

FEATURES SUMMARY **V2**

RECORD IDENTIFICATION

- State FIPS Code
- File Month
- Interview Date
- Interview Month
- Interview Day
- Interview Year
- Final Disposition
- Annual Sequence Number
- Primary Sampling Unit

01.

LAND LINE INTRODUCTION

- Correct Telephone Number?
- Private Residence?
- Do you live in college housing?
- Resident of State
- Cellular Telephone
- Are you 18 years of age or older?
- Number of Adults in Household
- Number of Adult Men in Household
- Number of Adult Women in Household

02.

CELL PHONE INTRODUCTION

- Correct Phone Number?
- Is this a cellular telephone?
- Are you 18 years of age or older?
- Do you live in a private residence?
- Do you live in college housing?
- Are you a resident of [STATE]?
- Do you also have a landline telephone?
- Number of Adults in Household

03.

HEALTH STATUS

- General Health
- Number of Days Physical Health Not Good
- Number of Days Mental Health Not Good
- Poor Physical or Mental Health

04.

HEALTH CARE ACCESS

- Have any health care coverage
- Multiple Health Care Professionals
- Could Not See Doctor Because of Cost
- Length of time since last routine checkup

05.

HYPERTENSION AWARENESS

- Ever Told Blood Pressure High
- Currently Taking Blood Pressure Medication

07.

CHOLESTEROL AWARENESS

- Ever Had Blood Cholesterol Checked
- How Long since Cholesterol Checked
- Ever Told Blood Cholesterol High

08.

CHRONIC HEALTH CONDITIONS

- Ever Diagnosed with Heart Attack
- Ever Diagnosed with Angina or Coronary Heart Disease
- Ever Diagnosed with a Stroke
- Ever Told Had Asthma
- Still Have Asthma
- Ever told) you had skin cancer?
- Ever told) you had any other types of cancer?
- Ever told) you have chronic obstructive pulmonary disease, emphysema or chronic bronchitis?
- Told Have Arthritis
- Ever told you had a depressive disorder
- Ever told) you have kidney disease?
- Ever told) you have diabetes
- Age When Told Diabetic

09.

DEMOGRAPHICS

- Respondents Sex
- Marital Status
- Education Level
- Own or Rent Home
- Household Telephones
- Residential Phones
- Do you have a cell phone for personal use?
- Are You A Veteran
- Employment Status
- Number of Children in Household
- Income Level
- Internet use in the past 30 days?
- Reported Weight in Pounds
- Reported Height in Feet and Inches
- Pregnancy Status
- Activity Limitation Due to Health Problems
- Health Problems Requiring Special Equipment
- Blind or Difficulty seeing
- Difficulty Concentrating or Remembering
- Difficulty Walking or Climbing Stairs
- Difficulty Dressing or Bathing
- Difficulty Doing Errands Alone

10.

TOBACCO USE

- Smoked at Least 100 Cigarettes
- Frequency of Days Now Smoking
- Stopped Smoking in past 12 months
- Interval Since Last Smoked
- Use of Smokeless Tobacco Products

11.

ALCOHOL CONSUMPTION

- Days in past 30 had alcoholic beverage
- Avg alcoholic drinks per day in past 30
- Binge Drinking
- Most drinks on single occasion past 30 days

12.

FRUITS & VEGETABLES

- How many times did you drink 100 percent PURE fruit juices?
- How many times did you eat fruit?
- How many times did you eat beans or lentils?
- How many times did you eat dark green vegetables?
- How many times did you eat orange-colored vegetables?
- How many times did you eat OTHER vegetables?

13.

EXERCISE (PHYSICAL ACTIVITY)

- Exercise in Past 30 Days
- Type of Physical Activity
- How Many Times Walking, Running, Jogging, or Swimming
- Minutes or Hours Walking, Running, Jogging, or Swimming
- Other Type of Physical Activity Giving Most Exercise During Past Month
- How Many Times Walking, Running, Jogging, or Swimming (for other activity)
- Minutes or Hours Walking, Running, Jogging, or Swimming (for other activity)
- How many times did you do physical activities or exercises to STRENGTHEN your muscles?

14.

ARTHRITIS BURDEN

- Limited Because of Joint Symptoms
- Does Arthritis Affect Whether You Work
- Social Activities Limited Because of Joint Symptoms
- How Bad Was Joint Pain

15.

SEATBELT USE

- How often use seatbelts in car?

16.

IMMUNIZATION

- Adult flu shot/spray past 12 mos
- When did you (adult) receive your most recent seasonal flu shot/spray?
- Where did you get your last flu shot/vaccine?
- Pneumonia shot ever

17.

HIV/AIDS

- Ever tested HIV
- Month and Year of Last HIV Test
- Location of last HIV test

18.

PRE-DIABETES

- Had a test for high blood sugar or diabetes in the past three years?
- Ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

19.

DIABETES

- Now Taking Insulin
- How Often Check Blood for Glucose
- How Often Check Feet for Sores or Irritations
- Times Seen Health Professional for Diabetes
- Times Checked for Glycosylated Hemoglobin
- Times Feet Check for Sores/Irritations
- Last Eye Exam Where Pupils Were Dilated
- Ever Told Diabetes Has Affected Eyes
- Ever Taken Class in Managing Diabetes

20.

HEALTHY DAYS (SYMPTOMS)

- How many days hard to do usual activities in past 30 days
- How many days depressed in past 30 days
- How many days felt anxious in past 30 days
- How many days full of energy in past 30 days

21.

CAREGIVER

22.

- Provided regular care for family or friend
- Relationship Of Person To Whom You Are Giving Care?
- How Long Provided Care For Person.
- How Many Hours Do You Provide Care For Person?
- What Is The Major Health Problem, Illness, Disability For Care For Person?
- Managed personal care
- Managed household tasks
- Which support do you MOST need that you are not getting?
- Do you expect to have a relative you will need to provide care for?

VISUAL IMPAIRMENT AND ACCESS TO EYE CARE

23.

- Difficulty recognizing friend across street
- Difficulty reading typed text
- Last time visited eye care provider
- Reason did not use eye doc past 12 mos
- When last eyexam
- Eye care health insurance
- Hith care pro said now have cataracts
- Hith care pro EVER said have glaucoma
- Hith care pro EVER said have macular degeneration

COGNITIVE DECLINE

24.

- Have you experienced confusion or memory loss that is happening more often or is getting worse?
- Given up day-to-day chores due to confusion or memory loss
- Need assistance with day-to-day activities due to confusion or memory loss
- When you need help with day-to-day activities are you able to get it
- Does confusion or memory loss interfere with work or social activities
- Have you discussed your confusion or memory loss with a health care professional?

SODIUM OR SALT-RELATED BEHAVIOR

25.

- Watching Sodium or Salt Intake
- How Long Watching Salt/Sodium Intake
- Doctor Advised Reduced Sodium/Salt Intake

ADULT ASTHMA HISTORY

27.

- Age at Asthma Diagnosis
- Asthma During Past 12 Months
- Emergency Asthma Care During Past 12 Months
- Urgent Asthma Treatment During Past 12 Months
- Routine Asthma Care During Past 12 Months
- Activities Limited Because of Asthma During Past 12 Months
- Asthma Symptoms During Past 30 Days
- Sleep Difficulty Because of Asthma During Past 30 Days
- Days used prescribed preventative asthma medication in past 30 days
- Times used asthma inhaler during an attack in past 30 days

CARDIOVASCULAR HEALTH

28.

- Outpatient rehab after heart attack hospital stay
- Outpatient rehab after hospital stay for stroke
- Take Aspirin Daily or Every Other Day
- Health Makes Taking Aspirin Unsafe
- Take Aspirin to Relieve Pain
- Take Aspirin to Reduce Chance of Heart Attack
- Take Aspirin to Reduce Chance of Stroke

ARTHRITIS MANAGEMENT

29.

- What Can You Do Because of Arthritis or Joint Symptoms
- Dr. Suggest Lose Weight for Arthritis or Joint Symptoms
- Dr. Suggest Use of Physical Activity or Exercise for Arthritis or Joint Symptoms
- Ever Taken Class in Managing Arthritis or Joint Symptoms

TETANUS DIPHTHERIA (TDAP) (ADULTS)

30.

- Received Tetanus Shot Since 2005

ADULT HUMAN PAPILLOMAVIRUS (HPV) - VACCINATION

31.

- Have you ever had the HPV vaccination?
- How many HPV shots did you receive?

SHINGLES (ZOSTAVAX OR ZOS)

Have you ever had the shingles or zoster vaccine?

32.

BREAST AND CERVICAL CANCER SCREENING

- Have You Ever Had a Mammogram
- How Long since Last Mammogram
- Ever Had a Pap Test
- How Long Since Last Pap Test
- Have you ever had an HPV test?
- How long since your last HPV test?
- Had Hysterectomy

34.

CLINICAL BREAST EXAM FOR BREAST CANCER SCREENING

- Ever Had Breast Physical Exam by Doctor
- How Long since Last Breast Physical Exam

35.

COLORECTAL CANCER SCREENING

- Ever Had Blood Stool Test Using Home Kit
- Time Since Last Blood Stool Test
- Ever Had Sigmoidoscopy/Colonoscopy
- Was your last test a sigmoidoscopy or colonoscopy?
- Time Since Last Sigmoidoscopy/Colonoscopy

36.

PROSTATE CANCER SCREENING

- Has a health professional EVER talked with you about the advantages of the PSA test?
- Has a health professional EVER talked with you about the disadvantages of the PSA test?
- Has a doctor EVER recommended that you have a PSA test?
- Ever Had PSA Test
- Time Since Last PSA Test
- What was the MAIN reason you had this PSA test?

37.

PROSTATE CANCER SCREENING DECISION MAKING

38.

- Why was PSA test done?
- Who made the decision with you to have PSA test?

SOCIAL CONTEXT

39.

- Times Past 12 Months Worried/Stressed About Having Enough Money To Pay Your Rent/Mortgage?
- Times Past 12 Months Worried/Stressed About Having Enough Money To Buy Nutritious Meals?
- How Are You Generally Paid For The Work You Do
- How Many Hours Per Week Do You Work
- How Were You Generally Paid For The Work You Did
- How Many Hours Per Week Did You Work

SEXUAL ORIENTATION AND GENDER IDENTITY

40.

- Sexual orientation or gender identity
- Do you consider yourself to be transgender?

RANDOM CHILD SELECTION

41.

- Gender of child
- Relationship to child

CHILDHOOD ASTHMA PREVALENCE

42.

- Health professional ever said child has asthma
- Child still has asthma?

EMOTIONAL SUPPORT AND LIFE SATISFACTION

42.

- How often get emotional support needed
- Satisfaction with life

ANXIETY AND DEPRESSION

43.

- Days had little pleasure doing things
- Days felt down, depressed or hopeless
- Days had trouble with sleep
- Days were tired or had little energy
- Days ate too little or too much
- Days felt like failure or let family down
- Days had trouble concentrating
- Days talked to move slower or faster than usual
- Receiving medicine or treatment from health professional for emotional problem
- Ever told you had an anxiety disorder

QUESTIONNAIRE VERSION

44.

- Questionnaire Version Identifier
- Language identifier

EXERCISE (PHYSICAL ACTIVITY)

45.

- First Activity Other response description
- Second Activity Other response description

WEIGHTING VARIABLES

46.

- Metropolitan Status Code
- Sample Design Stratification Variable
- Stratum weight

CALCULATED HEALTH VARIABLES

47.

- High Cholesterol Calculated Variable
- Ever Had CHD or MI (Coronary Heart Disease or Myocardial Infarction)
- Lifetime Asthma Calculated Variable
- Current Asthma Calculated Variable
- Computed Asthma Status
- Respondents Diagnosed with Arthritis

CALCULATED RACE VARIABLES

48.

- Computed Preferred Race
- Calculated Non-Hispanic Race Including Multiracial
- Hispanic, Latino/a, or Spanish Origin Calculated Variable
- Computed Race-Ethnicity Grouping
- Computed Non-Hispanic Whites/All Others Race Categories
- Computed Five-Level Race/Ethnicity Category
- Computed Race Groups Used for Internet Prevalence Tables

CALCULATED AGE VARIABLES

56.

- Reported Age in Five-Year Age Categories
- Reported Age in Two Age Groups
- Imputed Age Value Collapsed Above 80
- Imputed Age in Six Groups

CALCULATED ANTHROPOMETRIC VARIABLES

57.

- Computed Height in Inches
- Computed Height in Meters
- Computed Weight in Kilograms
- Computed Body Mass Index (BMI)
- Computed BMI Categories
- Overweight or Obese Calculated Variable

CALCULATED SOCIOECONOMIC VARIABLES

58.

- Computed Number of Children in Household
- Computed Level of Education Completed Categories
- Computed Income Categories

CALCULATED SMOKING AND ALCOHOL VARIABLES

59.

- Computed Smoking Status
- Current Smoking Calculated Variable
- Drink Any Alcoholic Beverages in Past 30 Days
- Computed Drink-Occasions-Per-Day
- Binge Drinking Calculated Variable
- Computed Number of Drinks of Alcohol Beverages Per Week
- Heavy Alcohol Consumption Calculated Variable

CALCULATED NUTRITION VARIABLES

60.

- Computed Fruit Juice Intake in Times Per Day
- Computed Fruit Intake in Times Per Day
- Computed Bean Intake in Times Per Day
- Computed Dark Green Vegetable Intake in Times Per Day
- Computed Orange-Colored Vegetable Intake in Times Per Day
- Computed Other Vegetable Intake in Times Per Day
- The Number of Missing Fruit Responses
- The Number of Missing Vegetable Responses
- Missing Any Fruit Responses
- Missing Any Vegetable Responses
- Total Fruits Consumed Per Day
- Total Vegetables Consumed Per Day
- Consume Fruit 1 or More Times Per Day
- Consume Vegetables 1 or More Times Per Day
- Reported Consuming Fruit More Than 16 Times Per Day
- Reported Consuming Vegetables More Than 23 Times Per Day
- Fruit Exclusion from Analyses
- Vegetable Exclusion from Analyses

CALCULATED PHYSICAL ACTIVITY VARIABLES

61.

- Leisure Time Physical Activity Calculated Variable
- Activity MET Value for First Activity
- Activity MET Value for Second Activity
- Estimated Age-Gender Specific Maximum Oxygen Consumption
- Estimated Functional Capacity
- Estimated Activity Intensity for First Activity
- Estimated Activity Intensity for Second Activity
- Minutes of First Activity
- Minutes of Second Activity
- Physical Activity Frequency Per Week for First Activity
- Physical Activity Frequency Per Week for Second Activity
- Minutes of Physical Activity Per Week for First Activity
- Minutes of Physical Activity Per Week for Second Activity
- Strength Activity Frequency Per Week
- Missing Physical Activity Data
- Minutes of Total Physical Activity Per Week
- Minutes of Vigorous Physical Activity Per Week for First Activity
- Minutes of Vigorous Physical Activity Per Week for Second Activity
- Minutes of Total Vigorous Physical Activity Per Week
- Physical Activity Categories
- Physical Activity Index
- 150 Minute Physical Activity Calculated Variable
- 300 Minute Physical Activity Calculated Variable
- 300 Minute Physical Activity 2-Level Calculated Variable
- Muscle Strengthening Recommendation
- Aerobic and Strengthening Guideline
- Aerobic and Strengthening (2-Level)

CALCULATED DISABILITY AND LIFESTYLE IMPACT VARIABLES

62.

- Limited Usual Activities
- Limited Work Activities
- Limited Social Activities

CALCULATED SAFETY BEHAVIOR VARIABLES

63.

- Always or Nearly Always Wear Seat Belts
- Always Wear Seat Belts

CALCULATED VACCINATION VARIABLES

64.

- Always or Nearly Always Wear Seat Belts
- Always Wear Seat Belts

Ever Been Tested for HIV Calculated Variable

DATA
DETACHIVES

GUYS
***WE NEED TO SHRINK
DOWN THIS MESS***

TO BE SHRINK.....

MADE BY:MOHAMED