

VARNUM	NAME	TYPE	LABEL	FORMAT
1	_STATE	1	State FIPS Code	_STATE
2	_GEOSTR	1	Geographic Stratum Code	
3	PRECALL	1	Pre-Call Status Code	PRECALL
4	SECSRFL	1	Secondary Screening Flags	SECSRFL
5	REPNUM	1	Replicate Number	
6	REPDEPTH	1	Replicate Depth	
7	FMONTH	1	File Month	FMONTH
8	IDATE	2	Interview Date	
9	IMONTH	2	Interview Month	\$IMONTH
10	IDAY	2	Interview Day	
11	IYEAR	2	Interview Year	
12	DISPCODE	1	Final Disposition	
13	SEQNO	2	Annual Sequence Number	
14	_PSU	1	Primary Sampling Unit (Equal to Annual Sequence Number)	
15	NATTMPTS	1	Number of Attempts	
16	NRECSL	1	Number of Sample Records Selected from Stratum	
17	NRECSTR	1	Number of Telephone Numbers in Stratum from Which Sample Was Selected	
18	PVTRES1	1	Is this a private residence?	PVT1RES1
19	COLGHOUS	1	Do you live in college housing?	COLGHOUS
20	STATERE1	1	RESIDENT OF STATE	
21	LADULT	1	Are you 18 years of age or older?	
22	NUMADULT	1	Number of Adults in Household	
23	SAFETIME	1	SAFE TIME TO TALK?	
24	CADULT	1	Are you 18 years of age or older?	CADULT
25	PVTRES3	1	Do you live in a private residence?	PVT3RES1
26	CCLGHOUS	1	Do you live in college housing?	CCLGHOUS
27	CSTATE1	1	Do you currently live in __STATE__?	C1STATE
28	RSPSTAT1	1	In what state do you currently live?	RSP1STAT
29	LANDLINE	1	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE
30	HHADULT	1	How many members of your household, including yourself, are 18 years of age or older?	HHADULT
31	GENHLTH	1	Would you say that in general your health is:	GENHLTH
32	PHYSHLTH	1	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH
33	MENTHLTH	1	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH
34	POORHLTH	1	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH

VARNUM	NAME	TYPE	LABEL	FORMAT
35	HLTHPLN1	1	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTH1PLN
36	PERSDOC2	1	Do you have one person you think of as your personal doctor or health care provider?	PERS2DOC
37	MEDCOST	1	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST
38	CHECKUP1	1	About how long has it been since you last visited a doctor for a routine checkup?	CHECK1UP
39	BPHIGH4	1	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	BP4HIGH
40	BPMEDS	1	Are you currently taking medicine for your high blood pressure?	BPMEDS
41	CHOLCHK1	1	HOW LONG SINCE CHOLESTEROL CHECKED	CHOL1CHK
42	TOLDHI2	1	EVER TOLD BLOOD CHOLESTEROL HIGH	TOLD2HI
43	CHOLMED1	1	CURRENTLY TAKING MEDICINE FOR HIGH CHOLESTEROL	CHOL1MED
44	CVDINFR4	1	(Ever told) you had a heart attack, also called a myocardial infarction?	CVD4INFR
45	CVDCRHD4	1	(Ever told) you had angina or coronary heart disease?	CVD4CRHD
46	CVDSTRK3	1	(Ever told) you had a stroke?	CVD3STRK
47	ASTHMA3	1	(Ever told) you had asthma?	AST3HMA
48	ASTHNOW	1	Do you still have asthma?	ASTHNOW
49	CHCSCNCR	1	(Ever told) you had skin cancer?	CHCSCNCR
50	CHCOCNCR	1	(Ever told) you had any other types of cancer?	CHCOCNCR
51	CHCCOPD1	1	(Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?	CHC1COPD
52	HAVARTH3	1	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAV3ARTH
53	ADDEPEV2	1	(Ever told) you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?	AD2DEPEV
54	CHCKIDNY	1	(Ever told) you have kidney disease?	CHCKIDNY
55	DIABETE3	1	(Ever told) you have diabetes?	DIA3BETE
56	DIABAGE2	1	How old were you when you were told you have diabetes?	DIAB2AGE
57	LMTJOIN3	1	LIMITED BECAUSE OF JOINT SYMPTOMS	LMT3JOIN
58	ARTHDIS2	1	DOES ARTHRITIS AFFECT WHETHER YOU WORK	ARTH2DIS
59	ARTHSOCL	1	SOCIAL ACTIVITIES LIMITED BECAUSE OF JOINT SYMPTOMS	ARTHSOCL
60	JOINPAI1	1	HOW BAD WAS JOINT PAIN	JOIN1PAI
61	SEX	1	Indicate sex of respondent.	SEX
62	AGE	1	What is your age?	AGE
63	HISPANC3	2	Are you Hispanic, Latino/a, or Spanish origin?	
64	MRACE1	2	Which one or more of the following would you say is your race?	
65	ORACE3	1	Which one of these groups would you say best represents your race?	O3RACE
66	MARITAL	1	Are you: (marital status)	MARITAL
67	EDUCA	1	What is the highest grade or year of school you completed?	EDUCA
68	RENTHOM1	1	Do you own or rent your home?	RENT1HOM
69	CTYCODE2	1	What county do you live in?	SUPPRESSF

VARNUM	NAME	TYPE	LABEL	FORMAT
70	ZIPCODE1	2	What is your ZIP Code where you currently live?	\$SUPPRF
71	NUMHHOL2	1	Do you have more than one telephone number in your household?	NUM2HHOL
72	NUMPHON2	1	How many of these telephone numbers are residential numbers?	NUM2PHON
73	CPDEMO1A	1	DO YOU HAVE A CELL PHONE FOR PERSONAL USE?	CP1DEMO
74	VETERAN3	1	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VET3ERAN
75	EMPLOY1	1	What is your current employment status?	EMPLOY1F
76	CHILDREN	1	How many children less than 18 years of age live in your household?	CHILDREN
77	INCOME2	1	Is your annual household income from all sources:	IN2COME
78	INTERNET	1	Have you used the internet in the past 30 days?	INTERNET
79	WEIGHT2	1	About how much do you weigh without shoes?	SUPPRESSF
80	HEIGHT3	1	About how tall are you without shoes?	SUPPRESSF
81	PREGNANT	1	To your knowledge, are you now pregnant?	PREGNANT
82	DEAF	1	Are you deaf or do you have serious difficulty hearing?	DEAF
83	BLIND	1	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND
84	DECIDE	1	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE
85	DIFFWALK	1	Do you have serious difficulty walking or climbing stairs?	DIFFWALK
86	DIFFDRES	1	Do you have difficulty dressing or bathing?	DIFFDRES
87	DIFFALON	1	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON
88	SMOKE100	1	Have you smoked at least 100 cigarettes in your entire life?	SMOK100_
89	SMOKDAY2	1	Do you now smoke cigarettes every day, some days, or not at all?	SMOK2DAY
90	STOPSMK2	1	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOP2SMK
91	LASTSMK2	1	How long has it been since you last smoked a cigarette, even one or two puffs?	LAST2SMK
92	USENOW3	1	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USE3NOW
93	ECIGARET	1	Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?	ECIGARET
94	ECIGNOW	1	Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?	ECIGNOW
95	ALCDAYS5	1	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALC5DAY
96	AVEDRNK2	1	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVE2DRNK
97	DRNK3GE5	1	Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?	DRNK35GE
98	MAXDRNKS	1	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS
99	FRUIT2	1	HOW MANY TIMES DID YOU EAT FRUIT?	FRUIT2F
100	FRUITJU2	1	HOW MANY TIMES DID YOU DRINK 100 PERCENT PURE FRUIT JUICES?	FRUIT2JU
101	FVGREEN1	1	HOW MANY TIMES DID YOU EAT DARK GREEN VEGETABLES?	FV1GREEN

VARNUM	NAME	TYPE	LABEL	FORMAT
102	FRENCHF1	1	HOW OFTEN DO YOU EAT FRENCH FRIES OR FRIED POTATOES?	FRENCH1F
103	POTATOE1	1	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATO1E
104	VEGETAB2	1	Not including lettuce, salads, and potatoes, how often did you eat other vegetables?	VEGE2TAB
105	EXERANY2	1	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXER2ANY
106	EXTRACT11	1	TYPE OF PHYSICAL ACTIVITY	EXR11ACT
107	EXEROFT1	1	HOW MANY TIMES WALKING, RUNNING, JOGGING, OR SWIMMING	EXER1OFT
108	EXERHMM1	1	MINUTES OR HOURS WALKING, RUNNING, JOGGING, OR SWIMMING	EXER1HMM
109	EXTRACT21	1	OTHER TYPE OF PHYSICAL ACTIVITY GIVING MOST EXERCISE DURING PAST MONTH	EXR21ACT
110	EXEROFT2	1	HOW MANY TIMES WALKING, RUNNING, JOGGING, OR SWIMMING	EXER2OFT
111	EXERHMM2	1	MINUTES OR HOURS WALKING, RUNNING, JOGGING, OR SWIMMING	EXER2HMM
112	STRENGTH	1	HOW MANY TIMES DID YOU DO PHYSICAL ACTIVITIES OR EXERCISES TO STRENGTHEN YOUR MUSCLES?	STRENGTH
113	SEATBELT	1	How often do you use seat belts when you drive or ride in a car?	SEATBELT
114	FLUSHOT6	1	During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	FLU6SHOT
115	FLSHTMY2	1	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHT2MY
116	PNEUVAC3	1	Have you ever had a pneumonia shot?	PNEU3VAC
117	SHINGLE2	1	HAVE YOU EVER HAD THE SHINGLES OR ZOSTER VACCINE?	SHIN2GLE
118	HIVTST6	1	Have you ever been tested for HIV?	HIV6TST
119	HIVSTD3	1	Not including blood donations, in what month and year was your last HIV test?	HIV3TSTD
120	HIVRISK5	1	DO ANY HIGH RISK SITUATIONS APPLY	HIV5RISK
121	PDIABTST	1	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST
122	PREDIAB1	1	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PRE1DIAB
123	INSULIN	1	NOW TAKING INSULIN	INSULIN
124	BLDSUGAR	1	HOW OFTEN CHECK BLOOD FOR GLUCOSE	BLDSUGAR
125	FEETCHK2	1	HOW OFTEN CHECK FEET FOR SORES OR IRRITATIONS	FEET2CHK
126	DOCTDIAB	1	TIMES SEEN HEALTH PROFESSIONAL FOR DIABETES	DOCTDIAB
127	CHKHEMO3	1	TIMES CHECKED FOR GLYCOSYLATED HEMOGLOBIN	CHK3HEMO
128	FEETCHK	1	TIMES FEET CHECK FOR SORES/IRRITATIONS	FEETCHK
129	EYEEXAM	1	LAST EYE EXAM WHERE PUPILS WERE DILATED	EYEEXAM
130	DIABEYE	1	EVER TOLD DIABETES HAS AFFECTED EYES	DIABEYE
131	DIABEDU	1	EVER TAKEN CLASS IN MANAGING DIABETES	DIABEDU
132	ARTTODAY	1	WHAT CAN YOU DO BECAUSE OF ARTHRITIS OR JOINT SYMPTOMS	ARTTODAY
133	ARTHWGT	1	DR. SUGGEST LOSE WEIGHT FOR ARTHRITIS OR JOINT SYMPTOMS	ARTHWGT
134	ARTHEXER	1	DR. SUGGEST USE OF PHYSICAL ACTIVITY OR EXERCISE FOR ARTHRITIS OR JOINT SYMPTOMS	ARTHEXER
135	ARTHEDU	1	EVER TAKEN CLASS IN MANAGING ARTHRITIS OR JOINT SYMPTOMS	ARTHEDU

VARNUM	NAME	TYPE	LABEL	FORMAT
136	SSBSUGR2	1	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	SSB2SUGR
137	SSBFRUT3	1	HOW OFTEN DID YOU DRINK SUGAR-SWEETENED DRINKS?	SSB3FRUT
138	WTCHSALT	1	WATCHING SODIUM OR SALT INTAKE	WTCHSALT
139	DRADVISE	1	DOCTOR ADVISED REDUCED SODIUM/SALT INTAKE	DRADVISE
140	PFPPRVN2	1	DID YOU DO ANYTHING TO KEEP FROM GETTING PREGNANT?	PF2PPRVN
141	TYPCNTR7	1	WHAT DID YOU DO TO KEEP YOU FROM GETTING PREGNANT?	TYP7CNTR
142	NOBCUSE6	1	WHAT WAS MAIN REASON FOR NOT DOING ANYTHING TO KEEP YOU FROM GETTING PREGNANT?	NOBC6USE
143	CAREGIV1	1	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CARE1GIV
144	CRGVREL2	1	RELATIONSHIP OF PERSON TO WHOM YOU ARE GIVING CARE?	CRGV2REL
145	CRGVLNG1	1	For how long have you provided care for that person?	CRGV1LNG
146	CRGVHRS1	1	In an average week, how many hours do you provide care or assistance?	CRGV1HRS
147	CRGVPRB2	1	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGV1PRB
148	CRGVPERS	1	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPERS
149	CRGVHOUS	1	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOUS
150	CRGVMST2	1	Of the following support services, which one do you MOST need, that you are not currently getting?	CRGV2MST
151	CRGVEXPT	1	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT
152	CIMEMLOS	1	During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?	CIMEMLOS
153	CDHOUSE	1	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills?	CDHOUSE
154	CDASSIST	1	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities?	CDASSIST
155	CDHELP	1	When you need help with these day-to-day activities, how often are you able to get the help that you need?	CDHELP
156	CDSOCIAL	1	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home?	CDSOCIAL
157	CDDISCUS	1	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS
158	TYPEWORK	2	What kind of work do/did you do?	\$SUPPRF
159	TYPEINDS	2	What kind of business or industry do/did you work in?	\$SUPPRF
160	SXORIENT	1	Sexual orientation	SXORIENT
161	TRNSGNDR	1	Do you consider yourself to be transgender?	SUPPRESSF
162	RCSBIRTH	2	What is the birth month and year of the "Xth" child?	\$SUPPRF
163	RCSGENDR	1	Is the child a boy or a girl?	RCSGENDR
164	RCHISLA1	2	Is the child Hispanic, Latino/a, or Spanish origin?	\$SUPPRF
165	RCSRACE1	2	Which one or more of the following would you say is the race of the child?	\$SUPPRF
166	RCSBRAC2	1	Which one of these groups would you say best represents the child's race?	SUPPRESSF

VARNUM	NAME	TYPE	LABEL	FORMAT
167	RCSRLTN2	1	How are you related to the child?	RCS2RLTN
168	CASTHDX2	1	Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTH2DX
169	CASTHNO2	1	Does the child still have asthma?	CASTH2NO
170	QSTVER	1	Questionnaire Version Identifier	QSTVER
171	QSTLANG	1	Language identifier	QSTLANG
172	CALLBCKZ	1	ZIKA CALL BACK REQUEST	CALLBCKZ
173	NAMOTHR	2	TRIBAL AFFILIATION OTHER RESPONSE	
174	_URBNRRL	1	NCHS URBAN-RURAL CLASSIFICATION	_URBNRRL
175	_MSACODE	2	METROPOLITAN STATISTICAL AREA CODE.	\$SUPPRF
176	MSCODE	1	METROPOLITAN STATUS CODE	SUPPRESSF
177	_STSTR	1	SAMPLE DESIGN STRATIFICATION VARIABLE	
178	_STRWT	1	STRATUM WEIGHT	
179	_RAW	1	RAW WEIGHTING FACTOR	
180	_WT2	1	DESIGN WEIGHT	
181	_RAWRAKE	1	RAW WEIGHTING FACTOR USED IN RAKING	
182	_WT2RAKE	1	DESIGN WEIGHT USED IN RAKING	
183	_REGION	1	Geographic Stratification Areas	SUPPRESSF
184	_IMPSEX	1	IMPUTED GENDER	_IMPSEX
185	_IMPAGE	1	AGE VALUE USED TO DETERMINE AGE GROUPS	_IMPAGE
186	_IMPRACE	1	IMPUTED RACE/ETHNICITY VALUE	_IMPRACE
187	_IMPNPH	1	IMPUTED NUMBER OF PHONES	_IMPNPH
188	_IMPCTY	1	IMPUTED COUNTY	SUPPRESSF
189	_IMPEDUC	1	IMPUTED EDUCATION LEVEL	_IMPEDUC
190	_IMPMRTL	1	IMPUTED MARITAL STATUS	_IMPMRTL
191	_IMPHOME	1	IMPUTED RENT OR OWN HOME STATUS	_IMPHOME
192	O_STATE	1	ORIGINAL STATE THAT COLLECTED THE CELL PHONE DATA	_STATE
193	_CHISPNC	1	CHILD HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	SUPPRESSF
194	_CRACE1	1	CHILD NON-HISPANIC RACE INCLUDING MULTIRACIAL	SUPPRESSF
195	_CPRACE	1	PREFERRED CHILD RACE CATEGORIES	SUPPRESSF
196	_IMPCAGE	1	IMPUTED CHILD AGE	SUPPRESSF
197	_IMPCRAC	1	Imputed Child Race/Ethnicity	SUPPRESSF
198	_IMPCSEX	1	IMPUTED CHILD GENDER	_IMPCSEX
199	_RAWCH	1	RAW CHILD WEIGHTING FACTOR	
200	_WT2CH	1	CHILD DESIGN WEIGHT	
201	_CLCM1V1	1	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
202	_CLCM2V1	1	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	

VARNUM	NAME	TYPE	LABEL	FORMAT
203	_CLCM3V1	1	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (GENDER-RACE/ETHNICITY)	
204	_CLCM4V1	1	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
205	_CLCM5V1	1	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (TELEPHONE SOURCE)	
206	_CLCWTV1	1	VERSION 1 CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA	
207	_DUALUSE	1	DUAL PHONE USE CATEGORIES	_DUALUSE
208	_DUALCOR	1	DUAL PHONE USE CORRECTION FACTOR	
209	_LLCPWT2	1	TRUNCATED DESIGN WEIGHT USED IN ADULT COMBINED LAND-LINE AND CELL PHONE RAKING	
210	_LLCPM01	1	COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
211	_LLCPM02	1	COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
212	_LLCPM03	1	COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
213	_LLCPM04	1	COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
214	_LLCPM05	1	COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
215	_LLCPM06	1	COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
216	_LLCPM07	1	COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
217	_LLCPM08	1	COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
218	_LLCPM09	1	COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
219	_LLCPM10	1	COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
220	_LLCPM11	1	COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
221	_LLCPM12	1	COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
222	_LLCPM13	1	COMBINED LAND-LINE AND CELL-PHONE THIRTEENTH MARGIN (COUNTIES)	
223	_LLCPM14	1	COMBINED LAND-LINE AND CELL-PHONE FOURTEENTH MARGIN (COUNTIES-RACE/ETHNICITY)	
224	_LLCPM15	1	COMBINED LAND-LINE AND CELL-PHONE FIFTEENTH MARGIN (COUNTIES-AGE)	
225	_LLCPM16	1	COMBINED LAND-LINE AND CELL-PHONE SIXTEENTH MARGIN (COUNTIES-SEX)	
226	_LLCPWT	1	FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA	
227	_LCM01V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
228	_LCM02V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
229	_LCM03V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
230	_LCM04V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
231	_LCM05V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
232	_LCM06V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
233	_LCM07V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
234	_LCM08V1	1	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
235	_LCPWTV1	1	VERSION 1 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
236	_LCM01V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
237	_LCM02V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	

VARNUM	NAME	TYPE	LABEL	FORMAT
238	_LCM03V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
239	_LCM04V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
240	_LCM05V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
241	_LCM06V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
242	_LCM07V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
243	_LCM08V2	1	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
244	_LCPWTV2	1	VERSION 2 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
245	_RFHLTH	1	ADULTS WITH GOOD OR BETTER HEALTH	_RFHLTH
246	_PHYS14D	1	COMPUTED PHYSICAL HEALTH STATUS	_PHYS14D
247	_MENT14D	1	COMPUTED MENTAL HEALTH STATUS	_MENT14D
248	_HCVU651	1	RESPONDENTS AGED 18-64 WITH HEALTH CARE COVERAGE	_HCV165U
249	_RFHYPE5	1	HIGH BLOOD PRESSURE CALCULATED VARIABLE	_5RFHYPE
250	_CHOLCH1	1	CHOLESTEROL CHECKED CALCULATED VARIABLE	_CHOL1CH
251	_RFCHOL1	1	HIGH CHOLESTEROL CALCULATED VARIABLE	_RF1CHOL
252	_MICHD	1	'RESPONDENTS THAT HAVE EVER REPORTED HAVING CORONARY HEART DISEASE (CHD) OR MYOCARDIAL INFARCTION (MI)'	_MICHD
253	_LTASTH1	1	LIFETIME ASTHMA CALCULATED VARIABLE	_1LTASTH
254	_CASTHM1	1	CURRENT ASTHMA CALCULATED VARIABLE	_1CASTHM
255	_ASTHMS1	1	COMPUTED ASTHMA STATUS	_1ASTHMS
256	_DRDXAR1	1	RESPONDENTS DIAGNOSED WITH ARTHRITIS	_DRDX1AR
257	_LMTACT1	1	LIMITED USUAL ACTIVITIES	_LMT1ACT
258	_LMTWRK1	1	LIMITED WORK ACTIVITIES	_LMT1WRK
259	_LMTSCL1	1	LIMITED SOCIAL ACTIVITIES	_LMT1SCL
260	_MRACE1	1	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M1RACE
261	_M_RACE	1	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M_RACE
262	_HISPANC	1	HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_HISPANC
263	_RACE	1	COMPUTED RACE-ETHNICITY GROUPING	_RACE
264	_RACEG21	1	COMPUTED NON-HISPANIC WHITES/ALL OTHERS RACE CATEGORIES RACE/ETHNIC GROUP CODES USED IN POST-STRATIF	_21RACEG
265	_RACEGR3	1	COMPUTED FIVE LEVEL RACE/ETHNICITY CATEGORY.	_3RACEGR
266	_RACE_G1	1	COMPUTED RACE GROUPS USED FOR INTERNET PREVALENCE TABLES	_RACE1_G
267	_AGEG5YR	1	REPORTED AGE IN FIVE-YEAR AGE CATEGORIES CALCULATED VARIABLE	_AGEG5YR
268	_AGE65YR	1	REPORTED AGE IN TWO AGE GROUPS CALCULATED VARIABLE	_AGE65YR
269	_AGE80	1	IMPUTED AGE VALUE COLLAPSED ABOVE 80	_AGE80F
270	_AGE_G	1	IMPUTED AGE IN SIX GROUPS	_AGE_G
271	HTIN4	1	COMPUTED HEIGHT IN INCHES	SUPPRESSF
272	HTM4	1	COMPUTED HEIGHT IN METERS	SUPPRESSF



VARNUM	NAME	TYPE	LABEL	FORMAT
273	WTKG3	1	COMPUTED WEIGHT IN KILOGRAMS	SUPPRESSF
274	_BMI5	1	COMPUTED BODY MASS INDEX	SUPPRESSF
275	_BMI5CAT	1	COMPUTED BODY MASS INDEX CATEGORIES	_BMI5CAT
276	_RFBMI5	1	OVERWEIGHT OR OBESE CALCULATED VARIABLE	_5RFBMI
277	_CHLDCNT	1	COMPUTED NUMBER OF CHILDREN IN HOUSEHOLD	_CHLDCNT
278	_EDUCAG	1	COMPUTED LEVEL OF EDUCATION COMPLETED CATEGORIES	_EDUCAG
279	_INCOMG	1	COMPUTED INCOME CATEGORIES	_INCOMG
280	_SMOKER3	1	COMPUTED SMOKING STATUS	_3SMOKER
281	_RFSMOK3	1	CURRENT SMOKING CALCULATED VARIABLE	_3RFSMOK
282	_ECIGSTS	1	COMPUTED E-CIGARETTE USER STATUS	_ECIGSTS
283	_CURECIG	1	CURRENT E-CIGARETTE USER CALCULATED VARIABLE	_CURECIG
284	DRNKANY5	1	DRINK ANY ALCOHOLIC BEVERAGES IN PAST 30 DAYS	DRNK5ANY
285	DROCDY3_	1	COMPUTED DRINK-OCCASIONS-PER-DAY	
286	_RFBING5	1	BINGE DRINKING CALCULATED VARIABLE	_5RFBING
287	_DRNKWEK	1	COMPUTED NUMBER OF DRINKS OF ALCOHOL BEVERAGES PER WEEK	_DRNKWEK
288	_RFDHRV5	1	HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_5RFDHRV
289	FTJUDA2_	1	COMPUTED FRUIT JUICE INTAKE IN TIMES PER DAY	
290	FRUTDA2_	1	COMPUTED FRUIT INTAKE IN TIMES PER DAY	
291	GREND1_	1	COMPUTED DARK GREEN VEGETABLE INTAKE IN TIMES PER DAY	
292	FRNCHDA_	1	FRENCH FRY INTAKE IN TIMES PER DAY	
293	POTADA1_	1	COMPUTED POTATO SERVINGS PER DAY	
294	VEGEDA2_	1	COMPUTED OTHER VEGETABLE INTAKE IN TIMES PER DAY	
295	_MISFRT1	1	THE NUMBER OF MISSING FRUIT RESPONSES	_MIS1FRT
296	_MISVEG1	1	THE NUMBER OF MISSING VEGETABLE RESPONSES	_MIS1VEG
297	_FRTRES1	1	MISSING ANY FRUIT RESPONSES	_FRT1RES
298	_VEGRES1	1	MISSING ANY VEGETABLE RESPONSES	_VEG1RES
299	_FRUTSU1	1	TOTAL FRUITS CONSUMED PER DAY	
300	_VEGESU1	1	TOTAL VEGETABLES CONSUMED PER DAY	
301	_FRTLT1A	1	CONSUME FRUIT 1 OR MORE TIMES PER DAY	_FRTLT1A
302	_VEGLT1A	1	CONSUME VEGETABLES 1 OR MORE TIMES PER DAY	_VEGLT1A
303	_FRT16A	1	REPORTED CONSUMING FRUIT >16/DAY	_FRT16A
304	_VEG23A	1	REPORTED CONSUMING VEGETABLES >23/DAY	_VEG23A
305	_FRUITE1	1	FRUIT EXCLUSION FROM ANALYSES	_FRUIT1E
306	_VEGETE1	1	VEGETABLE EXCLUSION FROM ANALYSES	_VEGE1TE
307	_TOTINDA	1	LEISURE TIME PHYSICAL ACTIVITY CALCULATED VARIABLE	_TOTINDA
308	METVL11_	1	ACTIVITY MET VALUE FOR FIRST ACTIVITY	

VARNUM	NAME	TYPE	LABEL	FORMAT
309	METVL21_	1	ACTIVITY MET VALUE FOR SECOND ACTIVITY	
310	MAXVO2_	1	ESTIMATED AGE-GENDER SPECIFIC MAXIMUM OXYGEN CONSUMPTION	
311	FC60_	1	ESTIMATED FUNCTIONAL CAPACITY	
312	ACTIN11_	1	ESTIMATED ACTIVITY INTENSITY FOR FIRST ACTIVITY	
313	ACTIN21_	1	ESTIMATED ACTIVITY INTENSITY FOR SECOND ACTIVITY	
314	PADUR1_	1	MINUTES OF FIRST ACTIVITY	
315	PADUR2_	1	MINUTES OF SECOND ACTIVITY	
316	PAFREQ1_	1	PHYSICAL ACTIVITY FREQUENCY PER WEEK FOR FIRST ACTIVITY	
317	PAFREQ2_	1	PHYSICAL ACTIVITY FREQUENCY PER WEEK FOR SECOND ACTIVITY	
318	_MINAC11	1	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
319	_MINAC21	1	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
320	STRFREQ_	1	STRENGTH ACTIVITY FREQUENCY PER WEEK	
321	PAMISS1_	1	MISSING PHYSICAL ACTIVITY DATA	
322	PAMIN11_	1	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
323	PAMIN21_	1	MINUTES OF PHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
324	PA1MIN_	1	MINUTES OF TOTAL PHYSICAL ACTIVITY PER WEEK	
325	PAVIG11_	1	MINUTES OF VIGOROUS PHYSICAL ACTIVITY PER WEEK FOR FIRST ACTIVITY	
326	PAVIG21_	1	MINUTES OF VIGOROUSPHYSICAL ACTIVITY PER WEEK FOR SECOND ACTIVITY	
327	PA1VIGM_	1	MINUTES OF TOTAL VIGOROUS PHYSICAL ACTIVITY PER WEEK	
328	_PACAT1	1	PHYSICAL ACTIVITY CATEGORIES	_PA1CAT
329	_PAINDX1	1	PHYSICAL ACTIVITY INDEX	_PA1INDX
330	_PA150R2	1	150 MINUTE PHYSICAL ACTIVITY CALCULATED VARIABLE	_2PA150R
331	_PA300R2	1	300 MINUTE PHYSICAL ACTIVITY CALCULATED VARIABLE	_2PA300R
332	_PA30021	1	300 MINUTE PHYSICAL ACTIVITY 2-LEVEL CALCULATED VARIABLE	_30021PA
333	_PASTRNG	1	MUSCLE STRENGTHENING RECOMMENDATION	_PASTRNG
334	_PAREC1	1	AEROBIC AND STRENGTHENING GUIDELINE	_PA1REC
335	_PASTAE1	1	AEROBIC AND STRENGTHENING (2-LEVEL)	_PA1ATAE
336	_RFSEAT2	1	ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS	_2RFSEAT
337	_RFSEAT3	1	ALWAYS WEAR SEAT BELTS	_3RFSEAT
338	_FLSHOT6	1	FLU SHOT CALCULATED VARIABLE	_6FLSHOT
339	_PNEUMO2	1	PNEUMONIA VACCINATION CALCULATED VARIABLE	_2PNEUMO
340	_AIDTST3	1	EVER BEEN TESTED FOR HIV CALCULATED VARIABLE	_3AIDTST
341	MEDICARE	1	Do you have Medicare?	MEDICARE
342	HLTHCVR1	1	What is the primary source of your health care coverage?	HLTH1CVR
343	QLACTLM2	1	Are you limited in any way in any activities because of physical, mental, or emotional problems?	YESNO
344	USEEQUIP	1	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	YESNO

VARNUM	NAME	TYPE	LABEL	FORMAT
345	HADMAM	1	Have you ever had a mammogram?	YESNO
346	HOWLONG	1	How long has it been since you had your last mammogram?	HOWLONG
347	BLDSTOOL	1	Have you ever had this test using a home kit?	YESNO
348	LSTBLDS3	1	How long has it been since you had your last blood stool test using a home kit?	LST3BLDS
349	HADSIGM3	1	Have you ever had either a sigmoidoscopy or a colonoscopy?	YESNO
350	HADSGCO1	1	Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	HAD1SGCO
351	LASTSIG3	1	How long has it been since you had your last sigmoidoscopy or colonoscopy?	LAST3SIG
352	LIFECHG	1	Have you ever attended a lifestyle change program, such as the diabetes Prevention Program, in order to improve your health or prevent diabetes?	YESNO
353	HEALTHCL1	1	During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness(es)?	YESNO
354	PREPKNEW	1	Before today, have you ever heard of PrEP and knew what it is used for?	PREPKNEW
355	PREPFRND	1	In the past 12 months, do you know a friend or someone close to you who has taken PrEP?	YESNO
356	PREPSELF	1	Have you ever considered PrEP as a way of reducing your own chances of getting HIV?	PREPSELF
357	PREPTALK	1	In the past 12 months, have you discussed with anyone about you using PrEP as a way of reducing your own chances of getting HIV?	PREPTALK
358	PREPTKOT	2	Discussed with other (specify)	
359	USEPNMED	1	In the past 12 months, have you used prescription pain medicine without a healthcare providers prescription or differently than how the healthcare provider told you to use it?	YESNO
360	USEHROIN	1	In the past 12 months, have you used heroin?	YESNO
361	SEEOVRDS	1	Have you ever witnessed or encountered an opioid or prescription drug overdose?	YESNO
362	NLXTRND	1	Have you attended any training to learn how to administer naloxone in the case of a suspected opioid overdose?	YESNO
363	NLXUSED	1	Have you ever used naloxone (Narcan) on anyone in the case of a suspected opioid overdose?	NLXUSED
364	BUPUSE	1	Have you ever used buprenorphine (Suboxone)?	BUPUSE
365	BUPBARRR	1	What barrier did you experience when you tried to get on buprenorphine (Suboxone)?	BUPBARRR
366	BUPBAROT	2	Other buprenorphine barrier (specify)	
367	NOREFILL	1	Has there ever been a time when you have NOT filled or refilled a medication prescribed by a doctor or dentist or other health professional?	NOREFILL
368	LSTNORFL	1	How long ago was the last time you did NOT fill or refill medication prescribed by a doctor or other health professional?	LSTNORFL
369	THNKNHLP	1	Reason for not (re)filling medication: You did not get the prescription filled because you did not think the medicine would help?	YESNO
370	SIDEEFFX	1	Reason for not (re)filling medication: You were concerned about the side effects of the medicine?	YESNO
371	SEEMNHLP	1	Reason for not (re)filling medication: After taking the medication, it did not seem to help?	YESNO
372	NOTAFFRD	1	Reason for not (re)filling medication: You could not afford to pay for the medicine?	YESNO
373	NOTNEED	1	Reason for not (re)filling medication: You have refills available but not needed at this time?	YESNO
374	NORFLOTH	1	Reason for not (re)filling medication: Some other reason?	YESNO
375	NORFLSPO	2	Reason for not (re)filling medication: SPECIFIED other reason	
376	HPTALKRX	1	Did your doctor or health professional talk to you about the importance of taking all of your medicines?	YESNO

VARNUM	NAME	TYPE	LABEL	FORMAT
377	STRSYMP1	1	(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)	YESNO
378	STRSYMP2	1	(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)	YESNO
379	STRSYMP3	1	(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)	YESNO
380	STRSYMP5	1	(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)	YESNO
381	STRSYMP6	1	(Do you think) severe headache with no known cause (is a symptom of a stroke?)	YESNO
382	FIRSTAID2	1	If you thought someone was having a stroke, what is the first thing you would do?	FIRSTAIDF
383	FRUITVEG	1	When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?	FRUITVEF
384	NOVEGFRU	1	What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?	NOVEGFRU
385	NOVFOTHR	2	What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood (OTHER)?	
386	MTTRAVEL	1	In the last 12 months, did you travel to a foreign country to receive pre-planned medical, dental, or surgical treatment or procedure?	YESNO
387	MTCTRY1	1	What specific foreign countries did you travel to within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures?	
388	MTOCTRY1	2	Other specified first country within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures	
389	MTCTRY2	1	What specific foreign countries did you travel to within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures? (specified second country)	
390	MTOCTRY2	2	Other specified second country within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures	
391	MTCTRY3	1	What specific foreign countries did you travel to within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures? (specified third country)	
392	MTOCTRY3	2	Other specified third country within the past 12 months to receive pre-planned medical, dental, or surgical treatments or procedures	
393	MTKIDNEY	1	What type of treatments or procedures did you receive? Please select all that apply	MTKIDNEY
394	MOORG_SP	2	Foreign country - Other organ transplant received (specify)	
395	MTOC_SP	2	Foreign country -Other cosmetic surgery received (specify)	
396	MOORT_SP	2	Foreign country -Other orthopedic surgery received (specify)	
397	MTILL_SP	2	Foreign country -Medical treatment for an illness received (specify)	
398	MTOTH_SP	2	Foreign country -Other treatment or procedure received (specify)	
399	MTRSNS	1	Why did you travel to a foreign country to receive the medical, dental, or surgical treatment(s) or procedure(s)?	
400	MTCOMPLC	1	Did you have any unexpected problems, complications, or undesirable health outcomes as a result of the treatment(s) or procedure(s) you received in the foreign country(s)	YESNO
401	MTFLLWUP	1	Did you see a doctor or other health care provider for these unexpected problems, complications, or undesirable health outcomes after returning to the U.S.?	YESNO
402	REGION	1	NYC/ROS	REGIONF
403	DSRIPREG	1	DSRIP Region	DSRIPREG
404	PPS_1	1	Albany Medical Center Hospital	SUPPRESSF
405	PPS_3	1	Ellis Hospital	SUPPRESSF

VARNUM	NAME	TYPE	LABEL	FORMAT
406	PPS_8	1	CNY DSRIP Performing Provider System	SUPPRESSF
407	PPS_9	1	Finger Lakes PPS	SUPPRESSF
408	PPS_14	1	Nassau University Medical Center	SUPPRESSF
409	PPS_16	1	Stony Brook University Hospital	SUPPRESSF
410	PPS_19	1	Montefiore Medical Center	SUPPRESSF
411	PPS_20	1	Refuah Health Center	SUPPRESSF
412	PPS_21	1	Westchester Medical Center	SUPPRESSF
413	PPS_22	1	Mohawk Valley PPS - Bassett	SUPPRESSF
414	PPS_23	1	Adirondack Health Institute	SUPPRESSF
415	PPS_25	1	Advocate Community Partners - AW Medical	SUPPRESSF
416	PPS_27	1	Bronx-Lebanon Hospital Center	SUPPRESSF
417	PPS_32	1	Lutheran Medical Center	SUPPRESSF
418	PPS_33	1	Maimonides Medical Center	SUPPRESSF
419	PPS_34	1	Mount Sinai Hospitals Group	SUPPRESSF
420	PPS_36	1	St Barnabas Hospital - dba SBH Health System	SUPPRESSF
421	PPS_39	1	The New York and Presbyterian Hospital	SUPPRESSF
422	PPS_40	1	The New York Hospital Medical Center of Queens	SUPPRESSF
423	PPS_43	1	Richmond Univ Med Center & Staten Island Univ Hosp	SUPPRESSF
424	PPS_44	1	United Health Services Hospitals Inc	SUPPRESSF
425	PPS_45	1	Samaritan Medical Center	SUPPRESSF
426	PPS_46	1	Catholic Medical Partners-Accountable Care IPA INC	SUPPRESSF
427	PPS_48	1	Millennium Collaborative Care PPS - ECMC	SUPPRESSF
428	PPS_52	1	New York City Health and Hospitals-led PPS	SUPPRESSF
429	_ctywtg	1		SUPPRESSF