

Variable	Description
AASMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?
AASMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?
AASSTILL	Do you still have asthma?
ACIEFFRT	That everything was an effort?
ACIHOPLS	During the past 30 days, how often did you feel hopeless?
ACINERV	Nervous?
ACIRSTLS	During the past 30 days, how often did you feel restless or fidgety?
ACISAD	So sad that nothing could cheer you up?
ACIWITHLS	During the past 30 days, how often did you feel worthless?
AHCAFY_1	Prescription medicines
AHCAFY_2	Mental health care or counseling
AHCAFY_3	Dental care (including checkups)
AHCAFY_4	Eyeglasses
AHCAFY_5	To see a specialist
AHCAFY_6	Follow-up care
AHCDLY_1	You couldn't get through on the telephone.
AHCDLY_2	You couldn't get an appointment soon enough.
AHCDLY_3	Once you get there, you have to wait too long to see the doctor.
AHCDLY_4	The clinic or doctor's office wasn't open when you could get there.
AHCDLY_5	You didn't have transportation.
AHGT_FT	feet
AHGT_IN	inches
ALC12MNO_F	per
ALC12MNO_N	In the past year, how often did you drink any type of alcoholic beverage?
ALC1YR	In any one year, have you had at least 12 drinks of any type of alcoholic beverage?
ALC5UPNO	(If code 2 in DEMO_GENDER, display:) In the past year, on how many days did you have 4 or more drinks of any alcoholic beverage?
ALCAMT	On those days that you drank alcoholic beverages in the past year, how many drinks did you have on the average?
ALCLIFE	In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?
ANX_1	How often do you feel worried, nervous, or anxious?
ANX_2	Do you take medication for these feelings?

Variable

Description

ANX_3	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings? Would you say you felt a little this way, a lot this way, or somewhere in between?
AWEBOFNO_F	per
AWEBOFNO_N	Hour(s)
AWGT_LB	How much do you weigh without shoes?
BINGE	(If code 2 in DEMO_GENDER, display:) Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 or more drinks on an occasion?
CBRCHYR	Have you ever been told by a doctor or other health professional that you had chronic bronchitis?
CIGQTYR	During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?
DEMO_AGE	Age
DEMO_EDUCATION_NEW	DEMO_EDUCATION_NEW
DEMO_EMPLOYMENT_STATUS	Which of the following best describes your current employment status
DEMO_ETHNICITY	Are you of hispanic origin or descent?
DEMO_GENDER	DEMO_GENDER
DEMO_GOVERNMENT_JOB	Do you work for a local, state, or federal government
DEMO_INCOME	Income
DEMO_JOB_AREA	Which category best describes the area in which you currently work?
DEMO_JOB_POSITION	What type of position do you have
DEMO_MARITAL_STATUS	Marital Status
DEMO_POLITICAL_AFFILIATION	Party Affiliation
DEMO_RACE_2015_NEW	DEMO_RACE
DEMO_RACE_AMERICAN_INDIAN_NEW	DEMO_RACE_AMERICAN_INDIAN_NEW
DEMO_RACE_ASIAN_NEW	DEMO_RACE_ASIAN_NEW
DEMO_RACE_BLACK_NEW	DEMO_RACE_BLACK_NEW
DEMO_RACE_NATIVE_HAWAIIAN_NEW	DEMO_RACE_NATIVE_HAWAIIAN_NEW
DEMO_RACE_OTHER_NEW	DEMO_RACE_OTHER_NEW
DEMO_RACE_WHITE_NEW	DEMO_RACE_WHITE_NEW
DEMO_REGISTERED_VOTER	Are you registered to vote
DEMO_RELIGIOUS_PREFERENCE	What is your religious preference
DEMO_RESIDENCE_OWN_RENT	Do you own or rent your current residence
DEMO_TEACHER	K-12 Teacher
DIBAGE	How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes?
DIBEV	(If code 2 in DEMO_GENDER, display:) Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?

Variable	Description
DIBPILL	Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.
DIBPRE1	Have you ever been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?
F10DVYR	During the past 12 months, did you receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.
FHCDV2W	During the last 2 weeks, did you see a doctor or other health care professional at a doctor's office, a clinic, an emergency room, or some other place?
FHICOV	Are you covered by any kind of health insurance or some other kind of health care plan?
FINAL_STATUS	FINAL_STATUS
FSBALANCE	I couldn't afford to eat balanced meals.
FSHUNGRY	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?
FSLAST	The food that I bought just didn't last, and I didn't have money to get more.
FSLESS	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?
FSRUNOUT	I worried whether my food would run out before I got money to buy more.
FSSKIP	In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
FSWEIGHT	In the last 30 days, did you lose weight because there wasn't enough money for food?
Final_PS_Weight	
HIKIND_1	Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas
HIKIND_10	Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or

Variable	Description
HIKIND_2	<p>dental care. Exclude private plans that only provide extra cas</p> <p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_3	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_4	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_5	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_6	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_7	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_8	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_9	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or</p>

Variable	Description
HIT1A	dental care. Exclude private plans that only provide extra cas Look up health information on the Internet
HIT3A	Schedule an appointment with a health care provider
HYPEV	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?
HYPMDEV2	Has a doctor ever prescribed any medicine for your high blood pressure?
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?
INSLN	Are you now taking insulin?
MGCHMD	Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?
MODLNGNO	About how long do you do these light or moderate leisure-time physical activities eachtime?
MODNO_F	per
MODNO_N	How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?
MSA_NAME	MSA_NAME
NEWLUNG	Have you ever been told by a doctor or other medical professional that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?
NEWPHYSACT	In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? This may include sports, exercise, and brisk walking or cycling for recreation or to get to and fr
PANEL_WEIGHT_PS_2015_PR PCPREQ	Does this plan require you to have a primary care doctor who approves all your care?
PHCDVN2W	How many times did you visit a doctor or other health care professional during the last 2 weeks?
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?
PLNMGD PROBE10_1	What type of private plan do you have? In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)

Variable	Description
PROBE10_2	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)
PROBE10_3	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)
PROBE10_4	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)
PROBE11_1	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_10	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_2	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_3	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_4	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_5	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_6	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_7	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_8	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE11_9	Which of the following types of physical activity, if any, did you

Variable	Description
PROBE12_1	include when you answered the previous question? (Please select all that apply.) Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_10	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_2	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_3	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_4	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_5	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_6	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_7	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_8	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE12_9	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_1	Which of the following types of physical activity, if any, did you include when you answered the previous

Variable	Description
PROBE13_10	question? (Please select all that apply.) Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_2	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_3	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_4	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_5	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_6	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_7	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_8	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE13_9	Which of the following types of physical activity, if any, did you include when you answered the previous question? (Please select all that apply.)
PROBE14_1	When answering the previous questions, what did you count as a drink? (Please select all that apply.)
PROBE14_2	When answering the previous questions, what did you count as a drink? (Please select all that apply.)
PROBE14_3	When answering the previous questions, what did you count as a drink? (Please select all that apply.)

Variable	Description
PROBE14_4	When answering the previous questions, what did you count as a drink? (Please select all that apply.)
PROBE14_5	When answering the previous questions, what did you count as a drink? (Please select all that apply.)
PROBE15	(If code 2 in DEMO_GENDER, display:) Thinking about the typical occasion when you drank 4 or more drinks, what is the average amount of time it took you to consume your drinks?
PROBE16_1	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)
PROBE16_2	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)
PROBE16_3	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)
PROBE16_4	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)
PROBE17	Do you consider restlessness and fidgetiness a good thing or a bad thing?
PROBE18	How concerned are you about feeling as if everything is an effort?
PROBE19	Would you consider everything being an effort a good thing or a bad thing?
PROBE1_1	When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE1_2	When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE1_3	When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE1_4	When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE1_5	When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE1_6	When you answered the previous question about your health, what did

Variable	Description
PROBE1_7	you think of? (Please select all that apply.) When you answered the previous question about your health, what did you think of? (Please select all that apply.)
PROBE20	How concerned are you about feeling as if everything is an effort?
PROBE21_1	Which of the following statements, if any, describes your feelings? (Please select all that apply.)
PROBE21_2	Which of the following statements, if any, describes your feelings? (Please select all that apply.)
PROBE21_3	Which of the following statements, if any, describes your feelings? (Please select all that apply.)
PROBE21_4	Which of the following statements, if any, describes your feelings? (Please select all that apply.)
PROBE2_1	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)
PROBE2_2	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)
PROBE2_3	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)
PROBE2_4	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)
PROBE2_5	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)
PROBE3_1	In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE3_2	In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE3_3	In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE3_4	In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE3_5	In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE3_6	In the last 30 days, did you do any of

Variable	Description
PROBE3_7	the following things? (Please select all that apply.) In the last 30 days, did you do any of the following things? (Please select all that apply.)
PROBE4_1	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE4_2	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE4_3	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE4_4	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE4_5	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE4_6	Which of the following describes how you got your health insurance? (Please select all that apply.)
PROBE5	How knowledgeable are you about the features of your health insurance plan?
PROBE6	How confident are you that you were able to correctly answer the health insurance questions?
PROBE7	Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis, how long did the symptoms last?
PROBE8_1	Which condition were you told you had? (Please select all that apply.)
PROBE8_2	Which condition were you told you had? (Please select all that apply.)
PROBE8_3	Which condition were you told you had? (Please select all that apply.)
PROBE8_4	Which condition were you told you had? (Please select all that apply.)
PROBE8_5	Which condition were you told you had? (Please select all that apply.)
PROBE9	Were you told that you have Type 1 or Type 2 diabetes?
RESPONDENT_ID	RESPONDENT_ID
SA	FORM:
SMKANY	Have you ever smoked a cigarette even one time?
SMKEV	Have you smoked at least 100 cigarettes in your entire life?
SMKNOV	How often do you now smoke cigarettes? Every day, some days, or not at all?
SMKQTN0_F	Ago
SMKQTN0_N	How long has it been since you quit smoking cigarettes?

Variable	Description
STATE_PROV	State
STRNGNO_F	per
STRNGNO_N	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?
VIGLNGNO	About how long do you do these vigorous leisure-time physical activities each time?
VIGNO_F	per
VIGNO_N	How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?
WHYNOWK2	What is the main reason you did not work last week?
WRKCOR	Which of the following were you doing last week?
demo_division	Division
demo_region	Region
samp_strat	Sample stratum