**Patient  Characteristics  to Predict the type of Healthcare service**

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| **Field Name and Description** | **Valid Domain Values** | **Type** | **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. | * Outpatient * Inpatient * Emergency * Residential * Support | 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. | * Adult * Child * Unknown | Text | 7 | Nominal | 0.00 |
| **Sex:** Gender of the patient. | * Female * Male * Unknown | Text | 7 | Binary | 0.00 |
| **Transgender:** Indicates whether the patient identifies as transgender. | * No, Not Transgender * Yes, Transgender * Client didn’t answer * Unknown | 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/Latino * No, Not Hispanic/Latino * Unknown | 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 |
| **Living Situation:** The patient's current living situation or housing status. | * Private Residence * Other Living Situation * Institutional Setting * Unknown | Text | 22 | Nominal | 0.05 |
| **Household Composition:** Describes the patient's household composition. | * Cohabitates with Others * Lives Alone * Not Applicable * Unknown | 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. | * Yes * No * Unknown | 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 |
| **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. | * Yes * No * Not Applicable | Text | 14 | Boolean | 0.80 |
| **Mental Illness:** Indicates if the patient has a mental illness. | * Yes * No * Unknown | Text | 7 | Boolean | 0.01 |
| **Intellectual Disability:** Indicates if the patient has an intellectual disability. | * Yes * No * Unknown | Text | 7 | Boolean | 0.09 |
| **Autism Spectrum:** Indicates if the patient is on the autism spectrum. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Other Developmental Disability:** Indicates if the patient has other developmental disabilities. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Alcohol Related Disorder:** Indicates if the patient has an alcohol-related disorder. | * Yes * No * Unknown | Text | 7 | Boolean | 0.06 |
| **Drug Substance Disorder:** Indicates if the patient has a drug substance disorder. | * Yes * No * Unknown | Text | 7 | Boolean | 0.06 |
| **Opioid Related Disorder:** Indicates if the patient has an opioid-related disorder. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Mobility Impairment Disorder:** Indicates if the patient has a mobility impairment disorder. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Hearing Impairment:** Indicates if the patient has a hearing impairment. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Visual Impairment:** Indicates if the patient has a visual impairment. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Speech Impairment:** Indicates if the patient has a speech impairment. | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Hyperlipidemia:** Indicates if the patient has hyperlipidemia. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **High Blood Pressure:** Indicates if the patient has high blood pressure. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Diabetes:** Indicates if the patient has diabetes. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Obesity:** Indicates if the patient has obesity. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Heart Attack:** Indicates if the patient has had a heart attack. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Stroke:** Indicates if the patient has had a stroke. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Other Cardiac:** Indicates if the patient has other cardiac conditions. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Pulmonary Asthma:** Indicates if the patient has pulmonary asthma. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Alzheimer or Dementia:** Indicates if the patient has Alzheimer's disease or dementia. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Kidney Disease:** Indicates if the patient has kidney disease. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Liver Disease:** Indicates if the patient has liver disease. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Endocrine Condition:** Indicates if the patient has an endocrine condition. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Neurological Condition:** Indicates if the patient has a neurological condition. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Traumatic Brain Injury:** Indicates if the patient has had a traumatic brain injury. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Joint Disease:** Indicates if the patient has joint disease. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Cancer:** Indicates if the patient has been diagnosed with cancer. | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Other Chronic Med Condition:** Indicates if the patient has other chronic medical conditions | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **No Chronic Med Condition:** Indicates if the patient has no chronic medical conditions | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Unknown Chronic Med Condition:** Indicates if the patient's chronic medical condition is unknown | * False * True | Text | 5 | Boolean | 0.00 |
| **Cannabis Recreational Use:** Indicates if the patient uses cannabis recreationally | * Yes * No * Unknown | Text | 7 | Boolean | 0.11 |
| **Cannabis Medicinal Use:** Indicates if the patient uses cannabis for medicinal purposes | * Yes * No * Unknown | Text | 7 | Boolean | 0.12 |
| **Smokes:** Indicates if the patient smokes | * Yes * No * Unknown | Text | 7 | Boolean | 0.09 |
| **Received Smoking Medication:** Indicates if the patient has received smoking cessation medication | * Yes * No * Unknown | Text | 7 | Boolean | 0.09 |
| **Received Smoking Counseling:** Indicates if the patient has received smoking counseling | * Yes * No * Unknown | Text | 7 | Boolean | 0.09 |
| **Serious Mental Illness:** Indicates if the patient has a serious mental illness | * Yes * No * Unknown | Text | 7 | Boolean | 0.01 |
| **Alcohol 12m Service:** Indicates if the patient received alcohol-related services in the past 12 months | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Opioid 12m Service:** Indicates if the patient received opioid-related services in the past 12 months | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Drug/Substance 12m Service:** Indicates if the patient received drug/substance-related services in the past 12 months | * Yes * No * Unknown | 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 |
| **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) | * Yes * No * Unknown | Text | 7 | Boolean | 0.14 |
| **SSDI Cash Assistance:** Indicates if the patient receives Social Security Disability Insurance (SSDI) | * Yes * No * Unknown | Text | 7 | Boolean | 0.14 |
| **Veterans Disability Benefits:** Indicates if the patient receives veterans' disability benefits | * Yes * No * Unknown | Text | 7 | Boolean | 0.11 |
| **Veterans Cash Assistance:** Indicates if the patient receives veterans' cash assistance | * Yes * No * Unknown | Text | 7 | Boolean | 0.11 |
| **Public Assistance Cash Program:** Indicates if the patient receives public assistance cash benefits | * Yes * No * Unknown | Text | 7 | Boolean | 0.15 |
| **Other Cash Benefits:** Indicates if the patient receives other cash benefits | * Yes * No * Unknown | Text | 7 | Boolean | 0.14 |
| **Medicaid and Medicare Insurance:** Indicates if the patient has both Medicaid and Medicare insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **No Insurance:** Indicates if the patient has no insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.03 |
| **Unknown Insurance Coverage:** Indicates if the patient's insurance coverage is unknown | * False * True | Text | 5 | Boolean | 0.00 |
| **Medicaid Insurance:** Indicates if the patient has Medicaid insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.04 |
| **Medicaid Managed Insurance:** Indicates if the patient has managed Medicaid insurance | * Yes * No * Not Applicable * Unknown | Text | 14 | Boolean | 0.40 |
| **Medicare Insurance:** Indicates if the patient has Medicare insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Private Insurance:** Indicates if the patient has private insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.07 |
| **Child Health Plus Insurance:** Indicates if the patient has Child Health Plus insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.09 |
| **Other Insurance:** Indicates if the patient has other insurance | * Yes * No * Unknown | Text | 7 | Boolean | 0.08 |
| **Criminal Justice Status:** Indicates the criminal justice status of the patient | * Yes * No * Unknown | 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 |