Patient Characteristics to Predict the type of Healthcare service By Group 3: Barkha Sharma | Gautam Reddy | Rabiya Fatima | Srilakshmi Mallipudi

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------------|---------------|
| Survey Year: The year in which the survey was conducted. Dates are between 10/21/2019 and 10/27/2019. | • 2019 | Number | 4 | Year | 0.00 |
| Program Category: The category or type of healthcare program the patient is enrolled in. | OutpatientInpatientEmergencyResidentialSupport | Text | 11 | Nominal | 0.00 |
| Region Served: Represents region where the patients received healthcare services. | New York City Region Western Region Hudson River Region Central NY Region Long Island Region | Text | 20 | Nominal | 0.00 |
| Age Group: The age group of the patient. | AdultChildUnknown | Text | 7 | Nominal | 0.00 |
| Sex: Gender of the patient. | FemaleMaleUnknown | Text | 7 | Binary | 0.00 |
| Transgender: Indicates whether the patient identifies as transgender. | No, Not TransgenderYes, TransgenderClient didn't answerUnknown | Text | 20 | Boolean | 0.08 |
| Sexual Orientation: The patient's sexual orientation. | Straight or Heterosexual Bisexual Lesbian or Gay Other Client didn't answer Unknown | Text | 24 | Nominal | 0.18 |
| Hispanic Ethnicity: Indicates whether the patient identifies as Hispanic or Latino. | Yes, Hispanic/LatinoNo, Not Hispanic/LatinoUnknown | Text | 23 | Boolean | 0.03 |
| Race: The patient's racial background. | White only Black only Multi-Racial Other Unknown Race | Text | 12 | Nominal | 0.04 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|--------------|---------------|
| Living Situation: The patient's current living situation or housing status. | Private ResidenceOther Living SituationInstitutional SettingUnknown | Text | 22 | Nominal | 0.05 |
| Household Composition: Describes the patient's household composition. | Cohabitates with OthersLives AloneNot ApplicableUnknown | Text | 23 | Nominal | 0.23 |
| Preferred Language: The patient's preferred language for communication. | English Spanish Indo-European Asian and Pacific Island Afro-Asiatic All other languages Unknown | Text | 24 | Nominal | 0.02 |
| Religious Preference: The patient's religious preference. | I belong to a formal religious group I do not have a formal religion, nor am I a spiritual person I consider myself spiritual, but not religious Data not available | Text | 60 | Nominal | 0.29 |
| Veteran Status: Indicates whether the patient is a military veteran. | YesNoUnknown | Text | 7 | Boolean | 0.04 |
| Employment Status: The patient's current employment status. | Employed Unemployed, looking for work Non-paid/Volunteer Not in Labor Force: Unemployed and not looking for work Unknown Employment Status | Text | 54 | Nominal | 0.06 |
| Number Of Hours Worked Each Week: The number of hours the patient works each week. | 01 – 14 Hours 15 – 34 Hours 35 Hours or more Unknown Not Applicable | Text | 24 | Ordinal | 0.84 |

| Field Name and Description | Valid Domain Values | Type | Length | Data Type | Null Ratio |
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| Education Status: The patient's education status. | Pre-K to Fifth grade Middle School to High School Some College College or Graduate Degree No Formal Education Other Unknown | | 28 | Ordinal | 0.11 |
| Special Education Services: Indicates if the patient receives special education services. | YesNoNot Applicable | Text | 14 | Boolean | 0.80 |
| Mental Illness: Indicates if the patient has a mental illness. | YesNoUnknown | Text | 7 | Boolean | 0.01 |
| Intellectual Disability: Indicates if the patient has an intellectual disability. | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Autism Spectrum: Indicates if the patient is on the autism spectrum. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Other Developmental Disability: Indicates if the patient has other developmental disabilities. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Alcohol Related Disorder: Indicates if the patient has an alcohol-related disorder. | YesNoUnknown | Text | 7 | Boolean | 0.06 |
| Drug Substance Disorder: Indicates if the patient has a drug substance disorder. | YesNoUnknown | Text | 7 | Boolean | 0.06 |
| Opioid Related Disorder: Indicates if the patient has an opioid-related disorder. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Mobility Impairment Disorder: Indicates if the patient has a mobility impairment disorder. | YesNoUnknown | Text | 7 | Boolean | 0.08 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|-------------------------------------------------------------------------------|--------------------------------------------------|------|--------|--------------|---------------|
| Hearing Impairment: Indicates if the patient has a hearing impairment. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Visual Impairment: Indicates if the patient has a visual impairment. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Speech Impairment: Indicates if the patient has a speech impairment. | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Hyperlipidemia: Indicates if the patient has hyperlipidemia. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| High Blood Pressure: Indicates if the patient has high blood pressure. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Diabetes: Indicates if the patient has diabetes. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Obesity: Indicates if the patient has obesity. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Heart Attack: Indicates if the patient has had a heart attack. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Stroke: Indicates if the patient has had a stroke. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Other Cardiac: Indicates if the patient has other cardiac conditions. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Pulmonary Asthma: Indicates if the patient has pulmonary asthma. | YesNoUnknown | Text | 7 | Boolean | 0.07 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------|------|--------|--------------|---------------|
| Alzheimer or Dementia: Indicates if the patient has Alzheimer's disease or dementia. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Kidney Disease: Indicates if the patient has kidney disease. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Liver Disease: Indicates if the patient has liver disease. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Endocrine Condition: Indicates if the patient has an endocrine condition. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Neurological Condition: Indicates if the patient has a neurological condition. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Traumatic Brain Injury: Indicates if the patient has had a traumatic brain injury. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Joint Disease: Indicates if the patient has joint disease. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Cancer: Indicates if the patient has been diagnosed with cancer. | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Other Chronic Med Condition: Indicates if the patient has other chronic medical conditions | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| No Chronic Med Condition: Indicates if the patient has no chronic medical conditions | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Unknown Chronic Med Condition: Indicates if the patient's chronic medical condition is unknown | FalseTrue | Text | 5 | Boolean | 0.00 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|--------------|---------------|
| Cannabis Recreational Use: Indicates if the patient uses cannabis recreationally | YesNoUnknown | Text | 7 | Boolean | 0.11 |
| Cannabis Medicinal Use: Indicates if the patient uses cannabis for medicinal purposes | YesNoUnknown | Text | 7 | Boolean | 0.12 |
| Smokes: Indicates if the patient smokes | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Received Smoking Medication: Indicates if the patient has received smoking cessation medication | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Received Smoking Counseling: Indicates if the patient has received smoking counseling | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Serious Mental Illness: Indicates if the patient has a serious mental illness | YesNoUnknown | Text | 7 | Boolean | 0.01 |
| Alcohol 12m Service: Indicates if the patient received alcohol-related services in the past 12 months | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Opioid 12m Service: Indicates if the patient received opioid-related services in the past 12 months | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Drug/Substance 12m Service: Indicates if the patient received drug/substance-related services in the past 12 months | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Principal Diagnosis Class: The principal diagnosis class of the patient | Mental illness Not MI – Organic Mental Disorder Not MI – Developmental Disorders Not MI – Other Substance-Related and Addictive Disorders Unknown | Text | 41 | Nominal | 0.04 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|--------------|---------------|
| Additional Diagnosis Class: Additional diagnosis class of the patient | Mental illness Not MI – Organic Mental Disorder Not MI – Developmental Disorders Not MI – Other Substance-Related and Addictive Disorders No Additional Diagnosis Unknown | Text | 41 | Nominal | 0.19 |
| SSI Cash Assistance: Indicates if the patient receives Supplemental Security Income (SSI) | YesNoUnknown | Text | 7 | Boolean | 0.14 |
| SSDI Cash Assistance: Indicates if the patient receives Social Security Disability Insurance (SSDI) | YesNoUnknown | Text | 7 | Boolean | 0.14 |
| Veterans Disability Benefits: Indicates if the patient receives veterans' disability benefits | YesNoUnknown | Text | 7 | Boolean | 0.11 |
| Veterans Cash Assistance: Indicates if the patient receives veterans' cash assistance | YesNoUnknown | Text | 7 | Boolean | 0.11 |
| Public Assistance Cash Program: Indicates if the patient receives public assistance cash benefits | YesNoUnknown | Text | 7 | Boolean | 0.15 |
| Other Cash Benefits: Indicates if the patient receives other cash benefits | YesNoUnknown | Text | 7 | Boolean | 0.14 |
| Medicaid and Medicare Insurance: Indicates if the patient has both Medicaid and Medicare insurance | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| No Insurance: Indicates if the patient has no insurance | YesNoUnknown | Text | 7 | Boolean | 0.03 |
| Unknown Insurance Coverage: Indicates if the patient's insurance coverage is unknown | FalseTrue | Text | 5 | Boolean | 0.00 |

| Field Name and Description | Valid Domain Values | Туре | Length | Data Type | Null Ratio |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|--------------|---------------|
| Medicaid Insurance: Indicates if the patient has Medicaid insurance | YesNoUnknown | Text | 7 | Boolean | 0.04 |
| Medicaid Managed Insurance: Indicates if the patient has managed Medicaid insurance | YesNoNot ApplicableUnknown | Text | 14 | Boolean | 0.40 |
| Medicare Insurance: Indicates if the patient has Medicare insurance | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Private Insurance: Indicates if the patient has private insurance | YesNoUnknown | Text | 7 | Boolean | 0.07 |
| Child Health Plus Insurance: Indicates if the patient has Child Health Plus insurance | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Other Insurance: Indicates if the patient has other insurance | YesNoUnknown | Text | 7 | Boolean | 0.08 |
| Criminal Justice Status: Indicates the criminal justice status of the patient | YesNoUnknown | Text | 7 | Boolean | 0.09 |
| Three Digit Residence Zip Code: Three-digit residence zip code of the patient | 100 – 149 777 - Indicates the patient lived in another state in US or another country. 888 - Indicates the patient was homeless at the time of the survey. 999 - Indicates the residential zip code is unknown | Number | 3 | Nominal | 0.00 |