOMEN RESPONDENTS AGED 50+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_MAM502Y
247	_RFPAP32	1	247	WOMEN RESPONDENTS AGED 18+ WHO HAVE HAD A PAP TEST IN THE PAST THREE YEARS	_32RFPAP
248	_RFPSA21	1	248	MALE RESPONDENTS AGED 40+ WHO HAVE HAD A PSA TEST IN THE PAST 2 YEARS	_RFPSA2Y
249	_RFBLDS2	1	249	RESPONDENTS AGED 50+ WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST TWO YEARS	_RF2BLDS
250	_RFSIGM2	1	250	RESPONDENTS AGED 50 OR OLDER WHO HAVE HAD A SIGMOIDOSCOPY OR COLONOSCOPY	_2RFSIGM
251	_AIDTST3	1	251	EVER BEEN TESTED FOR HIV CALCULATED VARIABLE	_2AIDTST
252	coverag	1	252	What type of health care coverage do you use to pay for most of your medical care?	COVERAGF
253	inscovty	1	253	There are some types of coverage you may not have considered. Please tell me if you have any of the following:	INSCOVTYF
254	ctreatsum	1	254	Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?	YESNO
255	ccheckup	1	255	Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	YESNO

Obs	NAME	TYPE	VARNUM	LABEL	<b>FORMAT</b>
256	cinscov	1	256	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	YESNO
257	cnoinsco	1	257	Were you EVER denied health insurance or life insurance coverage because of your cancer?	YESNO
258	cmgener	1	258	Do you own at least one portable generator which you plan to use during a power outage?	YESNO
259	cmdetect	1	259	A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?	YESNO
260	cmbatter	1	260	Does the CO detector have battery power, either as a primary power source or as a backup power source?	YESNO
261	falreduc	1	261	In the past 12 months, have you done things to reduce your chance of falling?	YESNO
262	faloldre	1	262	In the past 12 months, have you done anything to help an older person reduce his/her chance of falling?	YESNO
263	sexmany	1	263	During the past 12 months, with how many people have you had sex? By sex we mean oral, vaginal, or anal sex, but not masturbation.	SEXMANYF
264	sexuseco	1	264	Now thinking back about the last time you had sex did you or your partner use a condom?	YESNO
265	sexnocon	1	265	Which statement best describes the reason you did not use a condom the last time you had sex?	SEXNOCOF
266	sexageTA	1	266	Starting at whate age do you think parents should begin to talk with their child about sexuality and ways to prevent teen pregnancy and sexually transmitted diseases?	SEXAGETF
267	sexteen	1	267	Please tell me how much you agree or disagree with the following	SEXTEENF

Obs	NAME	TYPE	VARNUM	LABEL	FORMAT
				statement: most teens already know enough about how to protect themselves against STDs	
268	HIVINPAC2	1	268	Since September, 2010, have you received medical care at an inpatient unit of a hospital?	YESNO
269	HIVINPTE	1	269	Were you offered an HIV test while at an inpatient unit of a hospital?	YESNO
270	HIVEMERC2	1	270	Since September, 2010, have you received medical care at an emergency department of a hospital?	YESNO
271	HIVEMETE	1	271	Were you offered an HIV test while at an emergency department of a hospital?	YESNO
272	HIVPRIMC2	1	272	Since September, 2010, have you received medical care from a primary care provider?	YESNO
273	HIVPRIMT	1	273	Were you offered an HIV test by your primary care provider?	YESNO
274	HIVMEDCO2	1	274	Since September, 2010, have you received medical care from any other medical care providers?	YESNO
275	HIVMEDCT	1	275	Were you offered an HIV test by these medical care providers?	YESNO
276	HIVTESTA	1	276	Did you accept the HIV test that was offered by any of these medical care providers?	YESNO
277	diabdiag	1	277	How old were you when you were told you have diabetes?	DIABDIAF
278	region	1	278	REGION, derived from county of residence and imputed county NYC/NYS excl NYC	REGION