

SAS Data Set Name	NORC_7_PUF
Number of Variables	236
Number of Observations	6,821

Variable Name	Label	Raw Value	Possible Values
ACSSHOM	Do you have access to the Internet from your home?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
ACSSINT	Do you have access to the Internet?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
AFVET	Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?	1 2 77 98 99	Yes No DON'T KNOW WS 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... ?	77 98 99	DON'T KNOW WS REFUSED
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... ?	1 2 77 98 99	Per week Per month DON'T KNOW WS REFUSED

Variable Name	Label	Raw Value	Possible Values
ALZH_HH	Is there someone who lives in your home that has Alzheimer's disease, dementia, or other cognitive impairment disorder?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANGEV	[Angina, also called angina pectoris?] Have you ever been told by a doctor or other health professional that you had...	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXEV	Have you ever been told by a doctor or other health professional that you had any type of anxiety disorder?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXFREQ	How often do you feel worried, nervous or anxious?	1	Daily
		2	Weekly
		3	Monthly
		4	A few times a year
		5	Never
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXFREQ_TOTALTIME	DATA ONLY: Total time for ANXFREQ (in seconds)	1-496	

Variable Name	Label	Raw Value	Possible Values
ANXLEVEL	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings?	1	A little
		2	A lot
		3	Somewhere in between a little and a lot
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXLEVEL_TOTALTIME	DATA ONLY: Total time for ANXLEVEL (in seconds)		1-32
ANXMED	Do you take prescription medication for these feelings?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXMED_TOTALTIME	DATA ONLY: Total time for ANXMED (in seconds)		1-742
ARTHEV	[Some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?] Have you ever been told by a doctor or other health professional that you had...	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ASAT12M	During the past 12 months, have you had an episode of asthma or an asthma attack?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
ASER12M	During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ASEV	[Asthma?] 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
ASTILL	Do you still have asthma?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		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	WS
		999	REFUSED
BRFSS_FA1	Are any firearms now kept in or around your home?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
BRFSS_FA2	Are any of these firearms now loaded?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
BRFSS_FA2	Are any of these firearms now loaded?	99	REFUSED
BRFSS_FA3	Are any of these loaded firearms also unlocked?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
BURDEN1	How burdensome was it to complete this survey?	1 2 3 4 5 77 98 99	Not at all burdensome A little burdensome Moderately burdensome Very burdensome Extremely burdensome DON'T KNOW WEB SKIP REFUSED
BURDEN2	How difficult was it to answer the questions?	1 2 3 4 5 77 98 99	Not at all difficult A little difficult Moderately difficult Very difficult Extremely difficult DON'T KNOW WEB SKIP REFUSED
CANEV	[Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had...	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED

Variable Name	Label	Raw Value	Possible Values
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	WS
		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	WS
		99	REFUSED
CEVOLUN2	During the past 12 months, have you done any of these types of activities?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		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	WS
		99	REFUSED
CHDEV	[Coronary heart disease?] 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

Variable Name	Label	Raw Value	Possible Values
CHL12M	During the past 12 months, have you had high cholesterol?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CHLEV	[High cholesterol?] 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
CHLMED	Are you now taking any medication prescribed by a doctor to help lower your cholesterol?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COPDEV	[Chronic Obstructive Pulmonary Disease (C.O.P.D.), 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
COVIDEV	Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
COVIDEV	Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?	99	REFUSED
CVD19_HES	Thinking specifically about the COVID-19 vaccines, how hesitant would you consider yourself to be?	1 2 3 4 77 98 99	Not at all hesitant Not that hesitant Somewhat hesitant Very hesitant Don't know WS REFUSED
CaseID	Case ID (scrambled)		10001-16821
DEPEV	Have you ever been told by a doctor or other health professional that you had any type of depression?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
DEPFREQ	How often do you feel depressed?	1 2 3 4 5 77 98 99	Daily Weekly Monthly A few times a year Never DON'T KNOW WS REFUSED
DEPFREQ_TOTALTIME	DATA ONLY: Total time for DEPFREQ (in seconds)		1-403
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?	1 2	A little A lot

Variable Name	Label	Raw Value	Possible Values
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?	3 77 98 99	Somewhere in between a little and a lot DON'T KNOW WS REFUSED
DEPLEVEL_TOTALTIME	DATA ONLY: Total time for DEPLEVEL (in seconds)		1-29
DEPMED	Do you take prescription medication for depression?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
DEPMED_TOTALTIME	DATA ONLY: Total time for DEPMED (in seconds)		1-1274
DIBEV	[INS_DIBEV]	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED
DOV_ANX	DATA ONLY: Anxiety Level Computed from ANXFREQ and ANXLEVEL	1 2 3 4 99	1 2 3 4 99
DOV_DEP	DATA ONLY: Depression Level Computed from DEPFREQ and DEPLEVEL	1 2 3 4 99	1 2 3 4 99

Variable Name	Label	Raw Value	Possible Values
DOV_GAD	DATA ONLY: Computed Anxiety Score from GAD2	0 1	0 1
DOV_GENDERMISMATCH	DATA ONLY: Computed Gender Mismatch based on SAAB and GENDER_ID - SINGLE_GEN	0 1	No mismatch Mismatched
DOV_PHQ	DATA ONLY: Computed Depression Score from PHQ	0 1	0 1
DOV_REASKSWITCH	DATA ONLY: Computed Flag for Switch of Gender Identification across Original and Reask SAAB, GENDER_ID, and SINGLE_GEN Questions		
DRNK3GE5	Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 - 4] or more drinks on an occasion?	777 998 999	DON'T KNOW WS REFUSED
EDUC	3-level education	2 3 4	HS graduate or less Some college BA or above
EMPLASTWK	Last week, did you work for pay at a job or business?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
EMPLOY	Current Employment Status	1 2 3	Working - as a paid employee Working - self-employed Not working - on temporary layoff from a job

Variable Name	Label	Raw Value	Possible Values
EMPLOY	Current Employment Status	4	Not working - looking for work
		5	Not working - retired
		6	Not working - disabled
		7	Not working - other
FA1A	Are any of the firearms handguns, such as pistols or revolvers?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
FA1B	Are any of the firearms long guns, such as rifles or shotguns?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
FA4	How often are any loaded firearms stored unlocked when not in use?	1	Never
		2	Rarely (Less than 3 times)
		3	Occasionally (4 to 10 times)
		4	Often (more than 10 times)
		5	Always
		77	DON'T KNOW
		98	WS
		99	REFUSED
FA5_1	[Hunting or sport] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
FA5_2	[Protection] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes
FA5_3	[Work] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes
FA5_4	[Some other reason, please specify:] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes
FA5_DK	[DON'T KNOW] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes
FA5_REF	[REFUSED] What is the main reason that there are firearms in or around your home?	0	No
		1	Yes
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	WS
		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

Variable Name	Label	Raw Value	Possible Values
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?	4 77 98 99	Nearly every day DON'T KNOW WS REFUSED
GAD2_TOTALTIME	DATA ONLY: Total time for GAD2 (in seconds)		1-805
GENDER	Respondent gender	1 2	Male Female
GENDER_CONFIRM	Just to confirm, [SAAB_TEXT_INSERT] at birth, and now describe yourself as [GENDER_CONFIRM_TEXT]. Is that correct?	1 2 77 98 99	Yes No DON'T KNOW SKIPPED ON WEB REFUSED
GENDER_CONFIRM_TEXT	DATA ONLY: Inserted text for GENDER_CONFIRM based on GENDER_ID - SINGLE_GEN	1 2 3 4 5 6 7 8 9	female male transgender two-spirit some other gender female and male female and transgender, non-binary, or another gender male and transgender, non-binary, or another gender female, male, and transgender, non-binary, or another gender

Variable Name	Label	Raw Value	Possible Values
GENDER_CONFIRM_TEXT	DATA ONLY: Inserted text for GENDER_CONFIRM based on GENDER_ID - SINGLE_GEN	10	transgender, non-binary, or another gender
GENDER_ID	What is your current gender?	1 2 3 4 5 77 98 99	Female Male Transgender Two-Spirit I use a different term, please specify: DON'T KNOW SKIPPED ON WEB REFUSED
GENDER_ID_RE	What is your current gender?	1 2 3 4 5 77 98 99	Female Male Transgender Two-Spirit I use a different term, please specify: DON'T KNOW SKIPPED ON WEB REFUSED
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 2 77 98 99	Yes No DON'T KNOW WS REFUSED
HHSIZE	Household size (including children)		
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1	Yes

Variable Name	Label	Raw Value	Possible Values
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	2	No
		77	DON'T KNOW
		98	WS
		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
HIKIND_6	[Military related health care: TRICARE (CHAMPUS) - VA health care - CHAMP-VA] What kinds of health insurance or health care coverage do you have?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
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	WS
		99	REFUSED
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	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
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	WS
		99	REFUSED
HIT_18	Not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	1	Never
		2	Once
		3	More than Once
		77	Don't Know
		98	WS
		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
HYP12M	During the past 12 months, have you had hypertension or high blood pressure?	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
HYP12M	During the past 12 months, have you had hypertension or high blood pressure?	77	DON'T KNOW
		98	WS
		99	REFUSED
HYPDIF	Were you told on two or more different visits that you had hypertension or high blood pressure?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
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
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
HYPMED	Are you now taking any medication prescribed by a doctor for your high blood pressure?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		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

Variable Name	Label	Raw Value	Possible Values
INCOME	Household Income, topcoded at \$150K+	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
INSULT_18	How often did a parent or adult in your home ever swear at you, insult you, or put you down?	1	Never
		2	Once
		3	More than Once
		77	Don't Know
		98	WS
		99	REFUSED
INS_DIBEV	DATA ONLY: Inserted Text for DIBEV Based on Gender, PREDIB, and GESDIB	1	Not including prediabetes or gestational diabetes, has a doctor or other health professional ever told you that you
		2	Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?
		3	Not including gestational diabetes, has a doctor or other health professional ever told you that you had diabetes?
		4	Has a doctor or other health professional ever told you that you had diabetes?

Variable Name	Label	Raw Value	Possible Values
INS_DIBEV	DATA ONLY: Inserted Text for DIBEV Based on Gender, PREDIB, and GESDIB	5	Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?
		6	Has a doctor or other health professional ever told you that you had diabetes?
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home	0	Non-internet household
		1	Internet Household
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	WS
		999	REFUSED
MEDCOST1	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	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

Variable Name	Label	Raw Value	Possible Values
MIEV	[A heart attack, also called myocardial infarction?] Have you ever been told by a doctor or other health professional that you had...	2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MODE_PREF	Panelist Profile Variable: Panelist's Self-Selected Survey Mode Preference		CATI,CAWI
NHIS_TEST	Did you ever take a test that showed you had coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ONS_IMPACT	Does this reduce your ability to carry out day-to-day activities compared to the time before you had COVID-19?	1	Yes, a lot
		2	Yes, a little
		3	Not at all
		77	Don't Know
		98	WS
		99	REFUSED
ONS_LONG	Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 3 months after you first had COVID-19, that are not explained by something else?	1	Yes
		2	No
		77	Don't Know
		98	WS
		99	REFUSED
PHONESERVICE	Telephone service for the household	1	Landline telephone only

Variable Name	Label	Raw Value	Possible Values
PHONESERVICE	Telephone service for the household	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
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WS
		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	WS
		99	REFUSED
PHQ_TOTALTIME	DATA ONLY: Total time for PHQ (in seconds)		1-502
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

Variable Name	Label	Raw Value	Possible Values
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or 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
		99	REFUSED
PROBE_ANX_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_ANX_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_6	[I have these feelings because of the Coronavirus pandemic.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_7	[Some other way, please specify:] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_DEP_1	[Sometimes the feelings can be so intense that I cannot get out of bed.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_2	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_DEP_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_5	[I have been told by a medical professional that I have depression.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_6	[I have these feelings because of the Coronavirus pandemic.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_7	[Some other way, please specify:] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_GENDERID_NUM	[NUMERIC CODE] Please list some things that you associate with being [PROBE_GENDERID_TEXT]?	0	AnswerCode

Variable Name	Label	Raw Value	Possible Values
PROBE_GENDERID_NUM	[NUMERIC CODE] Please list some things that you associate with being [PROBE_GENDERID_TEXT]?	77	DON'T KNOW
		98	WEBSKIP
		99	REFUSED
PROBE_GENDERID_TEXT	DATA ONLY: Inserted Text for PROBE_GENDERID based on GENDER_ID - SINGLE_GEN Original and Reask Questions	1	female
		2	male
		3	transgender
		4	two-spirit
		5	some other gender
		6	female and male
		7	female and transgender, non-binary, or another gende
		8	male and transgender, non-binary, or another gende
		9	female, male, and transgender, non-binary, or another gender
		10	transgender, non-binary, or another gender
PROBE_LONG_NHIS_NUM	[NUMERIC CODE] When answering the previous question, which symptoms were you specifically thinking about?	0	AnswerCode
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_LONG_ONS_NUM	[NUMERIC CODE] When answering the previous question, which symptoms were you specifically thinking about?	0	AnswerCode
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
PROBE_SAAB_REF_1	[I don't understand what the question is asking] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SAAB_REF_2	[I've never seen my birth certificate] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SAAB_REF_3	[I don't want to answer this question] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SAAB_REF_4	[This was a mistake, I meant to say:] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SAAB_REF_5	[Other, specify:] You [didn't answer didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SAAB_REF_DK	[DON'T KNOW] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_SAAB_REF_REF	[REFUSED] You [didn't answer - didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?	0	No
		1	Yes
PROBE_SEXID	What do you mean by 'something else'?	1	I am not straight, but identify with another label such as queer, trisexual, omnisexual, polysexual, or pansexual
		2	I am asexual or on the asexual spectrum (including, but not limited to, demisexual and greysexual)
		3	I have not figured out or am in the process of figuring out my sexuality
		4	I do not use labels to identify myself
		5	Something else, please explain
		77	DON'T KNOW
		98	SKIPPED ON WEB
		99	REFUSED
PROBE_VAX_1	[Overall social benefit of vaccine] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_10	[Something else, please specify:] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_VAX_2	[Long-term health impacts] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_3	[Speed of development] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_4	[Government approval process] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_5	[Personal risk of getting vaccinated] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_6	[Risk of contracting COVID-19] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_7	[Information you received from a medical provider] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_8	[Information you received from friends or social media] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_VAX_8	[Information you received from friends or social media] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	1	Yes
PROBE_VAX_9	[Previous experiences with vaccines] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_DK	[DON'T KNOW] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_REF	[REFUSED] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?	0	No
		1	Yes
PROBE_VAX_TOTALTIME	DATA ONLY: Total time for PROBE_VAX (in seconds)		1-1775
P_AINA_FLAG	DATA ONLY: Profile Data Flag for any American Indian - Native Alaskan Identification	0	Not flagged for AINA status
		1	Yes, flagged for AINA status
P_GENEXP	Custom Preload: Administration of GENDER_ID vs SINGLE_GEN Gender Identification Questions	1	Show GENDER_ID (After SAAB)
		2	Show SINGLE_GEN (Before SAAB)
P_LONGCOVID	Custom Preload: Administration of NHIS vs ONS Long COVID Questions	1	See the 1st set of long covid questions
		2	See the 2nd set of long covid questions

Variable Name	Label	Raw Value	Possible Values
P_RCRTYR	DATA ONLY: Statistical Variable - Recruitment Year of Panelist		
P_TBI	Custom Preload: Administration of Full List (TBIMOI_1) or Partial List (TBIMOI_2) at TBIMOI	1	Get TBIMOI_1
		2	Get TBIMOI_2
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
SAAB	What sex were you assigned at birth, on your original birth certificate?	1	Male
		2	Female
		77	Don't know
		98	SKIPPED ON WEB
		99	REFUSED
SAAB_RE_1	What sex were you assigned at birth, on your original birth certificate?	1	Male
		2	Female
		77	Don't know
		98	SKIPPED ON WEB
		99	REFUSED
SAAB_RE_2	What sex were you assigned at birth, on your original birth certificate?	1	Male
		2	Female
		77	Don't know

Variable Name	Label	Raw Value	Possible Values
SAAB_RE_2	What sex were you assigned at birth, on your original birth certificate?	98	SKIPPED ON WEB
		99	REFUSED
SAAB_TEXT_INSERT	DATA ONLY: Inserted text for GENDER_CONFIRM based on SAAB	1	you were assigned male
		2	you were assigned female
		3	you don't know what you were assigned
SEXID	Which of the following best represents how you think of yourself?	1	Lesbian or gay
		2	Straight; that is, not lesbian or gay
		3	Bisexual
		4	Something else
		77	I don't know
		98	SKIPPED ON WEB
		99	REFUSED
SHTCVD191	Have you had at least one dose of a COVID-19 vaccination?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SHTCVD19NM	How many COVID-19 vaccinations have you received?	1	1 vaccination
		2	2 vaccinations
		3	3 vaccinations
		4	4 or more vaccinations
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SHTFLU12M	During the past 12 months, have you had a flu vaccination?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SHTFLUM_MO	[MONTH] During what month and year did you receive your most recent flu vaccine?	1	January
		2	February
		3	March
		4	April
		5	May
		6	June
		7	July
		8	August
		9	September
		10	October
		11	November
		12	December
		77	DON'T KNOW
		98	WS
		99	REFUSED
SHTFLUM_YR	[YEAR] During what month and year did you receive your most recent flu vaccine?	7777	DON'T KNOW
		9997	Have never received a flu vaccine
		9998	WS
		9999	REFUSED
SHTPNEUNB	How many pneumonia shots have you ever had?	1	One pneumonia shot
		2	Two pneumonia shots
		3	More than two pneumonia shot
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
SHTPNEUNB	How many pneumonia shots have you ever had?	98 99	WEB SKIP REFUSED
SHTPNUEV	Have you ever had a pneumonia shot?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
SINGLE_GEN_1	[Female] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_2	[Male] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_3	[Transgender, non-binary, or another gender] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_DK	[DON'T KNOW] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_REF	[REFUSED] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_RE_1	[Female] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_RE_2	[Male] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_RE_3	[Transgender, non-binary, or another gender] Which of the following do you identify as?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
SINGLE_GEN_RE_DK	[DON'T KNOW] Which of the following do you identify as?	0 1	No Yes
SINGLE_GEN_RE_REF	[REFUSED] Which of the following do you identify as?	0 1	No Yes
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1 2 77 98 99	Yes No DON'T KNOW WS 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 2 3 4 77 98 99	No difficulty Some difficulty A lot of difficulty Cannot do this at all DON'T KNOW WEB SKIP REFUSED
SOCSCCLPAR	Because of a physical, mental [T] do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going to parties?	1 2 3 4 77 98 99	No difficulty Some difficulty A lot of difficulty Cannot do this at all DON'T KNOW WEB SKIP REFUSED

Variable Name	Label	Raw Value	Possible Values
SOCWRKLIM	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	WS
		99	REFUSED
STREV	[A stroke?] Have you ever been told by a doctor or other health professional that you had...	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SUIC_HH	During the past 12 months, have you, or anyone in your home, experienced suicidal thoughts?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SURV_MODE	Survey interview mode (online or phone)	1	Phone interview
		2	Web Interview
SYMP3MO	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SYMPNOW	Do you have symptoms now?	1	Yes
		2	No
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
SYMPNOW	Do you have symptoms now?	98 99	WS REFUSED
SYMPTOMS	How would you describe your coronavirus symptoms when they were at their worst?	1 2 3 4 77 98 99	No symptoms Mild symptoms Moderate symptoms Severe symptoms DON'T KNOW WS REFUSED
SYMRECA	How long did it take for all of your head injury-related symptoms to go away after your most recent head injury?	1 2 3 4 77 98 99	Less than 1 day 1 - 2 days 3 - 7 days More than 7 days DON'T KNOW WS REFUSED
SYMSTILL	Are you still experiencing any head injury-related symptoms after your most recent head injury?	1 2 77 98 99	Yes No Don't Know WS REFUSED
S_VPSU	DATA ONLY: Statistical Variable - Numeric variable to identify cluster of panelist		1-5942
S_VSTRAT	DATA ONLY: Statistical Variable - Numeric variable to identify strata of panelist (scrambled)		1-117

Variable Name	Label	Raw Value	Possible Values
TBICHKCONC	During the past 12 months, as a result of a blow or jolt to the head, were you evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health care professional?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
TBICHKRECENT	For your most recent head injury, were you evaluated for a concussion or brain injury by a doctor, nurse, paramedic, athletic trainer, or other health care professional?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
TBICOUNT	During the past 12 months, how many head injuries did you have that caused you to experience these symptoms?	777	DON'T KNOW
		998	WS
		999	REFUSED
TBIDX	Following your most recent head injury, did a medical professional diagnose you with a concussion or traumatic brain injury?	1	Yes
		2	No
		77	Don't Know
		98	WS
		99	REFUSED
TBIHEADSYM	During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior?	1	Yes

Variable Name	Label	Raw Value	Possible Values
TBIHEADSYM	During the past 12 months, as a result of a blow or jolt to the head, have you had headaches, sensitivity to light or noise, balance problems, or changes in mood or behavior?	2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
TBILEAGUE	Were you participating in an organized team or league sports competition or practice when you experienced any of these blows or jolts to the head?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
TBILOCMEMDAZ	During the past 12 months, as a result of a blow or jolt to the head, have you been knocked out or lost consciousness, been dazed or confused, or had a gap in your memory?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
TBIMOI_1	When you got your most recent head injury, which best describes how you got hurt?	1	I fell and hit my head
		2	A car or motorcycle crash
		3	Bumped my head on something
		4	An object fell on meyou
		5	Bicycle crash
		6	I got hit in the head during a fight or argument
		7	Collided with another person

Variable Name	Label	Raw Value	Possible Values
TBIMOI_1	When you got your most recent head injury, which best describes how you got hurt?	8 9 77 98 99	Felt dizzy or sick and fell, or passed out Other, please specify DON'T KNOW WS REFUSED
TBIMOI_2	When you got your most recent head injury, which best describes how you got hurt?	1 2 3 6 8 9 77 98 99	I fell and hit my head A car or motorcycle crash Bumped my head on something I got hit in the head during a fight or argument Felt dizzy or sick and fell, or passed out Other, please specify DON'T KNOW WS REFUSED
TBISPORT	Were you playing a sport or participating in a physical or recreational activity, such as jogging, biking, or pick-up games, when you experienced any of these blows or jolts to the head?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
TBIWHRCHK	Where did the first evaluation for your most recent head injury by this health care professional take place?	1 2 3	Your regular doctor or primary care physician's office A hospital or emergency department An urgent care clinic

Variable Name	Label	Raw Value	Possible Values
TBIWHRCHK	Where did the first evaluation for your most recent head injury by this health care professional take place?	4 5 77 98 99	On the sideline (for example, at a sporting event) Somewhere else, please specify DON'T KNOW WS REFUSED
TIMER_GENDER_CONFIRM_TOTALTIME	DATA ONLY: Total time for GENDER_CONFIRM (in seconds)		1-636
TIMER_GENDER_ID_RE_TOTALTIME	DATA ONLY: Total time for GENDER_ID_RE (in seconds)		1-24
TIMER_GENDER_ID_TOTALTIME	DATA ONLY: Total time for GENDER_ID (in seconds)		1-339
TIMER_PROBE_GENDERID_TOTALTIME	DATA ONLY: Total time for PROBE_GENDERID (in seconds)		1-1762
TIMER_SAAB_RE_1_TOTALTIME	DATA ONLY: Total time for SAAB_RE_1 (in seconds)		1-23
TIMER_SAAB_RE_TOTALTIME_2	DATA ONLY: Total time for SAAB_RE_2 (in seconds)		1-20
TIMER_SAAB_TOTALTIME	DATA ONLY: Total time for SAAB (in seconds)		1-170
TIMER_SINGLE_GEN_RE_TOTALTIME	DATA ONLY: Total time for SINGLE_GEN_RE (in seconds)		1-39
TIMER_SINGLE_GEN_TOTALTIME	DATA ONLY: Total time for SINGLE_GEN (in seconds)		1-412
USUALPL	Is there a place that you usually go to if you are sick and need health care?	1 2 3 77 98 99	Yes No, there is no place There is more than one place DON'T KNOW WS REFUSED

Variable Name	Label	Raw Value	Possible Values
VAX_HERD	Do you believe that getting vaccinated helps protect others from getting disease?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
VAX_HES	Overall, how hesitant about vaccines in general would you consider yourself to be?	1	Not at all hesitant
		2	Not that hesitant
		3	Somewhat hesitant
		4	Very hesitant
		77	DON'T KNOW
		98	WS
		99	REFUSED
VAX_KNOW	Do you personally know anyone who has had a serious, long-term side effect from a vaccine?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
VAX_MD	Is your doctor or health provider your most trusted source of information about vaccines?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
VAX_RISK	How confident are you that the benefits of vaccines outweigh their risks?	1	Very confident
		2	Somewhat confident
		3	Not at all confident
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
VAX_RISK	How confident are you that the benefits of vaccines outweigh their risks?	98	WS
		99	REFUSED
VAX_SIDE	Have you ever had concerns about serious, long-term side effects that impacted your decision to get vaccinated?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
VIOLENCE	In the past 12 months have you been, or have you seen someone else be, physically attacked, beaten, stabbed, or shot in your neighborhood?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
WEIGHT	Post-stratification weights - 18+ General Population (N=6,821)		0.0124678-8.6808684
WEIGHT_CALIBRATED	WEIGHT variable, calibrated by NCHS		0.00735798-17.75195054
WORKMISS	Did you miss any work or school due to your most recent head injury?	1	Yes
		2	No
		77	Don't Know
		98	WS
		99	REFUSED
WORKMISSA	How many days did you miss any work or school due to your most recent head injury?	7777	DON'T KNOW
		9998	WS

Variable Name	Label	Raw Value	Possible Values
WORKMISSA	How many days did you miss any work or school due to your most recent head injury?	9999	REFUSED
duration	Time spent in survey, in minutes		4-139