

| Variable | Description |
|--------------------|--|
| ACCSHOM | Do you have access to the Internet from your home? |
| ACCSINT | 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) |
| SEX | Respondent sex |
| 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 HOUSING | Type of building of panelists' residence 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 Sex, 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? [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 |