

National Center for Health Statistics

Centers for Disease
Control and Prevention

National Center for Health Statistics



National Health and Nutrition Examination Survey

2013-2014 Questionnaire Variable List

[« Return to NHANES 2013-2014 Questionnaire Data](#)

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DLQ010	With this next set of questions, we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulties with their daily activities. Though different, these questions may sound similar to ones I asked earlier. {Are you/Is SP} deaf or {do you/does he/does she} have serious difficulty hearing?	DLQ_H	Disability	2013	2014	Questionnaire	None
DLQ020	{Are you/Is SP} blind or {do you/does he/does she} have serious difficulty seeing even when wearing glasses?	DLQ_H	Disability	2013	2014	Questionnaire	None
DLQ040	Because of a physical, mental, or emotional condition, {do you/does he/does she} have serious difficulty concentrating, remembering, or making decisions?	DLQ_H	Disability	2013	2014	Questionnaire	None
DLQ050	{Do you/Does SP} have serious difficulty walking or climbing stairs?	DLQ_H	Disability	2013	2014	Questionnaire	None
DLQ060	{Do you/Does SP} have difficulty dressing or bathing?	DLQ_H	Disability	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DLQ080	Because of a physical, mental, or emotional condition, {do you/does he/does she} have difficulty doing errands alone such as visiting a doctor's office or shopping?	DLQ_H	Disability	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DLQ_H	Disability	2013	2014	Questionnaire	None
DED031	If after several months of not being in the sun, {you/SP} then went out in the sun without sunscreen or protective clothing for a half hour, which one of these would happen to {your/his/her} skin?	DEQ_H	Dermatology	2013	2014	Questionnaire	None
DED120	The next questions ask about the time you spent outdoors during the past 30 days. By outdoors, I mean outside and not under any shade. How much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon on the days that you worked or went to school?	DEQ_H	Dermatology	2013	2014	Questionnaire	None
DED125	During the past 30 days, how much time did you usually spend outdoors between 9 in the morning and 5 in the afternoon on the days when you were not working or going to school?	DEQ_H	Dermatology	2013	2014	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_H	Dermatology	2013	2014	Questionnaire	None
DEQ034C	Wear a long sleeved shirt? Would you say ...	DEQ_H	Dermatology	2013	2014	Questionnaire	None
DEQ034D	Use sunscreen? Would you say ...	DEQ_H	Dermatology	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DEQ038G	How many times in the past year {have you/has SP} had a sunburn?	DEQ_H	Dermatology	2013	2014	Questionnaire	None
DEQ038Q	How many times in the past year {have you/has SP} had a sunburn?	DEQ_H	Dermatology	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DEQ_H	Dermatology	2013	2014	Questionnaire	None
OSD030aa	How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 1st time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030ab	How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 2nd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030ac	How old {were you/was SP} when {you/s/he} fractured {your/his/her} hip the 3rd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030ba	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 1st time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bb	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist 2nd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bc	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 3rd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bd	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 4th time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030be	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 5th time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bf	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 6th time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSD030bg	How old {were you/was SP} when {you/s/he} fractured {your/his/her} wrist the 7th time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bh	How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or more recent time . . .} time}?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bi	How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or more recent time . . .} time}?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030bj	How old {were you/was SP} when {you/s/he} fractured {your/his/her} {hip/wrist/spine} {the {1st/2nd/10th or more recent time . . .} time}?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030ca	How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 1st time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030cb	How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 2nd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD030cc	How old {were you/was SP} when {you/s/he} fractured {your/his/her} spine the 3rd time?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050aa	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050ab	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050ac	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050ba	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050bb	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSD050bc	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050bd	Did that fracture occur as a result of.....	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050ca	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD050cb	Did that fracture occur as a result of . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110a	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100a) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110b	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100b) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110c	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100c) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110d	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100d) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110e	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100e) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSD110g	How old {were you/was SP} when {you/SP} fractured {your/his/her} (fracture site selected in OSQ100d) for the first time after age 20?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ010a	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . . hip?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ010b	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . . wrist?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ010c	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured {your/his/her} . . . spine?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ020a	How many times {have you/has SP} broken or fractured {your/his/her} hip?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ020b	How many times {have you/has SP} broken or fractured {your/his/her} wrist?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ020c	How many times {have you/has SP} broken or fractured {your/his/her} spine?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040aa	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040ab	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040ac	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040ba	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bb	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bc	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bd	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040be	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bf	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bg	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bh	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bi	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040bj	{Were you/Was SP} . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ040ca	{Were you/Was SP} ...	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040cb	{Were you/Was SP} ...	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ040cc	{Were you/Was SP} ...	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ060	Has a doctor ever told {you/SP} that {you/s/he} had osteoporosis, sometimes called thin or brittle bones?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ072	Please look at the drugs on this card that are prescribed for osteoporosis. {Have you/Has SP} ever been told by a doctor or other health care professional to take a prescribed medicine for osteoporosis?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ080	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bone after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090a	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090b	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090c	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ090d	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090e	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090f	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090g	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ090h	Was this fracture the result of severe trauma such as a car accident, being struck by a vehicle, a physical attack, or a hard fall such as falling off a ladder or down stairs?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ100a	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ100b	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ100c	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ100d	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ100e	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ100g	Please look at this card and tell me where the fracture occurred.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120a	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120b	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120c	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120d	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120e	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120f	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ120g	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ120h	Has a doctor ever told {you/SP} that {you/s/he} had broken or fractured any other bones after {you were/s/he was} 20 years of age?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ130	{Have you/has SP} ever taken any prednisone or cortisone pills nearly every day for a month or longer? [Prednisone and cortisone are types of steroids.]	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ140q	Please think about {your/SP's} use of prednisone or cortisone during {your/his/her} lifetime. For how long did {you/s/he} use prednisone or cortisone nearly every day? Do not count the months or years when {you were/s/he was} not taking the medicine.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ140u	How long used prednisone or cortisone: month, year?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ150	Including living and deceased, were either of {your/SP's} biological parents ever told by a health professional that they had osteoporosis or brittle bones?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ160a	Mother was told had osteoporosis?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ160b	Father was told had osteoporosis?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ170	Did {your/SP's} biological mother ever fracture her hip?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OSQ180	About how old was your mother when she fractured her hip (the first time)?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ190	Was she . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ200	Did {your/SP's} biological father ever fracture his hip?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ210	About how old was your father when he fractured his hip (the first time)?	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
OSQ220	Was he . . .	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	OSQ_H	Osteoporosis	2013	2014	Questionnaire	None
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_H	Immunization	2013	2014	Questionnaire	None
IMQ020	Hepatitis (Hep-a-ti-tis) B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. In 1995, it was recommended that adolescents be given the vaccine. Persons who may be exposed to other people's blood, such as health care workers, also may have received the vaccine. {Have you/Has SP} ever received the 3-dose series of the hepatitis B vaccine?	IMQ_H	Immunization	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
IMQ040	Human Papillomavirus (HPV) vaccine is given to prevent cervical cancer in girls and women. There are two HPV vaccines available called Cervarix and Gardasil. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} ever received one or more doses of the HPV vaccine?	IMQ_H	Immunization	2013	2014	Questionnaire	None
IMQ045	How many doses of {Cervarix/Gardasil/the vaccine} {have you/has SP} received?	IMQ_H	Immunization	2013	2014	Questionnaire	None
IMQ070	Human Papillomavirus (HPV) vaccine is given to prevent HPV infection and genital warts in boys and men. It is given in 3 separate doses over a 6 month period. {Have you/Has SP} ever received one or more doses of the HPV vaccine? (The brand name for the vaccine is Gardasil.)	IMQ_H	Immunization	2013	2014	Questionnaire	None
IMQ080	Which of the HPV vaccines did {you/SP} receive, Cervarix or Gardasil?	IMQ_H	Immunization	2013	2014	Questionnaire	None
IMQ090	How old {were you/was SP} when {you/SP} received your first dose of {Cervarix/Gardasil/the vaccine}?	IMQ_H	Immunization	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	IMQ_H	Immunization	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD021	Ever had vaginal, anal, or oral sex.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD031	How old were you when you had sex for the first time?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXD101	In your lifetime, with how many men have you had any kind of sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD171	In your lifetime, with how many women have you had any kind of sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD450	In the past 12 months, with how many men have you had any kind of sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD510	In the past 12 months, with how many women have you had any kind of sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD621	How old were you when you first performed oral sex on a man? Performing oral sex means your mouth on a man's penis or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD630	How long has it been since the last time you performed oral sex on a new male partner? A new sexual partner is someone that you had never had sex with before.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD633	How old were you when you first performed oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXD642	How long has it been since the last time you performed oral sex on a new female partner? A new sexual partner is someone that you had never had sex with before.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
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_H	Sexual Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ251	In the past 12 months, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ260	Has a doctor or other health care professional ever told you that you had genital herpes?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ265	Has a doctor or other health care professional ever told you that you had genital warts?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ267	How old were you when you were first told that you had genital warts?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ270	In the past 12 months, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ272	In the past 12 months, has a doctor or other health care professional told you that you had chlamydia?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ280	Are you circumcised or uncircumcised?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ292	Do you think of yourself as...	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ294	Do you think of yourself as...	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ410	In your lifetime, with how many men have you had anal or oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
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_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ550	In the past 12 months, with how many men have you had anal or oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ590	Of the persons you had any kind of sex with in the past 12 months, how many were five or more years older than you?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ600	Of the persons you had any kind of sex with in the past 12 months, how many were five or more years younger than you?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ610	In the past 12 months, about how many times have you had {vaginal or anal/vaginal/anal} sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ624	In your lifetime, on how many men have you performed oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ627	In the past 12 months, on how many men have you performed oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ636	In your lifetime, on how many women have you performed oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ639	In the past 12 months, on how many women have you performed oral sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ645	When you performed oral sex in the past 12 months, how often would you use protection, like a condom or dental dam?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ648	In the past 12 months, did you have any kind of sex with a person that you never had sex with before?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ700	Have you ever had vaginal sex, also called sexual intercourse, with a man? This means a man's penis in your vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ703	Have you ever performed oral sex on a man? This means putting your mouth on a man's penis or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ706	Have you ever had anal sex? This means contact between a man's penis and your anus or butt.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
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_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ724	In your lifetime, with how many men have you had vaginal sex? Vaginal sex means a man's penis in your vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ727	In the past 12 months, with how many men have you had vaginal sex? Vaginal sex means a man's penis in your vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ741	Have you ever performed oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ753	Has a doctor or other health care professional ever told you that you had human papillomavirus or HPV?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ800	Have you ever had vaginal sex, also called sexual intercourse, with a woman? This means your penis in a woman's vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ803	Have you ever performed oral sex on a woman? This means putting your mouth on a woman's vagina or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
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_H	Sexual Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ809	Have you ever had any kind of sex with a man, including oral or anal?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ824	In your lifetime, with how many women have you had vaginal sex? Vaginal sex means your penis in a woman's vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ827	In the past 12 months, with how many women have you had vaginal sex? Vaginal sex means your penis in a woman's vagina.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ836	In your lifetime, with how many men have you had anal sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ841	In the past 12 months, with how many men have you had anal sex?	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SXQ853	Have you ever performed oral sex on a man? Performing oral sex means your mouth on a man's penis or genitals.	SXQ_H	Sexual Behavior	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD021	Ever had vaginal, anal, or oral sex.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD031	How old were you when you had sex for the first time?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD101	In your lifetime, with how many men have you had any kind of sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD171	In your lifetime, with how many women have you had any kind of sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD450	In the past 12 months, with how many men have you had any kind of sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXD510	In the past 12 months, with how many women have you had any kind of sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD621	How old were you when you first performed oral sex on a man? Performing oral sex means your mouth on a man's penis or genitals.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD630	How long has it been since the last time you performed oral sex on a new male partner? A new sexual partner is someone that you had never had sex with before.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD633	How old were you when you first performed oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXD642	How long has it been since the last time you performed oral sex on a new female partner? A new sexual partner is someone that you had never had sex with before.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ251	In the past 12 months, about how often have you had {vaginal or anal/vaginal/anal} sex without using a condom?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ260	Has a doctor or other health care professional ever told you that you had genital herpes?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ265	Has a doctor or other health care professional ever told you that you had genital warts?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ267	How old were you when you were first told that you had genital warts?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ270	In the past 12 months, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ272	In the past 12 months, has a doctor or other health care professional told you that you had chlamydia?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ280	Are you circumcised or uncircumcised?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ410	In your lifetime, with how many men have you had anal or oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ550	In the past 12 months, with how many men have you had anal or oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ590	Of the persons you had any kind of sex with in the past 12 months, how many were five or more years older than you?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ600	Of the persons you had any kind of sex with in the past 12 months, how many were five or more years younger than you?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ610	In the past 12 months, about how many times have you had {vaginal or anal/vaginal/anal} sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ624	In your lifetime, on how many men have you performed oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ627	In the past 12 months, on how many men have you performed oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ636	In your lifetime, on how many women have you performed oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ639	In the past 12 months, on how many women have you performed oral sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ645	When you performed oral sex in the past 12 months, how often would you use protection, like a condom or dental dam?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ706	Have you ever had anal sex? This means contact between a man's penis and your anus or butt.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ724	In your lifetime, with how many men have you had vaginal sex? Vaginal sex means a man's penis in your vagina.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ727	In the past 12 months, with how many men have you had vaginal sex? Vaginal sex means a man's penis in your vagina.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ741	Have you ever performed oral sex on a woman? Performing oral sex means your mouth on a woman's vagina or genitals.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ753	Has a doctor or other health care professional ever told you that you had human papillomavirus or HPV?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	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_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ809	Have you ever had any kind of sex with a man, including oral or anal?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ824	In your lifetime, with how many women have you had vaginal sex? Vaginal sex means your penis in a woman's vagina.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SXQ827	In the past 12 months, with how many women have you had vaginal sex? Vaginal sex means your penis in a woman's vagina.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ836	In your lifetime, with how many men have you had anal sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ841	In the past 12 months, with how many men have you had anal sex?	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
SXQ853	Have you ever performed oral sex on a man? Performing oral sex means your mouth on a man's penis or genitals.	SXQY_H_R	Sexual Behavior - Youth	2013	2014	Questionnaire	RDC Only
CDQ001	{Have you/Has SP} ever had any pain or discomfort in {your/her/his} chest?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ002	{Do you/Does she/Does he} get it when {you/she/he} walk uphill or hurry?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ003	{Do you/Does she/Does he} get it when {you/she/he} walk at an ordinary pace on level ground?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ004	What {do you/does she/does he} do if {you/she/he} get it while {you/she/he} are walking? {Do you/Does she/Does he} stop or slow down or continue at the same pace?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ005	If {you/she/he} stand still, what happens to it? Is the pain or discomfort relieved or not relieved?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ006	How soon is the pain relieved? Would you say...	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CDQ008	Have {you/she/he} ever had a severe pain across the front of {your/her/his} chest lasting for half an hour or more?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009A	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009B	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009C	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009D	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009E	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009F	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009G	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ009H	Please look at this card and show me where the pain or discomfort is located.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
CDQ010	{Have you/Has SP} had shortness of breath either when hurrying on the level or walking up a slight hill?	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	CDQ_H	Cardiovascular Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
BPD035	How old {were you/was SP} when {you were/he/she was} first told that {you/he/she} had hypertension or high blood pressure?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPD058	How often {did you check your/did SP check his/her} blood pressure at home during the last 12 months?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	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_H	Blood Pressure & Cholesterol	2013	2014	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_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ040A	Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} ever been told to . . . take prescribed medicine?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ050A	HELP AVAILABLE (Are you/Is SP) now taking prescribed medicine	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ056	{Did you/Did SP} take {your/his/her} blood pressure at home during the last 12 months?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ059	Did a doctor or other health professional tell {you/SP} to take {your/his/her} blood pressure at home?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ060	{Have you/Has SP} ever had {your/his/her} blood cholesterol checked?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
BPQ070	About how long has it been since {you/SP} last had {your/his/her} blood cholesterol checked? Has it been...	BPQ_H	Blood Pressure & Cholesterol	2013	2014	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_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ090D	[To lower (your/his/her) blood cholesterol, (have/has) (you/SP) ever been told by a doctor or other health professional]... to take prescribed medicine?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
BPQ100D	(Are you/Is SP) now following this advice to take prescribed medicine?	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	BPQ_H	Blood Pressure & Cholesterol	2013	2014	Questionnaire	None
AGQ030	During the past 12 months, {have you/has SP} had an episode of hay fever?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCD093	In what year did {you/SP} receive {your/his/her} first transfusion?	MCQ_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ025	How old {were you/was SP} when {you were/s/he was} first told {you/he/she} had asthma (az-ma)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ035	{Do you/Does SP} still have asthma (az-ma)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ040	During the past 12 months, {have you/has SP} had an episode of asthma (az-ma) or an asthma attack?	MCQ_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ070	{Have you/Has SP} ever been told by a doctor or other health care professional that {you/s/he} had psoriasis (sore-eye-asis)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ075	{Do you/Does SP} currently have ...	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ080	Has a doctor or other health professional ever told {you/SP} that {you were/s/he/SP was} overweight?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ082	Has a doctor or other health professional ever told {you/SP} that {you have/s/he/SP has} celiac (sele-ak) disease, also called or sprue (sproo)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ084	The next question asks about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met. This refers to things like confusion or memory loss that are happening more often or getting worse. We want to know how these difficulties impact {you/SP}. During the past 12 months, {have you/has she/has he} experienced confusion or memory loss that is happening more often or is getting worse?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ086	{Are you/is SP} on a gluten-free diet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ092	{Have you/Has SP} ever received a blood transfusion?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ149	Have {SP's} periods or menstrual (men-stral) cycles started yet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ151	How old was {SP} when she had {her} first menstrual period?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160a	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had arthritis (ar-thry-tis)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160b	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had congestive heart failure?	MCQ_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160f	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . . had a stroke?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160g	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . . had emphysema (emph-phi-see-ma)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160k	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . . had chronic bronchitis?	MCQ_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ160n	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . . had gout?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ160o	Has a doctor or other health professional ever told {you/SP} that {you/s/he} . . .had COPD?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ170k	{Do you/Does SP} still . . . have chronic bronchitis?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ170l	{Do you/Does SP} still . . . have any kind of liver condition?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ170m	{Do you/Does SP} still . . . have another thyroid problem?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180a	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . . had arthritis?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180b	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had congestive heart failure?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180c	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had coronary heart disease?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180d	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had angina, also called angina pectoris?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180e	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had a heart attack (also called myocardial infarction)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180f	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had a stroke?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180g	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had emphysema?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ180k	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had chronic bronchitis?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180l	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had any kind of liver condition?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180m	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had another thyroid problem?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ180n	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} . . .had gout?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ195	Which type of arthritis was it?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ203	Has anyone ever told {you/SP} that {you/she/he/SP} had yellow skin, yellow eyes or jaundice? Please do not include infant jaundice, which is common during the first weeks after birth.	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ206	How old {were you/was SP} when {you were/s/he was} first told {you/s/he} had yellow skin, yellow eyes or jaundice?	MCQ_H	Medical Conditions	2013	2014	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_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ230a	What kind of cancer was it?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ230b	What kind of cancer was it?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ230c	What kind of cancer was it?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ230d	What kind of cancer was it?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240a	How old (were you/was SP) when bladder cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240aa	How old (were you/was SP) when testicular cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240b	How old {were you/was SP} when blood cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240bb	How old (were you/was SP) when thyroid cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240c	How old (were you/was SP) when bone cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240cc	How old (were you/was SP) when uterine cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240d	How old (were you/was SP) when brain cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240dd	How old (were you/was SP) when some other type of cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240dk	How old {were you/was SP} when cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240e	How old (were you/was SP) when breast cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240f	How old (were you/was SP) when cervical cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240g	How old (were you/was SP) when colon cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ240h	How old (were you/was SP) when esophageal cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240i	How old (were you/was SP) when gallbladder cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240j	How old (were you/was SP) when kidney cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240k	How old (were you/was SP) when larynx or windpipe cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240l	How old (were you/was SP) when leukemia was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240m	How old (were you/was SP) when liver cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240n	How old (were you/was SP) when lung cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240o	How old (were you/was SP) when lymphoma or Hodgkins' Disease was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240p	How old (were you/was SP) when melanoma was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240q	How old (were you/was SP) when mouth, tongue, or lip cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240r	How old (were you/was SP) when cancer of the nervous system was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240s	How old (were you/was SP) when ovarian cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ240t	How old (were you/was SP) when pancreatic cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240u	How old (were you/was SP) when prostate cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240v	How old (were you/was SP) when rectal cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240w	How old (were you/was SP) when non-melanoma skin cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240x	How old (were you/was SP) when the unknown kind of skin cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240y	How old (were you/was SP) when soft tissue (muscle or fat) cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ240z	How old (were you/was SP) when stomach cancer was first diagnosed?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ300a	Including living and deceased, were any of {SP's/your} close biological that is, blood relatives including father, mother, sisters or brothers, ever told by a health professional that they had a heart attack or angina (an-gi-na) before the age of 50?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ300b	Including living and deceased, were any of {SP's/your} close biological that is, blood relatives including father, mother, sisters or brothers, ever told by a health professional that they had asthma (az-ma)?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ300c	Including living and deceased, were any of {SP's/your} close biological that is, blood relatives including father, mother, sisters or brothers, ever told by a health professional that they had diabetes?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ365a	To lower {your/SP's} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to: control {your/his/her} weight or lose weight?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ365b	To lower {your/SP's} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to: increase {your/his/her} physical activity or exercise?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ365c	To lower {your/SP's} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to: reduce the amount of sodium or salt in {your/his/her} diet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ365d	To lower {your/SP's} risk for certain diseases, during the past 12 months {have you/has s/he} ever been told by a doctor or health professional to: reduce the amount of fat or calories in {your/his/her} diet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ370a	To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following: controlling {your/his/her} weight or losing weight?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ370b	To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following: increasing {your/his/her} physical activity or exercise?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ370c	To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following: reducing the amount of sodium or salt in {your/his/her} diet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ370d	To lower {your/his/her} risk for certain diseases, {are you/is s/he} now doing any of the following: reducing the amount of fat or calories in {your/his/her} diet?	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
MCQ380	During the past 7 days, how often{have you/has SP} had trouble remembering where {you/he/she} put things, like {your/his/her} keys or {your/his/her} wallet? Would you say...	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	MCQ_H	Medical Conditions	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
HIQ011	The (first/next) questions are about health insurance. {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_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031A	{Are you/Is SP} covered by private insurance?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031AA	No coverage of any type.	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031B	{Are you/Is SP} covered by Medicare?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031C	{Are you/Is SP} covered by Medi-Gap?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031D	{Are you/Is SP} covered by Medicaid?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031E	{Are you/Is SP} covered by SCHIP (State Children's Health Insurance Program)?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031F	{Are you/Is SP} covered by military health plan (Tricare/VA/Champ-VA)?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031G	{Are you/Is SP} covered by Indian Health Service?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031H	{Are you/Is SP} covered by state-sponsored health plan?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031I	{Are you/Is SP} covered by other government insurance?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ031J	{Are you/Is SP} covered by any single service plan?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
HIQ105	Insurance card available or not.	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ210	In the past 12 months, was there any time when {you/SP} did not have any health insurance coverage?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ260	{Do you/Does SP} have Medicare?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HIQ270	{Does this plan/Do any of these plans} cover any part of the cost of prescriptions?	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	HIQ_H	Health Insurance	2013	2014	Questionnaire	None
HUD080	How many different times did {you/SP} stay in any hospital overnight or longer {during the past 12 months}? (Do not count total number of nights, just total number of hospital admissions for stays which lasted 1 or more nights.)	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
HUQ010	{First/Next} I have some general questions about {your/SP's} health. Would you say {your/SP's} health in general is ...	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
HUQ020	Compared with 12 months ago, would you say {your/SP's} health is now ...	HUQ_H	Hospital Utilization & Access to Care	2013	2014	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_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
HUQ041	{What kind of place is it - a clinic, doctor's office, emergency room, or some other place?} {What kind of place {do you/does SP} go to most often - a clinic, doctor's office, emergency room, or some other place?}	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
HUQ051	{During the past 12 months, how/How} many times {have you/has SP} seen a doctor or other health care professional about {your/his/her} health at a doctor's office, a clinic or some other place? Do not include times {you were/s/he was} hospitalized overnight, visits to hospital emergency rooms, home visits or telephone calls.	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
HUQ061	About how long has it been since {you/SP} last saw or talked to a doctor or other health care professional about {your/his/her} health? Include doctors seen while {you were} {he/she was} a patient in a hospital. Has it been . . .	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
HUQ071	{During the past 12 months, were you/{was} SP} a patient in a hospital overnight? Do not include an overnight stay in the emergency room.	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
HUQ090	During the past 12 months, that is since {DISPLAY CURRENT MONTH} of {DISPLAY LAST YEAR}, {have you/has SP} seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about {your/his/her} health?	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	HUQ_H	Hospital Utilization & Access to Care	2013	2014	Questionnaire	None
PAAQUEX	Questionnaire source flag for weighting	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAD615	How much time {do you/does SP} spend doing vigorous-intensity activities at work on a typical day?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAD630	How much time {do you/does SP} spend doing moderate-intensity activities at work on a typical day?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAD645	How much time {do you/does SP} spend walking or bicycling for travel on a typical day?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAD660	How much time {do you/does SP} spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAD675	How much time {do you/does SP} spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H	Physical Activity	2013	2014	Questionnaire	None
PAD733	On average, for how long did {you/SP} play these active video games?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ605	Next I am going to ask you about the time {you spend/SP spends} doing different types of physical activity in a typical week. Think first about the time {you spend/he spends/she spends} doing work. Think of work as the things that {you have/he has/she has} to do such as paid or unpaid work, household chores, and yard work. Does {your/SP's} work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ610	In a typical week, on how many days {do you/does SP} do vigorous-intensity activities as part of {your/his/her} work?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ620	Does {your/SP's} work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ625	In a typical week, on how many days {do you/does SP} do moderate-intensity activities as part of {your/his/her} work?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ635	The next questions exclude the physical activity at work that you have already mentioned. Now I would like to ask you about the usual way {you travel/SP travels} to and from places. For example to school, for shopping, to work. In a typical week {do you/does SP} walk or use a bicycle for at least 10 minutes continuously to get to and from places?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ640	In a typical week, on how many days {do you/does SP} walk or bicycle for at least 10 minutes continuously to get to and from places?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ650	The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities. In a typical week {do you/does SP} do any vigorous-intensity sports, fitness, or recreational activities that cause large increases in breathing or heart rate like running or basketball for at least 10 minutes continuously?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ655	In a typical week, on how many days {do you/does SP} do vigorous-intensity sports, fitness or recreational activities?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ665	In a typical week {do you/does SP} do any moderate-intensity sports, fitness, or recreational activities that cause a small increase in breathing or heart rate such as brisk walking, bicycling, swimming, or volleyball for at least 10 minutes continuously?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ670	In a typical week, on how many days {do you/does SP} do moderate-intensity sports, fitness or recreational activities?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ677	In this question you can include activities done in school. On how many of the past 7 days did {you/SP} exercise or participate in physical activity for at least 20 minutes that made {you/him/her} sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ678	On how many of the past 7 days did {you/SP} do exercises to strengthen or tone {your/his/her} muscles, such as push-ups, sit-ups, or weight lifting?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ679	About how many minutes {do you/does SP} think you should exercise or be physically active each day for good health?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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.	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ710	Now I will ask you first about TV watching and then about computer use. Over the past 30 days, on average how many hours per day did {you/SP} sit and watch TV or videos? Would you say ...	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ715	Over the past 30 days, on average how many hours per day did {you/SP} use a computer or play computer games outside of school? Include Playstation, Nintendo DS, or other portable video games Would you say ...	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ722	For the next questions, think about the sports, lessons, or physical activities {you/SP} may have done during the past 7 days? Please do not include things {you/he/she} did during the school day like PE or gym class. Did {you/SP} do any physical activities during the past 7 days?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724a	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ724aa	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724ab	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724ac	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724ad	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724ae	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724af	Physical activity horseback riding	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724b	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724c	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724cm	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724d	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ724e	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724f	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724g	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724h	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724i	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724j	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724k	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724l	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724m	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ724n	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724o	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724p	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724q	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724r	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724s	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724t	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724u	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724v	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ724w	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724x	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724y	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ724z	What physical activities did {you/SP} do during the past 7 days? {PROBE: Did {you/he/she} do any other physical activities?}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ731	During the past 7 days, on how many days did {you/SP} play active video games such as Wii Sports, Wii Fit, Xbox 360, Xbox Kinect, Playstation 3, or Dance, Dance Revolution?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ740	The next questions ask about activities during the school year. If {you are/SP is} not currently in school, think about {your/his/her} activities when {you were/he was/she was} last in school. Are students at {your/his/her} school allowed to use school facilities during lunch or during a free or elective period, such as the gymnasium, tennis courts, weight room, or track, during school time?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ742	{Do you/Does SP} use school facilities for physical activity during school time?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ744	{Do you/does SP} have PE or gym during school days?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ746	How often {do you/does SP} have PE or gym?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ748	On average, how long is the PE or gym class?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ750	I am going to read a statement and I want you to let me know if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the statement. {I enjoy participating in PE or gym class.}	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ755	The following are activities that may be done before, during, or after school other than during PE or gym class. If {you are/SP is} not currently in school, think about {your/his/her} activities when {you were/he was/she was} last in school. {Do you/Does SP} participate in school sports or physical activity clubs?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759a	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759b	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759c	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759d	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759e	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ759f	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759g	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759h	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759i	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759j	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759k	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759l	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759m	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759n	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759o	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759p	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759q	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759r	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759s	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PAQ759t	In what school sports or physical activity clubs {do you/does SP} participate?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759u	Participate in martial arts	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ759v	Participate in walking	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ762	{Do you/Does SP} have recess during school days?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ764	How often {do you/does SP} have recess?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ766	On average, how long is the recess period?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ770	In the past year, did {you/SP} receive a Physical Fitness Test award, such as a President's Challenge or Fitnessgram award?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ772a	What Physical Fitness Test award did {you/SP} receive?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ772b	What Physical Fitness Test award did {you/SP} receive?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PAQ772c	What Physical Fitness Test award did {you/SP} receive?	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	PAQ_H	Physical Activity	2013	2014	Questionnaire	None
PFQ020	{Do you/Does SP} have an impairment or health problem that limits {your/his/her} ability to {walk, run or play} {walk or run}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ030	Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ033	{Do you/Does SP} have any impairment or health problem that requires {you/him/her} to use special equipment, such as a brace, a wheelchair, or a hearing aid (excluding ordinary eyeglasses or corrective shoes)?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ041	Does {SP} receive Special Education or Early Intervention Services?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ049	The next set of questions is about limitations caused by any long-term physical, mental or emotional problem or illness. Please do not include temporary conditions, such as a cold [or pregnancy]. Does a physical, mental or emotional problem now keep {you/SP} from working at a job or business?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ051	{Are you/Is SP} limited in the kind or amount of work {you/s/he} can do because of a physical, mental or emotional problem?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ054	Because of a health problem, {do you/does SP} have difficulty walking without using any special equipment?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ057	{Are you/Is SP} limited in any way because of difficulty remembering or because {you/s/he} experience{s} periods of confusion?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ059	{Are you/Is SP} limited in any way in any activity because of a physical, mental or emotional problem?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ061A	The next questions ask about difficulties {you/SP} may have doing certain activities because of a health problem. By "health problem" we mean any long-term physical, mental or emotional problem or illness {not including pregnancy}. By {yourself/himself /herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .managing {your/his/her} money [such as keeping track of {your/his/her} expenses or paying bills]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061B	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .walking for a quarter of a mile [that is about 2 or 3 blocks]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061C	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .walking up 10 steps without resting?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061D	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .stooping, crouching, or kneeling?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ061E	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .lifting or carrying something as heavy as 10 pounds [like a sack of potatoes or rice]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061F	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .doing chores around the house [like vacuuming, sweeping, dusting, or straightening up]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061G	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .preparing {your/his/her} own meals?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061H	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .walking from one room to another on the same level?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061I	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .standing up from an armless straight chair?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ061J	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .getting in or out of bed?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061K	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .eating, like holding a fork, cutting food or drinking from a glass?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061L	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .dressing {yourself/himself/herself}, including tying shoes, working zippers, and doing buttons?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061M	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .standing or being on {your/his/her} feet for about 2 hours?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061N	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .sitting for about 2 hours?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061O	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .reaching up over {your/his/her} head?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ061P	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .using {your/his/her} fingers to grasp or handle small objects?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061Q	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .going out to things like shopping, movies, or sporting events?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061R	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .participating in social activities [visiting friends, attending clubs or meetings or going to parties]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061S	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .doing things to relax at home or for leisure [reading, watching TV, sewing, listening to music]?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ061T	By {yourself/himself/herself} and without using any special equipment, how much difficulty {do you/does SP} have .. .pushing or pulling large objects like a living room chair?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
PFQ063A	What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ063B	What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ063C	What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ063D	What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ063E	What condition or health problem causes {you/SP} to have difficulty with or need help with {NAME OF UP TO 3 ACTIVITIES/these activities}?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
PFQ090	{Do you/Does SP} now have any health problem that requires {you/him/her} to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	PFQ_H	Physical Functioning	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	PFQ_H	Physical Functioning	2013	2014	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_H	Hepatitis	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
HEQ020	Please look at the drugs on this card that are prescribed for Hepatitis B. {Were you/Was/s/he/SP} ever prescribed any medicine to treat Hepatitis B?	HEQ_H	Hepatitis	2013	2014	Questionnaire	None
HEQ030	Has a doctor or other health professional ever told {you/SP} that {you have/s/he/SP has} Hepatitis C? (Hepatitis is a form of liver disease. Hepatitis C is an infection of the liver from the Hepatitis C virus (HCV).)	HEQ_H	Hepatitis	2013	2014	Questionnaire	None
HEQ040	Please look at the drugs on this card that are prescribed for Hepatitis C. {Were you/ Was/s/he/SP} ever prescribed any medicine to treat Hepatitis C?	HEQ_H	Hepatitis	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	HEQ_H	Hepatitis	2013	2014	Questionnaire	None
ECD010	First I have some questions about {SP NAME's} birth. How old was {SP NAME's} biological mother when {s/he} was born?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECD070A	How much did {SP NAME} weigh at birth?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECD070B	How much did {SP NAME} weigh at birth?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECQ020	Did {SP NAME's} biological mother smoke at any time while she was pregnant with {him/her}?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECQ080	Did {SP NAME} weigh ...	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECQ090	Did {SP NAME} weigh ...	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
ECQ150	Are you now doing anything to help {SP} control {his/her} weight?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
MCQ080E	Has a doctor or health professional ever told you that {SP} was overweight?	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	ECQ_H	Early Childhood	2013	2014	Questionnaire	None
WHQ030E	How do you consider {SP} weight?	ECQ_H	Early Childhood	2013	2014	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_H	Diabetes	2013	2014	Questionnaire	None
DID060	For how long {have you/has SP} been taking insulin?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID250	How many times {have you/has SP} seen this doctor or other health professional in the past 12 months?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID260	How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID310D	What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID310S	What does {your/SP's} doctor or other health professional say {your/his/her} blood pressure should be?	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DID320	One part of total serum cholesterol in {your/SP's} blood is a bad cholesterol, called LDL, which builds up and clogs {your/his/her} arteries. What was {your/his/her} most recent LDL cholesterol number?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID330	What does {your/SP's} doctor or other health professional say {your/his/her} LDL cholesterol should be?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID341	During the past 12 months, about how many times has a doctor or other health professional checked {your/SP's} feet for any sores or irritations?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DID350	How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.	DIQ_H	Diabetes	2013	2014	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_H	Diabetes	2013	2014	Questionnaire	None
DIQ050	{Is SP/Are you} now taking insulin	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ060U	UNIT OF MEASURE	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	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_H	Diabetes	2013	2014	Questionnaire	None
DIQ080	Has a doctor ever told {you/SP} that diabetes has affected {your/his/her} eyes or that {you/s/he} had retinopathy (ret-in-op-ath-ee)?	DIQ_H	Diabetes	2013	2014	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_H	Diabetes	2013	2014	Questionnaire	None
DIQ170	{Have you/Has SP} ever been told by a doctor or other health professional that {you have/s/he has} health conditions or a medical or family history that increases {your/his/her} risk for diabetes?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ172	{Do you/Does SP} feel {you/he/she} could be at risk for diabetes or prediabetes?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175A	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DIQ175B	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175C	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175D	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175E	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175F	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175G	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175H	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175I	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175J	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DIQ175K	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175L	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175M	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175N	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175O	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175P	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175Q	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175R	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175S	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DIQ175T	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175U	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175V	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175W	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ175X	Why {Do you/Does SP} think {you are/he is/she is} at risk for diabetes or prediabetes? [Anything else?]	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ180	{Have you/Has SP} had a blood test for high blood sugar or diabetes within the past three years?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ230	When was the last time {you/SP} saw a diabetes nurse educator or dietitian or nutritionist for {your/his/her} diabetes? Do not include doctors or other health professionals.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ240	Is there one doctor or other health professional {you usually see/SP usually sees} for {your/his/her} diabetes? Do not include specialists to whom {you have/SP has} been referred such as diabetes educators, dieticians or foot and eye doctors.	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DIQ260U	How often {do you check your/does SP check his/her} blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ275	Glycosylated (GLY-KOH-SIH-LAY-TED) hemoglobin or the "A one C" test measures your average level of blood sugar for the past 3 months, and usually ranges between 5.0 and 13.9. During the past 12 months, has a doctor or other health professional checked {your/SP's} glycosylated hemoglobin or "A one C"?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ280	What was {your/SP's} last "A one C" level?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ291	What does {your/SP's} doctor or other health professional say {your/his/her} "A one C" level should be? (Pick the lowest level recommended by your health care professional.)	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ300D	Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood pressure in numbers?	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ300S	Blood pressure is usually given as one number over another. What was {your/SP's} most recent blood pressure in numbers?	DIQ_H	Diabetes	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DIQ350U	How often {do you check your feet/does SP check (his/her) feet} for sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a doctor or other health professional.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
DIQ360	When was the last time {you/SP} had an eye exam in which the pupils were dilated? This would have made {you/SP} temporarily sensitive to bright light.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DIQ_H	Diabetes	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	SMQFAM_H	Smoking - Household Smokers	2013	2014	Questionnaire	None
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_H	Smoking - Household Smokers	2013	2014	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_H	Smoking - Household Smokers	2013	2014	Questionnaire	None
SMD480	(Not counting decks, porches, or detached garages) During the past 7 days, that is since last [TODAY'S DAY OF WEEK], on how many days did {anyone who lives here/you}, smoke tobacco inside this home?	SMQFAM_H	Smoking - Household Smokers	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SEQN	Respondent sequence number.	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMAQUEX2	Questionnaire Mode Flag	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD030	How old {were you/was SP} when {you/s/he} first started to smoke cigarettes fairly regularly?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD055	How old {were you/was SP} when {you/s/he} last smoked cigarettes {fairly regularly}?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD057	At that time, about how many cigarettes did {you/SP} usually smoke per day?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD093	May I please see the pack for the brand of cigarettes {you usually smoke/SP usually smokes}.	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100BR	BRAND OF CIGARETTES SMOKED BY SP (SUB-BRAND INCLUDED IF APPLICABLE AND AVAILABLE)	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100CO	CIGARETTE CARBON MONOXIDE CONTENT	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100FL	CIGARETTE PRODUCT FILTERED OR NON-FILTERED	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100LN	CIGARETTE PRODUCT LENGTH	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100MN	CIGARETTE PRODUCT MENTHOLATED OR NON-MENTHOLATED	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100NI	CIGARETTE NICOTINE CONTENT	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD100TR	CIGARETTE TAR CONTENT	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMD630	How old were you when you smoked a whole cigarette for the first time?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMD641	On how many of the past 30 days did {you/SP} smoke a cigarette?	SMQ_H	Smoking - Cigarette Use	2013	2014	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_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMDUPCA	Cigarette 12-digit Universal Product Code (UPC)	SMQ_H	Smoking - Cigarette Use	2013	2014	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_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ040	{Do you/Does SP} now smoke cigarettes?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ050Q	How long has it been since {you/SP} quit smoking cigarettes?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ050U	UNIT OF MEASURE	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ078	How soon after you wake up do you smoke? Would you say . . .	SMQ_H	Smoking - Cigarette Use	2013	2014	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_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ661	During the past 30 days, on the days that you smoked, which brand of cigarettes did you usually smoke?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMQ665A	Please select the Marlboro pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Marlboro.'	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ665B	Please select the Camel pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Camel.'	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ665C	Please select the Newport pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other Newport.'	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ665D	Please select the pack that looks most like the brand that you smoke. If the pack you smoke is not shown, select 'other brand of cigarette.'	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ670	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ848	During the past 12 months, how many times {have you/has SP} stopped smoking cigarettes because {you were/he was/she was} trying to quit smoking?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ852Q	The last time {you/SP} tried to quit, how long {were you/was he/was she} able to stop smoking?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None
SMQ852U	The last time {you/SP} tried to quit, how long {were you/was he/was she} able to stop smoking?	SMQ_H	Smoking - Cigarette Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SEQN	Respondent sequence number.	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMAQUEX	Questionnaire Mode Flag.	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMDANY	Used any tobacco product last 5 days?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ681	The following questions ask about use of tobacco products in the past 5 days. During the past 5 days, including today, did you smoke cigarettes, pipes, cigars, little cigars or cigarillos, water pipes, hookahs, or e-cigarettes?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690A	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690B	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690C	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690D	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690E	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690F	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690G	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690H	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMQ690I	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ690J	Which of these products did {you/he/she} use?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ710	During the past 5 days, including today, on how many days did {you/he/she} smoke cigarettes?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	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_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ725	When did {you/he/she} smoke {your/his/her} last cigarette? Was it...	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ740	During the past 5 days, including today, on how many days did {you/he/she} smoke a pipe?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ770	During the past 5 days, including today, on how many days did {you/he/she} smoke cigars, or little cigars or cigarillos?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ800	During the past 5 days, including today, on how many days did {you/he/she} use chewing tobacco, such as Redman, Levi Garrett or Beechnut?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ817	During the past 5 days, including today, on how many days did {you/he/she} use snuff, such as Skoal, Skoal Bandits, or Copenhagen?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMQ830	During the past 5 days, including today, on how many days did {you/he/she} use any nicotine replacement therapy products such as nicotine patches, gum, lozenges, inhalers, or nasal sprays?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ840	When did {you/he/she} last use a nicotine replacement therapy product? Was it ...	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	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_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ849	During the past 5 days, including today, on how many days did {you/he/she} smoke an e-cigarette?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ851	Smokeless tobacco products are placed in the mouth or nose and include chewing tobacco, snuff, snus, or dissolvables. During the past 5 days, including today, did {you/he/she} use any smokeless tobacco? (Please do not include nicotine replacement products like patches, gum, lozenge, or spray which are considered products to help {you/him/her} stop smoking.)	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
SMQ857	During the past 5 days, including today, on how many days did {you/he/she} use snus?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMQ861	During the past 5 days, including today, on how many days did {you/he/she} use dissolvables such as strips or orbs?	SMQRTU_H	Smoking - Recent Tobacco Use	2013	2014	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_H	Smoking - Recent Tobacco Use	2013	2014	Questionnaire	None
HOD050	How many rooms are in this home? Count the kitchen but not the bathroom.	HOQ_H	Housing Characteristics	2013	2014	Questionnaire	None
HOQ065	Is this {mobile home/house/apartment} owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?	HOQ_H	Housing Characteristics	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	HOQ_H	Housing Characteristics	2013	2014	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_H	Pesticide Use	2013	2014	Questionnaire	None
PUQ110	In the past 7 days, were any chemical products used in {your/his/her} lawn or garden to kill weeds?	PUQMEC_H	Pesticide Use	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	PUQMEC_H	Pesticide Use	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMAQUEX	Questionnaire Mode Flag.	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ856	I will now ask you about tobacco smoke in other places. During the last 7 days, {were you/was SP} working at a job or business outside of the home?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ858	While {you were/SP was} working at a job or business outside of the home, did someone else smoke cigarettes or other tobacco products indoors?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ860	{I will now ask you about smoking in other places.} During the last 7 days, did {you/SP} spend time in a restaurant?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ862	While {you were/SP was} in a restaurant, did someone else smoke cigarettes or other tobacco products indoors?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ866	During the last 7 days, {did you/SP} spend time in a bar?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ868	While {you were/SP was} in a bar, did someone else smoke cigarettes or other tobacco products indoors?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ870	During the last 7 days, did {you/SP} ride in a car or motor vehicle?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ872	While {you were/SP was} riding in a car or motor vehicle, did someone else smoke cigarettes or other tobacco products?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SMQ874	During the last 7 days, did {you/SP} spend time in a home other than {your/his/her} own?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ876	While {you were/SP was} in a home other than {your/his/her} own, did someone else smoke cigarettes or other tobacco products indoors?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ878	During the last 7 days, {were you/was SP} in any other indoor area?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
SMQ880	While {you were/SP was} in the other indoor area, did someone else smoke cigarettes or other tobacco products?	SMQSHS_H	Smoking - Secondhand Smoke Exposure	2013	2014	Questionnaire	None
IND235	Monthly family income (reported as a range value in dollars).	INQ_H	Income	2013	2014	Questionnaire	None
IND247	Total savings or cash assets at this time for {you/NAMES OF OTHER FAMILY/your family}.	INQ_H	Income	2013	2014	Questionnaire	None
INDFMMPC	Family monthly poverty level index categories.	INQ_H	Income	2013	2014	Questionnaire	None
INDFMMPI	Family monthly poverty level index, a ratio of monthly family income to the HHS poverty guidelines specific to family size.	INQ_H	Income	2013	2014	Questionnaire	None
INQ012	Did {you/you or any family members 16 and older} receive income in {LAST CALENDAR YEAR} from self-employment including business and farm income? [Self-employment means you worked for yourself.]	INQ_H	Income	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
INQ020	The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income plus the income of {NAMES OF OTHER NHANES FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you and OTHER NHANES FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from wages and salaries? [Did {you/you or OTHER FAMILY MEMBERS 16+} get paid for work in {LAST CALENDAR YEAR}.]	INQ_H	Income	2013	2014	Questionnaire	None
INQ030	When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or any family members living here, that is: you or NAME(S) OF OTHER NHANES FAMILY MEMBERS} receive income in {LAST CALENDAR YEAR} from Social Security or Railroad Retirement?	INQ_H	Income	2013	2014	Questionnaire	None
INQ060	Did {you/you or any family members living here} receive any disability pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?	INQ_H	Income	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
INQ080	Did {you/you or any family members living here} receive retirement or survivor pension [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?	INQ_H	Income	2013	2014	Questionnaire	None
INQ090	Did {you/you or any family members living here} receive Supplemental Security Income [SSI] in {LAST CALENDAR YEAR}?	INQ_H	Income	2013	2014	Questionnaire	None
INQ132	Did {you/you or any family members living here} receive any cash assistance from a state or county welfare program such as welfare, public assistance, AFDC, or some other program in {LAST CALENDAR YEAR}?	INQ_H	Income	2013	2014	Questionnaire	None
INQ140	Did {you/you or any family members living here} receive interest from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?	INQ_H	Income	2013	2014	Questionnaire	None
INQ150	Did {you/you or any family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?	INQ_H	Income	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
INQ244	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_H	Income	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	INQ_H	Income	2013	2014	Questionnaire	None
AUQ136	{Have you/Has SP} ever had 3 or more ear infections? Please include ear infections {you/he/she} may have had when {you were/he was/she was} a child.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
AUQ138	{Have you/Has SP} ever had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ010	The next questions are about {your/SP's} sense of smell. During the past 12 months, {have you/has he/has she} had a problem with {your/his/her} ability to smell, such as not being able to smell things or things not smelling the way they are supposed to?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ020	How would {you/SP} rate {your/his/her} ability to smell now as compared to when {you were/he was/she was} 25 years old? Is it better, worse or is there no change?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ030	Do some smells bother {you/SP} although they do not bother other people?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CSQ040	{Do you/Does SP} sometimes smell an unpleasant, bad or burning odor when nothing is there?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ060	How long ago {did you/did SP} first notice a problem with, or a change in, {your/his/her} ability to smell?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ070	Is the problem with {your/SP's} ability to smell always there or does it come and go?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ080	The next questions are about {your/SP's} sense of taste. During the past 12 months, {have you/has he/has she} had a problem with {your/his/her} ability to taste sweet, sour, salty or bitter foods and drinks?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ090A	I am going to read you a list of tastes in everyday foods. How {is your/is SP's} ability to taste each one of these now compared to when {you were/he was/she was} 25 years old? Would you say it is better, worse, or is there no change? salt in foods like potato chips or pretzels.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ090B	I am going to read you a list of tastes in everyday foods. How {is your/is SP's} ability to taste each one of these now compared to when {you were/he was/she was} 25 years old? Would you say it is better, worse, or is there no change? sourness in foods like lemons or vinegar.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CSQ090C	I am going to read you a list of tastes in everyday foods. How {is your/is SP's} ability to taste each one of these now compared to when {you were/he was/she was} 25 years old? Would you say it is better, worse, or is there no change? sweetness in foods like peaches or ice cream.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ090D	I am going to read you a list of tastes in everyday foods. How {is your/is SP's} ability to taste each one of these now compared to when {you were/he was/she was} 25 years old? Would you say it is better, worse, or is there no change? bitterness in drinks like unsweetened black coffee.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ100	Is {your/SP's} ability to taste food flavors such as chocolate, vanilla or strawberry as good as when {you were/he was/she was} 25 years old?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ110	During the past 12 months {have you/has SP} had a taste or other sensation in {your/his/her} mouth that does not go away?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120A	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120B	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CSQ120C	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120D	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120E	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120F	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120G	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ120H	Please describe the taste or other sensation in {your/SP's} mouth that does not go away. Would {you/he/she} say it is...	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ140	How long ago {did you/did SP} first notice a problem with, or a change in, {your/his/her} ability to taste?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ160	{Have you/Has SP} ever discussed any problem with, or change in {your/his/her} ability to taste or smell with a health care provider?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ170	When was the last time {you/SP} /discussed any problem with {your/his/her} ability to taste or smell with a health care provider?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CSQ180	The next question refers to treatments {you/SP} may have tried to improve {your/his/her} ability to taste or smell. Please make sure to include any treatments that {your/his/her} health care provider recommended. Also include any other treatments {you/he/she} may have read about and tried. During the past 12 months, {have you/has SP} tried any treatments to improve {your/his/her} ability to taste or smell?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ190	During the past 12 months, {have you/has SP} experienced a problem with {your/his/her} general health, work or {your/his/her} enjoyment of life because of a problem with {your/his/her} ability to taste or smell?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ200	During the past 12 months, {have you/has SP} had any of the following ...a head cold or flu for longer than a month?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ202	During the past 12 months, {have you/has SP} had any of the following ... persistent dry mouth (not enough saliva)?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ204	During the past 12 months, {have you/has SP} had any of the following ...frequent nasal congestion from allergies?	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ210	{Have you/Has SP} ever had any of the following? wisdom teeth removed.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CSQ220	{Have you/Has SP} ever had any of the following? tonsils removed.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ240	{Have you/Has SP} ever had any of the following? a loss of consciousness because of a head injury.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ250	{Have you/Has SP} ever had any of the following? a broken nose or other serious injury to face or skull.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CSQ260	{Have you/Has SP} ever had any of the following? two or more sinus infections.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	CSQ_H	Taste & Smell	2013	2014	Questionnaire	None
CBQ505	{I'll tell you when you will need it.} For the first few questions, please answer yes or no. In the past 12 months, did you buy food from fast food or pizza places? SP interview version: In the past 12 months, did {you/SP} buy food from fast food or pizza places?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ535	The last time when you ate out or bought food at a fast-food or pizza place, did you see nutrition or health information about any foods on the menu? SP interview version: The last time when {you/SP} ate out or bought food at a fast-food or pizza place, did {you/he/she} see nutrition or health information about any foods on the menu?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CBQ540	Did you use the information in deciding which foods to buy? SP interview version: Did {you/SP} use the information in deciding which foods to buy?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ545	{Please open your hand card booklet and turn to hand card 1 to answer the next question.} If nutrition or health information were readily available in fast food or pizza places, would you use it often, sometimes, rarely, or never, in deciding what to order? SP interview version: If nutrition or health information were readily available in fast food or pizza places, would {you/SP} use it often, sometimes, rarely, or never, in deciding what to order?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ550	[For the following questions, please answer yes or no.] In the past 12 months, did you eat at a restaurant with waiter or waitress service? SP interview version: In the past 12 months, did {you/SP} eat at a restaurant with waiter or waitress service?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ552	Think about the last time {you/SP} ate at a restaurant with a waiter or waitress. Is it a chain-restaurant?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CBQ580	The last time you ate at a restaurant with a waiter or waitress, did you see nutrition or health information about any foods on the menu? SP interview version: Did {you/SP} see nutrition or health information about any foods on the menu?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ585	Did you use the information in deciding which foods to buy? SP interview version: Did {you/SP} use the information in deciding which foods to buy?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ590	{Please look at hand card 1 [again].} If nutrition information were readily available in restaurants with a waiter or waitress, would you use it often, sometimes, rarely, or never, in deciding what to order? SP interview version: If nutrition or health information were readily available in restaurants with a waiter or waitress, would {you/SP} use it often, sometimes, rarely, or never, in deciding what to order?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ596	Next I'm going to ask a few questions about the nutritional guidelines recommended for Americans by the federal government. {Have you/Has SP} heard of My Plate?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ606	{Have you/Has SP} looked up the My Plate plan on the internet?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBQ611	{Have you/Has SP} tried to follow the recommendations in the My Plate plan?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DBD030	How old was {SP} when {he/she} completely stopped breastfeeding or being fed breastmilk?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD041	How old was {SP} when {he/she} was first fed formula?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD050	How old was {SP} when {he/she} completely stopped drinking formula?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD061	How old was {SP} when {he/she} was first fed milk?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD381	During the school year, about how many times a week {do you/does SP} usually get a complete school lunch?	DBQ_H	Diet Behavior & Nutrition	2013	2014	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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DBD895	Next I'm going to ask you about meals. By meal, I mean breakfast, lunch and dinner. During the past 7 days, how many meals {did you/did SP} get that were prepared away from home in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines? {Please do not include meals provided as part of the school lunch or school breakfast./Please do not include meals provided as part of the community programs you reported earlier.}	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD900	How many of those meals {did you/did SP} get from a fast-food or pizza place?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD905	Some grocery stores sell "ready to eat" foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters. During the past 30 days, how often did {you/SP} eat "ready to eat" foods from the grocery store? Please do not include sliced meat or cheese you buy for sandwiches and frozen or canned foods.	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBD910	During the past 30 days, how often did you {SP} eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.	DBQ_H	Diet Behavior & Nutrition	2013	2014	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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ073A	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DBQ073B	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ073C	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ073D	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ073E	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ073U	What type of milk was {SP} first fed? Was it . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ197	Now I'm going to ask a few questions about milk products. Do not include their use in cooking. In the past 30 days, how often did {you/SP} have milk to drink or on {your/his/her} cereal? Please include chocolate and other flavored milks as well as hot cocoa made with milk. Do not count small amounts of milk added to coffee or tea. Would you say...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223A	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223B	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223C	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223D	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223E	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ223U	What type of milk was it? Was it usually . . .	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DBQ229	The next question is about regular milk use. A regular milk drinker is someone who uses any type of milk at least 5 times a week. Using this definition, which statement best describes {you/SP}?...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ235A	Now, I'm going to ask you how often {you/SP} drank milk at different times in {your/his/her} life. How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} a child between the ages of 5 and 12 years old? Would you say...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ235B	Now, I'm going to ask you how often {you/SP} drank milk at different times in {your/his/her} life. How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} a teenager between the ages of 13 and 17 years old? Would you say...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ235C	Now, I'm going to ask you how often {you/SP} drank milk at different times in {your/his/her} life. How often did {you/SP} drink any type of milk, including milk added to cereal when {you were/s/he was} a young adult between the ages of 18 and 35 years old? Would you say...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ330	In the past 12 months, did {you/SP} go to a community program or senior center to eat prepared meals?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ360	During the school year, {do you/does SP} attend a kindergarten, grade school, junior or high school?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ370	Does {your/SP's} school serve school lunches? These are complete lunches that cost the same every day.	DBQ_H	Diet Behavior & Nutrition	2013	2014	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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ400	Does {your/SP's} school serve a complete breakfast that costs the same every day?	DBQ_H	Diet Behavior & Nutrition	2013	2014	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_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
DBQ424	(Do you/Does SP) get a free or reduced price meal at any summer program (he/she) attends?	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DBQ700	Next I have some questions about {your/SP?s} eating habits. In general, how healthy is {your/his/her} overall diet? Would you say ...	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DBQ_H	Diet Behavior & Nutrition	2013	2014	Questionnaire	None
CBD070	The next questions are about how much money {your family spends/you spend} on food. First I'll ask you about money spent at supermarkets or grocery stores. Then we will talk about money spent at other types of stores. During the past 30 days, how much money {did your family/did you} spend at supermarkets or grocery stores? Please include purchases made with food stamps.	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None
CBD090	About how much money was spent on nonfood items?	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None
CBD110	About how much money {did your family/did you} spend on food at these types of stores? (Please do not include any stores you have already told me about.)	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None
CBD120	During the past 30 days, how much money {did your family/did you} spend on eating out? Please include money spent in cafeterias at work or at school or on vending machines, for all family members.	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CBD130	During the past 30 days, how much money {did your family/did you} spend on food carried out or delivered? Please do not include money you have already told me about.	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	CBQ_H	Consumer Behavior	2013	2014	Questionnaire	None
HSAQUEX	Source of Health Status Data	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSD010	Next I have some general questions about {your/SP's} health. Would you say {your/SP's} health in general is . . .	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSQ500	Did {you/SP} have a head cold or chest cold that started during those 30 days?	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSQ510	Did {you/SP} have a stomach or intestinal illness with vomiting or diarrhea that started during those 30 days?	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSQ520	Did {you/SP} have flu, pneumonia, or ear infections that started during those 30 days?	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSQ571	During the past 12 months, that is, since (DISPLAY CURRENT MONTH, DISPLAY LAST YEAR), (have you/has SP) donated blood?	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
HSQ580	How long ago was {your/SP's} last blood donation?	HSQ_H	Current Health Status	2013	2014	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_H	Current Health Status	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
SEQN	Respondent sequence number.	HSQ_H	Current Health Status	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	SLQ_H	Sleep Disorders	2013	2014	Questionnaire	None
SLD010H	The next set of questions is about your sleeping habits. How much sleep {do you/does SP} usually get at night on weekdays or workdays?	SLQ_H	Sleep Disorders	2013	2014	Questionnaire	None
SLQ050	{Have you/Has SP} ever told a doctor or other health professional that {you have/s/he has} trouble sleeping?	SLQ_H	Sleep Disorders	2013	2014	Questionnaire	None
SLQ060	{Have you/Has SP} ever been told by a doctor or other health professional that {you have/s/he has} a sleep disorder?	SLQ_H	Sleep Disorders	2013	2014	Questionnaire	None
RXD530	What is the size or dose that {you take/SP takes}?	RXQASA_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
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_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
RXQ515	{Are you/Is SP} now following this advice?	RXQASA_H	Preventive Aspirin Use	2013	2014	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_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
RXQ525G	How often {do you/does SP} take an aspirin? (ASA taken daily, on alternate days, or another schedule?)	RXQASA_H	Preventive Aspirin Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RXQ525Q	How often {do you/does SP} take an aspirin? (Number of ASA doses taken per day or per week).	RXQASA_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
RXQ525U	How often {do you/does SP} take an aspirin? (ASA doses taken on daily or weekly basis?)	RXQASA_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	RXQASA_H	Preventive Aspirin Use	2013	2014	Questionnaire	None
DUQ200	The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential. The first questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called 'hash.' It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hashish?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ210	How old were you the first time you used marijuana or hashish?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ211	Have you ever smoked marijuana or hashish at least once a month for more than one year?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ213	How old were you when you started smoking marijuana or hashish at least once a month for one year?	DUQ_H	Drug Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ215Q	How long has it been since you last smoked marijuana or hashish at least once a month for one year?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ215U	How long has it been since you last smoked marijuana or hashish at least once a month for one year?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ217	During the time that you smoked marijuana or hashish, how often would you usually use it?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ219	During the time that you smoked marijuana or hashish, how many joints or pipes would you usually smoke in a day?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ220Q	How long has it been since you last used marijuana or hashish?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ220U	How long has it been since you last used marijuana or hashish?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ230	During the past 30 days, on how many days did you use marijuana or hashish?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ240	Have you ever used cocaine, crack cocaine, heroin, or methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
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_H	Drug Use	2013	2014	Questionnaire	None
DUQ260	How old were you the first time you used cocaine, in any form?	DUQ_H	Drug Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ270Q	How long has it been since you last used cocaine, in any form?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ270U	How long has it been since you last used cocaine, in any form?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ272	During your life, altogether how many times have you used cocaine, in any form?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ280	During the past 30 days, on how many days did you use cocaine, in any form?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ290	The following questions are about heroin. Have you ever, even once, used heroin?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ300	How old were you the first time you used heroin?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ310Q	How long has it been since you last used heroin?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ310U	How long has it been since you last used heroin?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ320	During the past 30 days, on how many days did you use heroin?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ330	The following questions are about methamphetamine, also known as crank, crystal, ice or speed. Have you ever, even once, used methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ340	How old were you the first time you used methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ350Q	How long has it been since you last used methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ350U	How long has it been since you last used methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ352	During your life, altogether how many times have you used methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ360	During the past 30 days, on how many days did you use methamphetamine?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
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_H	Drug Use	2013	2014	Questionnaire	None
DUQ380A	Which of the following drugs have you injected using a needle?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ380B	Which of the following drugs have you injected using a needle?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ380C	Which of the following drugs have you injected using a needle?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ380D	Which of the following drugs have you injected using a needle?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ380E	Which of the following drugs have you injected using a needle?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ390	How old were you when you first used a needle to inject any drug not prescribed by a doctor?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ400Q	How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor?	DUQ_H	Drug Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ400U	How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ410	During your life, altogether how many times have you injected drugs not prescribed by a doctor?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ420	Think about the period of your life when you injected drugs the most often. How often did you inject then?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ430	Have you ever been in a drug treatment or drug rehabilitation program?	DUQ_H	Drug Use	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DUQ_H	Drug Use	2013	2014	Questionnaire	None
DUQ200	The following questions ask about use of drugs not prescribed by a doctor. Please remember that your answers to these questions are strictly confidential. The first questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called 'hash.' It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hashish?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ210	How old were you the first time you used marijuana or hashish?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ211	Have you ever smoked marijuana or hashish at least once a month for more than one year?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ213	How old were you when you started smoking marijuana or hashish at least once a month for one year?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ215Q	How long has it been since you last smoked marijuana or hashish at least once a month for one year?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ215U	How long has it been since you last smoked marijuana or hashish at least once a month for one year?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ217	During the time that you smoked marijuana or hashish, how often would you usually use it?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ219	During the time that you smoked marijuana or hashish, how many joints or pipes would you usually smoke in a day?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ220Q	How long has it been since you last used marijuana or hashish?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ220U	How long has it been since you last used marijuana or hashish?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ230	During the past 30 days, on how many days did you use marijuana or hashish?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ240	Have you ever used cocaine, crack cocaine, heroin, or methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	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?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ260	How old were you the first time you used cocaine, in any form?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ270Q	How long has it been since you last used cocaine, in any form?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ270U	How long has it been since you last used cocaine, in any form?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ272	During your life, altogether how many times have you used cocaine, in any form?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ280	During the past 30 days, on how many days did you use cocaine, in any form?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ290	The following questions are about heroin. Have you ever, even once, used heroin?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ300	How old were you the first time you used heroin?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ310Q	How long has it been since you last used heroin?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ310U	How long has it been since you last used heroin?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ320	During the past 30 days, on how many days did you use heroin?	DUQY_H_R	Drug Use - Youth	2013	2014	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?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ340	How old were you the first time you used methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ350Q	How long has it been since you last used methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ350U	How long has it been since you last used methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ352	During your life, altogether how many times have you used methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ360	During the past 30 days, on how many days did you use methamphetamine?	DUQY_H_R	Drug Use - Youth	2013	2014	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?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ380A	Which of the following drugs have you injected using a needle?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ380B	Which of the following drugs have you injected using a needle?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ380C	Which of the following drugs have you injected using a needle?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ380D	Which of the following drugs have you injected using a needle?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ380E	Which of the following drugs have you injected using a needle?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ390	How old were you when you first used a needle to inject any drug not prescribed by a doctor?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DUQ400Q	How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ400U	How long ago has it been since you last used a needle to inject a drug not prescribed by a doctor?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ410	During your life, altogether how many times have you injected drugs not prescribed by a doctor?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ420	Think about the period of your life when you injected drugs the most often. How often did you inject then?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
DUQ430	Have you ever been in a drug treatment or drug rehabilitation program?	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	DUQY_H_R	Drug Use - Youth	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	WHQMEC_H	Weight History - Youth	2013	2014	Questionnaire	None
WHQ030M	Do you consider yourself now to be ...	WHQMEC_H	Weight History - Youth	2013	2014	Questionnaire	None
WHQ500	Which of the following are you trying to do about your weight:	WHQMEC_H	Weight History - Youth	2013	2014	Questionnaire	None
WHQ520	In the past year, how often have you tried to lose weight? Would you say ...	WHQMEC_H	Weight History - Youth	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
ALQ101	The next questions are about drinking alcoholic beverages. Included are liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. In any one year, {have you/has SP} had at least 12 drinks of any type of alcoholic beverage? By a drink, I mean a 12 oz. beer, a 5 oz. glass of wine, or one and half ounces of liquor.	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ110	In {your/SP's} entire life, {have you/has he/ has she} had at least 12 drinks of any type of alcoholic beverage?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ120Q	In the past 12 months, how often did {you/SP} drink any type of alcoholic beverage? PROBE: How many days per week, per month, or per year did {you/SP} drink?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ120U	UNIT OF MEASURE.	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ130	In the past 12 months, on those days that {you/SP} drank alcoholic beverages, on the average, how many drinks did {you/he/she} have?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ141Q	In the past 12 months, on how many days did {you/SP} have {DISPLAY NUMBER} or more drinks of any alcoholic beverage? PROBE: How many days per week, per month, or per year did {you/SP} have {DISPLAY NUMBER} or more drinks in a single day?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ141U	UNIT OF MEASURE.	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
ALQ151	Was there ever a time or times in {your/SP's} life when {you/he/she} drank {DISPLAY NUMBER} or more drinks of any kind of alcoholic beverage almost every day?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALQ160	During the past 30 days, how many times did {you/SP} drink {DISPLAY NUMBER} or more drinks of any kind of alcohol in about two hours?	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	ALQ_H	Alcohol Use	2013	2014	Questionnaire	None
ALD020	During your life, on how many days have you had at least one drink of alcohol?	ALQY_H_R	Alcohol Use - Youth	2013	2014	Questionnaire	RDC Only
ALD030	During the past 30 days, on how many days did you have at least one drink of alcohol?	ALQY_H_R	Alcohol Use - Youth	2013	2014	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_H_R	Alcohol Use - Youth	2013	2014	Questionnaire	RDC Only
ALQ010	English Text: The following questions ask about alcohol use. This includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. This does not include drinking a few sips of wine for religious purposes. How old were you when you had your first drink of alcohol, other than a few sips?	ALQY_H_R	Alcohol Use - Youth	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	ALQY_H_R	Alcohol Use - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H	Mental Health - Depression Screener	2013	2014	Questionnaire	None
DPQ020	[Over the last 2 weeks, how often have you been bothered by the following problems:] feeling down, depressed, or hopeless?	DPQ_H	Mental Health - Depression Screener	2013	2014	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_H	Mental Health - Depression Screener	2013	2014	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_H	Mental Health - Depression Screener	2013	2014	Questionnaire	None
DPQ050	[Over the last 2 weeks, how often have you been bothered by the following problems:] poor appetite or overeating?	DPQ_H	Mental Health - Depression Screener	2013	2014	Questionnaire	None
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_H	Mental Health - Depression Screener	2013	2014	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_H	Mental Health - Depression Screener	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H	Mental Health - Depression Screener	2013	2014	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_H	Mental Health - Depression Screener	2013	2014	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_H	Mental Health - Depression Screener	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	DPQ_H	Mental Health - Depression Screener	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	Questionnaire	RDC Only
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_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
DPQ050	[Over the last 2 weeks, how often have you been bothered by the following problems:] poor appetite or overeating?	DPQY_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	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_H_R	Mental Health - Depression Screener - Youth	2013	2014	Questionnaire	RDC Only
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_H_R	Mental Health - Depression Screener - Youth	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	DPQY_H_R	Mental Health - Depression Screener - Youth	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
ACD011A	What language(s) {do you/does SP} usually speak at home?	ACQ_H	Acculturation	2013	2014	Questionnaire	None
ACD011B	What language(s) {do you/does SP} usually speak at home?	ACQ_H	Acculturation	2013	2014	Questionnaire	None
ACD011C	What language(s) {do you/does SP} usually speak at home?	ACQ_H	Acculturation	2013	2014	Questionnaire	None
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_H	Acculturation	2013	2014	Questionnaire	None
ACD110	{Do you/Does SP} speak only (NON-ENGLISH LANGUAGE), more (NON-ENGLISH LANGUAGE) than English, both equally, more English than (NON-ENGLISH LANGUAGE), or only English?	ACQ_H	Acculturation	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	ACQ_H	Acculturation	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	WHQ_H	Weight History	2013	2014	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_H	Weight History	2013	2014	Questionnaire	None
WHD020	How much {do you/does SP} weigh without clothes or shoes?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD050	How much did {you/SP} weigh a year ago?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080A	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
WHD080B	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080C	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080D	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080E	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080F	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080G	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080H	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080I	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080J	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080K	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080L	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080M	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080N	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080O	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080P	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080Q	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080R	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080S	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD080T	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
WHD080u	How did {you/SP} try to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD110	How much did {you/SP} weigh 10 years ago? [If you don't know {your/his/her} exact weight, please make your best guess.]	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD120	How much did {you/SP} weigh at age 25? [If you don't know {your/his/her} exact weight, please make your best guess.] If (you were/she was) pregnant, how much did (you/she) weigh before (your/her) pregnancy?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD130	How tall {were you/was SP} at age 25? [If you don't know {your/his/her} exact height, please make your best guess.]	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHD140	Up to the present time, what is the most {you have/SP has} ever weighed?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHQ030	{Do you/Does SP} consider {your/his/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHQ040	Would {you/SP} like to weigh . . .	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHQ060	Was the change between {your/SP's} current weight and {your/his/her} weight a year ago intentional?	WHQ_H	Weight History	2013	2014	Questionnaire	None
WHQ070	During the past 12 months, {have you/has SP} tried to lose weight?	WHQ_H	Weight History	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
WHQ150	How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]	WHQ_H	Weight History	2013	2014	Questionnaire	None
RHD043	What is the reason that {you have/SP has} not had a period in the past 12 months?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD143	{Are you/Is SP} pregnant now?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD173	How old {were you/was SP} when {you/she} delivered a baby that weighed 9 pounds or more? (Please count stillbirths as well as live births.)	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD180	How old {were you/was SP} at the time of {your/her} first live birth?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD190	How old {were you/was SP} at the time of {your/her} last live birth?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD280	{Have you/Has SP} had a hysterectomy that is, surgery to remove {your/her} uterus or womb?	RHQ_H	Reproductive Health	2013	2014	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_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ020	{Were you/Was SP}...	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ060	About how old {were you/was SP} when {you/SP} had {your/her} last menstrual period?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ070	{Were you/Was SP}...	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ074	The next questions are about {your/SP's} pregnancy history. {Have you/Has SP} ever attempted to become pregnant over a period of at least a year without becoming pregnant?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ076	{Have you/Has SP} ever been to a doctor or other medical provider because {you have/she has} been unable to become pregnant?	RHQ_H	Reproductive Health	2013	2014	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_H	Reproductive Health	2013	2014	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_H	Reproductive Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ160	How many times {have you/has SP} been pregnant? ({Again, be/Be} sure to count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies or abortions.)	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ162	During {any/your/SP's} pregnancy, {were you/was SP} ever told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ163	How old {were you/was SP} when {you were/she was} first told {you/she} had diabetes during a pregnancy?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ166	How many vaginal deliveries {have you/has SP} had? {Please count stillbirths as well as live births}	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ169	How many cesarean deliveries {have you/has SP} had? (Cesarean deliveries are also known as C-sections.) {Please count stillbirths as well as live births.)	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ171	How many of {your/her} deliveries resulted {Did {your/her} delivery result} in a live birth?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ172	{Did {your/SP's} delivery/Did any of {your/SP's} deliveries result in a baby that weighed 9 pounds (4082 g) or more at birth? (Please count stillbirths as well as live births.)}	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ197	How many months ago did {you/SP} have {your/her} baby?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ200	{Are you/Is SP} now breast feeding a child?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ291	How old {were you/was SP} when {you/she} had {your/her} (hysterectomy/uterus removed/womb removed)?	RHQ_H	Reproductive Health	2013	2014	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_H	Reproductive Health	2013	2014	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_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ420	Now I am going to ask you about {your/SP's} birth control history. {Have you/Has SP} ever taken birth control pills for any reason?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ540	{Have you/Has SP} ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ542A	Which forms of female hormones {have you/has SP} used.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ542B	Which forms of female hormones {have you/has SP} used.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ542C	Which forms of female hormones {have you/has SP} used.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ542D	Which forms of female hormones {have you/has SP} used.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ554	{Have you/Has SP} ever taken female hormone pills containing estrogen only (like Premarin)? (Do not include birth control pills.)	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ560Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing estrogen only?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ560U	UNIT OF MEASURE.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ570	{Have you/Has SP} taken female hormone pills containing both estrogen and progestin (like Prempro, Premphase)? (Do not include birth control pills.)	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ576Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {{have you/has SP} taken/did {you/SP} take} pills containing both estrogen and progestin?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ576U	UNIT OF MEASURE.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ580	{Have you/Has SP} ever used female hormone patches containing estrogen only?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ586Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you used/did you use/has she used/did she use} patches containing estrogen only?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ586U	UNIT OF MEASURE.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ596	{Have you/Has SP} used female hormone patches containing both estrogen and progestin?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ602Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you used/did you use/has she used/did she use} patches containing both estrogen and progestin?	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHQ602U	UNIT OF MEASURE.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	RHQ_H	Reproductive Health	2013	2014	Questionnaire	None
RHD043	What is the reason that {you have/SP has} not had a period in the past 12 months?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHD143	{Are you/Is SP} pregnant now?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHD280	{Have you/Has SP} had a hysterectomy that is, surgery to remove {your/her} uterus or womb?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	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_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ020	{Were you/Was SP}...	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	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_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ060	About how old {were you/was SP} when {you/SP} had {your/her} last menstrual period?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ070	{Were you/Was SP}...	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ074	The next questions are about {your/SP's} pregnancy history. {Have you/Has SP} ever attempted to become pregnant over a period of at least a year without becoming pregnant?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ076	{Have you/Has SP} ever been to a doctor or other medical provider because {you have/she has} been unable to become pregnant?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
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_H_R	Reproductive Health - Pregnant Women	2013	2014	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_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ160	How many times {have you/has SP} been pregnant? ({Again, be/Be} sure to count all {your/her} pregnancies including (current pregnancy,) live births, miscarriages, stillbirths, tubal pregnancies or abortions.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ162	During {any/your/SP's} pregnancy, {were you/was SP} ever told by a doctor or other health professional that {you/she} had diabetes, sugar diabetes or gestational diabetes? Please do not include diabetes that {you/SP} may have known about before the pregnancy.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ163	How old {were you/was SP} when {you were/she was} first told {you/she} had diabetes during a pregnancy?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ166	How many vaginal deliveries {have you/has SP} had? {Please count stillbirths as well as live births}	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ169	How many cesarean deliveries {have you/has SP} had? (Cesarean deliveries are also known as C-sections.) (Please count stillbirths as well as live births.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ171	How many of {your/her} deliveries resulted {Did {your/her} delivery result} in a live birth?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ172	{Did {your/SP's} delivery/Did any of {your/SP's} deliveries} result in a baby that weighed 9 pounds (4082 g) or more at birth? (Please count stillbirths as well as live births.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ173	How old {were you/was SP} when {you/she} delivered a baby that weighed 9 pounds or more? (Please count stillbirths as well as live births.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ180	How old {were you/was SP} at the time of {your/her} first live birth?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ190	How old {were you/was SP} at the time of {your/her} last live birth?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ197	How many months ago did {you/SP} have {your/her} baby?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ200	{Are you/Is SP} now breast feeding a child?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ291	How old {were you/was SP} when {you/she} had {your/her} (hysterectomy/uterus removed/womb removed)?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	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_H_R	Reproductive Health - Pregnant Women	2013	2014	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_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ420	Now I am going to ask you about {your/SP's} birth control history. {Have you/Has SP} ever taken birth control pills for any reason?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ540	{Have you/Has SP} ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ542A	Which forms of female hormones {have you/has SP} used.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ542B	Which forms of female hormones {have you/has SP} used.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ542C	Which forms of female hormones {have you/has SP} used.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ542D	Which forms of female hormones {have you/has SP} used.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ554	{Have you/Has SP} ever taken female hormone pills containing estrogen only (like Premarin)? (Do not include birth control pills.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ560Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you taken/did you take/has she taken/did she take} pills containing estrogen only?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ560U	UNIT OF MEASURE.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ570	{Have you/Has SP} taken female hormone pills containing both estrogen and progestin (like Prempro, Premphase)? (Do not include birth control pills.)	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ576Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {{have you/has SP} taken/did {you/SP} take} pills containing both estrogen and progestin?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ576U	UNIT OF MEASURE.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ580	{Have you/Has SP} ever used female hormone patches containing estrogen only?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ586Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you used/did you use/has she used/did she use} patches containing estrogen only?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RHQ586U	UNIT OF MEASURE.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ596	{Have you/Has SP} used female hormone patches containing both estrogen and progestin?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ602Q	Not counting any time when {you/SP} stopped taking them, for how long altogether {have you used/did you use/has she used/did she use} patches containing both estrogen and progestin?	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
RHQ602U	UNIT OF MEASURE.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	RHQ_H_R	Reproductive Health - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD012N	In the last 12 months, how many people in your household received SNAP or Food Stamp benefits?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD032A	Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/your household} in the last 12 months, that is since last {DISPLAY CURRENT MONTH}. The first statement is . . . {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.	FSQ_H	Food Security	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD032B	[The next statement is . . .] The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD032C	[The next statement is . . .] {I/we} couldn't afford to eat balanced meals.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD032D	[The next statement is . . .] (I/we) relied on only a few kinds of low-cost food to feed {CHILD'S NAME / THE CHILDREN} because (I was/we were) running out of money to buy food.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD032E	[The next statement is . . .] (I/we) couldn't feed {CHILD'S NAME / THE CHILDREN} a balanced meal, because (I/we) couldn't afford that.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD032F	[The next statement is . . .] {CHILD'S NAME WAS /THE CHILDREN WERE} not eating enough because (I/we) just couldn't afford enough food.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD041	In the last 12 months, since last {DISPLAY CURRENT MONTH}, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD052	How often did this happen?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD061	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	FSQ_H	Food Security	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD071	[In the last 12 months], were you ever hungry but didn't eat because you couldn't afford enough food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD081	[In the last 12 months], did you lose weight because you didn't have enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD092	[In the last 12 months], did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD102	How often did this happen? Would you say .. .	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD111	In the last 12 months, since {DISPLAY CURRENT MONTH} of last year, did you ever cut the size of {CHILD'S NAME's/any of the children's} meals because there wasn't enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD122	[In the last 12 months], did {CHILD'S NAME/any of the children} ever skip meals because there wasn't enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD132	How often did this happen?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD141	In the last 12 months, {was CHILD'S NAME/were the children} ever hungry but you just couldn't afford more food?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD146	[In the last 12 months], did {CHILD'S NAME/any of the children} ever not eat for a whole day because there wasn't enough money for food?	FSQ_H	Food Security	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD151	In the last 12 months, did {you/you or any member of your household} ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD225	Number of days between the time the household last received Food Stamp benefit and the date of interview.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD230	{Do you/Does any member of your household} currently receive SNAP or Food Stamp benefits?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD650ZC	Did {SP} receive benefits from WIC, that is, the Women, Infants, and Children program, in the past 12 months?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD650ZW	These next questions are about participation in programs for women with young children. Did {you/SP} personally receive benefits from WIC, that is, the Women, Infants, and Children Program, in the past 12 months?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD660ZC	Is {SP} now receiving benefits from the WIC program?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD660ZW	{Are you/Is SP} now receiving benefits from the WIC Program?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD670ZC	How long {did SP receive/has SP been receiving} benefits from the WIC program?	FSQ_H	Food Security	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD670ZW	Thinking about {your/SP's} {pregnancy/recent pregnancy/most recent pregnancy/most recent pregnancies}, how long {did you receive/have you been receiving/did she receive/has she been receiving} benefits from the WIC Program?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD675	{Next are a few questions about the WIC program, that is, the Women, Infants, and Children program} Did {SP} receive benefits from WIC when {he/she} was less than one year old?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSD680	Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of 1 to {SP AGE} years old?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSDAD	Adult food security category for last 12 months	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSDCH	Child food security category for last 12 months	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSDHH	Household food security category for last 12 months	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSQ012	In the last 12 months, did {you/you or any member of your household} receive SNAP or Food Stamp benefits?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSQ162	In the last 12 months, did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program?	FSQ_H	Food Security	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSQ165	The next questions are about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card {or EBT card} {called the DISPLAY STATE NAME FOR EBT CARD} card in STATE}. Have {you/you or anyone in your household} ever received SNAP or Food Stamp benefits?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSQ235	How much did {you/your household} receive in food stamp benefits the last time you got them? ENTER DOLLAR AMOUNT.	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSQ690	Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?	FSQ_H	Food Security	2013	2014	Questionnaire	None
FSQ695	What month of the pregnancy did {SP's} mother begin to receive WIC benefits?	FSQ_H	Food Security	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	FSQ_H	Food Security	2013	2014	Questionnaire	None
OHQ030	The next questions are about {your/SP's} teeth and gums. About how long has it been since {you/SP} last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ033	What was the main reason {you/SP} last visited the dentist?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ555G	We would like you to think of the time when {SP} started brushing {his/her} teeth either with your help or alone. At what age did {SP} start brushing {his/her} teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ555Q	We would like you to think of the time when {SP} started brushing {his/her} teeth either with your help or alone. At what age did {SP} start brushing {his/her} teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ555U	We would like you to think of the time when {SP} started brushing {his/her} teeth either with your help or alone. At what age did {SP} start brushing {his/her} teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ560G	At what age did {SP} start using toothpaste?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ560Q	At what age did {SP} start using toothpaste?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ560U	At what age did {SP} start using toothpaste?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ565	Has {SP} ever received prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ570Q	How old in months or years was {SP} when {he/she} started taking prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ570U	How old in months or years was {SP} when {he/she} started taking prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ575G	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ575Q	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ575U	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride drops?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ580	Has {SP} ever received prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ585Q	How old in months or years was {SP} when {he/she} started taking prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ585U	How old in months or years was {SP} when {he/she} started taking prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ590G	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ590Q	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ590U	How old in months or years was {SP} when {he/she} stopped taking prescription fluoride tablets?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ610	In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about... ...the benefits of giving up cigarettes or other types of tobacco to improve {your/SP's} dental health?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ612	(In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about...) ... the dental health benefits of checking {your/his/her} blood sugar?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ614	(In the past 12 months, did a dentist, hygienist or other dental professional have a direct conversation with {you/SP} about...) ...the importance of examining {your/his/her} mouth for oral cancer?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ620	How often during the last year (have you/ has SP) had painful aching anywhere in (your/his/her) mouth? Would you say....	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ640	How often during the last year {have you/has SP} had difficulty doing {your/his/her} usual jobs or attending school because of problems with {your/his/her} teeth, mouth or dentures? Would you say ...	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ680	How often during the last year {have you/has SP} been self-conscious or embarrassed because of {your/his/her} teeth, mouth or dentures? Would you say ...	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ770	During the past 12 months was there a time when (you/SP) needed dental care but could not get it at that time?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780A	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ780B	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780C	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780D	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780E	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780F	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780G	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780H	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780I	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780J	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ780K	What were the reasons that (you/SP) could not get the dental care (you/she/he) needed?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ835	The next questions will ask about the condition of {your/SP's} teeth and some factors related to gum health. Gum disease is a common problem with the mouth. People with gum disease might have swollen gums, receding gums, sore or infected gums or loose teeth. {Do you/Does SP} think {you/s/he} might have gum disease?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ845	Overall, how would {you/SP} rate the health of {your/his/her} teeth and gums?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ848G	How many times {do you/does SP} brush {your/his/her} teeth in one day?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ848Q	How many times {do you/does SP} brush {your/his/her} teeth in one day?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ849	On average, how much toothpaste {do you/does SP} use when brushing {your/his/her} teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ850	{Have you/Has SP} ever had treatment for gum disease such as scaling and root planing, sometimes called "deep cleaning"?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ855	{Have you/Has SP} ever had any teeth become loose on their own, without an injury?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ860	{Have you/Has SP} ever been told by a dental professional that {you/s/he} lost bone around [your/his/her] teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OHQ865	During the past three months, {have you/has SP} noticed a tooth that doesn't look right?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ870	Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use dental floss or any other device to clean between {your/his/her} teeth?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ875	Aside from brushing {your/his/her} teeth with a toothbrush, in the last seven days, how many days did {you/SP} use mouthwash or other dental rinse product that {you use/s/he uses} to treat dental disease or dental problems?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ880	{Have you/Has SP} ever had an exam for oral cancer in which the doctor or dentist pulls on {your/his/her} tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ885	{Have you/Has SP} ever had an exam for oral cancer in which the doctor or dentist feels {your/his/her} neck?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ895	When did {you/SP} have {your/his/her} most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
OHQ900	What type of health care professional performed {your/SP's} most recent oral cancer exam?	OHQ_H	Oral Health	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	OHQ_H	Oral Health	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD012N	In the last 12 months, how many people in your household received SNAP or Food Stamp benefits?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD032A	Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/your household} in the last 12 months, that is since last {DISPLAY CURRENT MONTH}. The first statement is . . . {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD032B	[The next statement is . . .] The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD032C	[The next statement is . . .] {I/we} couldn't afford to eat balanced meals.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD032D	[The next statement is . . .] (I/we) relied on only a few kinds of low-cost food to feed {CHILD'S NAME / THE CHILDREN} because (I was/we were) running out of money to buy food.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD032E	[The next statement is . . .] (I/we) couldn't feed {CHILD'S NAME / THE CHILDREN} a balanced meal, because (I/we) couldn't afford that.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD032F	[The next statement is ...] .{CHILD'S NAME WAS /THE CHILDREN WERE} not eating enough because (I/we) just couldn't afford enough food.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD041	In the last 12 months, since last {DISPLAY CURRENT MONTH}, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD052	How often did this happen?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD061	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD071	[In the last 12 months], were you ever hungry but didn't eat because you couldn't afford enough food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD081	[In the last 12 months], did you lose weight because you didn't have enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD092	[In the last 12 months], did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD102	How often did this happen? Would you say .. .	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD111	In the last 12 months, since {DISPLAY CURRENT MONTH} of last year, did you ever cut the size of {CHILD'S NAME's/any of the children's} meals because there wasn't enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD122	[In the last 12 months], did {CHILD'S NAME/any of the children} ever skip meals because there wasn't enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD132	How often did this happen?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD141	In the last 12 months, {was CHILD'S NAME/were the children} ever hungry but you just couldn't afford more food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD146	[In the last 12 months], did {CHILD'S NAME/any of the children} ever not eat for a whole day because there wasn't enough money for food?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD151	In the last 12 months, did {you/you or any member of your household} ever get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD225	Number of days between the time the household last received Food Stamp benefit and the date of interview.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD230	{Do you/Does any member of your household} currently receive SNAP or Food Stamp benefits?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSD650ZC	Did {SP} receive benefits from WIC, that is, the Women, Infants, and Children program, in the past 12 months?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD650ZW	These next questions are about participation in programs for women with young children. Did {you/SP} personally receive benefits from WIC, that is, the Women, Infants, and Children Program, in the past 12 months?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD660ZC	Is {SP} now receiving benefits from the WIC program?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD660ZW	{Are you/Is SP} now receiving benefits from the WIC Program?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD670ZC	How long {did SP receive/has SP been receiving} benefits from the WIC program?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD670ZW	Thinking about {your/SP's} {pregnancy/recent pregnancy/most recent pregnancy/most recent pregnancies}, how long {did you receive/have you been receiving/did she receive/has she been receiving} benefits from the WIC Program?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD675	{Next are a few questions about the WIC program, that is, the Women, Infants, and Children program} Did {SP} receive benefits from WIC when {he/she} was less than one year old?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSD680	Did {SP} receive benefits from WIC when {he/she} {was/is} between the ages of 1 to {SP AGE} years old?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSDAD	Adult food security category for last 12 months	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSDCH	Child food security category for last 12 months	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSDHH	Household food security category for last 12 months	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSQ012	In the last 12 months, did {you/you or any member of your household} receive SNAP or Food Stamp benefits?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSQ162	In the last 12 months, did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSQ165	The next questions are about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card {or EBT card} {called the DISPLAY STATE NAME FOR EBT CARD} card in STATE}. Have {you/you or anyone in your household} ever received SNAP or Food Stamp benefits?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSQ235	How much did {you/your household} receive in food stamp benefits the last time you got them? ENTER DOLLAR AMOUNT.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
FSQ690	Did {SP's} mother receive benefits from WIC, while she was pregnant with {SP}?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
FSQ695	What month of the pregnancy did {SP's} mother begin to receive WIC benefits?	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	FSQ_H_R	Food Security - Pregnant Women	2013	2014	Questionnaire	RDC Only
OCD150	(SP Interview Version) 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 . . . (Family Interview Version) The next questions are about {your/NON-SP HEAD'S/NON- SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing last week . . .	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCD231	What kind of business or industry is this? (For example: a TV or, radio management, retail shoe store, state labor department, farm.)	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCD241	What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCD270	About how long {have you/has SP} worked for {EMPLOYER} as a(n) {OCCUPATION}?	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCD390G	Thinking of all the paid jobs or businesses {you/SP} ever had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)	OCQ_H	Occupation	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
OCQ391	What kind of business or industry is this? (For example: a TV or, radio management, retail shoe store, state labor department, farm.)	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ392	Thinking of all the paid jobs or businesses {you/SP} ever had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk).	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ395	About how long did {you/SP} work at that job or business?	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ180	How many hours did {you/SP} work last week at all jobs or businesses?	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ210	{Do you/Does SP} usually work 35 hours or more per week in total at all jobs or businesses?	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ260	Looking at the card, which of these best describes this job or work situation?	OCQ_H	Occupation	2013	2014	Questionnaire	None
OCQ380	(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_H	Occupation	2013	2014	Questionnaire	None
SEQN	Respondent sequence number	OCQ_H	Occupation	2013	2014	Questionnaire	None
RXDCOUNT	The number of prescription medicines reported.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDDAYS	For how long have you been using or taking {PRODUCT NAME}?	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDDRGID	Generic drug code.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
RXDDRUG	Generic drug name.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSC1	ICD-10-CM code 1.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSC2	ICD-10-CM code 2.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSC3	ICD-10-CM code 3.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSD1	ICD-10-CM code 1 description.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSD2	ICD-10-CM code 2 description.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDRSD3	ICD-10-CM code 3 description.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXDUSE	In the past 30 days, have you used or taken medication for which a prescription is needed? Do not include prescription vitamins or minerals you may have already told me about.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
RXQSEEN	Was prescription container seen by interviewer?	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	RXQ_RX_H	Prescription Medications	2013	2014	Questionnaire	None
KID028	How many times {have you/has SP} passed a kidney stone?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ005	Many people have leakage of urine. The next few questions ask about urine leakage. How often {do you/does SP} have urinary leakage? Would {you/s/he} say ...	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ010	How much urine {do you/does SP} lose each time? Would {you/s/he} say ...	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
KIQ022	{Have you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney stones, bladder infections, or incontinence.	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ025	In the past 12 months, {have you/has SP} received dialysis (either hemodialysis or peritoneal dialysis)?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ026	{Have you/Has SP} ever had kidney stones?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ042	During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine with an activity like coughing, lifting or exercise?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ044	During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine with an urge or pressure to urinate and {you/he/she} couldn't get to the toilet fast enough?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ046	During the past 12 months, {have you/has SP} leaked or lost control of even a small amount of urine without an activity like coughing, lifting, or exercise, or an urge to urinate?	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ050	During the past 12 months, how much did {your/her/his} leakage of urine bother {you/her/him}? Please select one of the following choices:	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
KIQ052	During the past 12 months, how much did {your/her/his} leakage of urine affect {your/her/his} day-to-day activities? Please select one of the following choices:	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ430	How frequently does this occur? Would {you/s/he} say this occurs . . .	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ450	How frequently does this occur? Would {you/s/he} say this occurs . . .	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ470	How frequently does this occur? Would {you/s/he} say this occurs . . .	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
KIQ480	During the past 30 days, how many times per night did {you/SP} most typically get up to urinate, from the time {you/s/he} went to bed at night until the time {you/he/she} got up in the morning. Would {you/s/he} say	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	KIQ_U_H	Kidney Conditions - Urology	2013	2014	Questionnaire	None
CKD060	In the last 3 days, have {you/SP} had any muscle pain or soreness?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
CKQ010	In the past 3 days, did {you/SP} do any strenuous exercise or heavy physical work?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
CKQ020	Did it make {your/SP's} muscles sore or painful?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
CKQ030	In the past 3 days, {have you/has SP} had a muscle injury, bruise or injection? (Do not include insulin or allergy injections.)	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
CKQ040	Did it make {your/SP's} muscles sore or painful?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CKQ070Q	For how many days, weeks, months or years long {have you/has SP} had this pain, aching or soreness?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
CKQ070U	For how many days, weeks, months or years long {have you/has SP} had this pain, aching or soreness?	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	CKQ_H	Creatine Kinase	2013	2014	Questionnaire	None
SEQN	Respondent sequence number.	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ200A	{Do you/Does she/Does he} currently store paints or fuels inside {your/her/his} home? Include {your/her/his} basement {and attached garage}.	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ210	First, I would like to ask you a few questions about {your/SP's} home. Does {your/her/his} home have an attached garage?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ220	Is the source of water for {your/her/his} home from a private well?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ231A	{Do you/Does she/Does he} currently use moth balls, moth crystals or toilet bowl deodorizers inside {your/her/his} home?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ241A	Now I am going to ask you a few questions about {your/SP's} activities over the last 48 hours. This means today or yesterday. In the last 48 hours, did {you/she/he} cook or bake with natural gas?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
VTQ241B	Now I am going to ask you a few questions about {your/SP's} activities over the last 48 hours. This means today or yesterday. How long ago, in hours, did {you/she/he} cook or bake with natural gas?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ244A	In the last 48 hours, did {you/she/he} pump gas into a car or other motor vehicle {yourself/herself/himself}?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ244B	How long ago, in hours, did {you/she/he} pump gas into a car or other motor vehicle {yourself/herself/himself}?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ251A	In the last 48 hours, did {you/she/he} spend any time at a swimming pool, in a hot tub, or in a steam room?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ251B	How long ago, in hours, has it been since {you/she/he} spent time at a swimming pool, in a hot tub, or in a steam room?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ261A	In the last 48 hours, did {you/she/he} use dry cleaning solvents, visit a dry cleaning shop or wear clothes that had been dry-cleaned within the last week?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ261B	How long ago, in hours, has it been since {you/she/he} used dry cleaning solvents, visited a dry cleaning shop or wore clothes that had been dry-cleaned within the last week?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
VTQ265A	In the last 48 hours, did {you/she/he} smoke or spend 10 or more minutes near a person who was smoking a cigarette, cigar, or pipe?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ265B	How long ago, in hours, has it been since {you/she/he} smoked or spent 10 or more minutes near a person who was smoking a cigarette, cigar, or pipe?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ271A	In the last 48 hours, did {you/she/he} take a hot shower or bath for five minutes or longer?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ271B	How long ago, in hours, has it been since {your/SP's} last shower or hot bath?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ281A	In the last 48 hours, did {you/she/he} breathe fumes from freshly painted indoor surfaces, paints, paint thinner, or varnish?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ281B	How long ago, in hours, has it been since {you/she/he} breathed fumes from freshly painted indoor surfaces, paints, paint thinner, or varnish?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ281C	In the last 48 hours, did {you/she/he} breathe fumes from diesel fuel or kerosene?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ281D	How long ago, in hours, has it been since {you/she/he} breathed fumes from diesel fuel or kerosene?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
VTQ281E	In the last 48 hours, did {you/she/he} breathe fumes from fingernail polish?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
VTQ281F	How long ago, in hours, has it been since {you/she/he} breathed fumes from fingernail polish?	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
WTSVOC2Y	VOC Subsample Weight	VTQ_H	Volatile Toxicant (Subsample)	2013	2014	Questionnaire	None
CFALANG	Language - Cognitive Functioning	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFASTAT	Cognitive functioning status	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDAPP	Animal Fluency: Sample Practice Pretest	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDARNC	Animal Fluency: Reason Not Done	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDAST	Animal Fluency: Score Total	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCCS	CERAD: Number of recalls completed	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCIR	CERAD: Intrusion word count Recall	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCIT1	CERAD: Intrusion word count Trial 1	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCIT2	CERAD: Intrusion word count Trial 2	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCIT3	CERAD: Intrusion word count Trial 3	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCRNC	CERAD: Reason Not Complete	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCSR	CERAD: Score Delayed Recall	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCST1	CERAD: Score Trial 1 Recall	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCST2	CERAD: Score Trial 2 Recall	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDCST3	CERAD: Score Trial 3 Recall	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None

Variable Name	Variable Description	Data File Name	Data File Description	Begin Year	End Year	Component	Use Constraints
CFDDPP	Digit Symbol Coding: Sample Practice Pretest	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDRNC	Digit Symbol Coding: Reason Not Done	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
CFDDS	Digit Symbol Coding: Score	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
SEQN	Respondent sequence number	CFQ_H	Cognitive Functioning	2013	2014	Questionnaire	None
OCD231R	What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.)	OCQ_H_R	Occupation	2013	2014	Questionnaire	RDC Only
OCD241R	What kind of work {were you/was SP} doing? (For example: farming, mail clerk, computer specialist.)	OCQ_H_R	Occupation	2013	2014	Questionnaire	RDC Only
OCD391R	What kind of business or industry is this? (For example: TV and radio management, retail shoe store, state labor department, farm.)	OCQ_H_R	Occupation	2013	2014	Questionnaire	RDC Only
OCD392R	Thinking of all the paid jobs or businesses {you/SP} ever had, what kind of work {were you/was s/he} doing the longest? (For example, electrical engineer, stock clerk, typist, farmer.)	OCQ_H_R	Occupation	2013	2014	Questionnaire	RDC Only
SEQN	Respondent sequence number.	OCQ_H_R	Occupation	2013	2014	Questionnaire	RDC Only