

Variable	Description
AASMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?
AASMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?
AASSTILL	Do you still have asthma?
ACIEFFRT	That everything was an effort?
ACIHOPLS	Hopeless?
ACINERV	Nervous?
ACIRSTLS	Restless or fidgety?
ACISAD	So sad that nothing could cheer you up?
ACIWTHLS	Worthless?
AHCAFY_1	Prescription medicines
AHCAFY_2	Mental health care or counseling
AHCAFY_3	Dental care (including checkups)
AHCAFY_4	Eyeglasses
AHCAFY_5	To see a specialist
AHCAFY_6	Follow-up care
AHCDLY_1	You couldn't get through on the telephone.
AHCDLY_2	You couldn't get an appointment soon enough.
AHCDLY_3	Once you get there, you have to wait too long to see the doctor.
AHCDLY_4	The clinic or doctor's office wasn't open when you could get there.
AHCDLY_5	You didn't have transportation.
AHGT_FT	feet
AHGT_IN	inches
ALC12MNO_F	per
ALC12MNO_N	In the past year, how often did you drink any type of alcoholic beverage?
ALC1YR	In any one year, have you had at least 12 drinks of any type of alcoholic beverage?
ALC5UPNO	(If code 2 in DEMO_GENDER, display:) In the past year, on how many days did you have 4 or more drinks of any alcoholic beverage?
ALCAMT	On those days that you drank alcoholic beverages in the past year, how many drinks did you have on the average?
ALCLIFE	In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?
ANX_1	How often do you feel worried, nervous, or anxious?
ANX_2	Do you take medication for these feelings?
ANX_3	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these

Variable

Description

AWEBOFNO_F	feelings? Would you say you felt a little this way, a lot this way, or somewhere in between?
AWEBOFNO_N	per
AWGT_LB	Hour(s)
BINGE	How much do you weigh without shoes? (If code 2 in DEMO_GENDER, display:) Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 or more drinks on an occasion?
CBRCHYR	Have you ever been told by a doctor or other health professional that you had chronic bronchitis?
CIGQTYR	During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?
COMPLETE	
COPDEV	Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?
DEMO_AGE	Age
DEMO_EDUCATION_NEW	DEMO_EDUCATION_NEW
DEMO_EMPLOYMENT_STATUS	Which of the following best describes your current employment status
DEMO_ETHNICITY	Are you of hispanic origin or descent?
DEMO_GENDER	DEMO_GENDER
DEMO_GOVERNMENT_JOB	Do you work for a local, state, or federal government
DEMO_HOUSEHOLD_BUSINESS	Do you run a business out of your household
DEMO_INCOME	Income
DEMO_JOB_AREA	Which category best describes the area in which you currently work?
DEMO_JOB_POSITION	What type of position do you have
DEMO_MARITAL_STATUS	Marital Status
DEMO_POLITICAL_AFFILIATION	Party Affiliation
DEMO_RACE_2015_NEW	DEMO_RACE
DEMO_RACE_AMERICAN_INDIAN_NEW	DEMO_RACE_AMERICAN_INDIAN_NEW
DEMO_RACE_ASIAN_NEW	DEMO_RACE_ASIAN_NEW
DEMO_RACE_BLACK_NEW	DEMO_RACE_BLACK_NEW
DEMO_RACE_NATIVE_HAWAIIAN_NEW	DEMO_RACE_NATIVE_HAWAIIAN_NEW
DEMO_RACE_OTHER_NEW	DEMO_RACE_OTHER_NEW
DEMO_RACE_WHITE_NEW	DEMO_RACE_WHITE_NEW
DEMO_REGISTERED_VOTER	Are you registered to vote
DEMO_RELIGIOUS_PREFERENCE	What is your religious preference
DEMO_RESIDENCE_LENGTH	How long have you lived at this residence
DEMO_RESIDENCE_OWN_RENT	Do you own or rent your current residence
DEMO_RESIDENCE_TYPE	Which of the following best describes your current residence
DEMO_RETIRED	Have you retired from a previous job
DEMO_TEACHER	K-12 Teacher

Variable**Description**

DEMO_WEIGHT_PS_2015_PR	
DIBAGE	How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes?
DIBEV	(If code 2 in DEMO_GENDER, display:) Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?
DIBPILL	Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.
DIBPRE1	Have you ever been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?
EPHEV	Have you ever been told by a doctor or other health professional that you had emphysema?
F10DVYR	During the past 12 months, did you receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.
FHCDV2W	During the last 2 weeks, did you see a doctor or other health care professional at a doctor's office, a clinic, an emergency room, or some other place?
FHICOV	Are you covered by any kind of health insurance or some other kind of health care plan?
FINAL_STATUS	FINAL_STATUS
FINAL_WT	
FSBALANCE	I couldn't afford to eat balanced meals.
FSHUNGRY	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?
FSLAST	The food that I bought just didn't last, and I didn't have money to get more.
FSLESS	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?
FSRUNOUT	I worried whether my food would run out before I got money to buy more.
FSSKIP	In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
FSWEIGHT	In the last 30 days, did you lose weight because there wasn't enough

Variable	Description
HIKIND_1	<p>money for food?</p> <p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_10	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_2	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_3	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_4	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_5	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_6	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas</p>
HIKIND_7	<p>Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans</p>

Variable	Description
HIKIND_8	that only provide extra cas Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas
HIKIND_9	Do you have any of the following kinds of health insurance or health care coverage? Include those plans that pay for only one type of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cas
HIT1A	Look up health information on the Internet
HIT3A	Schedule an appointment with a health care provider
HYPEV	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?
HYPMDEV2	Has a doctor ever prescribed any medicine for your high blood pressure?
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?
INSLN	Are you now taking insulin?
MGCHMD	Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?
MODNO_F	per
MODNO_N	How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?
MSA_NAME	MSA_NAME
PARTIAL	
PCPREQ	Does this plan require you to have a primary care doctor who approves all your care?
PHCDVN2W	How many times did you visit a doctor or other health care professional during the last 2 weeks?
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?
PLNMGD	What type of private plan do you have?
RACEHISP_EDU_AGE_WT	Sample Stratum
RESPONDENT_ID	RESPONDENT_ID
SA	FORM:
SMKANY	Have you ever smoked a cigarette even one time?

Variable	Description
SMKEV	Have you smoked at least 100 cigarettes in your entire life?
SMKNOW	How often do you now smoke cigarettes? Every day, some days, or not at all?
SMKQTN0_F	Ago
SMKQTN0_N	SMKQTN0_N
STATE_PROV	State
STRNGNO_F	per
STRNGNO_N	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?
VIGNO_F	per
VIGNO_N	How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?
WHYNOWK2	What is the main reason you did not work last week?
WRKCOR	Which of the following were you doing last week?
demo_division	Division
demo_region	Region