

Variable	Description
ACCSSHOM	Do you have access to the Internet from your home?
ACCSSINT	Do you have access to the Internet?
AFVET	Did you ever serve on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
AGE	Respondent age
AGE4	Age - 4 Categories
AGE7	Age - 7 Categories
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... ?
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... ?
ALZH_HH	Is there someone who lives in your home that has Alzheimer's disease, dementia, or other cognitive impairment disorder?
ANGEV	[Angina, also called angina pectoris?] Have you ever been told by a doctor or other health professional that you had...
ANXEV	Have you ever been told by a doctor or other health professional that you had any type of anxiety disorder?
ANXFREQ	How often do you feel worried, nervous or anxious?
ANXFREQ_TOTALTIME	DATA ONLY: Total time for ANXFREQ (in seconds)
ANXLEVEL	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings?
ANXLEVEL_TOTALTIME	DATA ONLY: Total time for ANXLEVEL (in seconds)
ANXMED	Do you take prescription medication for these feelings?
ANXMED_TOTALTIME	DATA ONLY: Total time for ANXMED (in seconds)
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...
ASAT12M	During the past 12 months, have you had an episode of asthma or an asthma attack?
ASER12M	During the past 12 months, have you had to visit an emergency room or urgent care center because of asthma?
ASEV	[Asthma?] Have you ever been told by a doctor or other health professional that you had...
ASTILL	Do you still have asthma?
AVEDRNK3	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Variable	Description
BRFSS_FA1	Are any firearms now kept in or around your home?
BRFSS_FA2	Are any of these firearms now loaded?
BRFSS_FA3	Are any of these loaded firearms also unlocked?
BURDEN1	How burdensome was it to complete this survey?
BURDEN2	How difficult was it to answer the questions?
CANEV	[Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had...
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?
CEVOLUN1	During the past 12 months, did you spend any time volunteering for any organization or association?
CEVOLUN2	During the past 12 months, have you done any of these types of activities?
CEVOTELC	Did you vote in the last local elections, such as for mayor, councilmembers, or school board?
CHDEV	[Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had...
CHL12M	During the past 12 months, have you had high cholesterol?
CHLEV	[High cholesterol?] Have you ever been told by a doctor or other health professional that you had...
CHLMED	Are you now taking any medication prescribed by a doctor to help lower your cholesterol?
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...
COVIDEV	Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?
CVD19_HES	Thinking specifically about the COVID-19 vaccines, how hesitant would you consider yourself to be?
CaseId	Case ID
DATE_END_AFFECT	Date End for Section: Affect
DATE_END_BRAIN	Date End for Section: Traumatic Brain Injury
DATE_END_CHRONIC	Date End for Section: Chronic Conditions
DATE_END_COVID	Date End for Section: COVID and Long COVID
DATE_END_GENDER	Date End for Section: Gender
DATE_END_GUN	Date End for Section: Firearms Safety
DATE_END_HLTHBHV	Date End for Section: Health and Civic

Variable	Description
	Behaviors
DATE_END_IMMUN	Date End for Section: Immunization
DATE_START_AFFECT	Date Start for Section: Affect
DATE_START_BRAIN	Date Start for Section: Traumatic Brain Injury
DATE_START_CHRONIC	Date Start for Section: Chronic Conditions
DATE_START_COVID	Date Start for Section: COVID and Long COVID
DATE_START_GENDER	Date Start for Section: Gender
DATE_START_GUN	Date Start for Section: Firearms Safety
DATE_START_HLTHBHV	Date Start for Section: Health and Civic Behaviors
DATE_START_IMMUN	Date Start for Section: Immunization
DEPEV	Have you ever been told by a doctor or other health professional that you had any type of depression?
DEPFREQ	How often do you feel depressed?
DEPFREQ_TOTALTIME	DATA ONLY: Total time for DEPFREQ (in seconds)
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?
DEPLEVEL_TOTALTIME	DATA ONLY: Total time for DEPLEVEL (in seconds)
DEPMED	Do you take prescription medication for depression?
DEPMED_TOTALTIME	DATA ONLY: Total time for DEPMED (in seconds)
DIBEV	[INS_DIBEV]
DOV_ANX	DATA ONLY: Anxiety Level Computed from ANXFREQ and ANXLEVEL
DOV_DEP	DATA ONLY: Depression Level Computed from DEPFREQ and DEPLEVEL
DOV_GAD	DATA ONLY: Computed Anxiety Score from GAD2
DOV_GENDERMISMATCH	DATA ONLY: Computed Gender Mismatch based on SAAB and GENDER_ID/SINGLE_GEN
DOV_PHQ	DATA ONLY: Computed Depression Score from PHQ
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?
EDUC	Education (Highest Degree Received)
EDUC4	4-level education
EMPLASTWK	Last week, did you work for pay at a job or business?
EMPLOY	Current Employment Status
FA1A	Are any of the firearms handguns, such as pistols or revolvers?
FA1B	Are any of the firearms long guns, such as rifles or shotguns?

Variable	Description
FA4	How often are any loaded firearms stored unlocked when not in use?
FA5_1	[Hunting or sport] What is the main reason that there are firearms in or around your home?
FA5_2	[Protection] What is the main reason that there are firearms in or around your home?
FA5_3	[Work] What is the main reason that there are firearms in or around your home?
FA5_4	[Some other reason, please specify:] What is the main reason that there are firearms in or around your home?
FA5_DK	[DON'T KNOW] What is the main reason that there are firearms in or around your home?
FA5_REF	[REFUSED] What is the main reason that there are firearms in or around your home?
FA5_SKP	[SKIPPED ON WEB] What is the main reason that there are firearms in or around your home?
GAD2_A	[Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?
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?
GAD2_TOTALTIME	DATA ONLY: Total time for GAD2 (in seconds)
GENDER	Respondent gender
GENDER_CONFIRM	Just to confirm, [SAAB_TEXT_INSERT] at birth, and now describe yourself as [GENDER_CONFIRM_TEXT]. Is that correct?
GENDER_CONFIRM_TEXT	DATA ONLY: Inserted text for GENDER_CONFIRM based on GENDER_ID/SINGLE_GEN
GENDER_ID	What is your current gender?
GENDER_ID_RE	What is your current gender?
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?
HH01	Number of HH members age 0-1
HH1317	Number of HH members age 13-17
HH18OV	Number of HH members age 18+
HH25	Number of HH members age 2-5
HH612	Number of HH members age 6-12
HHSIZE	Household size (including children)
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?
HIKIND_1	[Private health insurance] What kinds of

Variable	Description
HIKIND_10	health insurance or health care coverage do you have? [No coverage of any type] What kinds of health insurance or health care coverage do you have?
HIKIND_2	[Medicare] What kinds of health insurance or health care coverage do you have?
HIKIND_3	[Medigap] What kinds of health insurance or health care coverage do you have?
HIKIND_4	[Medicaid] What kinds of health insurance or health care coverage do you have?
HIKIND_5	[Children's Health Insurance Program (CHIP)] What kinds of health insurance or health care coverage do you have?
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?
HIKIND_7	[Indian Health Service] What kinds of health insurance or health care coverage do you have?
HIKIND_8	[State-sponsored health plan] What kinds of health insurance or health care coverage do you have?
HIKIND_9	[Other government program] What kinds of health insurance or health care coverage do you have?
HIKIND_DK	[DON'T KNOW] What kinds of health insurance or health care coverage do you have?
HIKIND_REF	[REFUSED] What kinds of health insurance or health care coverage do you have?
HIKIND_SKP	[SKIPPED ON WEB] What kinds of health insurance or health care coverage do you have?
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?
HITLOOK	[To look for health or medical information.] During the past 12 months, have you used the Internet for any of the following reasons?
HITTEST	[To look up medical test results.] During the past 12 months, have you used the Internet for any of the following reasons?
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?
HOME_TYPE	Type of building of panelists' residence
HOUSING	Home Ownership
HYP12M	During the past 12 months, have you had

Variable	Description
HYPDIF	hypertension or high blood pressure? Were you told on two or more different visits that you had hypertension or high blood pressure?
HYPEV	[Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had...
HYPMED	Are you now taking any medication prescribed by a doctor for your high blood pressure?
INCOME	Household Income
INSULT_18	How often did a parent or adult in your home ever swear at you, insult you, or put you down?
INS_DIBEV	DATA ONLY: Inserted Text for DIBEV Based on Gender, PREDIB, and GESDIB
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home
LastQuestionFilled	Last question filled
MARITAL	Marital Status
MAXDRNKS	During the past 30 days, what is the largest number of drinks you had on any occasion?
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?
METRO	Metropolitan area flag
MIEV	[A heart attack, also called myocardial infarction?] Have you ever been told by a doctor or other health professional that you had...
MODE_PREF	Panelist Profile Variable: Panelist's Self-Selected Survey Mode Preference
NHIS_TEST	Did you ever take a test that showed you had coronavirus or COVID-19?
ONS_IMPACT	Does this reduce your ability to carry out day-to-day activities compared to the time before you had COVID-19?
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?
PHONESERVICE	Telephone service for the household
PHQ_A	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems?
PHQ_B	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by the following problems?
PHQ_TOTALTIME	DATA ONLY: Total time for PHQ (in seconds)

Variable	Description
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?
PREDIB	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?
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?
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?
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?
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?
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?
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?
PROBE_ANX_7	[Some other way, please specify:] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE_ANX_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE_ANX_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE_ANX_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being nervous or anxious?
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?
PROBE_DEP_2	[The feelings sometimes interfere with

Variable	Description
PROBE_DEP_3	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?
PROBE_DEP_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?
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?
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?
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?
PROBE_DEP_7	[Some other way, please specify:] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE_DEP_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE_DEP_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE_DEP_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE_GENDERID_NUM	[NUMERIC CODE] Please list some things that you associate with being
PROBE_GENDERID_TEXT	[PROBE_GENDERID_TEXT]? DATA ONLY: Inserted Text for PROBE_GENDERID based on GENDER_ID/SINGLE_GEN Original and Reask Questions
PROBE_LONG_NHIS_NUM	[NUMERIC CODE] When answering the previous question, which symptoms were you specifically thinking about?
PROBE_LONG_ONS_NUM	[NUMERIC CODE] When answering the previous question, which symptoms were you specifically thinking about?
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?
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

Variable	Description
PROBE_SAAB_REF_3	original birth certificate. Can you tell us why? [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?
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?
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?
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?
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?
PROBE_SAAB_REF_SKP	[SKIPPED ON WEB] You [didn't answer/didn't know] what sex you were assigned at birth, on your original birth certificate. Can you tell us why?
PROBE_SEXID	What do you mean by 'something else'?
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?
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?
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?
PROBE_VAX_3	[Speed of development] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
PROBE_VAX_4	[Government approval process] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
PROBE_VAX_5	[Personal risk of getting vaccinated] When answering the previous question about your hesitance towards the

Variable	Description
PROBE_VAX_6	COVID-19 vaccines, which [...] were you thinking about? [Risk of contracting COVID-19] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
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?
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?
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?
PROBE_VAX_DK	[DON'T KNOW] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
PROBE_VAX_REF	[REFUSED] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
PROBE_VAX_SKP	[SKIPPED ON WEB] When answering the previous question about your hesitance towards the COVID-19 vaccines, which [...] were you thinking about?
PROBE_VAX_TOTALTIME	DATA ONLY: Total time for PROBE_VAX (in seconds)
P_AINA_FLAG	DATA ONLY: Profile Data Flag for any American Indian / Native Alaskan Identification
P_GENEXP	Custom Preload: Administration of GENDER_ID vs SINGLE_GEN Gender Identification Questions
P_LONGCOVID	Custom Preload: Administration of NHIS vs ONS Long COVID Questions
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
QUAL	DATA-ONLY VARIABLE: QUAL
RACETHNICITY	Combined Race/Ethnicity
REGION4	4-level region
REGION9	9-level region
SAAB	What sex were you assigned at birth, on your original birth certificate?
SAAB_RE_1	What sex were you assigned at birth, on

Variable	Description
SAAB_RE_2	your original birth certificate? What sex were you assigned at birth, on your original birth certificate?
SAAB_TEXT_INSERT	DATA ONLY: Inserted text for GENDER_CONFIRM based on SAAB
SEXID	Which of the following best represents how you think of yourself?
SHTCVD191	Have you had at least one dose of a COVID-19 vaccination?
SHTCVD19NM	How many COVID-19 vaccinations have you received?
SHTFLU12M	During the past 12 months, have you had a flu vaccination?
SHTFLUM_MO	[MONTH] During what month and year did you receive your most recent flu vaccine?
SHTFLUM_YR	[YEAR] During what month and year did you receive your most recent flu vaccine?
SHTPNEUNB	How many pneumonia shots have you ever had?
SHTPNUEV	Have you ever had a pneumonia shot?
SINGLE_GEN_1	[Female] Which of the following do you identify as?
SINGLE_GEN_2	[Male] Which of the following do you identify as?
SINGLE_GEN_3	[Transgender, non-binary, or another gender] Which of the following do you identify as?
SINGLE_GEN_DK	[DON'T KNOW] Which of the following do you identify as?
SINGLE_GEN_REF	[REFUSED] Which of the following do you identify as?
SINGLE_GEN_RE_1	[Female] Which of the following do you identify as?
SINGLE_GEN_RE_2	[Male] Which of the following do you identify as?
SINGLE_GEN_RE_3	[Transgender, non-binary, or another gender] Which of the following do you identify as?
SINGLE_GEN_RE_DK	[DON'T KNOW] Which of the following do you identify as?
SINGLE_GEN_RE_REF	[REFUSED] Which of the following do you identify as?
SINGLE_GEN_RE_SKP	[SKIPPED ON WEB] Which of the following do you identify as?
SINGLE_GEN_SKP	[SKIPPED ON WEB] Which of the following do you identify as?
SMKEV	Have you smoked at least 100 cigarettes in your entire life?
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?
SOCSCLPAR	Because of a physical, mental [...] do you have difficulty participating in social activities such as visiting friends, attending clubs and meetings, or going

Variable	Description
SOCWRKLIM	to parties? Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?
STATE	State
STREV	[A stroke?] Have you ever been told by a doctor or other health professional that you had...
SUIC_HH	During the past 12 months, have you, or anyone in your home, experienced suicidal thoughts?
SURV_MODE	Survey interview mode (online or phone)
SYMP3MO	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?
SYMPNOW	Do you have symptoms now?
SYMPTOMS	How would you describe your coronavirus symptoms when they were at their worst?
SYMRECA	How long did it take for all of your head injury-related symptoms to go away after your most recent head injury?
SYMSTILL	Are you still experiencing any head injury-related symptoms after your most recent head injury?
S_BASEWEIGHT	DATA ONLY: Statistical Variable - Panel baseweight based on panel recruitment
S_INVPROB	DATA ONLY: Statistical Variable - Inverse probability of selection into specific study survey
S_INVPROB_WEB	DATA ONLY: Statistical Variable - Inverse probability of selection for Web-only panelists in study survey
S_NRFU	DATA ONLY: Statistical Variable - Numeric variable to identify NRFU status of panelist (1: NRFU, 0: Non-NRFU)
S_VPSU	DATA ONLY: Statistical Variable - Numeric variable to identify cluster of panelist
S_VSTRAT	DATA ONLY: Statistical Variable - Numeric variable to identify strata of panelist
S_VSTRAT_SAMP	DATA ONLY: Statistical Variable - Sampling strata (1-96)
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?
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?
TBICOUNT	During the past 12 months, how many head injuries did you have that caused you to

Variable	Description
TBIDX	experience these symptoms? Following your most recent head injury, did a medical professional diagnose you with a concussion or traumatic brain injury?
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?
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?
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?
TBIMOI_1	When you got your most recent head injury, which best describes how you got hurt?
TBIMOI_2	When you got your most recent head injury, which best describes how you got hurt?
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?
TBIWHRCHK	Where did the first evaluation for your most recent head injury by this health care professional take place?
TIMER_GENDER_CONFIRM_TOTALTIME	DATA ONLY: Total time for GENDER_CONFIRM (in seconds)
TIMER_GENDER_ID_RE_TOTALTIME	DATA ONLY: Total time for GENDER_ID_RE (in seconds)
TIMER_GENDER_ID_TOTALTIME	DATA ONLY: Total time for GENDER_ID (in seconds)
TIMER_PROBE_GENDERID_TOTALTIME	DATA ONLY: Total time for PROBE_GENDERID (in seconds)
TIMER_SAAB_RE_1_TOTALTIME	DATA ONLY: Total time for SAAB_RE_1 (in seconds)
TIMER_SAAB_RE_TOTALTIME_2	DATA ONLY: Total time for SAAB_RE_2 (in seconds)
TIMER_SAAB_TOTALTIME	DATA ONLY: Total time for SAAB (in seconds)
TIMER_SINGLE_GEN_RE_TOTALTIME	DATA ONLY: Total time for SINGLE_GEN_RE (in seconds)
TIMER_SINGLE_GEN_TOTALTIME	DATA ONLY: Total time for SINGLE_GEN (in seconds)
TM_END_AFFECT	Time End for Section: Affect
TM_END_BRAIN	Time End for Section: Traumatic Brain Injury
TM_END_CHRONIC	Time End for Section: Chronic Conditions

Variable	Description
TM_END_COVID	Time End for Section: COVID and Long COVID
TM_END_GENDER	Time End for Section: Gender
TM_END_GUN	Time End for Section: Firearms Safety
TM_END_HLTHBHV	Time End for Section: Health and Civic Behaviors
TM_END_IMMUN	Time End for Section: Immunization
TM_START_AFFECT	Time Start for Section: Affect
TM_START_BRAIN	Time Start for Section: Traumatic Brain Injury
TM_START_CHRONIC	Time Start for Section: Chronic Conditions
TM_START_COVID	Time Start for Section: COVID and Long COVID
TM_START_GENDER	Time Start for Section: Gender
TM_START_GUN	Time Start for Section: Firearms Safety
TM_START_HLTHBHV	Time Start for Section: Health and Civic Behaviors
TM_START_IMMUN	Time Start for Section: Immunization
USUALPL	Is there a place that you usually go to if you are sick and need health care?
VAX_HERD	Do you believe that getting vaccinated helps protect others from getting disease?
VAX_HES	Overall, how hesitant about vaccines in general would you consider yourself to be?
VAX_KNOW	Do you personally know anyone who has had a serious, long-term side effect from a vaccine?
VAX_MD	Is your doctor or health provider your most trusted source of information about vaccines?
VAX_RISK	How confident are you that the benefits of vaccines outweigh their risks?
VAX_SIDE	Have you ever had concerns about serious, long-term side effects that impacted your decision to get vaccinated?
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?
WEIGHT	Post-stratification weights - 18+ General Population (N=6,821)
WEIGHT_CALIBRATED	WEIGHT variable, calibrated by NCHS
WORKMISS	Did you miss any work or school due to your most recent head injury?
WORKMISSA	How many days did you miss any work or school due to your most recent head injury?
duration	Time spent in survey, in minutes
samp_strat	Sample stratum