

SAS Data Set Name	NORC_10_PUF_NP_REVISED
Number of Variables	224
Number of Observations	5,420

Variable Name	Label	Raw Value	Possible Values
ACCSSHOM	Do you have access to the Internet from your home?	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED
ACSSINT	Do you have access to the Internet?	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED
AGE	Respondent age, topcoded at 70		18-70
ALCDAY5	[Number of days] 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?	9998	SKIPPED ON WEB
ALCDAY5_DROP	[Per week-month] 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?	1 2 77 98 99	Per week Per month DON'T KNOW SKIPPED ON WEB REFUSED
ANGEV	[Angina, also called angina pectoris?] Have you ever been told by a doctor or other health professional that you had ^T	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED

Variable Name	Label	Raw Value	Possible Values
ARTHEV	[Some form of arthristis, rheumatoid arthritis, gout, lupus, or fibromyalgia?] Have you ever been told by a doctor or other health professional that you had T	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
ASEV	[Asthma?] Have you ever been told by a doctor or other health professional that you had T	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
ASTILL	Do you still have asthma?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
AVEDRNK3	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	777	DON'T KNOW
		998	SKIPPED ON WEB
		999	REFUSED
BURDEN1	How burdensome was it to complete this survey?	1	Not at all burdensome
		2	A little burdensome
		3	Moderately burdensome
		4	Very burdensome
		5	Extremely burdensome
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
BURDEN2	How difficult was it to answer the questions?	1 Not at all difficult 2 A little difficult 3 Moderately difficult 4 Very difficult 5 Extremely difficult 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
CANEV	[Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had _T	1 Yes 2 No 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
CEMMETNG	During the past 12 months, did you attend a public meeting, such as a zoning or school board meeting, that discussed a local issue?	1 Yes 2 No 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
CEVOLUN1	During the past 12 months, did you spend any time volunteering for any organization or association?	1 Yes 2 No 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
CEVOLUN2	During the past 12 months, have you done any of these types of activities?	1 Yes 2 No	

Variable Name	Label	Raw Value	Possible Values
CEVOLUN2	During the past 12 months, have you done any of these types of activities?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
CEVOTELC	Did you vote in the last local elections, such as for mayor, councilmembers, or school board?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
CHDEV	[Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had T	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
CHL12M	During the past 12 months, have you had high cholesterol?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
CHLEV	[High cholesterol?] Have you ever been told by a doctor or other health professional that you had T	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COPDEV	[Chronic Obstructive Pulmonary Disease, emphysema, or chronic bronchitis?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
CaseID	Case ID (scrambled)		20001-25420
DIBEV	Not including prediabetes or gestational diabetes, has a doctor or other health professional ever told you that you had diabetes?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DOV_GAD	DATA ONLY VARIABLE: Computed Anxiety Score from GAD2	0	0
		1	1
		98	SKIPPED ON WEB
DOV_PHQ	DATA ONLY VARIABLE: Computed Score from PHQ	0	0
		1	1
		98	SKIPPED ON WEB
DOV_PSS	DATA ONLY VARIABLE: Computed Stress Score from PSS_2, PSS_10, PSS_4, PSS_5		
DQQ1	[Bread, rice, pasta, tortilla, or cereal?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
DQQ1	[Bread, rice, pasta, tortilla, or cereal?] Yesterday, did you eat any of the following vegetables and other foods?	99	REFUSED
DQQ10	[Orange, clementine, mandarin, tangerine, or grapefruit?] Yesterday, did you eat any of the following fruits?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ11_1	[Banana, apple, watermelon, grapes, avocado, berries, or cherries?] Yesterday, did you eat any of the following fruits?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ11_2	[Pineapple, pear, kiwi, plums, prunes, peaches, or nectarines?] Yesterday, did you eat any of the following fruits?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ12	[Cakes, cookies, brownies, donuts, pastries, or pie?] Yesterday, did you eat any of the following sweets?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
DQQ13	[Candy, candy bars, chocolates, ice cream, popsicles, milkshake, or pudding?] Yesterday, did you eat any of the following sweets?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ14	[Eggs?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ15	[Cheese?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ16	[Yogurt?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ17	[Sausages, hot dogs, pepperoni, luncheon meat, ham, or bacon?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
DQQ17	[Sausages, hot dogs, pepperoni, luncheon meat, ham, or bacon?] Yesterday, did you eat any of the following foods of animal origin?	99	REFUSED
DQQ18	[Beef, hamburger, lamb, or venison?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ19	[Pork?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ2	[Fresh corn, popcorn, oats, granola, brown rice, or quinoa?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ20	[Chicken or turkey?] Yesterday, did you eat any of the following foods of animal origin?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ21	[Fish, tuna fish, shrimp, or seafood?] Fish, tuna fish, shrimp, or seafood?	0	No

Variable Name	Label	Raw Value	Possible Values
DQQ21	[Fish, tuna fish, shrimp, or seafood?] Fish, tuna fish, shrimp, or seafood?	1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ22	[Peanut butter, almond butter, peanuts, almonds, cashews, walnuts, pecans, or pistachios?] Yesterday, did you eat any of the following other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ23	[Potato chips, Cheetos, Doritos, Fritos, or Pringles?] Yesterday, did you eat any of the following other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ24	[Ramen noodle soup or other instant soup?] Yesterday, did you eat any of the following other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ25	[French fries, onion rings, fried chicken, chicken nuggets, fish sticks, fish fry, or fried shrimp?] Yesterday, did you eat any of the following other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
DQQ26	[Milk, including dairy milk on cereal or in lattes?] Yesterday, did you have any of the following beverages?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ27	[Coffee with sugar, sweet coffee drinks, hot cocoa, or chocolate milk?] Yesterday, did you have any of the following beverages?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ28	[Fruit juice, fruit-flavored drinks, lemonade, or sweet tea?] Yesterday, did you have any of the following beverages?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ29	[Soft drinks or pop such as Coke, Pepsi, Sprite, or Dr Pepper, sports drinks, or energy drinks?] Yesterday, did you have any of the following beverages?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ3	[Potato?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
DQQ3	[Potato?] Yesterday, did you eat any of the following vegetables and other foods?	98	SKIPPED ON WEB
		99	REFUSED
DQQ30	Yesterday, did you get food from any place like McDonald's, Burger King, Subway, Dunkin, Wendy's, Taco Bell, or Chick-Fil-A?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ4	[Beans, refried beans, peas, lentils, hummus, chickpeas, tofu, or lima beans?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ5	[Carrots, orange squash, pumpkin, sweet potato, or red bell pepper?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ6	[Broccoli, spinach, arugula, kale, collards, turnip greens, or mustard greens?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
DQQ7	[Lettuce, tomatoes, green beans, celery, green peppers, cabbage, or cucumber?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ8	[Zucchini, mushrooms, eggplant, cauliflower, okra, asparagus, or radish?] Yesterday, did you eat any of the following vegetables and other foods?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DQQ9	[Cantaloupe, mango, papaya, apricots, or dried apricots?] Yesterday, did you eat any of the following fruits?	0	No
		1	Yes
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
DRNK3GE5	Considering all types of alcoholic beverages, how many times during the past 30 days did you have [DRNK3GE5_INS] or more drinks on an occasion?	777	DON'T KNOW
		998	SKIPPED ON WEB
		999	REFUSED
EDUC	3-level education	2	HS graduate or less
		3	Some college
		4	BA or above
EMPLASTWK	Last week, did you work for pay at a job or business?	1	Yes

Variable Name	Label	Raw Value	Possible Values
EMPLASTWK	Last week, did you work for pay at a job or business?	2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
EMPLOY	Current Employment Status	1	Working - as a paid employee
		2	Working - self-employed
		3	Not working - on temporary layoff from a job
		4	Not working - looking for work
		5	Not working - retired
		6	Not working - disabled
		7	Not working - other
GAD2_A	[Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
GAD2_B	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
GAD2_TOTALTIME	DATA ONLY: Total time for GAD2 (in seconds)	0-1315	
GESDIB	Has a doctor or other health professional ever told you that you had gestational diabetes, a type of diabetes that occurs only during pregnancy?	1 Yes 2 No 3 Not applicable 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
HEALTHYDAY2	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?	77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
HEALTHYDAY3	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?	77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
HEALTHYDAY4	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?	77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED	
HHSIZE	Household size (including children)	1 One person, I live by myself 2 Two persons 3 Three persons 4 Four persons	

Variable Name	Label	Raw Value	Possible Values
HHSIZE	Household size (including children)	5	Five persons
		6	Six or more persons
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
HIKIND_1	[Private health insurance] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_10	[No coverage of any type] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_2	[Medicare] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_3	[Medigap] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_4	[Medicaid] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_5	[Children's Health Insurance Program (CHIP)] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
HIKIND_6	[Military related health care: TRICARE (CHAMPUS) - V A health care - CHAMP-VA] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_7	[Indian Health Service] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_8	[State-sponsored health plan] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_9	[Other government program] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_DK	[DON'T KNOW] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HIKIND_REF	[REFUSED] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes
HITCOMM	[To communicate with a doctor or doctor's office] During the past 12 months, have you used the Internet for any of the following reasons?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
HITLOOK	[To look for health or medical information] During the past 12 months, have you used the Internet for any of the following reasons?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
HITTEST	[To look up medical test results] During the past 12 months, have you used the Internet for any of the following reasons?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
HOME_TYPE	Type of building of panelists' residence	1	A one-family house detached from any other house
		2	A one-family house attached to one or more houses
		3	A building with 2 or more apartments
		4	A mobile home or trailer, boat, RV, van, etc
HOUSING	Home Ownership	1	Owned or being bought by you or someone in your household
		2	Rented for cash
		3	Occupied without payment of cash rent
HYPEV	[Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
HYPEV	[Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
INCOME	Household Income, topcoded at \$150K+	1	Less than \$5,000
		2	\$5,000 to \$9,999
		3	\$10,000 to \$14,999
		4	\$15,000 to \$19,999
		5	\$20,000 to \$24,999
		6	\$25,000 to \$29,999
		7	\$30,000 to \$34,999
		8	\$35,000 to \$39,999
		9	\$40,000 to \$49,999
		10	\$50,000 to \$59,999
		11	\$60,000 to \$74,999
		12	\$75,000 to \$84,999
		13	\$85,000 to \$99,999
		14	\$100,000 to \$124,999
		15	\$125,000 to \$149,999
		16	\$150,000 or more
INCOME4	4-level income	1	Less than \$30,000
		2	\$30,000 to under \$60,000
		3	\$60,000 to under \$100,000
		4	\$100,000 or more
INCOME9	9-level income	1	Under \$10,000
		2	\$10,000 to under \$20,000
		3	\$20,000 to under \$30,000
		4	\$30,000 to under \$40,000
		5	\$40,000 to under \$50,000
		6	\$50,000 to under \$75,000
		7	\$75,000 to under \$100,000

Variable Name	Label	Raw Value	Possible Values
INCOME9	9-level income	8 9	\$100,000 to under \$150,000 \$150,000 or more
INS_DIBEV	DATA ONLY: Inserted text for INS_DIBEV	1 2 3 4 98	Not including prediabetes or gestational diabetes, has a doctor or other health professional ever told you that you had diabetes? Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes? Not including gestational diabetes, has a doctor or other health professional ever told you that you had diabetes? Has a doctor or other health professional ever told you that you had diabetes? SKIPPED ON WEB
INS_DRNK3GE5		1 2	5 4
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home	0 1	Non-internet household Internet Household
LSATIS4	In general, how satisfied are you with your life?	1 2 3 4 77 98	Very satisfied Satisfied Dissatisfied Very dissatisfied DON'T KNOW WEB SKIP

Variable Name	Label	Raw Value	Possible Values
LSATIS4	In general, how satisfied are you with your life?	99	REFUSED
LSNS6_1	[See or hear from at least once a month?] Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you	0	None
		1	One
		2	Two
		3	Three or Four
		4	Five through Eight
		5	Nine or More
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
LSNS6_2	[Feel at ease with that you can talk about private matters?] Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you	0	None
		1	One
		2	Two
		3	Three or Four
		4	Five through Eight
		5	Nine or More
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
LSNS6_3	[Feel close to such that you could call them for help?] Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you	0	None
		1	One
		2	Two
		3	Three or Four
		4	Five through Eight
		5	Nine or More

Variable Name	Label	Raw Value	Possible Values
LSNS6_3	[Feel close to such that you could call them for help?] Considering the people to whom you are related by birth, marriage, or adoption, how many relatives do you	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
LSNS6_4	[See or hear from at least once a month?] Considering all of your friends, including those who live in your neighborhood, how many do you	0	None
		1	One
		2	Two
		3	Three or Four
		4	Five through Eight
		5	Nine or More
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
LSNS6_5	[Feel at ease with that you can talk about private matters?] Considering all of your friends, including those who live in your neighborhood, how many do you	0	None
		1	One
		2	Two
		3	Three or Four
		4	Five through Eight
		5	Nine or More
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
LSNS6_6	[Feel close to such that you could call them for help?] Considering all of your friends, including those who live in your neighborhood, how many do you	0	None
		1	One
		2	Two

Variable Name	Label	Raw Value	Possible Values
LSNS6_6	[Feel close to such that you could call them for help?] Considering all of your friends, including those who live in your neighborhood, how many do you	3	Three or Four
		4	Five through Eight
		5	Nine or More
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
MARITAL	Marital Status		
		1	Married
		2	Widowed
		3	Divorced
		4	Separated
		5	Never married
		6	Living with partner
MAXDRNKS	During the past 30 days, what is the largest number of drinks you had on any occasion?	777	DON'T KNOW
		998	SKIPPED ON WEB
		999	REFUSED
MIEV	[A heart attack, also called myocardial infarction?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
MODLNGNO_DDB	[Minutes-hours] About how long do you do these light or moderate leisure-time physical activities each time?	1	Minutes
		2	Hours
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
MODLNGNO_NUM	[Number of minutes-hours] About how long do you do these light or moderate leisure-time physical activities each time?	998	SKIPPED ON WEB
MODNO_DDB	[Per day-week-month-year] How often do you do light or moderate leisure time physical activities [] cause only light sweating or a slight to moderate increase in breathing or heart rate?	1	Never
		2	Per day
		3	Per week
		4	Per month
		5	Per year
		6	Unable to do this type of activity
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
MODNO_NUM	[Number of times] How often do you do light or moderate leisure time physical activities [T] cause only light sweating or a slight to moderate increase in breathing or heart rate?	998	SKIPPED ON WEB
PHONESERVICE	Telephone service for the household	1	Landline telephone only
		2	Have a landline, but mostly use cellphone
		3	Have cellphone, but mostly use landline
		4	Cellphone only
		5	No telephone service
PHQ_A	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days

Variable Name	Label	Raw Value	Possible Values
PHQ_A	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems?	3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PHQ_B	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PHQ_TOTALTIME	DATA ONLY: Total time for PHQ (in seconds)	0-1017	
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PREDIB	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
PREDIB	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	99	REFUSED
PREPARE16	In a typical week, how often do you see or talk to people that you care about and feel close to?	1	Less than once a week
		2	One or two times a week
		3	Three or four times a week
		4	Five or more times a week
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PROBE_PHYSACT_1	[Running or jogging] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_10	[Playing a sport, please specify which sport: [TEXTBOX]] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_11	[Other, please specify:] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_2	[Hiking] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_3	[Walking as part of your job] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_PHYSACT_4	[Walking outside of work] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_5	[Yardwork or cleaning your home] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_6	[Working out with exercise equipment] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_7	[Lifting weights] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_8	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_9	[Yoga or stretching] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_DK	[DON'T KNOW] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE_PHYSACT_REF	[REFUSED] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_1	[Your diet and nutrition] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_10	[The Coronavirus or COVID-19 pandemic] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_11	[Something else, please specify: [TEXTBOX]] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_12	[None of the above] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_2	[Your exercise habits] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_3	[Your smoking or drinking habits] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_4	[Your health problems or conditions] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_5	[Your lack of health problems or conditions] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_6	[The amount of pain that you have] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_7	[Your ability to do daily activities without assistance] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_8	[The amount of sleep you get] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_9	[Your mental or emotional health] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_DK	[DON'T KNOW] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_REF	[REFUSED] When you said your health in general was [RESPONSE FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PSQI_1_A	[HOUR] During the past month, what time have you usually gone to bed?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_1_B	[MINUTE] During the past month, what time have you usually gone to bed?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_1_C	[AM-PM] During the past month, what time have you usually gone to bed?	1	AM
		2	PM
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_2	During the past month, how long (in minutes) has it usually taken you to fall asleep?	7777	DON'T KNOW
		9998	WEB SKIP
		9999	REFUSED
PSQI_3_A	[HOUR] During the past month, what time have you usually gotten up?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_3_B	[MINUTE] During the past month, what time have you usually gotten up?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_3_C	[AM-PM] During the past month, what time have you usually gotten up?	1	AM
		2	PM

Variable Name	Label	Raw Value	Possible Values
PSQI_3_C	[AM-PM] During the past month, what time have you usually gotten up?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_4_A	[HOUR] During the past month, how many hours of actual sleep did you get on average day?	77	DON'T KNOW
		98	SKIPPED ON WEB
PSQI_4_B	[MINUTE] During the past month, how many hours of actual sleep did you get on average day?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5A	[Cannot get to sleep within 30 minutes] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5B	[Wake up in the middle of the night or early morning] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
PSQI_5C	[Have to get up to use the bathroom] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5D	[Cannot breathe comfortably] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5E	[Cough or snore loudly] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5F	[Feel too cold] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
PSQI_5F	[Feel too cold] During the past month, how often have you had trouble sleeping because you _T	99	REFUSED
PSQI_5G	[Feel too hot] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5H	[Had bad dreams] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5I	[Have pain] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month
		3	Three or more times a month
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSQI_5J	[Some other reason, please specify] During the past month, how often have you had trouble sleeping because you _T	0	Not during the past month
		1	Less than once a month
		2	Once or twice a month

Variable Name	Label	Description	Raw Value	Possible Values
PSQI_5J	[Some other reason, please specify] During the past month, how often have you T	[Some other reason, please specify] During the past month, how often have you T	3	Three or more times a month 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED
PSQI_6	During the past month, how would you rate your sleep quality overall?	During the past month, how would you rate your sleep quality overall?	0	Very good 1 Fairly good 2 Fairly bad 3 Very bad 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED
PSQI_7	[take medicine to help you sleep?] During the past month, how often have you T	[take medicine to help you sleep?] During the past month, how often have you T	0	Not during the past month 1 Less than once a month 2 Once or twice a month 3 Three or more times a month 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED
PSQI_8	[had trouble staying awake while driving, eating meals, or engaging in social activity?] During the past month, how often have you T	[had trouble staying awake while driving, eating meals, or engaging in social activity?] During the past month, how often have you T	0	Not during the past month 1 Less than once a month 2 Once or twice a month 3 Three or more times a month 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED

Variable Name	Label	Raw Value	Possible Values
PSQI_9	During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	0	No problem at all
		1	Only a slight problem
		2	Somewhat of a problem
		3	A very big problem
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSS_10	[Difficulties were piling up so high that you could not overcome them] In the last month, how often have you felt the following?	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSS_2	[That you were unable to control the important things in your life] In the last month, how often have you felt the following?	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PSS_4	[Confident about your ability to handle your personal problems] In the last month, how often have you felt the following?	1	Always

Variable Name	Label	Raw Value Possible Values
PSS_4	[Confident about your ability to handle your personal problems] In the last month, how often have you felt the following?	2 Usually 3 Sometimes 4 Rarely 5 Never 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED
PSS_5	[That things were going your way] In the last month, how often have you felt the following?	1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 77 DON'T KNOW 98 SKIPPED ON WEB 99 REFUSED
PULMSERIES_ORD1	[Position 1] DATA ONLY: Grid Item Presentation Order for PULM	1 Angina, also called angina pectoris? 2 A heart attack, also called myocardial infarction? 3 A stroke? 98 SKIPPED ON WEB
PULMSERIES_ORD2	[Position 2] DATA ONLY: Grid Item Presentation Order for PULM	1 Angina, also called angina pectoris? 2 A heart attack, also called myocardial infarction? 3 A stroke? 98 SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
PULMSERIES_ORD3	[Position 3] DATA ONLY: Grid Item Presentation Order for PULM	1 2 3 98	Angina, also called angina pectoris? A heart attack, also called myocardial infarction? A stroke? SKIPPED ON WEB
PULSE_SOC1	How often do you get the social and emotional support you need?	1 2 3 4 5 77 98 99	Always Usually Sometimes Rarely Never DON'T KNOW SKIPPED ON WEB REFUSED
PULSE_SOC2	How often do you feel lonely?	1 2 3 4 5 77 98 99	Always Usually Sometimes Rarely Never DON'T KNOW SKIPPED ON WEB REFUSED
PULSE_SOCIND1	In a typical week, how often do you talk on the telephone with family, friends, or neighbors?	1 2 3 4 77 98 99	Less than once a week One or two times a week Three or four times a week Five or more times a week DON'T KNOW SKIPPED ON WEB REFUSED

Variable Name	Label	Raw Value	Possible Values
PULSE_SOCIND2	In a typical week, how often do you get together with friends or relatives?	1	Less than once a week
		2	One or two times a week
		3	Three or four times a week
		4	Five or more times a week
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PULSE_SOCIND3	How often do you attend church or religious services?	0	Never or less than once a year
		1	1 to 3 times a year
		2	4 to 11 times a year
		3	12 or more times a year
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PULSE_SOCIND4	Altogether, how often do you attend meetings of clubs or organizations you belong to, such as church groups, unions, fraternal or athletic groups, or school groups?	0	I do not belong to a group
		1	Never or less than once a year
		2	1 to 3 times a year
		3	4 to 11 times a year
		4	12 or more times a year
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PULSE_SOCIND5	In a typical week, how often do you text or message with family, friends, or neighbors?	1	Less than once a week
		2	One or two times a week
		3	Three or four times a week
		4	Five or more times a week

Variable Name	Label	Raw Value	Possible Values
PULSE_SOCIND5	In a typical week, how often do you text or message with family, friends, or neighbors?	77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
RACETHNICITY	Combined Race-Ethnicity	1	White, non-Hispanic
		2	Black, non-Hispanic
		3	Other, non-Hispanic
		4	Hispanic
REGION4	4-level region	1	Northeast
		2	Midwest
		3	South
		4	West
SEX	Respondent sex	1	Male
		2	Female
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SOCERRNDS	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	No difficulty
		2	Some difficulty
		3	A lot of difficulty
		4	Cannot do this at all
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SOCSCLPAR	Because of a physical, mental, or emotional condition, do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?	1	No difficulty
		2	Some difficulty
		3	A lot of difficulty
		4	Cannot do this at all
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SOCWRKLM	Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STRAIN1	[Criticize you?] How often do members of your family or your friends _T	0	Never
		1	Rarely
		3	Some of the time
		4	Often
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STRAIN2	[Make too many demands on you?] How often do members of your family or your friends _T	0	Never
		1	Rarely
		3	Some of the time
		4	Often
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
STRAIN3	[Let you down when you are counting on them?] How often do members of your family or your friends _T	0	Never
		1	Rarely
		3	Some of the time
		4	Often
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STRAIN4	[Get on your nerves?] How often do members of your family or your friends _T	0	Never
		1	Rarely
		3	Some of the time
		4	Often
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STRESS	Within the last 30 days, how often have you felt this kind of stress?	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STREV	[A stroke?] Have you ever been told by a doctor or other health professional that you had _T	1	Yes
		2	No
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
STRNGNO_DDB	[Per day-week-month-year] How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?	1	Never
		2	Per day
		3	Per week
		4	Per month
		5	Per year
		6	Unable to do this type of activity
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
STRNGNO_NUM	[Number of times] How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?	998	SKIPPED ON WEB
SUPPORT	[How often do you get the social and emotional support that you need?] The next questions are about how you feel about different aspects of your life. For each one, indicate how often you feel that way.	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SURV_MODE	Survey interview mode (online or phone)	1	Phone interview
		2	Web Interview

Variable Name	Label	Raw Value	Possible Values
SWBS_A	[I don't know who I am, where I come from, or where I am going.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_B	[I believe that God - a Higher Power loves me and cares about me.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_C	[I have a personally meaningful relationship with God - a Higher Power.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SWBS_D	[I feel very fulfilled and satisfied with my life.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_E	[I do not get much personal strength and support from God - a Higher Power.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_F	[I believe that God - a Higher Power is concerned about my problems.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SWBS_G	[I feel good about my future.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_H	[My life doesn't have much meaning.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
SWBS_I	[My relationship with God - a Higher Power contributes to my sense of well-being.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SWBS_J	[I believe there is some real purpose for my life.] Would you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?	1	Strongly Agree
		2	Agree
		3	Neither Agree nor Disagree
		4	Disagree
		5	Strongly Disagree
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
UCLA1	[How often do you feel socially isolated from others?] The next questions are about how you feel about different aspects of your life. For each one, indicate how often you feel that way.	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
UCLA2	[How often do you feel you lack companionship?] The next questions are about how you feel about different aspects of your life. For each one, indicate how often you feel that way.	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
UCLA3	[How often do you feel left out?] The next questions are about how you feel about different aspects of your life. For each one, indicate how often you feel that way.	1	Always
		2	Usually
		3	Sometimes
		4	Rarely
		5	Never
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
USUALPL	Is there a place that you usually go to if you are sick and need health care?	1	Yes
		2	No, there is no place
		3	There is more than one place
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
VIGLNGNO_DDB	[Minutes-hours] About how long do you do these vigorous leisure-time physical activities each time?	Minutes	
		1	Hours
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
VIGLNGNO_NUM	[Number of minutes-hours] About how long do you do these vigorous leisure-time physical activities each time?	998	SKIPPED ON WEB
VIGNO_DDB	[Per day-week-month-year] How often do you do vigorous leisure-time physical activities [] cause heavy sweating or large increases in breathing or heart rate?	1	Never
		2	Per day

Variable Name	Label	Raw Value	Possible Values
VIGNO_DDB	[Per day-week-month-year] How often do you do vigorous leisure-time physical activities [] cause heavy sweating or large increases in breathing or heart rate?	3	Per week
		4	Per month
		5	Per year
		6	Unable to do this type of activity
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
VIGNO_NUM	[Number of times] How often do you do vigorous leisure-time physical activities [T] cause heavy sweating or large increases in breathing or heart rate?	998	SKIPPED ON WEB
WEIGHT_OPTIN_BALANCED	AmeriSpeak balancing weights, always equal to 1 for AmeriSpeak respondents	0.347256-2.031218	
WPH_DIET	In general, how healthy is your overall diet?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_HEALTH	How would you rate your ability to manage your most bothersome symptom or health concern?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB

Variable Name	Label	Raw Value	Possible Values
WPH_HEALTH	How would you rate your ability to manage your most bothersome symptom or health concern?	99	REFUSED
WPH_PHYS	How would you rate your physical activity?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_QOL	How would you rate your quality of life, focusing on what matters most to you ?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_SLEEP	How would you rate your sleep ?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_SOC	How would you rate your social and family connections ?	1	Excellent
		2	Very good
		3	Good
		4	Fair

Variable Name	Label	Raw Value	Possible Values
WPH_SOC	How would you rate your social and family connections ?	5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_SPIRIT	How would you rate your spirituality or spiritual life?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
WPH_STRESS	How would you rate your ability to manage stress ?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
duration	Time spent in survey, in minutes	6-186	