

SAS Data Set Name	GALLUP_2_DRB_UPDATED2
Number of Variables	188
Number of Observations	2,480

Variable Name	Label	Raw Value	Possible Values
AASMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?	1 2 8 9	Yes No Skip Missing
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?	1 2 9 -7	Yes No Missing Don't Know
AASMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?	1 2 8 9	Yes No Skip Missing
AASSTILL	Do you still have asthma?	1 2 8 9	Yes No Skip Missing
ACIEFFRT	During the past 30 days, how often did you feel that everything was an effort?	1 2 3 4 5 9	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time Missing
ACIHOPLS	During the past 30 days, how often did you feel hopeless?	1 2 3 4 5	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time

Variable Name	Label	Raw Value	Possible Values
ACIHOPLS	During the past 30 days, how often did you feel hopeless?	9	Missing
ACINERV	During the past 30 days, how often did you feel nervous?	1 2 3 4 5 9	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time Missing
ACIRSTLS	During the past 30 days, how often did you feel restless or fidgety?	1 2 3 4 5 9	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time Missing
ACISAD	During the past 30 days, how often did you feel so sad that nothing could cheer you up?	1  2 3 4 5 9	All of the Time  Most of the Time Some of the Time A Little of the Time None of the Time Missing
ACIWITHLS	During the past 30 days, how often did you feel worthless?	1 2 3 4 5 9	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time Missing
AGE	Age, topcoded at 70		18-70
AHCAFY_1	Prescription medicines	1 2 9	Yes No Missing

Variable Name	Label	Raw Value	Possible Values
AHCAFY_2	Mental health care or counseling	1 2 9	Yes No Missing
AHCAFY_3	Dental care (including checkups)	1 2 9	Yes No Missing
AHCAFY_4	Eyeglasses	1 2 9	Yes No Missing
AHCAFY_5	To see a specialist	1 2 9	Yes No Missing
AHCAFY_6	Follow-up care	1 2 9	Yes No Missing
AHCDLY_1	You couldn't get through on the telephone.	1 2 9	Yes No Missing
AHCDLY_2	You couldn't get an appointment soon enough.	1 2 9	Yes No Missing
AHCDLY_3	Once you get there, you have to wait too long to see the doctor.	1 2 9	Yes No Missing
AHCDLY_4	The clinic or doctor's office wasn't open when you could get there.	1 2 9	Yes No Missing

Variable Name	Label	Raw Value	Possible Values
AHCDLY_5	You didn't have transportation.	1 2 9	Yes No Missing
AHGT_FT	portion of height in feet, total height topcoded at 6 ft. 4 in.		3-6
AHGT_IN	portion of height in inches, total height topcoded at 6 ft. 4 in.		0-11
ALC12MNO_F	PER Time unit for ALC12MNO_N numeric response, e.g., per day, week, month, year	1 2 3 4 8 9	Day Week Month Year Skip Missing
ALC12MNO_N	In the past year, how often did you drink any type of alcoholic beverage?		0-365,9999
ALC1YR	In any one year, have you had at least 12 drinks of any type of alcoholic beverage?	1 2 9	Yes No Missing
ALC5UPNO	In the past year, on how many days did you have 4 <if female respondent> 5 <if male respondent> or more drinks of any alcoholic beverage?		0-365
ALCAMT	On those days that you drank alcoholic beverages in the past year, how many drinks did you have on the average?		0-95
ALCLIFE	In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?	1 2 8 9	Yes No Skip Missing

Variable Name	Label	Raw Value	Possible Values
ANX_1	How often do you feel worried, nervous, or anxious?	1 2 3 4 5 9	Daily Weekly Monthly A Few Times a Year Never Missing
ANX_2	Do you take medication for these feelings?	1 2 9	Yes No Missing
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?	1   2 3 8 9	A Little   A Lot Somewhere in Between Skip Missing
AWEBOFNO_F	PER Time unit for AWEBOFNO_N numeric response, e.g., per day, week	1 2 9	Day Week Missing
AWEBOFNO_N	How often (in hours) do you use the Internet?		0-84
AWGT_LB	How much do you weigh without shoes? (Topcoded at 284 lb.)		0-284
BINGE	Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 <if female respondent> 5 <if male respondent> or more drinks on an occasion?		0-30
CBRCHYR	Have you ever been told by a doctor or other health professional that you had chronic bronchitis?	1  2 9	Yes  No Missing

Variable Name	Label	Raw Value	Possible Values
CIGQTYR	During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?	1 2 8 9	Yes No Skip Missing
DEMO_EMPLOYMENT_STATUS	Which of the following best describes your current employment status	1 2 3 4 5 6 7	Employed Full Time Employed part-time, but not a full-time student A full-time student Retired Homemaker Not employed Don't Know
DEMO_GENDER	DEMO_GENDER	1 2	Male Female
DEMO_MARITAL_STATUS	Marital Status	1 2 3 4 5 6 7	Single Married Separated Divorced Widowed Never Married Living with a Partner
DEMO_RESIDENCE_OWN_RENT	Do you own or rent your current residence	1 2 3 4	Own Rent Don't Know Refused
DIBAGE	How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes? (topcoded at 70)	6-70	

Variable Name	Label	Raw Value	Possible Values
DIBEV	Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?	1 2 3 8 9	Yes No Borderline Don't Know Missing
DIBPILL	Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.	1 2 8 9	Yes No Skip Missing
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?	1 2 8 9 -7	Yes No Skip Missing Don't Know
EDUCATION	Education	1 2 3 9	High School Grad or Less Some College Four Year Bachelor's Degree or More Don't Know
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.	1 2 9	Yes No Missing

Variable Name	Label	Raw Value	Possible Values
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?	1	Yes
		2	No
		9	Missing
FHICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1	Yes
		2	No
		9	Missing
		-7	Don't Know
FSBALANCE	I couldn't afford to eat balanced meals.	1	Often true
		2	Sometimes true
		3	Never true
		9	Missing
FSHUNGRY	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	1	Yes
		2	No
		9	Missing
FSLAST	The food that I bought just didn't last, and I didn't have money to get more.	1	Often true
		2	Sometimes true
		3	Never true
		9	Missing
FSLESS	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?	1	Yes
		2	No
		9	Missing
FSRUNOUT	I worried whether my food would run out before I got money to buy more.	1	Often true
		2	Sometimes true

Variable Name	Label	Raw Value	Possible Values
FSRUNOUT	I worried whether my food would run out before I got money to buy more.	3	Never true
		9	Missing
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?	1	Yes
		2	No
		9	Missing
FSWEIGHT	In the last 30 days, did you lose weight because there wasn't enough money for food?	1	Yes
		2	No
		9	Missing
Final_PS_Weight			0.07197-5.39995
HIKIND_1	Do you have Private Health Insurance? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_10	Do you have a Single service plan (e.g., dental, vision, prescriptions)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing

Variable Name	Label	Raw Value	Possible Values
HIKIND_2	Do you have Medicare? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_3	Do you have Medi-Gap? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_4	Do you have Medicaid? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_5	Do you have SCHIP (CHIP or Children_s Health Insurance Program)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_6	Do you have Military health care (TRICARE or VA or CHAMP-VA)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes

Variable Name	Label	Raw Value	Possible Values
HIKIND_6	Do you have Military health care (TRICARE or VA or CHAMP-VA)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	2	No
		8	Skip
		9	Missing
HIKIND_7	Do you have Indian Health Service? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_8	Do you have a State-sponsored health plan? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIKIND_9	Do you have some Other government program? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
		8	Skip
		9	Missing
HIT1A	Look up health information on the Internet	1	Yes
		2	No
		9	Missing
HIT3A	Schedule an appointment with a health care provider	1	Yes

Variable Name	Label	Raw Value	Possible Values
HIT3A	Schedule an appointment with a health care provider	2 9	No Missing
HYPEV	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	1  2 9 -7	Yes  No Missing Don't Know
HYPMDEV2	Has a doctor ever prescribed any medicine for your high blood pressure?	1  2 8 9	Yes  No Skip Missing
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?	1  2 8 9	Yes  No Skip Missing
INCOME	Income, topcoded at \$150K+	0 1 2 3 4 5 6 7 98 99	Under \$15,000 \$15,000 to \$25,000 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000 or more Don't Know Refused
INSLN	Are you now taking insulin?	1 2 8 9	Yes No Skip Missing

Variable Name	Label	Raw Value	Possible Values
MGCHMD	Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?	1 2 8 9 -7	Choose any doctor Choose from a group or list Skip Missing Don't Know
MODLNGNO	About how long do you do these light or moderate leisure-time physical activities each time?		0-400
MODNO_F	PER Time unit for MODNO_N numeric response, e.g., per day, week, month, year	1 2 3 4 9	Day Week Month Year Missing
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?		0-1460
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?	1 2 9	Yes No Missing
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 transportation.	9	Missing
PCPREQ	Does this plan require you to have a primary care doctor who approves all your care?	1 2	Yes No

Variable Name	Label	Raw Value	Possible Values
PCPREQ	Does this plan require you to have a primary care doctor who approves all your care?	8 9 -7	Skip Missing Don't Know
PHCDVN2W	How many times did you visit a doctor or other health care professional during the last 2 weeks?	0-14	
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1 2 3 4 5 9	Excellent Very good Good Fair Poor Missing
PLNMGD	What type of private plan do you have?	1 2 3 4 5 6 7 8 9 -7	HMO (Health Maintenance Organization) IPA (Individual Practice Plan) PPO (Preferred Provider Organization) POS (Point of Service) Fee-for-Service Indemnity Some other kind of plan Skip Missing Don't Know
PROBE10_1	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)	1	Tobacco Cigarettes

Variable Name	Label	Raw Value	Possible Values
PROBE10_2	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)	2	Cigars
PROBE10_3	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)	3	Marijuana Cigarettes
PROBE10_4	In the previous questions, what kind of cigarettes were you thinking of? (Please select all that apply.)	4	E-Cigarettes
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.)	1	Running
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.)	10	Housework or yardwork
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.)	2	Jogging
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.)	3	Walking or hiking for exercise
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.)	4	Walking to or from an activity
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.)	5	Walking at work
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.)	6	Working out with exercise equipment

Variable Name	Label	Raw Value	Possible Values
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.)	7	Cycling, swimming, or other aerobic exercises
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.)	8	Yoga or stretching
PROBE11_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.)	9	Playing sports
PROBE12_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.)	1	Running
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.)	10	Housework or yardwork
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.)	2	Jogging
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.)	3	Walking or hiking for exercise
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.)	4	Walking to or from an activity
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.)	5	Walking at work

Variable Name	Label	Raw Value	Possible Values
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.)	6	Working out with exercise equipment
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.)	7	Cycling, swimming, or other aerobic exercises
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.)	8	Yoga or stretching
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.)	9	Playing sports
PROBE13_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.)	1	Running
PROBE13_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.)	10	Housework or yardwork
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.)	2	Jogging
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.)	3	Walking or hiking for exercise
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.)	4	Walking to or from an activity

Variable Name	Label	Raw Value	Possible Values
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.)	5	Walking at work
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.)	6	Working out with exercise equipment
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.)	7	Cycling, swimming, or other aerobic exercises
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.)	8	Yoga or stretching
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.)	9	Playing sports
PROBE14_1	When answering the previous questions, what did you count as a drink? (Please select all that apply.)	1	Can or Bottle of Beer
PROBE14_2	When answering the previous questions, what did you count as a drink? (Please select all that apply.)	2	Glass of Wine or Shot of Liquor
PROBE14_3	When answering the previous questions, what did you count as a drink? (Please select all that apply.)	3	A Bottle of Wine or Liquor
PROBE14_4	When answering the previous questions, what did you count as a drink? (Please select all that apply.)	4	Drink Purchased
PROBE14_5	When answering the previous questions, what did you count as a drink? (Please select all that apply.)	5	Drink Made

Variable Name	Label	Raw Value	Possible Values
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?	1 2 3 4 8 9	<2 Hours Between 2 and 12 Hours Between 12 and 24 Hours >24 Hours Skip Missing
PROBE16_1	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)	1	Intense Feelings
PROBE16_2	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)	2	Positive Feelings
PROBE16_3	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)	3	Feelings Interfere
PROBE16_4	Which of the following statements, if any, describes your feelings of nervousness? (Please select all that apply.)	4	Diagnosed Anxiety
PROBE17	Do you consider restlessness and fidgetiness a good thing or a bad thing?	1 2 3 9	Good Thing Bad Thing Neither Good nor Bad Missing
PROBE18	How concerned are you about feeling as if everything is an effort?	1 2 3 4 8 9	Very Concerned Somewhat Concerned A Little Concerned Not at All Concerned Skip Missing

Variable Name	Label	Raw Value	Possible Values
PROBE19	Would you consider everything being an effort a good thing or a bad thing?	1 2 3 9	Good Thing Bad Thing Neither Good nor Bad Missing
PROBE1_1	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	1	Diet and Nutrition
PROBE1_2	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	2	Exercise Habits
PROBE1_3	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	3	Smoking or Drinking Habits
PROBE1_4	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	4	Health Problems
PROBE1_5	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	5	Amount of Health Care Sought
PROBE1_6	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	6	Pain or Fatigue
PROBE1_7	When you answered the previous question about your health, what did you think of? (Please select all that apply.)	7	Conversations with Doctor
PROBE20	How concerned are you about feeling as if everything is an effort?	1 2 3 4 8 9	Very Concerned Somewhat Concerned A Little Concerned Not at All Concerned Skip Missing
PROBE21_1	Which of the following statements, if any, describes your feelings? (Please select all that apply.)	1	Intense Feelings

Variable Name	Label	Raw Value	Possible Values
PROBE21_2	Which of the following statements, if any, describes your feelings? (Please select all that apply.)	2	Positive Feelings
PROBE21_3	Which of the following statements, if any, describes your feelings? (Please select all that apply.)	3	Feelings Interfere
PROBE21_4	Which of the following statements, if any, describes your feelings? (Please select all that apply.)	4	Diagnosed Anxiety
PROBE2_1	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)	1	All Food Groups
PROBE2_2	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)	2	Starch, Veg, Protein
PROBE2_3	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)	3	Healthy Meal
PROBE2_4	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)	4	Homemade Meal
PROBE2_5	When answering the last question, what did you think of when you thought of a balanced meal? (Please select all that apply.)	5	No Processed Ingredients
PROBE3_1	In the last 30 days, did you do any of the following things? (Please select all that apply.)	1	Share Food
PROBE3_2	In the last 30 days, did you do any of the following things? (Please select all that apply.)	2	Skip Meals
PROBE3_3	In the last 30 days, did you do any of the following things? (Please select all that apply.)	3	Budget
PROBE3_4	In the last 30 days, did you do any of the following things? (Please select all that apply.)	4	Plan Meals

Variable Name	Label	Raw Value	Possible Values
PROBE3_5	In the last 30 days, did you do any of the following things? (Please select all that apply.)	5	Add Fillers
PROBE3_6	In the last 30 days, did you do any of the following things? (Please select all that apply.)	6	No Splurging
PROBE3_7	In the last 30 days, did you do any of the following things? (Please select all that apply.)	7	Buy Store Brands
PROBE4_1	Which of the following describes how you got your health insurance? (Please select all that apply.)	1	Employer
PROBE4_2	Which of the following describes how you got your health insurance? (Please select all that apply.)	2	Government Employer
PROBE4_3	Which of the following describes how you got your health insurance? (Please select all that apply.)	3	Parents
PROBE4_4	Which of the following describes how you got your health insurance? (Please select all that apply.)	4	Due to Age
PROBE4_5	Which of the following describes how you got your health insurance? (Please select all that apply.)	5	Due to Income
PROBE4_6	Which of the following describes how you got your health insurance? (Please select all that apply.)	6	Healthcare.gov
PROBE5	How knowledgeable are you about the features of your health insurance plan?	1	Not At All
		2	A Little
		3	Somewhat
		4	Very
		8	Skip
		9	Missing

Variable Name	Label	Raw Value	Possible Values
PROBE6	How confident are you that you were able to correctly answer the health insurance questions?	1	Not At All
		2	A Little
		3	Somewhat
		4	Very
		8	Skip
		9	Missing
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?	1	Less than One Week
		2	One Week to One Month
		3	One Month to Three Months
		4	Three or More Months
		8	Skip
		9	Missing
PROBE8_1	Which condition were you told you had? (Please select all that apply.)	1	COPD
PROBE8_2	Which condition were you told you had? (Please select all that apply.)	2	Emphysema
PROBE8_3	Which condition were you told you had? (Please select all that apply.)	3	Chronic Bronchitis
PROBE8_4	Which condition were you told you had? (Please select all that apply.)	4	Bronchitis
PROBE8_5	Which condition were you told you had? (Please select all that apply.)	5	Something Else
PROBE9	Were you told that you have Type 1 or Type 2 diabetes?	1	Type 1
		2	Type 2
		3	Another Type

Variable Name	Label	Raw Value	Possible Values
PROBE9	Were you told that you have Type 1 or Type 2 diabetes?	8 9	Skip Missing
RACE_ETH	Combined Race Ethnicity	1 2 3 4	NonHispanic White NonHispanic Black NonHispanic Other Hispanic
REGION	Region	1 2 3 4	Northeast Region Midwest Region South Region West Region
RESPONDENT_ID			10001-12480
SA	FORM:	1 2	Form 1 Form 2
SMKANY	Have you ever smoked a cigarette even one time?	1 2 8 9	Yes No Skip Missing
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1 2 9 -7	Yes No Missing Don't Know
SMKNOW	How often do you now smoke cigarettes? Every day, some days, or not at all?	1 2 3 8 9	Everyday Some Days Not at All Skip Missing

Variable Name	Label	Raw Value	Possible Values
SMKQTN0_F	Time unit for SMKQTN0_N numeric response, e.g., months, years	1 2 8 9	Months Years Skip Missing
SMKQTN0_N	How long (in months, years) has it been since you quit smoking cigarettes?		0-66
STRNGNO_F	PER Time unit for STRNGNO_N numeric response, e.g., per day, week, month, year	1 2 3 4 9	Day Week Month Year Missing
STRNGNO_N	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?		0-364
VIGLNGNO	About how long do you do these vigorous leisure-time physical activities each time?		0-240
VIGNO_F	PER Time unit for VIGNO_N numeric response, e.g., per day, week, month, year	1 2 3 4 9	Day Week Month Year Missing
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?		0-364
WHYNOWK2	What is the main reason you did not work last week?	1 2	Taking care of house or family Going to school

Variable Name	Label	Raw Value	Possible Values
WHYNOWK2	What is the main reason you did not work last week?	3 9 -8 -9 10	Retired Disabled Skip Missing Other
WRKCOR	Which of the following were you doing last week?	1 2 3 4 5 9	Working for pay at a job or business With a job or business but not at work Looking for work Working, but not for pay, at a family-owned job or business Not working at a job or business and not looking for work Missing