

Proc Contents of NYS CDC BRFSS 2014 Dataset

VARNUM	NAME	TYPE	LABEL	FORMAT
43	ADDEPEV2	Num	Has a doctor, nurse, or other health professional ever told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	AD2DEPEV
149	ADHISPA	Num	ADULT HISPANIC RESPONSE	
48	AGE	Num	What is your age?	AGE
81	ALCDAY5	Num	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
129	ASBIADVC	Num	OFFERED ADVICE ABOUT WHAT LEVEL OF DRINKING IS HARMFUL OR RISKY?	ASBIADVC
126	ASBIALCH	Num	ASKED DURING CHECKUP IF YOU DRINK ALCHOHOL	ASBIALCH
128	ASBIBING	Num	ASKED WHETHER YOU DRANK [5 FOR MEN /4 FOR WOMEN] OR MORE ALCOHOLIC DRINKS ON AN OCCASION?	ASBIBING
127	ASBIDRNK	Num	ASKED IN PERSON OR BY FORM HOW MUCH YOU DRINK?	ASBIDRNK
130	ASBIRDUC	Num	WERE YOU ADVISED TO REDUCE OR QUIT YOUR DRINKING?	ASBIRDUC
37	ASTHMA3	Num	Has a doctor, nurse, or other health professional ever told you had asthma?	AST3HMA
38	ASTHNOW	Num	Do you still have asthma?	ASTHNOW
82	AVEDRNK2	Num	One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVE2DRNK
106	BLDSTOOL	Num	EVER HAD BLOOD STOOL TEST USING HOME KIT	BLDSTOOL
71	BLIND	Num	BLIND OR DIFFICULTY SEEING	BLIND
382	BRTHCNTL3	Num	Did you or your husband/partner do anything the last time you had sex to keep you from getting pregnant?	BRTHCNTL3F
143	CADULT	Num	ARE YOU 18 YEARS OF AGE OR OLDER?	CADULT
369	CAREAGE	Num	What age is the person to whom you are giving care?	CAREAGEF
368	CAREGIVE	Num	During the past month, did you provide any such care or assistance to a friend or family member?	YESNO
372	CARELONG	Num	For how long have you provided care that person?	CARELONGF
373	CAREPROB	Num	What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? [Check only one condition].	CAREPROBF
124	CARERCVD	Num	SATISFIED WITH CARE RECEIVED	CARERCVD
371	CARERELA	Num	What is his/her relationship to you?	CARERELAF
141	CASTHDX2	Num	Has a doctor, nurse or other health professional ever said that the child has asthma?	CASTH2DX
142	CASTHNO2	Num	Does the child still have asthma?	CASTH2NO
144	CCLGHOUS	Num	DO YOU LIVE IN COLLEGE HOUSING?	CCLGHOUS

VARNUM	NAME	TYPE	LABEL	FORMAT
342	CDCPAID	Num	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	YESNO
21	CELLFON3	Num	CELLULAR TELEPHONE	CELL3FON
41	CHCCOPD	Num	Has a doctor, nurse, or other health professional ever told you have (COPD) chronic obstructive pulmonary disease, emphysema or chronic bronchitis?	YESNO
44	CHCKIDNY	Num	Has a doctor, nurse, or other health professional ever told you have kidney disease? Do not include kidney stones, bladder infection or incontinence.	CHCKIDNY
40	CHCOCNCR	Num	Has a doctor, nurse, or other health professional ever told you had any other types of cancer?	CHCOCNCR
39	CHCSCNCR	Num	Has a doctor, nurse, or other health professional ever told you had skin cancer?	CHCSCNCR
31	CHECKUP1	Num	About how long has it been since you last visited a doctor for a routine checkup?	CHECK1UP
150	CHHISPA	Num	CHILD HISPANIC RESPONSE	
54	CHILDREN	Num	How many children less than 18 years of age live in your household?	CHILDREN
362	CIASSIST	Num	As a result of [your/this person's] confusion or memory loss, in which of the following four areas does this person need the MOST assistance?	CIASSIST
367	CIDIAGZ	Num	Has a health care professional ever said that [you have/this person has] Alzheimer's disease or some other form of dementia?	CIDIAGZ
364	CIFAMCAR	Num	During the past 30 days, how often have you, a family member or friend provided any care or assistance for this person because of confusion or memory loss?	CIFAMCAR
365	CIHCPROF	Num	Has anyone discussed with a health care professional, increases in [your/this person's] confusion or memory loss?	YESNO
361	CIHOWOFT	Num	During the past 12 months, how often [have you/has this person] given up household activities or chores they used to do because of confusion or memory loss that is happening more often or is getting worse?	CIHOWOFT
363	CIINTFER	Num	During the past 12 months, how often has confusion or memory loss interfered with [your/this person's] ability to work, volunteer, or engage in social activities?	CIINTFER
366	CIMEDS	Num	Have [you/this person] received treatment such as therapy or medications for confusion or memory loss?	YESNO
358	CIMEMLOS	Num	During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?	YESNO
359	CINOADLT	Num	Not including yourself, how many adults 18 or older in your household experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months?	CINOADLT
360	CIRBIAGE	Num	Of these people, please select the person who had the most recent birthday. How old is this person?	CIRBIAGE
341	CNCINSTR	Num	Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	YESNO
343	CNCNOINS	Num	Were you EVER denied health insurance or life insurance coverage because of your cancer?	YESNO
340	CNCSUMM	Num	Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?	YESNO
356	CNDMCCRN	Num	What concerns you more?	CNDMCCRN
19	COLGHOUS	Num	DO YOU LIVE IN COLLEGE HOUSING?	COLGHOUS
64	CPDEMO1	Num	Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	CP1DEMO

VARNUM	NAME	TYPE	LABEL	FORMAT
377	CRGVCHNG	Num	During the past year, has the person you care for experienced changes in thinking or remembering?	YESNO
376	CRGVDIFF	Num	Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.	CRGVDIFFF
370	CRGVGNDR	Num	Is this person male or female?	CRGVGNDRF
375	CRGVHRS	Num	In an average week, how many hours do you provide care for that person because of his/her health problem, long-term illness, or disability?	CRGVHRSF
374	CRGVMST1	Num	In which one of the following areas does the person you care for most need your help?	CRGVMST1F
145	CSTATE	Num	ARE YOU A RESIDENT OF [STATE]?	CSTATE
60	CTYCODE1	Num	What county do you live in?	CTYCODE1F
35	CVDCRHD4	Num	Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?	CVD4CRHD
34	CVDINFR4	Num	Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?	CVD4INFR
36	CVDSTRK3	Num	Has a doctor, nurse, or other health professional ever told you had a stroke?	CVD3STRK
72	DECIDE	Num	DIFFICULTY CONCENTRATING OR REMEMBERING	DECIDE
118	DELAYMED	Num	DELAYED GETTING MEDICAL CARE	DELAYMED
45	DIABETE3	Num	Has a doctor, nurse, or other health professional ever told you have diabetes?	DIA3BETE
75	DIFFALON	Num	DIFFICULTY DOING ERRANDS ALONE	DIFFALON
74	DIFFDRES	Num	DIFFICULTY DRESSING OR BATHING	DIFFDRES
73	DIFFWALK	Num	DIFFICULTY WALKING OR CLIMBING STAIRS	DIFFWALK
12	DISPCODE	Num	Final Disposition	
119	DLYOTHER	Char	DELAYED GETTING MEDICAL CARE OTHER RESPONSE	
83	DRNK3GE5	Num	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
309	DRNKANY5	Num	DRINK ANY ALCOHOLIC BEVERAGES IN PAST 30 DAYS	DRNK5ANY
92	DRNKDRI2	Num	DID YOU DRIVE AFTER HAVING TOO MUCH TO DRINK IN THE PAST 30 DAYS?	DRNKDRI2F
310	DROCDY3_	Num	COMPUTED DRINK-OCCASIONS-PER-DAY	DROCDY3_
122	DRVISITS	Num	DOCTOR VISITS PAST 12 MONTHS	DRVISITS
55	EDUCA	Num	What is the highest grade or year of school you completed?	EDUCA
56	EMPLOY1	Num	Are you currently.....?	EMPLOY1F
32	EXERANY2	Num	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
89	FALL12MN	Num	HAD FALL PAST TWELVE MONTHS	FALL3MNF
90	FALLINJ2	Num	INJURED IN FALL	FALLINJF

VARNUM	NAME	TYPE	LABEL	FORMAT
379	FALOLDRE	Num	In the past 12 months, have you done anything to help an older person reduce his/her chance of falling?	YESNO
378	FALREDUC	Num	In the past 12 months, have you done things to reduce your chance of falling?	YESNO
86	FLSHTMY2	Num	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
85	FLUSHOT6	Num	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?	FLU6SHOT
7	FMONTH	Num	File Month	FMONTH
24	GENHLTH	Num	Would you say that in general your health is	GENHLTH
99	HADHYST2	Num	HAD HYSTERECTOMY	HAD2HYST
93	HADMAM	Num	HAVE YOU EVER HAD A MAMMOGRAM	HADMAM
97	HADPAP2	Num	EVER HAD A PAP TEST	YESNO
109	HADSGCO1	Num	WAS LAST TEST A SIGMOIDOSCOPY OR COLONOSCOPY	HAD1SGCO
108	HADSIGM3	Num	EVER HAD SIGMOIDOSCOPY/COLONOSCOPY	HAD3SIGM
42	HAVARTH3	Num	Has a doctor, nurse, or other health professional ever told you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAV3ARTH
344	HCVHEAR	Num	Have you heard of hepatitis C?	YESNO
347	HCVINPAC	Num	In the past 12 months, have you received medical care at an inpatient unit of a hospital?	YESNO
349	HCVINPTA	Num	Did you accept the HCV test that was offered by a medical care provider at the inpatient unit of a hospital?	YESNO
348	HCVINPTE	Num	Were you offered an HCV test while receiving care at an inpatient unit of a hospital?	YESNO
352	HCVPRIMA	Num	Did you accept the HCV test that was offered by your primary care provider?	YESNO
350	HCVPRIMC	Num	In the past 12 months, have you received medical care from a primary care provider?	YESNO
351	HCVPRIME	Num	Were you offered an HCV test by your primary care provider?	YESNO
345	HCVTEST	Num	Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.	YESNO
338	HEALTHCL1	Num	You said that a medical professional has told you that you have or have had a chronic illness. 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
59	HEIGHT3	Num	About how tall are you without shoes?	SUPPRESF
148	HHADULT	Num	NUMBER OF ADULTS IN HOUSEHOLD	
49	HISPANC3	Char	Are you Hispanic, Latino, or Spanish?	\$HISPANC3F
111	HIVTST6	Num	Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.	HIV6TST
112	HIVTSTD3	Num	Not including blood donations, in what month and year was your last HIV test?	HIV3TSTD
117	HLTHCVR1	Num	PRIMARY HEALTH INSURANCE COVERAGE	HLTHCVRGB
28	HLTHPLN1	Num		HLTH1PLN

VARNUM	NAME	TYPE	LABEL	FORMAT
			Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	
380	HLTHPREG	Num	Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?	YESNO
94	HOWLONG	Num	HOW LONG SINCE LAST MAMMOGRAM	HOWLONG
354	HSCNDMS	Num	Do you support or oppose condom availability in your local high school?	HSCNDMSF
298	HTIN4	Num	COMPUTED HEIGHT IN INCHES	SUPPRESF
299	HTM4	Num	COMPUTED HEIGHT IN METERS	SUPPRESF
8	IDATE	Char	Interview Date	
10	IDAY	Char	Interview Day	
9	IMONTH	Char	Interview Month	\$IMONTH
57	INCOME2	Num	Is your annual household income from all sources:	IN2COME
65	INTERNET	Num	INTERNET USE IN THE PAST 30 DAYS?	INTERNET
11	IYEAR	Char	Interview Year	
22	LADULT	Num	ARE YOU 18 YEARS OF AGE OR OLDER?	
147	LANDLINE	Num	DO YOU ALSO HAVE A LANDLINE TELEPHONE?	LANDLINE
46	LASTDEN3	Num	LAST VISITED DENTIST OR DENTAL CLINIC	LAST3DEN
346	LASTHCVT	Num	Not including blood donations, in what month and year was your last HCV test?	LASTHCVTF
98	LASTPAP2	Num	HOW LONG SINCE LAST PAP TEST	LENGEXAM
110	LASTSIG3	Num	TIME SINCE LAST SIGMOIDOSCOPY/COLONOSCOPY	LAST3SIG
79	LASTSMK2	Num	How long has it been since you last smoked a cigarette, even one or two puffs?	LAST2SMK
96	LENGEXAM	Num	HOW LONG SINCE LAST BREAST PHYSICAL EXAM	LENGEXAM
339	LIFECHG	Num	Have you ever attended a lifestyle change program, such as the diabetes Prevention Program, in order to improve your health or prevent diabetes?	YESNO
107	LSTBLDS3	Num	TIME SINCE LAST BLOOD STOOL TEST	LST3BLDS
121	LSTCOVRG	Num	TIME SINCE LAST HAD HEALTH CARE COVERAGE	LSTCOVRG
53	MARITAL	Num	Are you (marital status)	MARITAL
84	MAXDRNKS	Num	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS
125	MEDBILL1	Num	CURRENTLY HAVE HEALTH CARE BILLS	MEDBILLS
30	MEDCOST	Num	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST
116	MEDICARE	Num	DO YOU HAVE MEDICARE?	MEDICARE

VARNUM	NAME	TYPE	LABEL	FORMAT
123	MEDSCOST	Num	COULD NOT GET MEDICINE DUE TO COST	MEDSCOST
26	MENTHLTH	Num	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
50	MRACE1	Char	Which one or more of the following would you say is your race?	\$MRACE1F
355	MSCNDMS	Num	Do you support or oppose condom availability in your local middle school/junior high?	MSCNDMSF
154	MSCODE	Num	METROPOLITAN STATUS CODE	MSCODE
229	NAHH	Num	NUMBER OF ADULTS IN HOUSEHOLD	
15	NATTMPTS	Num	Number of Sample Records Selected from Stratum	
230	NCHH	Num	NUMBER OF CHILDREN IN HOUSEHOLD	
384	NOBCUSE2	Num	What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?	NOBCUSE2F
120	NOCOV12	Num	During the past 12 months, was there any time that you did not have any health insurance or coverage?	NO121COV
228	NPHH	Num	NUMBER OF PERSONS IN HOUSEHOLD	
16	NRECSEL	Num	Number of Telephone Numbers in Stratum	
17	NRECSTR	Num	Number of Telephone Numbers in Stratum from Which Sample Was Selected	
23	NUMADULT	Num	Number of Adults in Household	
62	NUMHHOL2	Num	Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.	NUM2HHOL
63	NUMPHON2	Num	How many of these telephone numbers are residential numbers?	NUM2PHON
51	ORACE3	Num	Which one of these groups would you say best represents your race?	O3RACE
169	O_STATE	Num	ORIGINAL STATE THAT COLLECTED THE CELL PHONE DATA	
100	PCPSAAD2	Num	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE ADVANTAGES OF THE PSA TEST?	YESNO
101	PCPSADI1	Num	HAS A HEALTH PROFESSIONAL EVER TALKED WITH YOU ABOUT THE DISADVANTAGES OF THE PSA TEST?	YESNO
102	PCPSARE1	Num	HAS A DOCTOR EVER RECOMMENDED THAT YOU HAVE A PSA TEST?	YESNO
105	PCPSARS1	Num	WHAT WAS THE MAIN REASON YOU HAD THIS PSA TEST?	PCPSARSF
114	PDIABTST	Num	HAD A TEST FOR HIGH BLOOD SUGAR IN PAST THREE YEARS	PDIABTST
29	PERSDOC2	Num	Do you have one person you think of as your personal doctor or health care provider?	PERS2DOC
385	PFCHLDFT	Num	How do you feel about having a child now or sometime in the future?	PHYSHLTH
25	PHYSHLTH	Num	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
87	PNEUVAC3	Num		PNEU3VAC

VARNUM	NAME	TYPE	LABEL	FORMAT
			A pneumonia shot or pneumococcal vaccine is usually given only once or twice in person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?	
27	POORHLTH	Num	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
4	PRECALL	Num	Pre-Call Status Code	PRECALL
115	PREDIAB1	Num	EVER BEEN TOLD YOU HAVE PRE-DIABETES OR BORDERLINE DIABETES	PRE1DIAB
381	PREGEVER	Num	Have you ever been pregnant?	YESNO
68	PREGNANT	Num	To your knowledge, are you now pregnant?	PREGNANT
386	PRNTLVIT	Num	How many times a week do you currently take a multivitamin, a prenatal vitamin, or a folic acid vitamin?	PRNTLVITF
95	PROFEXAM	Num	EVER HAD BREAST PHYSICAL EXAM BY DOCTOR	PROFEXAM
103	PSATEST1	Num	EVER HAD PSA TEST	YESNO
104	PSATIME	Num	TIME SINCE LAST PSA TEST	PSATIMEF
18	PVTRES1	Num	PRIVATE RESIDENCE?	PVT1RES1
69	QLACTLM2	Num	Are you limited in any way in any activities because of physical, mental, or emotional problems?	QL2ACTLM
152	QSTLANG	Num	LANGUAGE IDENTIFIER	QSTLANG
151	QSTVER	Num	QUESTIONNAIRE VERSION IDENTIFIER	
137	RCHISLA1	Char	Is the child Hispanic, Latino/a, or Spanish origin?	\$HISPANC3F
135	RCSBIRTH	Char	What is the birth month and year of the Xth child?	\$SUPPRF
139	RCSBRAC1	Num	Which one of these groups would you say best represents the child's race?	RCS1BRAC
136	RCSGENDR	Num	Is the child a boy or a girl?	RCSGENDR
138	RCSRACE1	Char	Which one or more of the following would you say is the race of the child?	\$RCSRACE1F
140	RCSRLTN2	Num	How are you related to the child?	RCS2RLTN
387	REGION	Num		REGIONF
66	RENTHOM1	Num	Do you own or rent your home?	RENT1HOM
6	REPDEPTH	Num	Replicate Depth	
5	REPNUM	Num	Replicate Number	
47	RMVTETH3	Num	NUMBER OF PERMANENT TEETH REMOVED	RMVTETHF
146	RSPSTATE	Num	IN WHAT STATE DO YOU LIVE?	RSPSTATE
91	SEATBELT	Num	How often do you use seat belts when you drive or ride in a car? Would you say:	SEATBELT
13	SEQNO	Num	Annual Sequence Number	

VARNUM	NAME	TYPE	LABEL	FORMAT
67	SEX	Num	Sex of respondent.	SEX
353	SEXEDFAM	Num	How familiar are you with the sex education programs in your community's schools?	SEXEDFAMF
357	SEXINT12	Num	About what percentage of 12th graders in New York do you think report they have had sexual intercourse ?	SEXINT12F
88	SHINGLE2	Num	HAVE YOU EVER HAD THE SHINGLES OR ZOSTER VACCINE?	YESNO
33	SLEPTIM1	Num	HOW MUCH TIME DO YOU SLEEP	SLEP1TIM
77	SMOKDAY2	Num	Do you now smoke cigarettes every day, some days or not at all?	SMOK2DAY
76	SMOKE100	Num	Have you smoked at least 100 cigarettes in your entire life?	SMOK100_
337	SSBFRUT2	Num	During the past 30 days, how often did you drink sugar-sweetened fruit drinks?	SSB2FRUT
336	SSBSUGAR	Num	During the past 30 days, how often did you drink regular soda or pop that contains sugar?	SSBSUGAR
20	STATERES	Num	RESIDENT OF STATE	
78	STOPSMK2	Num	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOP2SMK
133	SXORIENT	Num	SEXUAL ORIENTATION	SXORIENT
134	TRNSGNDR	Num	DO YOU CONSIDER YOURSELF TO BE TRANSGENDER?	SUPPRESF
383	TYPCNTRL2	Num	What did you or your husband/partner do the last time you had sex to keep you from getting pregnant?	TYPCNTRL2F
132	TYPEINDS	Char	TYPE OF BUSINESS/INDUSTRY	\$SUPPRF
131	TYPEWORK	Char	TYPE OF WORK	\$SUPPRF
70	USEEQUIP	Num	Do you now have any health problems that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	USEEQUIP
80	USENOW3	Num	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USE3NOW
52	VETERAN3	Num	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
58	WEIGHT2	Num	About how much do you weigh without shoes?	SUPPRESF
113	WHRTST10	Num	LOCATION OF LAST HIV TEST	WHR10TST
300	WTKG3	Num	COMPUTED WEIGHT IN KILOGRAMS	SUPPRESF
61	ZIPCODE	Char	What is your ZIP Code where you live?	\$SUPPRF
296	_AGE65YR	Num	REPORTED AGE IN TWO AGE GROUPS CALCULATED VARIABLE	_AGE65YR
163	_AGE80	Num	IMPUTED AGE VALUE COLLAPSED ABOVE 80	_AGE80F
295	_AGEG5YR	Num	REPORTED AGE IN FIVE-YEAR AGE CATEGORIES CALCULATED VARIABLE	_AGEG5YR
297	_AGE_G	Num	IMPUTED AGE IN SIX GROUPS	_AGE_G

VARNUM	NAME	TYPE	LABEL	FORMAT
335	_AIDTST3	Num	EVER BEEN TESTED FOR HIV CALCULATED VARIABLE	_3AIDTST
286	_ALTETH2	Num	ADULTS AGED 65+ WHO HAVE HAD ALL THEIR NATURAL TEETH EXTRACTED	_AL2TETH
283	_ASTHMS1	Num	COMPUTED ASTHMA STATUS	_1ASTHMS
301	_BMI5	Num	COMPUTED BODY MASS INDEX	_5BMI
302	_BMI5CAT	Num	COMPUTED BODY MASS INDEX CATEGORIES	_BMI5CAT
282	_CASTHM1	Num	CURRENT ASTHMA CALCULATED VARIABLE	_1CASTHM
207	_CHISPNC	Num	CHILD HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_CHISPNC
304	_CHLDCNT	Num	COMPUTED NUMBER OF CHILDREN IN HOUSEHOLD	_CHLDCNT
220	_CLCM1V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
221	_CLCM2V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
222	_CLCM3V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (GENDER-RACE/ETHNICITY)	
223	_CLCM4V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
224	_CLCM5V1	Num	VERSION 1 CHILD COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (TELEPHONE SOURCE)	
225	_CLCWTV1	Num	VERSION 1 CHILD WEIGHT: LAND-LINE AND CELL-PHONE DATA	
219	_CLDWTV1	Num	FINAL CHILD WEIGHT QUESTIONNAIRE VERSION 1: LAND-LINE DATA ONLY	
215	_CMG01V1	Num	VERSION 1 CHILD LAND-LINE FIRST MARGIN (AGE-GENDER)	
216	_CMG02V1	Num	VERSION 1 CHILD LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
217	_CMG03V1	Num	VERSION 1 CHILD LAND-LINE THIRD MARGIN (GENDER-RACE/ETHNICITY)	
218	_CMG04V1	Num	VERSION 1 CHILD LAND-LINE FOURTH MARGIN (AGE-RACE/ETHNICITY)	
330	_COL10YR	Num	RESPONDENTS AGED 50-75 WHO HAVE HAD A COLONOSCOPY IN THE PAST 10 YEARS	_COL10YR
208	_CPRACE	Num	PREFERRED CHILD RACE CATEGORIES	
209	_CRACE1	Num	CHILD NON-HISPANIC RACE INCLUDING MULTIRACIAL	_C1RACE
334	_CRCREC	Num	RESPONDENTS AGED 50-75 WHO HAVE FULLY MET THE USPSTF RECOMMENDATION	_CRCREC
3	_DENSTR2	Num	Household Density Stratum Code	SUPPRESF
287	_DENVST2	Num	ADULTS WHO HAVE VISITED A DENTIST, DENTAL HYGENIST OR DENTAL CLINIC WITHIN THE PAST YEAR	_DEN2VST
284	_DRDXAR1	Num	RESPONDENTS DIAGNOSED WITH ARTHRITIS	_DRDX1AR
312	_DRNKDY4	Num	COMPUTED NUMBER OF DRINKS OF ALCOHOL BEVERAGES PER DAY	_4DRNKDY
313	_DRNKMO4	Num	COMPUTED TOTAL NUMBER DRINKS A MONTH	_4DRNKMO
233	_DUALCOR	Num	DUAL PHONE USE CORRECTION FACTOR	

VARNUM	NAME	TYPE	LABEL	FORMAT
232	_DUALUSE	Num	DUAL PHONE USE CATEGORIES	_DUALUSE
305	_EDUCAG	Num	COMPUTED LEVEL OF EDUCATION COMPLETED CATEGORIES	_EDUCAG
285	_EXTETH2	Num	RISK FACTOR FOR HAVING HAD PERMANENT TEETH EXTRACTED	_EX2TETH
317	_FLSHOT6	Num	FLU SHOT CALCULATED VARIABLE	_6FLSHOT
333	_FOBTFS	Num	RESPONDENTS AGED 50-75 WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST 3 YEARS AND A SIGMOIDOSCOPY W	_FOBTFS
332	_FS5YR	Num	RESPONDENTS AGED 50-75 WHO HAVE HAD A SIGMOIDOSCOPY WITHIN THE PAST 5 YEARS	_FS5YR
2	_GEOSTR	Num	Geographic Stratum Code	
279	_HCVU651	Num	RESPONDENTS AGED 18-64 WITH HEALTH CARE COVERAGE	_HCV165U
331	_HFOB3YR	Num	RESPONDENTS AGED 50-75 WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST 3 YEARS	_HFOB3YR
231	_HHOLDWT	Num	FINAL HOUSEHOLD WEIGHT: LAND-LINE DATA ONLY	
290	_HISPANC	Num	HISPANIC, LATINO/A, OR SPANISH ORIGIN CALCULATED VARIABLE	_HISPANC
162	_IMPAGE	Num	Imputed age used in post-stratification	_IMPAGE
210	_IMPCAGE	Num	IMPUTED CHILD AGE	_IMPCAGE
211	_IMPCRAC	Num	Imputed Child Race/Ethnicity	_IMPCRAC
212	_IMPCSEX	Num	IMPUTED CHILD GENDER	_IMPCSEX
166	_IMPEDUC	Num	IMPUTED EDUCATION LEVEL	_IMPEDUC
168	_IMPHOME	Num	IMPUTED RENT OR OWN HOME STATUS	_IMPHOME
167	_IMPMRTL	Num	IMPUTED MARITAL STATUS	_IMPMRTL
165	_IMPNPH	Num	IMPUTED NUMBER OF PHONES	_IMPNPH
164	_IMPRACE	Num	IMPUTED RACE/ETHNICITY VALUE	_IMPRACE
306	_INCOMG	Num	COMPUTED INCOME CATEGORIES	_INCOMG
182	_LANDWT	Num	FINAL WEIGHT: LAND-LINE DATA ONLY	
170	_LANDWT2	Num	TRUNCATED DESIGN WEIGHT USED IN ADULT LAND LINE RAKING	
252	_LCM01V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
265	_LCM01V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
253	_LCM02V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
266	_LCM02V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
254	_LCM03V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	

VARNUM	NAME	TYPE	LABEL	FORMAT
267	_LCM03V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
255	_LCM04V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
268	_LCM04V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
256	_LCM05V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
269	_LCM05V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
257	_LCM06V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
270	_LCM06V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
258	_LCM07V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
271	_LCM07V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
259	_LCM08V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
272	_LCM08V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	
260	_LCM09V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
273	_LCM09V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
261	_LCM10V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
274	_LCM10V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
262	_LCM11V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
275	_LCM11V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
263	_LCM12V1	Num	VERSION 1 COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
276	_LCM12V2	Num	VERSION 2 COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
264	_LCPWTV1	Num	VERSION 1 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
277	_LCPWTV2	Num	VERSION 2 WEIGHT: LAND-LINE AND CELL-PHONE DATA	
235	_LLCPM01	Num	COMBINED LAND-LINE AND CELL-PHONE FIRST MARGIN (AGE-GENDER)	
236	_LLCPM02	Num	COMBINED LAND-LINE AND CELL-PHONE SECOND MARGIN (RACE/ETHNICITY)	
237	_LLCPM03	Num	COMBINED LAND-LINE AND CELL-PHONE THIRD MARGIN (EDUCATION)	
238	_LLCPM04	Num	COMBINED LAND-LINE AND CELL-PHONE FOURTH MARGIN (MARITAL STATUS)	
239	_LLCPM05	Num	COMBINED LAND-LINE AND CELL-PHONE FIFTH MARGIN (HOME OWNERSHIP)	
240	_LLCPM06	Num	COMBINED LAND-LINE AND CELL-PHONE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
241	_LLCPM07	Num	COMBINED LAND-LINE AND CELL-PHONE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
242	_LLCPM08	Num	COMBINED LAND-LINE AND CELL-PHONE EIGHTH MARGIN (TELEPHONE SOURCE)	

VARNUM	NAME	TYPE	LABEL	FORMAT
243	_LLCPM09	Num	COMBINED LAND-LINE AND CELL-PHONE NINTH MARGIN (REGIONS)	
244	_LLCPM10	Num	COMBINED LAND-LINE AND CELL-PHONE TENTH MARGIN (REGIONS-AGE)	
245	_LLCPM11	Num	COMBINED LAND-LINE AND CELL-PHONE ELEVENTH MARGIN (REGIONS-GENDER)	
246	_LLCPM12	Num	COMBINED LAND-LINE AND CELL-PHONE TWELFTH MARGIN (REGIONS-RACE/ETHNICITY)	
247	_LLCPM13	Num	COMBINED LAND-LINE AND CELL-PHONE THIRTEENTH MARGIN (COUNTIES)	
248	_LLCPM14	Num	COMBINED LAND-LINE AND CELL-PHONE FOURTEENTH MARGIN (COUNTIES-RACE/ETHNICITY)	
249	_LLCPM15	Num	COMBINED LAND-LINE AND CELL-PHONE FIFTEENTH MARGIN (COUNTIES-AGE)	
250	_LLCPM16	Num	COMBINED LAND-LINE AND CELL-PHONE SIXTEENTH MARGIN (COUNTIES-SEX)	
251	_LLCPWT	Num	FINAL WEIGHT: LAND-LINE AND CELL-PHONE DATA	
234	_LLCPWT2	Num	TRUNCATED DESIGN WEIGHT USED IN ADULT COMBINED LAN LINE AND CELL PHONE RAKING	
194	_LNDWTV1	Num	FINAL WEIGHT QUESTIONNAIRE VERSION 1: LAND-LINE DATA ONLY	
206	_LNDWTV2	Num	FINAL WEIGHT QUESTIONNAIRE VERSION 2: LAND-LINE DATA ONLY	
281	_LTASTH1	Num	LIFETIME ASTHMA CALCULATED VARIABLE	_1LTASTH
323	_MAM5021	Num	WOMEN RESPONDENTS AGED 50-74 WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_RFMAM2Y
322	_MAM502Y	Num	WOMEN RESPONDENTS AGED 50+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_MAM502Y
288	_MRACE1	Num	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M1RACE
171	_MRG01	Num	LAND-LINE FIRST MARGIN (AGE-GENDER)	
183	_MRG01V1	Num	VERSION 1 LAND-LINE FIRST MARGIN (AGE-GENDER)	
195	_MRG01V2	Num	VERSION 2 LAND-LINE FIRST MARGIN (AGE-GENDER)	
172	_MRG02	Num	LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
184	_MRG02V1	Num	VERSION 1 LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
196	_MRG02V2	Num	VERSION 2 LAND-LINE SECOND MARGIN (RACE/ETHNICITY)	
173	_MRG03	Num	LAND-LINE THIRD MARGIN (EDUCATION)	
185	_MRG03V1	Num	VERSION 1 LAND-LINE THIRD MARGIN (EDUCATION)	
197	_MRG03V2	Num	VERSION 2 LAND-LINE THIRD MARGIN (EDUCATION)	
174	_MRG04	Num	LAND-LINE FOURTH MARGIN (MARITAL STATUS)	
186	_MRG04V1	Num	VERSION 1 LAND-LINE FOURTH MARGIN (MARITAL STATUS)	
198	_MRG04V2	Num	VERSION 2 LAND-LINE FOURTH MARGIN (MARITAL STATUS)	

VARNUM	NAME	TYPE	LABEL	FORMAT
175	_MRG05	Num	LAND-LINE FIFTH MARGIN (HOME OWNERSHIP)	
187	_MRG05V1	Num	VERSION 1 LAND-LINE FIFTH MARGIN (HOME OWNERSHIP)	
199	_MRG05V2	Num	VERSION 2 LAND-LINE FIFTH MARGIN (HOME OWNERSHIP)	
176	_MRG06	Num	LAND-LINE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
188	_MRG06V1	Num	VERSION 1 LAND-LINE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
200	_MRG06V2	Num	VERSION 2 LAND-LINE SIXTH MARGIN (GENDER-RACE/ETHNICITY)	
177	_MRG07	Num	LAND-LINE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
189	_MRG07V1	Num	VERSION 1 LAND-LINE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
201	_MRG07V2	Num	VERSION 2 LAND-LINE SEVENTH MARGIN (AGE-RACE/ETHNICITY)	
178	_MRG08	Num	LAND-LINE EIGHTH MARGIN (REGIONS)	
190	_MRG08V1	Num	VERSION 1 LAND-LINE EIGHTH MARGIN (REGIONS)	
202	_MRG08V2	Num	VERSION 2 LAND-LINE EIGHTH MARGIN (REGIONS)	
179	_MRG09	Num	LAND-LINE NINTH MARGIN (REGIONS-AGE)	
191	_MRG09V1	Num	VERSION 1 LAND-LINE NINTH MARGIN (REGIONS-AGE)	
203	_MRG09V2	Num	VERSION 2 LAND-LINE NINTH MARGIN (REGIONS-AGE)	
180	_MRG10	Num	LAND-LINE TENTH MARGIN (REGIONS-GENDER)	
192	_MRG10V1	Num	VERSION 1 LAND-LINE TENTH MARGIN (REGIONS-GENDER)	
204	_MRG10V2	Num	VERSION 2 LAND-LINE TENTH MARGIN (REGIONS-GENDER)	
181	_MRG11	Num	LAND-LINE ELEVENTH MARGIN (REGIONS-RACE/ETHNICITY)	
193	_MRG11V1	Num	VERSION 1 LAND-LINE ELEVENTH MARGIN (REGIONS-RACE/ETHNICITY)	
205	_MRG11V2	Num	VERSION 2 LAND-LINE ELEVENTH MARGIN (REGIONS-RACE/ETHNICITY)	
153	_MSACODE	Char	METROPOLITAN STATISTICAL AREA CODE.	
289	_M_RACE	Num	CALCULATED NON-HISPANIC RACE INCLUDING MULTIRACIAL	_M_RACE
318	_PNEUMO2	Num	PNEUMONIA VACCINATION CALCULATED VARIABLE	_2PNEUMO
14	_PSU	Num	Primary Sampling Unit	
291	_RACE	Num	COMPUTED RACE-ETHNICITY GROUPING	_RACE
292	_RACEG21	Num	COMPUTED NON-HISPANIC WHITES/ALL OTHERS RACE CATEGORIES RACE/ETHNIC GROUP CODES USED IN POST-STRATIF	_21RACEG
293	_RACEGR3	Num	COMPUTED FIVE LEVEL RACE/ETHNICITY CATEGORY.	_3RACEGR
294	_RACE_G1	Num	COMPUTED RACE GROUPS USED FOR INTERNET PREVALENCE TABLES	_RACE1_G

VARNUM	NAME	TYPE	LABEL	FORMAT
157	_RAW	Num	RAW WEIGHTING FACTOR	
213	_RAWCH	Num	RAW CHILD WEIGHTING FACTOR	
226	_RAWHH	Num	RAW HOUSEHOLD WEIGHTING FACTOR	
159	_RAWRAKE	Num	RAW WEIGHTING FACTOR USED IN RAKING	
161	_REGION	Num	Region, Geographic Stratification areas	
311	_RFBING5	Num	BINGE DRINKING CALCULATED VARIABLE	_5RFBING
327	_RFBLDS2	Num	RESPONDENTS AGED 50+ WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST TWO YEARS	_RF2BLDS
328	_RFBLDS3	Num	RESPONDENTS AGED 50-75 WHO HAVE HAD A BLOOD STOOL TEST WITHIN THE PAST TWO YEARS	_RF3BLDS
303	_RFBMI5	Num	OVERWEIGHT OR OBESE CALCULATED VARIABLE	_5RFBMI
314	_RFDRHV4	Num	HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_4RFDRHV
315	_RFDRMN4	Num	ADULT MEN HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_4RFDRMN
316	_RFDRWM4	Num	ADULT WOMEN HEAVY ALCOHOL CONSUMPTION CALCULATED VARIABLE	_4RFDRWM
278	_RFHLTH	Num	ADULTS WITH GOOD OR BETTER HEALTH	_RFHLTH
321	_RFMAM2Y	Num	WOMEN RESPONDENTS AGED 40+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS	_RFMAM2Y
324	_RFPAP32	Num	WOMEN RESPONDENTS AGED 18+ WHO HAVE HAD A PAP TEST IN THE PAST THREE YEARS	_32RFPAP
325	_RFPAP33	Num	WOMEN RESPONDENTS AGED 21-65 WHO HAVE HAD A PAP TEST IN THE PAST THREE YEARS	_33RFPAP
326	_RFPSA21	Num	MALE RESPONDENTS AGED 40+ WHO HAVE HAD A PSA TEST IN THE PAST 2 YEARS	_RF21PSA
319	_RFSEAT2	Num	ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS	_2RFSEAT
320	_RFSEAT3	Num	ALWAYS WEAR SEAT BELTS	_3RFSEAT
329	_RFSIGM2	Num	RESPONDENTS AGED 50 OR OLDER WHO HAVE HAD A SIGMOIDOSCOPY OR COLONOSCOPY	_2RFSIGM
308	_RFSMOK3	Num	CURRENT SMOKING CALCULATED VARIABLE	_3RFSMOK
307	_SMOKER3	Num	COMPUTED SMOKING STATUS	_3SMOKER
1	_STATE	Num	State FIPS Code	_STATE
156	_STRWT	Num	STRATUM WEIGHT	
155	_STSTR	Num	SAMPLE DESIGN STRATIFICATION VARIABLE	
280	_TOTINDA	Num	LEISURE TIME PHYSICAL ACTIVITY CALCULATED VARIABLE	_TOTINDA
158	_WT2	Num	DESIGN WEIGHT	
214	_WT2CH	Num	CHILD DESIGN WEIGHT	

VARNUM	NAME	TYPE	LABEL	FORMAT
227	_WT2HH	Num	HOUSEHOLD DESIGN WEIGHT	
160	_WT2RAKE	Num	DESIGN WEIGHT USED IN RAKING	
392	cpcounty	Char		\$SUPPRF
391	mrace	Char		\$SUPPRF
389	race2	Num		SUPPRESF
388	rcsbrace	Num		SUPPRESF
390	rcsrace	Char		\$SUPPRF

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