

***Data Set Name: diuretic.sas7bdat***

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Label</b>
1	id	Num	8	repository master_id
2	diuretic01	Num	8	

*Data Set Name: repositmain2.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	id	Num	8			Master ID
2	strata	Num	8			Strata
3	psunit	Num	8			Primary Sampling Unit
4	MASTER_ID	Char	6	\$6.	\$6.	MASTER_ID
5	EVENT	Char	4	\$4.	\$4.	FOIA: A2a. BACH survey event
6	VISIT	Char	2	\$2.	\$2.	FOIA: A2b. BACH survey visit number
7	GENDER	Num	8	X4101F.	3.	FOIA: A5. Sex of respondent
8	LANG_ENSP	Num	8	X4085F.	3.	FOIA: A6. Language
9	LOCATION	Num	8	X4092F.	3.	FOIA: A7. Location
10	SF01	Num	8	X4086F.	3.	FOIA: B1. In general, would you say your health is
11	SF02	Num	8	X4130F.	3.	FOIA: B2a. Moderate activities
12	SF03	Num	8	X4130F.	3.	FOIA: B2b. Climbing several flights of stairs
13	SF04	Num	8	X4133F.	3.	FOIA: B3a. Accomplished less than you would like (physical)
14	SF05	Num	8	X4133F.	3.	FOIA: B3b. Were limited in the kind of work or other activities
15	SF06	Num	8	X4133F.	3.	FOIA: B4a. Accomplished less than you would like (emotional)
16	SF07	Num	8	X4133F.	3.	FOIA: B4b. Didn't do work or other activities as carefully as usual
17	SF08	Num	8	X4108F.	3.	FOIA: B5. How much did pain interfere with your normal work
18	SF09	Num	8	X4106F.	3.	FOIA: B6a. Have you felt calm and peaceful
19	SF10	Num	8	X4106F.	3.	FOIA: B6b. Did you have a lot of energy
20	SF11	Num	8	X4106F.	3.	FOIA: B6c. Have you felt downhearted and blue
21	SF12	Num	8	X4107F.	3.	FOIA: B7. How much have physical or emotional problems interfered
22	CONDEVR	Num	8	X4133F.	3.	FOIC: D1a. Ever used condoms, including female condoms
23	CONDNOW	Num	8	X4133F.	3.	FOIC: D1ai. Are you and your partner currently using this method
24	DIAPHEVR	Num	8	X4133F.	3.	FOIC: D1b. Ever used a diaphragm
25	DIAPHNOW	Num	8	X4133F.	3.	FOIC: D1bi. Are you or your partner currently using this method
26	BARREVR	Num	8	X4133F.	3.	FOIC: D1c. Ever used some other barrier method
27	BARRNOW	Num	8	X4133F.	3.	FOIC: D1ci. Are you or your partner currently using this method
28	FOAMEVR	Num	8	X4133F.	3.	FOIC: D1d. Ever used foams
29	FOAMNOW	Num	8	X4133F.	3.	FOIC: D1di. Are you or your partner currently using this method
30	BCPNOW	Num	8	X4129F.	3.	FOIC: D2a. Birth control pills
31	BCPAGE	Num	8	X4140F.	3.	FOIC: D2ai. How old were you when you began using
32	BCPDUR	Num	8	X4140F.	3.	FOIC: D2aii. For how long altogether have you used
33	BCPUNT	Num	8	X4103F.	3.	FOIC: D2aiii. Units
34	BCINOW	Num	8	X4129F.	3.	FOIC: D2b. Injections for birth control
35	BCIAGE	Num	8	X4140F.	3.	FOIC: D2bi. How old were you when you began using
36	BCIDUR	Num	8	X4140F.	3.	FOIC: D2bii. For how long altogether have you used

Num	Variable	Type	Len	Format	Informat	Label
37	BCIUNT	Num	8	X4103F.	3.	FOIC: D2biii. Units
38	NORPNOW	Num	8	X4129F.	3.	FOIC: D2c. Norplant
39	NORPAGE	Num	8	X4140F.	3.	FOIC: D2ci. How old were you when you began using
40	NORPDUR	Num	8	X4140F.	3.	FOIC: D2cii. For how long altogether have you used
41	NORPUNT	Num	8	X4103F.	3.	FOIC: D2ciii. Units
42	IUDNOW	Num	8	X4129F.	3.	FOIC: D2d. Intrauterine device
43	IUDAGE	Num	8	X4140F.	3.	FOIC: D2di. How old were you when you began using
44	IUDDUR	Num	8	X4140F.	3.	FOIC: D2dii. For how long altogether have you used
45	IUDUNT	Num	8	X4103F.	3.	FOIC: D2diii. Units
46	RINGNOW	Num	8	X4129F.	3.	FOIC: D2e. Vaginal ring
47	RINGAGE	Num	8	X4140F.	3.	FOIC: D2ei. How old were you when you began using
48	RINGDUR	Num	8	X4140F.	3.	FOIC: D2eii. For how long altogether have you used
49	RINGUNT	Num	8	X4103F.	3.	FOIC: D2eiii. Units
50	TUGNOW	Num	8	X4129F.	3.	FOIC: D2f. Tubal ligation
51	TUGAGE	Num	8	X4140F.	3.	FOIC: D2fi. How old were you when you began using
52	TUGDUR	Num	8	X4140F.	3.	FOIC: D2fii. For how long altogether have you used
53	TUGUNT	Num	8	X4103F.	3.	FOIC: D2fiii. Units
54	WT25	Num	8	X4140F.	4.	FOID: E1a. How much did you weigh at 25 years of age
55	WT25UNIT	Num	8	X4094F.	3.	FOID: E1b. Units
56	MXWT	Num	8	X4140F.	4.	FOID: E2a. What is the most you have ever weighed
57	MXWTUNIT	Num	8	X4094F.	3.	FOID: E2b. Units
58	DIAB1	Num	8	X4134F.	3.	FOID: E3a. Insulin-dependent or juvenile onset diabetes
59	DIAB1TX	Num	8	X4131F.	3.	FOID: E3ai. Have you ever or are you currently receiving treatment
60	DIAB1AGE	Num	8	X4140F.	3.	FOID: E3aii. How old were you when you were first told
61	DIAB2	Num	8	X4134F.	3.	FOID: E3b. Non-insulin-dependent or adult-onset diabetes
62	DIAB2TX	Num	8	X4131F.	3.	FOID: E3bi. Have you ever or are you currently receiving treatment
63	DIAB2AGE	Num	8	X4140F.	3.	FOID: E3bii. How old were you when you were first told
64	SUGAR	Num	8	X4134F.	3.	FOID: E3c. Elevated blood sugar
65	SUGARTX	Num	8	X4131F.	3.	FOID: E3ci. Have you ever or are you currently receiving treatment
66	SUGARAGE	Num	8	X4140F.	3.	FOID: E3cii. How old were you when you were first told
67	ASTHMA	Num	8	X4134F.	3.	FOID: E3d. Asthma
68	ASTHMATX	Num	8	X4131F.	3.	FOID: E3di. Have you ever or are you currently receiving treatment
69	ASTHMAGE	Num	8	X4140F.	3.	FOID: E3dii. How old were you when you were first told
70	CLUNG	Num	8	X4134F.	3.	FOID: E3e. Chronic lung disease
71	CLUNGTX	Num	8	X4131F.	3.	FOID: E3ei. Have you ever or are you currently receiving treatment
72	CLUNGAGE	Num	8	X4140F.	3.	FOID: E3eii. How old were you when you were first told
73	ALLERGY	Num	8	X4134F.	3.	FOID: E3f. Allergies or eczema
74	ALLERTX	Num	8	X4131F.	3.	FOID: E3fi. Have you ever or are you currently receiving treatment
75	ALLERAGE	Num	8	X4140F.	3.	FOID: E3fii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
76	CABG	Num	8	X4134F.	3.	FOID: E3g. Coronary artery bypass or angioplasty
77	CABGTX	Num	8	X4131F.	3.	FOID: E3gi. Have you ever or are you currently receiving treatment
78	CABGAGE	Num	8	X4140F.	3.	FOID: E3gii. How old were you when you were first told
79	MI	Num	8	X4134F.	3.	FOID: E3h. Heart attack
80	MITX	Num	8	X4131F.	3.	FOID: E3hi. Have you ever or are you currently receiving treatment
81	MIAGE	Num	8	X4140F.	3.	FOID: E3hii. How old were you when you were first told
82	ANGINA	Num	8	X4134F.	3.	FOID: E3i. Angina pectoris
83	ANGNATX	Num	8	X4131F.	3.	FOID: E3ii. Have you ever or are you currently receiving treatment
84	ANGNAAGE	Num	8	X4140F.	3.	FOID: E3iii. How old were you when you were first told
85	ARRHYTH	Num	8	X4134F.	3.	FOID: E3j. An irregular heartbeat or arrhythmia
86	ARRTX	Num	8	X4131F.	3.	FOID: E3ji. Have you ever or are you currently receiving treatment
87	ARRAGE	Num	8	X4140F.	3.	FOID: E3jii. How old were you when you were first told
88	CHF	Num	8	X4134F.	3.	FOID: E3k. Congestive heart failure
89	CHFTX	Num	8	X4131F.	3.	FOID: E3ki. Have you ever or are you currently receiving treatment
90	CHFAGE	Num	8	X4140F.	3.	FOID: E3kii. How old were you when you were first told
91	TIA	Num	8	X4134F.	3.	FOID: E3l. TIA or mild stroke
92	TIATX	Num	8	X4131F.	3.	FOID: E3li. Have you ever or are you currently receiving treatment
93	TIAAGE	Num	8	X4140F.	3.	FOID: E3lii. How old were you when you were first told
94	STROKE	Num	8	X4134F.	3.	FOID: E3m. Stroke
95	STROKTX	Num	8	X4131F.	3.	FOID: E3mi. Have you ever or are you currently receiving treatment
96	STROKAGE	Num	8	X4140F.	3.	FOID: E3mii. How old were you when you were first told
97	CAS	Num	8	X4134F.	3.	FOID: E3n. Carotid artery surgery
98	CASTX	Num	8	X4131F.	3.	FOID: E3ni. Have you ever or are you currently receiving treatment
99	CASAGE	Num	8	X4140F.	3.	FOID: E3nii. How old were you when you were first told
100	CLAUD	Num	8	X4134F.	3.	FOID: E3o. Intermittent claudication
101	CLAUDTX	Num	8	X4131F.	3.	FOID: E3oi. Have you ever or are you currently receiving treatment
102	CLAUDAGE	Num	8	X4140F.	3.	FOID: E3oii. How old were you when you were first told
103	SPVD	Num	8	X4134F.	3.	FOID: E3p. PVD Surgery
104	SPVDTX	Num	8	X4131F.	3.	FOID: E3pi. Have you ever or are you currently receiving treatment
105	SPVDAGE	Num	8	X4140F.	3.	FOID: E3pii. How old were you when you were first told
106	PULMEMB	Num	8	X4134F.	3.	FOID: E3q. Pulmonary embolus
107	PULMTX	Num	8	X4131F.	3.	FOID: E3qi. Have you ever or are you currently receiving treatment
108	PULMAGE	Num	8	X4140F.	3.	FOID: E3qii. How old were you when you were first told
109	ANEUR	Num	8	X4134F.	3.	FOID: E3r. Aortic aneurysm
110	ANEURTX	Num	8	X4131F.	3.	FOID: E3ri. Have you ever or are you currently receiving treatment
111	ANEURAGE	Num	8	X4140F.	3.	FOID: E3rii. How old were you when you were first told
112	HRD	Num	8	X4134F.	3.	FOID: E3s. Heart-rhythm disturbance
113	HRDTX	Num	8	X4131F.	3.	FOID: E3si. Have you ever or are you currently receiving treatment
114	HRDAGE	Num	8	X4140F.	3.	FOID: E3sii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
115	DVT	Num	8	X4134F.	3.	FOID: E3t. Deep vein thrombosis
116	DVTTX	Num	8	X4131F.	3.	FOID: E3ti. Have you ever or are you currently receiving treatment
117	DVTAGE	Num	8	X4140F.	3.	FOID: E3tii. How old were you when you were first told
118	RAYNAUDS	Num	8	X4134F.	3.	FOID: E3u. Raynauds disease
119	RAYNTX	Num	8	X4131F.	3.	FOID: E3ui. Have you ever or are you currently receiving treatment
120	RAYNAGE	Num	8	X4140F.	3.	FOID: E3uii. How old were you when you were first told
121	PVD	Num	8	X4134F.	3.	FOID: E3v. Peripheral vascular disease
122	PVDTX	Num	8	X4131F.	3.	FOID: E3vi. Have you ever or are you currently receiving treatment
123	PVDAGE	Num	8	X4140F.	3.	FOID: E3vii. How old were you when you were first told
124	CHOLEST	Num	8	X4134F.	3.	FOID: E3w. High cholesterol
125	CHOLTX	Num	8	X4131F.	3.	FOID: E3wi. Have you ever or are you currently receiving treatment
126	CHOLAGE	Num	8	X4140F.	3.	FOID: E3wii. How old were you when you were first told
127	HBP	Num	8	X4134F.	3.	FOID: E3x. High blood pressure
128	HBPTX	Num	8	X4131F.	3.	FOID: E3xi. Have you ever or are you currently receiving treatment
129	HBPAGE	Num	8	X4140F.	3.	FOID: E3xii. How old were you when you were first told
130	KIDNEY	Num	8	X4134F.	3.	FOID: E3y. Kidney disease
131	KIDNTX	Num	8	X4131F.	3.	FOID: E3yi. Have you ever or are you currently receiving treatment
132	KIDNAGE	Num	8	X4140F.	3.	FOID: E3yii. How old were you when you were first told
133	ARTHR	Num	8	X4134F.	3.	FOID: E3z. Arthritis or rheumatism
134	ARTHRTX	Num	8	X4131F.	3.	FOID: E3zi. Have you ever or are you currently receiving treatment
135	ARTHORAGE	Num	8	X4140F.	3.	FOID: E3zii. How old were you when you were first told
136	OSTEOP	Num	8	X4134F.	3.	FOID: E3aa. Osteoporosis
137	OSTEOTX	Num	8	X4131F.	3.	FOID: E3aai. Have you ever or are you currently receiving treatment
138	OSTEOAGE	Num	8	X4140F.	3.	FOID: E3aaii. How old were you when you were first told
139	CANCER1	Num	8	X4134F.	3.	FOID: E3dd. Cancer
140	CANC1SPC	Char	40	\$40.	\$40.	FOID: E3dd1. Specify cancer
141	CANC1TX	Num	8	X4131F.	3.	FOID: E3ddi. Have you ever or are you currently receiving treatment
142	CANC1AGE	Num	8	X4140F.	3.	FOID: E3ddii. How old were you when you were first told
143	CANCER2	Num	8	X4134F.	3.	FOID: E3ee. 2nd Cancer
144	CANC2SPC	Char	40	\$40.	\$40.	FOID: E3ee1. Specify 2nd cancer
145	CANC2TX	Num	8	X4131F.	3.	FOID: E3eei. Have you ever or are you currently receiving treatment
146	CANC2AGE	Num	8	X4140F.	3.	FOID: E3eeii. How old were you when you were first told
147	CANCER3	Num	8	X4134F.	3.	FOID: E3ff. 3rd Cancer
148	CANC3SPC	Char	40	\$40.	\$40.	FOID: E3ff1. Specify 3rd cancer
149	CANC3TX	Num	8	X4131F.	3.	FOID: E3ffi. Have you ever or are you currently receiving treatment
150	CANC3AGE	Num	8	X4140F.	3.	FOID: E3ffii. How old were you when you were first told
151	GDIAB	Num	8	X4134F.	3.	FOID: E3gg. Gestational diabetes
152	GDIABTX	Num	8	X4131F.	3.	FOID: E3ggi. Have you ever or are you currently receiving treatment
153	GDIABAGE	Num	8	X4140F.	3.	FOID: E3ggii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
154	ENDOMET	Num	8	X4134F.	3.	FOID: E3hh. Endometriosis
155	ENDOTX	Num	8	X4131F.	3.	FOID: E3hhi. Have you ever or are you currently receiving treatment
156	ENDOAGE	Num	8	X4140F.	3.	FOID: E3hhii. How old were you when you were first told
157	PID	Num	8	X4134F.	3.	FOID: E3.ii. Pelvic inflammatory disease
158	PIDTX	Num	8	X4131F.	3.	FOID: E3.iii. Have you ever or are you currently receiving treatment
159	PIDAGE	Num	8	X4140F.	3.	FOID: E3.iiii. How old were you when you were first told
160	CYST	Num	8	X4134F.	3.	FOID: E3jj. Ovarian cyst
161	CYSTTX	Num	8	X4131F.	3.	FOID: E3jji. Have you ever or are you currently receiving treatment
162	CYSTAGE	Num	8	X4140F.	3.	FOID: E3jjii. How old were you when you were first told
163	PCOS	Num	8	X4134F.	3.	FOID: E3kk. Polycystic ovarian syndrome
164	PCOSTX	Num	8	X4131F.	3.	FOID: E3kki. Have you ever or are you currently receiving treatment
165	PCOSAGE	Num	8	X4140F.	3.	FOID: E3kkii. How old were you when you were first told
166	FIBROID	Num	8	X4134F.	3.	FOID: E3ll. Uterine fibroids
167	FIBRTX	Num	8	X4131F.	3.	FOID: E3lli. Have you ever or are you currently receiving treatment
168	FIBRAGE	Num	8	X4140F.	3.	FOID: E3llii. How old were you when you were first told
169	PUTERUS	Num	8	X4134F.	3.	FOID: E3mm. Prolapsed uterus
170	PUTETX	Num	8	X4131F.	3.	FOID: E3mmi. Have you ever or are you currently receiving treatment
171	PUTEAGE	Num	8	X4140F.	3.	FOID: E3mmii. How old were you when you were first told
172	PBLADDER	Num	8	X4134F.	3.	FOID: E3nn. Prolapsed bladder
173	PBLATX	Num	8	X4131F.	3.	FOID: E3nni. Have you ever or are you currently receiving treatment
174	PBLAAGE	Num	8	X4140F.	3.	FOID: E3nnii. How old were you when you were first told
175	NBLADDER	Num	8	X4133F.	3.	FOIE: E4a. Ever been told you had a problem with your bladder
176	CATHETER	Num	8	X4133F.	3.	FOIE: E4b. Ever been instructed to use a catheter
177	PERMCATH	Num	8	X4133F.	3.	FOIE: E4b1. Was it an in-dwelling or permanent catheter
178	UTI_KI	Num	8	X4133F.	3.	FOIE: E4c. Ever been told you had a bladder or kidney infection
179	UT12MO	Num	8	X4140F.	3.	FOIE: E4c1. Times diagnosed with bladder infection in the last 12 months
180	UTIEVR	Num	8	X4140F.	3.	FOIE: E4c2. Times diagnosed with bladder infection in your lifetime
181	KI12MO	Num	8	X4140F.	3.	FOIE: E4c3. Times diagnosed with kidney infection in the last 12 months
182	KIEVR	Num	8	X4140F.	3.	FOIE: E4c4. Times diagnosed with kidney infection in your lifetime
183	HIP	Num	8	X4133F.	3.	FOIE: E5a. Hip
184	HIPTIME	Num	8	X4140F.	3.	FOIE: E5ai. Times (hip)
185	HIPAGE	Num	8	X4140F.	3.	FOIE: E5aii. Age (hip)
186	HIPWHY	Num	8	X4079F.	3.	FOIE: E5aiii. Why (hip)
187	WRIST	Num	8	X4133F.	3.	FOIE: E5b. Wrist
188	WRISTIME	Num	8	X4140F.	3.	FOIE: E5bi. Times (wrist)
189	WRISAGE	Num	8	X4140F.	3.	FOIE: E5bii. Age (wrist)
190	WRISWHY	Num	8	X4079F.	3.	FOIE: E5biii. Why (wrist)

Num	Variable	Type	Len	Format	Informat	Label
191	SPINE	Num	8	X4133F.	3.	FOIE: E5c. Spine
192	SPNETIME	Num	8	X4140F.	3.	FOIE: E5ci. Times (spine)
193	SPNEAGE	Num	8	X4140F.	3.	FOIE: E5cii. Age (spine)
194	SPNEWHY	Num	8	X4079F.	3.	FOIE: E5ciii. Why (spine)
195	CANCFHX	Num	8	X4133F.	3.	FOIE: E6a. Cancer (is none circled)
196	CANCMMA	Num	8	X4134F.	3.	FOIE: E6ai. Mother (cancer)
197	CANCMAGE	Num	8	X4140F.	4.	FOIE: E6a1i. Mother's age (cancer)
198	CNCM1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1i. Mother's type (cancer)
199	CNCM2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2i. Mother's second type (cancer)
200	CNCM3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3i. Mother's third type (cancer)
201	CANCPA	Num	8	X4134F.	3.	FOIE: E6aia. Father (cancer)
202	CANCFAGE	Num	8	X4140F.	4.	FOIE: E6a1ii. Father's age (cancer)
203	CNCF1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1ii. Father's type (cancer)
204	CNCF2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2ii. Father's second type (cancer)
205	CNCF3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3ii. Father's third type (cancer)
206	CANCSIS	Num	8	X4134F.	3.	FOIE: E6aiii. Sister (cancer)
207	CANCSAGE	Num	8	X4140F.	4.	FOIE: E6a1iii. Sister's age (cancer)
208	CNCS1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1iii. Sister's type (cancer)
209	CNCS2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2iii. Sister's second type (cancer)
210	CNCS3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3iii. Sister's third type (cancer)
211	CANCBRO	Num	8	X4134F.	3.	FOIE: E6aiv. Brother (cancer)
212	CANCBAGE	Num	8	X4140F.	4.	FOIE: E6a1iv. Brother's age (cancer)
213	CNCB1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1iv. Brother's type (cancer)
214	CNCB2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2iv. Brother's second type (cancer)
215	CNCB3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3iv. Brother's third type (cancer)
216	CANCKID	Num	8	X4134F.	3.	FOIE: E6av. Child (cancer)
217	CANCKAGE	Num	8	X4140F.	4.	FOIE: E6a1v. Child's age (cancer)
218	CNCK1TYP	Char	40	\$40.	\$40.	FOIE: E6a2.1v. Child's type (cancer)
219	CNCK2TYP	Char	40	\$40.	\$40.	FOIE: E6a2.2v. Child's second type (cancer)
220	CNCK3TYP	Char	40	\$40.	\$40.	FOIE: E6a2.3v. Child's third type (cancer)
221	DIABFHX	Num	8	X4133F.	3.	FOIE: E6b. Diabetes (is none circled)
222	DIABMA	Num	8	X4134F.	4.	FOIE: E6bi. Mother (diabetes)
223	DIAMAGE	Num	8	X4140F.	3.	FOIE: E6b1i. Mother's age (diabetes)
224	DIABPA	Num	8	X4134F.	3.	FOIE: E6bii. Father (diabetes)
225	DIAFAGE	Num	8	X4140F.	4.	FOIE: E6b1ii. Father's age (diabetes)
226	DIABSI	Num	8	X4134F.	3.	FOIE: E6biii. Sister (diabetes)
227	DIASAGE	Num	8	X4140F.	4.	FOIE: E6b1iii. Sister's age (diabetes)
228	DIABBRO	Num	8	X4134F.	3.	FOIE: E6biv. Brother (diabetes)
229	DIABAGE	Num	8	X4140F.	4.	FOIE: E6b1iv. Brother's age (diabetes)

Num	Variable	Type	Len	Format	Informat	Label
230	DIABKID	Num	8	X4134F.	3.	FOIE: E6bv. Child (diabetes)
231	DIAKAGE	Num	8	X4140F.	4.	FOIE: E6b1v. Child's age (diabetes)
232	MIFHX	Num	8	X4133F.	3.	FOIE: E6c. Heart attack (is non circled)
233	MIMA	Num	8	X4134F.	3.	FOIE: E6ci. Mother (heart attack)
234	MIMAGE	Num	8	X4140F.	4.	FOIE: E6c1i. Mother's age (heart attack)
235	MIPA	Num	8	X4134F.	3.	FOIE: E6cii. Father (heart attack)
236	MIFAGE	Num	8	X4140F.	4.	FOIE: E6c1ii. Father's age (heart attack)
237	MISIS	Num	8	X4134F.	3.	FOIE: E6ciii. Sister (heart attack)
238	MISAGE	Num	8	X4140F.	4.	FOIE: E6c1iii. Sister's age (heart attack)
239	MIBRO	Num	8	X4134F.	3.	FOIE: E6civ. Brother (heart attack)
240	MIBAGE	Num	8	X4140F.	4.	FOIE: E6c1iv. Brother's age (heart attack)
241	MIKID	Num	8	X4134F.	3.	FOIE: E6cv. Child (heart attack)
242	MIKAGE	Num	8	X4140F.	4.	FOIE: E6c1v. Child's age (heart attack)
243	STROKFHX	Num	8	X4133F.	3.	FOIE: E6d. Stroke (is none circled)
244	STRMA	Num	8	X4134F.	3.	FOIE: E6di. Mother (stroke)
245	STRMAGE	Num	8	X4140F.	4.	FOIE: E6d1i. Mother's age (stroke)
246	STRPA	Num	8	X4134F.	3.	FOIE: E6dii. Father (stroke)
247	STRFAGE	Num	8	X4140F.	4.	FOIE: E6d1ii. Father's age (stroke)
248	STRSIS	Num	8	X4134F.	3.	FOIE: E6diii. Sister (stroke)
249	STRSAGE	Num	8	X4140F.	4.	FOIE: E6d1iii. Sister's age (stroke)
250	STRBRO	Num	8	X4134F.	3.	FOIE: E6div. Brother (stroke)
251	STRBAGE	Num	8	X4140F.	4.	FOIE: E6d1iv. Brother's age (stroke)
252	STRKID	Num	8	X4134F.	3.	FOIE: E6dv. Child (stroke)
253	STRKAGE	Num	8	X4140F.	4.	FOIE: E6d1v. Child's age (stroke)
254	TIMEHCP	Num	8	X4140F.	4.	FOIE: E7. How many times did you see a health care provider?
255	HCPURG	Num	8	X4133F.	3.	FOIE: E8a. An urgent (acute) problem
256	HCPROUT	Num	8	X4133F.	3.	FOIE: E8b. A routine visit for an ongoing problem
257	HCPFLARE	Num	8	X4133F.	3.	FOIE: E8c. A flare-up of an ongoing problem
258	HCPSURG	Num	8	X4133F.	3.	FOIE: E8d. Pre- or post-surgery/injury care
259	HCPOTH	Num	8	X4133F.	3.	FOIE: E8e. Non-illness care
260	LASTHCP	Num	8	X4074F.	3.	FOIE: E9. When did you last see a health care provider
261	REGCARE	Num	8	X4133F.	3.	FOIE: E10a. Do you go for regular care
262	OUTPAT	Num	8	X4133F.	3.	FOIE: E10a1. An outpatient clinic or doctor's office
263	HMO	Num	8	X4133F.	3.	FOIE: E10a2. An HMO
264	HOSPER	Num	8	X4133F.	3.	FOIE: E10a3. A hospital emergency room
265	HOUTPAT	Num	8	X4133F.	3.	FOIE: E10a4. A hospital outpatient clinic
266	PRIVINS	Num	8	X4133F.	3.	FOIE: E11a. Private insurance from your or your partner's employer
267	MEDICAID	Num	8	X4133F.	3.	FOIE: E11b. Medicaid
268	MEDICARE	Num	8	X4133F.	3.	FOIE: E11c. Medicare

Num	Variable	Type	Len	Format	Informat	Label
269	WORKCOMP	Num	8	X4133F.	3.	FOIE: E11d. Worker's compensation
270	SELPAY	Num	8	X4133F.	3.	FOIE: E11e. Insurance you purchased entirely by yourself
271	MILHEALT	Num	8	X4133F.	3.	FOIE: E11f. TriCare Military Health
272	PREECARE	Num	8	X4133F.	3.	FOIE: E11g. Free care at a particular clinic or hospital
273	OTHINS	Num	8	X4133F.	3.	FOIE: E11h. Some other type of insurance
274	HMONS	Num	8	X4133F.	3.	FOIE: E11i. Health Maintenance Organization
275	HMOPAY	Num	8	X4136F.	3.	FOIE: E11i2. Is your HMO primarily paid for by
276	ANYINS	Num	8	X4133F.	3.	FOIE: E11j. Any health insurance
277	SKCARE1	Num	8	X4089F.	3.	FOIE: E12a. Pain or burning in your bladder
278	SKCARE2	Num	8	X4089F.	3.	FOIE: E12b. Needing to wear a pad
279	SKCARE3	Num	8	X4089F.	3.	FOIE: E12c. Chronic pain in your pelvic area
280	SKCARE4	Num	8	X4089F.	3.	FOIE: E12d. Noticing a decline in your interest in sex
281	SKCARE5	Num	8	X4089F.	3.	FOIE: E12e. Being told that a sibling had been diagnosed with diabetes
282	SKCARE6	Num	8	X4089F.	3.	FOIE: E12f. Finding you have to urinate frequently
283	SKCARE7	Num	8	X4089F.	3.	FOIE: E12g. Difficulty obtaining or maintaining an erection
284	SKCARE8	Num	8	X4089F.	3.	FOIE: E12h. Pain or discomfort in you perineum
285	ROSE1	Num	8	X4133F.	3.	FOIE: E13a. Have you ever had pain or discomfort in your chest
286	ROSE2	Num	8	X4133F.	3.	FOIE: E13b. Do you get this pain or discomfort when you walk uphill
287	ROSE3	Num	8	X4133F.	3.	FOIE: E13c. Do you get it when you walk at an ordinary pace
288	ROSE4	Num	8	X4117F.	3.	FOIE: E13d. When you get any pain or discomfort, what do you do
289	ROSE5	Num	8	X4133F.	3.	FOIE: E13e. Does it go away if you stand still
290	ROSE6	Num	8	X4073F.	3.	FOIE: E13e1. How quickly does it go away
291	ROSE7	Num	8	X4133F.	3.	FOIE: E13f1. Sternum (upper or middle)
292	ROSE8	Num	8	X4133F.	3.	FOIE: E13f2. Sternum (lower)
293	ROSE9	Num	8	X4133F.	3.	FOIE: E13f3. Left anterior chest
294	ROSE10	Num	8	X4133F.	3.	FOIE: E13f4. Left arm
295	ROSE11	Num	8	X4133F.	3.	FOIE: E13f5. Other
296	ROSE12	Num	8	X4133F.	3.	FOIE: E14. Have you ever had severe pain across the front of your chest
297	ROSE13	Num	8	X4133F.	3.	FOIE: E15a. Do you get pain in either leg when walking
298	ROSE14	Num	8	X4133F.	3.	FOIE: E15b. Does this pain ever begin when you are standing still
299	ROSE15	Num	8	X4133F.	3.	FOIE: E15c. Do you get this pain in your calf
300	ROSE16	Num	8	X4133F.	3.	FOIE: E15d. Do you get it when you walk uphill
301	ROSE17	Num	8	X4133F.	3.	FOIE: E15e. Do you get it when you walk at an ordinary pace
302	ROSE18	Num	8	X4133F.	3.	FOIE: E15f. Does the pain ever disappear while you are still walking
303	ROSE19	Num	8	X4116F.	3.	FOIE: E15g. What do you do if you get it when you are walking
304	ROSE20	Num	8	X4081F.	3.	FOIE: E15h. What usually happens if you stand still
305	SITTING	Num	8	X4051F.	3.	FOIE: F1a. How often did you (participate in sitting)

Num	Variable	Type	Len	Format	Informat	Label
306	SITDUR	Num	8	X4096F.	3.	FOIE: F1ai. How many hours per day (participate in sitting)
307	WALK	Num	8	X4051F.	3.	FOIE: F1b. How often did you (take a walk)
308	WALKDUR	Num	8	X4096F.	3.	FOIE: F1bi. How many hours per day (take a walk)
309	LTSPORT	Num	8	X4051F.	3.	FOIE: F1c. How often did you (engage in light sport)
310	LTSPDUR	Num	8	X4096F.	3.	FOIE: F1ci. How many hours per day (engage in light sport)
311	MDSPORT	Num	8	X4051F.	3.	FOIE: F1d. How often did you (engage in moderate sport)
312	MDSPDUR	Num	8	X4096F.	3.	FOIE: F1di. How many hours per day (engage in moderate sport)
313	STSPORT	Num	8	X4051F.	3.	FOIE: F1e. How often did you (engage in strenuous sport)
314	STSPDUR	Num	8	X4096F.	3.	FOIE: F1ei. How many hours per day (engage in strenuous sport)
315	STRENGTH	Num	8	X4051F.	3.	FOIE: F1f. How often did you (exercise to increase strength)
316	STRENDUR	Num	8	X4096F.	3.	FOIE: F1fi. How many hours per day (exercise to increase strength)
317	LTHSWORK	Num	8	X4133F.	3.	FOIE: F2. Have you done any light housework
318	HVHSWORK	Num	8	X4133F.	3.	FOIE: F3. Have you done any heavy housework
319	HOMEREP	Num	8	X4133F.	3.	FOIE: F4a. Home repairs
320	LAWNWORK	Num	8	X4133F.	3.	FOIE: F4b. Lawn work or yard care
321	GARDEN	Num	8	X4133F.	3.	FOIE: F4c. Outdoor gardening
322	CARETAK	Num	8	X4133F.	3.	FOIE: F4d. Caretaking of another person
323	WORK7DY	Num	8	X4133F.	3.	FOIE: F5. Did you work for pay or as a volunteer
324	HRS7DY	Num	8	X4140F.	4.	FOIE: F5a. How many hours did you work or volunteer
325	PHYSWORK	Num	8	X4100F.	3.	FOIE: F5b. Which describes the amount of physical activity at your job
326	HERNREP	Num	8	X4133F.	3.	FOIF: G1a. Male only: Hernia repair
327	HERNAGE	Num	8	X4140F.	3.	FOIF: G1ai. If yes, how old were you?
328	VASECT	Num	8	X4133F.	3.	FOIF: G1b. Vasectomy
329	VASAGE	Num	8	X4140F.	3.	FOIF: G1bi. If yes, how old were you?
330	RVASECT	Num	8	X4133F.	3.	FOIF: G1b1. Reversal of a vasectomy
331	RVASAGE	Num	8	X4140F.	3.	FOIF: G1b1i. If yes, how old were you?
332	PROSSURG	Num	8	X4133F.	3.	FOIF: G1c. Bladder or prostate surgery
333	PROSAGE	Num	8	X4140F.	3.	FOIF: G1ci. If yes, what age?
334	SPENIS	Num	8	X4133F.	3.	FOIF: G1d. Surgery on the penis
335	SPENAGE	Num	8	X4140F.	3.	FOIF: G1di. If yes, what age?
336	CYEAST	Num	8	X4133F.	3.	FOIF: G2a. Chronic yeast infections?
337	CHLAMYD	Num	8	X4133F.	3.	FOIF: G2b. Chlamydia
338	GENHERP	Num	8	X4133F.	3.	FOIF: G2c. Genital herpes
339	SYPHILIS	Num	8	X4133F.	3.	FOIF: G2d. Syphilis
340	GONORRH	Num	8	X4133F.	3.	FOIF: G2e. Gonorrhea
341	HPV	Num	8	X4133F.	3.	FOIF: G2f. HPV or genital warts
342	HYSTER	Num	8	X4133F.	3.	FOIF: G3a. Female only: A hysterectomy...?
343	HOWHYST	Num	8	X4076F.	3.	FOIF: G3a1. Was this surgery done through the abdomen or vagina?

Num	Variable	Type	Len	Format	Informat	Label
344	OVARY	Num	8	X4133F.	3.	FOIF: G3b. An ovary removed?
345	BIOVARY	Num	8	X4111F.	3.	FOIF: G3b1. Were one or two ovaries removed?
346	SURGUI	Num	8	X4133F.	3.	FOIF: G3c. Surgery for incontinence
347	BLADSURG	Num	8	X4133F.	3.	FOIF: G3d. Bladder surgery
348	PFDSURG	Num	8	X4133F.	3.	FOIF: G3e. Surgery for repair of a pelvic prolapse
349	MENARCHE	Num	8	X4140F.	3.	FOIF: G4. How old were you when your menstrual cycles started?
350	MP12MO	Num	8	X4133F.	3.	FOIF: G5. Have you had a menstrual period - 12 months?
351	STOPTX	Num	8	X4133F.	3.	FOIF: G5a1. Medication, chemotherapy...
352	STOPPREG	Num	8	X4133F.	3.	FOIF: G5a2. Pregnancy or breastfeeding
353	STOPMENO	Num	8	X4133F.	3.	FOIF: G5a3. Menopause
354	STOPWTOT	Num	8	X4133F.	3.	FOIF: G5a4. Severe weight loss or another reason
355	STOPYEAR	Char	10	\$10.	\$10.	FOIF: G5b. What year your periods stopped?
356	MPLPRED	Num	8	X4133F.	3.	FOIF: G6. Compared to a year ago, has the number of days?
357	MP3MO	Num	8	X4133F.	3.	FOIF: G7. Have you had a menstrual period in the past 3 months?
358	MPPP12MO	Num	8	X4133F.	3.	FOIF: G8a. In the last 12 months, have you had pelvic pain?
359	PPCYCLE	Num	8	X4132F.	3.	FOIF: G8b. In the last 12 months, have you had this pain always?
360	PPBLAD	Num	8	X4133F.	3.	FOIF: G8c. Is this pain in the area of your bladder?
361	PPINT	Num	8	X4133F.	3.	FOIF: G9a. pelvic pain during or in the 24 hours after sex?
362	PPOTH	Num	8	X4133F.	3.	FOIF: G9b. Pelvic pain NOT with periods or intercourse?
363	PPDAYS	Num	8	X4052F.	3.	FOIF: G10. On average, how many days of pelvic pain do you have?
364	PPDUR	Num	8	X4097F.	3.	FOIF: G11. For how long have you been experiencing pelvic pain?
365	PPINTERF	Num	8	X4109F.	3.	FOIF: G12. To what extent does this pain prevent you from doing things?
366	INFERT	Num	8	X4133F.	3.	FOIF: G13. Have you ever tried to conceive a baby for 12 months?
367	CESD1	Num	8	X4133F.	3.	FOIF: H1. I felt depressed
368	CESD2	Num	8	X4133F.	3.	FOIF: H2. I felt that everything I did was an effort
369	CESD3	Num	8	X4133F.	3.	FOIF: H3. My sleep was restless
370	CESD4	Num	8	X4133F.	3.	FOIF: H4. I was happy
371	CESD5	Num	8	X4133F.	3.	FOIF: H5. I felt lonely
372	CESD6	Num	8	X4133F.	3.	FOIF: H6. I enjoyed life
373	CESD7	Num	8	X4133F.	3.	FOIF: H7. I felt sad
374	CESD8	Num	8	X4133F.	3.	FOIF: H8. I could not "get going"
375	WORRY	Num	8	X4133F.	3.	FOIF: H9a. In the last six months, has anyone close caused you worry ?
376	WORSPSE	Num	8	X4133F.	3.	FOIF: H9b1. A spouse or partner?
377	WORPARNT	Num	8	X4133F.	3.	FOIF: H9b2. A parent?
378	WORCHILD	Num	8	X4133F.	3.	FOIF: H9b3. A child?
379	WORSIB	Num	8	X4133F.	3.	FOIF: H9b4. A sibling?
380	WOROTH	Num	8	X4133F.	3.	FOIF: H9b5. Another relative or friend?

Num	Variable	Type	Len	Format	Informat	Label
381	WORWORK	Num	8	X4133F.	3.	FOIF: H9b6. Someone at work?
382	CIGS100	Num	8	X4133F.	3.	FOIF: J1. Have you smoked at least 100 cigarettes during life?
383	CIGSNOW	Num	8	X4133F.	3.	FOIF: J2. Do you smoke cigarettes now?
384	AVGCIGS	Num	8	X4140F.	4.	FOIF: J3a1. on Average # cigarettes
385	CIGSFREQ	Num	8	X4083F.	3.	FOIF: J3a2. Frequency
386	CIGSDUR	Num	8	X4140F.	3.	FOIF: J4. For approximately how many years have you smoked?
387	CIGAR20	Num	8	X4133F.	3.	FOIF: J5. Have you ever smoked at least 20 cigars in your life?
388	CIGARNOW	Num	8	X4133F.	3.	FOIF: J5a. Do you smoke cigars now?
389	AVGCIGAR	Num	8	X4140F.	4.	FOIF: J5b1. How many cigars do you smoke?
390	CIGRFREQ	Num	8	X4083F.	3.	FOIF: J5b2. Frequency
391	SMOKHOME	Num	8	X4133F.	3.	FOIF: J6. Do you live with someone who smokes tobacco?
392	SMOKWORK	Num	8	X4133F.	3.	FOIF: J7. Currently do you spend time at work or outside with smokers?
393	EVRETOH	Num	8	X4133F.	3.	FOIF: J8. Have you ever had an alcoholic drink?
394	BEER30DY	Num	8	X4133F.	3.	FOIF: J9a. Beer or lite beer?
395	BEERFREQ	Num	8	X4060F.	3.	FOIF: J9ai. If yes, about how often do you drink?
396	BEERVOL	Num	8	X4054F.	3.	FOIF: J9aai. If yes, how much do you drink on a typical day?
397	WINE30DY	Num	8	X4133F.	3.	FOIF: J9b. Wine, wine coolers, sangria or champagne?
398	WINEFREQ	Num	8	X4060F.	3.	FOIF: J9bi. If yes, how often?
399	WINEVOL	Num	8	X4055F.	3.	FOIF: J9bii. If yes, how much?
400	LIQU30DY	Num	8	X4133F.	3.	FOIF: J9c. Hard liquor either alone or mixed?
401	LIQUFREQ	Num	8	X4060F.	3.	FOIF: J9ci. If yes, how often?
402	LIQUVOL	Num	8	X4053F.	3.	FOIF: J9cii. If yes, how much?
403	BNGE30DY	Num	8	X4140F.	3.	FOIF: J10. Considering, how many times during the last 30 days?
404	AVGNDRNK	Num	8	X4140F.	3.	FOIF: J11. Now, how many drinks on average... those occasions?
405	H2O	Num	8	X4140F.	3.	FOIF: J12a. Water
406	JUICE	Num	8	X4140F.	3.	FOIF: J12b. Juice
407	SODA	Num	8	X4140F.	3.	FOIF: J12c. Soda
408	DCOFFEE	Num	8	X4140F.	3.	FOIF: J12d. Decaffeinated coffee
409	COFFEE	Num	8	X4140F.	3.	FOIF: J12e. Coffee
410	TEA	Num	8	X4140F.	3.	FOIF: J12f. Tea
411	HERBTEA	Num	8	X4140F.	3.	FOIF: J12g. Herbal tea
412	MILK	Num	8	X4140F.	3.	FOIF: J12h. Milk
413	EMPTYFRQ	Num	8	X4062F.	3.	FOIG: K1ai. A sensation of not emptying bladder completely?
414	EMPTYDUR	Num	8	X4057F.	3.	FOIG: K1aai. About how long have you had this experience?
415	FRQUFRQ	Num	8	X4062F.	3.	FOIG: K1bi. To urinate again less than 2 hours?
416	FRQUDUR	Num	8	X4057F.	3.	FOIG: K1bii. How long?
417	SPSTFRQ	Num	8	X4062F.	3.	FOIG: K1ci. To stop and start several times?
418	SPSTDUR	Num	8	X4057F.	3.	FOIG: K1cii. How long?

Num	Variable	Type	Len	Format	Informat	Label
419	POSTPFRQ	Num	8	X4062F.	3.	FOIG: K1di. Difficulty postponing urination?
420	POSTPDUR	Num	8	X4057F.	3.	FOIG: K1dii. How long
421	WEAKUFRQ	Num	8	X4062F.	3.	FOIG: K1ei. A weak urinary stream?
422	WEAKUDUR	Num	8	X4057F.	3.	FOIG: K1eii. How long?
423	PUSHFRQ	Num	8	X4062F.	3.	FOIG: K1fi. To push or strain to begin urination?
424	PUSHDUR	Num	8	X4057F.	3.	FOIG: K1fii. How long
425	NGHTUFRQ	Num	8	X4062F.	3.	FOIG: K1gi. To get up to urinate more than once during the night?
426	NGHTUDUR	Num	8	X4057F.	3.	FOIG: K1gii. How long?
427	DRIBFRQ	Num	8	X4062F.	3.	FOIG: K1hi. Dribbling after urination?
428	DRIBLDUR	Num	8	X4057F.	3.	FOIG: K1hii. How long?
429	WETFRQ	Num	8	X4062F.	3.	FOIG: K1ii. Wet clothes because of dribbling after urination?
430	WETDUR	Num	8	X4057F.	3.	FOIG: K1iii. How long?
431	DSTRFRQ	Num	8	X4062F.	3.	FOIG: K1ji. Difficulty starting to urinate?
432	DSTRTDUR	Num	8	X4057F.	3.	FOIG: K1jii. How long?
433	PAINFRQ	Num	8	X4062F.	3.	FOIG: K1ki. Pain or burning during urination?
434	PAINDUR	Num	8	X4057F.	3.	FOIG: K1kii. How long?
435	PERIPFRQ	Num	8	X4062F.	3.	FOIG: K1li. If Male Pain discomfort in area btw rectum and testicles
436	PERIPDUR	Num	8	X4057F.	3.	FOIG: K1lii. How long?
437	TESTFRQ	Num	8	X4062F.	3.	FOIG: K1mi. If Male:Pain or discomfort in your testicles?
438	TESTDUR	Num	8	X4057F.	3.	FOIG: K1mii. How long?
439	TPENFRQ	Num	8	X4062F.	3.	FOIG: K1ni. If Male:Pain or discomfort at the tip of penis?
440	TPENDUR	Num	8	X4057F.	3.	FOIG: K1nii. How long?
441	SURGEFRQ	Num	8	X4062F.	3.	FOIG: K1oi. A strong urge or pressure to urinate immediately?
442	SURGEDUR	Num	8	X4057F.	3.	FOIG: K1oii. How long?
443	FRQUZFRQ	Num	8	X4062F.	3.	FOIG: K1pi. Frequent urination during the day?
444	FRQUZDUR	Num	8	X4057F.	3.	FOIG: K1pii. How long?
445	PBLADFRQ	Num	8	X4062F.	3.	FOIG: K1qi. Burning, pain, discomfort, or pressure?
446	PBLADDUR	Num	8	X4057F.	3.	FOIG: K1qii. How long?
447	PURETFRQ	Num	8	X4062F.	3.	FOIG: K1ri. Pain or discomfort in your urethra?
448	PURETDUR	Num	8	X4057F.	3.	FOIG: K1rii. How long?
449	BLDUFRQ	Num	8	X4062F.	3.	FOIG: K1si. Visible blood in your urine?
450	BLDUDUR	Num	8	X4057F.	3.	FOIG: K1sii. How long?
451	PFILLFRQ	Num	8	X4062F.	3.	FOIG: K1ti. Pain increasing when your bladder fills?
452	PFILLDUR	Num	8	X4057F.	3.	FOIG: K1tii. How long?
453	PURINFRQ	Num	8	X4062F.	3.	FOIG: K1ui. Pain relieved by urination?
454	PURINDUR	Num	8	X4057F.	3.	FOIG: K1uii. How long?
455	PBACKFRQ	Num	8	X4062F.	3.	FOIG: K1vi. Pain or discomfort in your lower back?
456	PBACKDUR	Num	8	X4057F.	3.	FOIG: K1vii. How long?
457	PRECTFRQ	Num	8	X4062F.	3.	FOIG: K1wi. Pain or discomfort in your rectum?

Num	Variable	Type	Len	Format	Informat	Label
458	PRECTDUR	Num	8	X4057F.	3.	FOIG: K1 vii. How long?
459	PVAGFRQ	Num	8	X4062F.	3.	FOIG: K1 xi. If Female:Pain or discomfort at the entrance of vagina?
460	PVAGDUR	Num	8	X4057F.	3.	FOIG: K1 xii. How long?
461	PAINBLAD	Num	8	X4140F.	3.	FOIG: K2. Think about any pain or discomfort associated with bladder?
462	URGE	Num	8	X4069F.	3.	FOIG: K3. Some people experience a strong urge or pressure to urinate
463	URGEFREQ	Num	8	X4140F.	3.	FOIG: K3a. How many times a day?
464	INTFPAIN	Num	8	X4070F.	3.	FOIG: K4. Over the last month, how much pain?
465	RESFLUID	Num	8	X4068F.	3.	FOIG: K5a. Drinking fluids before you travel?
466	NTFLUID	Num	8	X4068F.	3.	FOIG: K5b. Drinking fluids before you go to bed?
467	DRIV2HR	Num	8	X4068F.	3.	FOIG: K5c. Driving for 2 hours without stopping?
468	ENUFSLP	Num	8	X4068F.	3.	FOIG: K5d. Getting enough sleep at night?
469	NOTOIL	Num	8	X4068F.	3.	FOIG: K5e. Going to places that may not have a toilet?
470	OUTDSPRT	Num	8	X4068F.	3.	FOIG: K5f. Playing sports outdoors such as golf?
471	GOINGOUT	Num	8	X4068F.	3.	FOIG: K5g. Going to movies, shows, church, etc?
472	FLUIDIN	Num	8	X4068F.	3.	FOIG: K5h. Overall fluid intake?
473	URINDAY	Num	8	X4140F.	3.	FOIG: K6. In last 7 days, how many times/day you went to bathroom?
474	URINNT	Num	8	X4140F.	3.	FOIG: K7. In the last 7 days, how many times/night went to bathroom?
475	LEAKURIN	Num	8	X4133F.	3.	FOIG: K8. In the last 12 months, have you leaked urine?
476	LEAKFREQ	Num	8	X4065F.	3.	FOIG: K8a. In the last 12mon, how often leakage?
477	LEAKAMT	Num	8	X4058F.	3.	FOIG: K9. When you leak urine, about how much is it?
478	LEAK7DY	Num	8	X4140F.	4.	FOIG: K10a. When you were performing some physical activities?
479	LEAKURGE	Num	8	X4140F.	4.	FOIG: K10b. When you had the strong feeling to empty your bladder
480	LEAKNOWA	Num	8	X4140F.	4.	FOIG: K10c. Without any particular physical activity or warning
481	UIPROT	Num	8	X4067F.	3.	FOIG: K11. What type of protection do you use most often?
482	UIPADS	Num	8	X4072F.	3.	FOIG: K12. During a typical 24-hr periods, on average...
483	LEAKDUR	Num	8	X4063F.	3.	FOIG: K13. About how long have you had urine leakage?
484	LEAKHCP	Num	8	X4061F.	3.	FOIG: K14. Have you ever seen a health care provider for your urine?
485	UIEXERC	Num	8	X4071F.	3.	FOIG: K14a1. Doing exercises to strengthen the muscles?
486	UITIMING	Num	8	X4071F.	3.	FOIG: K14a2. Timing your urination?
487	UIMEDRX	Num	8	X4071F.	3.	FOIG: K14a3. Taking a prescription medication
488	UIOTHTX	Num	8	X4071F.	3.	FOIG: K14a4. Using some other medical treatment?
489	UINOTX	Num	8	X4071F.	3.	FOIG: K14a5. Not currently doing anything for incontinence
490	UIQOL1	Num	8	X4070F.	3.	FOIG: K15a. Your ability to do household chores
491	UIQOL2	Num	8	X4070F.	3.	FOIG: K15b. Physical recreational activities
492	UIQOL3	Num	8	X4070F.	3.	FOIG: K15c. Entertainment activities

Num	Variable	Type	Len	Format	Informat	Label
493	UIQOL4	Num	8	X4070F.	3.	FOIG: K15d. Your ability to travel by car or bus
494	UIQOL5	Num	8	X4070F.	3.	FOIG: K15e. Your participation in social activities
495	UIQOL6	Num	8	X4070F.	3.	FOIG: K15f. Your emotional health
496	UIQOL7	Num	8	X4070F.	3.	FOIG: K16. In addition, does urine leakage cause you frustration?
497	AVGSLEEP	Num	8	X4064F.	3.	FOIG: K17. How much do you usually sleep?
498	HEADACHE	Num	8	X4133F.	3.	FOIG: K18. Have you recently been bothered by headaches?
499	BOSSY	Num	8	X4133F.	3.	FOIG: K19. Do you like directing other people's work?
500	BORNUS	Num	8	X4133F.	3.	FOIG: L2. Were you born in the United States?
501	MOVEUS	Char	10	\$10.	\$10.	FOIG: L2b. What year did you move to the United States?
502	FRSTLANG	Num	8	X4059F.	3.	FOIG: L5. What is the first language you learned to speak?
503	MARITAL	Num	8	X4066F.	3.	FOIG: L7. What is your current marital status?
504	EDUC	Num	8	X4140F.	3.	FOIG: L8. How many years of school have you completed?
505	WORKSTAT	Num	8	X4128F.	3.	FOIG: L9. Which describes best your current work situation?
506	FULLTIME	Num	8	X4056F.	3.	FOIG: L10. Are you working 35 hours more or less each week?
507	NUMPEOP	Num	8	X4140F.	3.	FOIG: L12. How many people are supported in your household?
508	TRTRANS	Num	8	X4133F.	3.	FOIG: L13a. Transportation
509	TRHOUS	Num	8	X4133F.	3.	FOIG: L13b. Housing
510	TRHLTH	Num	8	X4133F.	3.	FOIG: L13c. Health or medical care
511	TRFOOD	Num	8	X4133F.	3.	FOIG: L13d. Food
512	INCOMEH	Num	8	X4139F.	3.	FOIG: L14. Income
513	SELFADMIN	Num	8	X4133F.	3.	FOIJ: P2. Did the interviewer administer the self-admin form:
514	HGHT00	Num	8	X4140F.	6.1	FOPM: B1. Height
515	HTS_FT00	Num	8	X4140F.	3.	FOPM: B1a1. Self-reported height (ft.)
516	HTS_IN00	Num	8	X4140F.	3.	FOPM: B1a2. Self-reported height (in.)
517	WGHT00	Num	8	X4140F.	6.1	FOPM: B2. Weight
518	WGHTS00	Num	8	X4140F.	4.	FOPM: B2a. Self-reported weight (lbs)
519	WSTCM00	Num	8	X4140F.	6.1	FOPM: B3. Waist circumference
520	WSTUN00	Num	8	X4098F.	3.	FOPM: B3a. Measurement taken in
521	HIPCM00	Num	8	X4140F.	6.1	FOPM: B4. Hip circumference
522	HIPUN00	Num	8	X4099F.	3.	FOPM: B4a. Measurement taken in
523	FL4SDSIN	Num	8	X4077F.	3.	FOSM: PM1. How often did you feel sexual desire or interest
524	PT4SDSIN	Num	8	X4125F.	3.	FOSM: PM2. How would you rate your level of sexual desire or interest
525	ENG4SACP	Num	8	X4133F.	3.	FOSM: PM3. Have you engaged in sexual activities with your partner
526	NOPARTNR	Num	8	X4133F.	3.	FOSM: PM4a. I do not have a partner at this time
527	NOINTRST	Num	8	X4133F.	3.	FOSM: PM4b. Lack of interest in sex
528	PNPLURPB	Num	8	X4133F.	3.	FOSM: PM4c. I have pelvic or urinary problem that interferes with sex
529	OTHRHLTP	Num	8	X4133F.	3.	FOSM: PM4d. I have some other health problem that intereferes with sex

Num	Variable	Type	Len	Format	Informat	Label
530	PRTHLTPB	Num	8	X4133F.	3.	FOSM: PM4e. My partner has a health problem that interferes with sex
531	CN4SARSD	Num	8	X4124F.	3.	FOSM: PM5. How much confidence did you have becoming sexually aroused
532	ST4EMLCL	Num	8	X4127F.	3.	FOSM: PM6. How satisfied have you been with emotional closeness
533	OT4PAN	Num	8	X4104F.	3.	FOSM: PM7. How often have you had pain or discomfort during climax
534	ST4OASX	Num	8	X4127F.	3.	FOSM: PM8. How satisfied have you been with your overall sex life
535	RTCNERC	Num	8	X4126F.	3.	FOSM: PM9. How do you rate your confidence that you can keep erection
536	OTERCNT	Num	8	X4078F.	3.	FOSM: PM10. How often were your erections hard enough for penetration
537	OTMNTERC	Num	8	X4078F.	3.	FOSM: PM11. How often were you able to maintain your erection
538	DFMNTERC	Num	8	X4088F.	3.	FOSM: PM12. How difficult was it to maintain your erection to completion
539	OTSXSATF	Num	8	X4078F.	3.	FOSM: PM13. How often was it satisfactory for you
540	DSCRIMPO	Num	8	X4110F.	3.	FOSM: PM14. How would you describe yourself
541	SRTERCTB	Num	8	X4074F.	3.	FOSM: PM15. When did you start having trouble getting an erection
542	WHOSXAD	Num	8	X4090F.	3.	FOSM: PM16. Which best describes who you have generally had sex with
543	SEXORNT	Num	8	X4091F.	3.	FOSM: PM17. How would you define yourself
544	CHDEXORG	Num	8	X4133F.	3.	FOSM: PM18a. Exposed the sex organ of their body to you
545	CHDTHRSX	Num	8	X4133F.	3.	FOSM: PM18b. Threatened to have sex with you
546	CHDTCHOG	Num	8	X4133F.	3.	FOSM: PM18c. Touched the sex organs of your body
547	CHDYUTCH	Num	8	X4133F.	3.	FOSM: PM18d. Made you touch the sex organs of their body
548	CHDFRCSX	Num	8	X4133F.	3.	FOSM: PM18e. Forced you to have sex
549	CHDOHUNS	Num	8	X4133F.	3.	FOSM: PM18f. Have you had any other unwanted sexual experiences
550	CHDBEAT	Num	8	X4105F.	3.	FOSM: PM19a. Hit, kick, or beat you
551	CHDTHRLF	Num	8	X4105F.	3.	FOSM: PM19b. Seriously threaten your life
552	CHDEMLAB	Num	8	X4105F.	3.	FOSM: PM19c. Emotionally abuse, humiliate, or insult you
553	ADEXPORG	Num	8	X4133F.	3.	FOSM: PM20a. Exposed the sex organ of their body to you
554	ADTHRTSX	Num	8	X4133F.	3.	FOSM: PM20b. Threatened to have sex with you
555	ADTCHORG	Num	8	X4133F.	3.	FOSM: PM20c. Touched the sex organs of your body
556	ADYUTCH	Num	8	X4133F.	3.	FOSM: PM20d. Made you touch the sex organs of their body
557	ADFRCSX	Num	8	X4133F.	3.	FOSM: PM20e. Forced you to have sex
558	ADOHUNSX	Num	8	X4133F.	3.	FOSM: PM20f. Have you had any other unwanted sexual experiences
559	ADBEAT	Num	8	X4105F.	3.	FOSM: PM21a. Hit, kick, or beat you
560	ADTHRTLF	Num	8	X4105F.	3.	FOSM: PM21b. Seriously threaten your life
561	ADEMLABS	Num	8	X4105F.	3.	FOSM: PM21c. Emotionally abuse, humiliate, or insult you
562	RT4SDSIN	Num	8	X4125F.	3.	FOSW: PF2. How would you rate your level of sexual desire or interest

Num	Variable	Type	Len	Format	Informat	Label
563	PNPLVAUR	Num	8	X4133F.	3.	FOSW: PF4c. Pelvic or vaginal pain or a urinary problem that interferes
564	DF4WET	Num	8	X4087F.	3.	FOSW: PF6. How difficult was it to become lubricated
565	OT4ORGS	Num	8	X4077F.	3.	FOSW: PF7. How often did you reach orgasm
566	DF4ORGS	Num	8	X4087F.	3.	FOSW: PF8. How difficult was it to reach orgasm
567	ST4ORGS	Num	8	X4127F.	3.	FOSW: PF9. How satisfied were you with your ability to reach orgasm
568	OT4PAND	Num	8	X4049F.	3.	FOSW: PF11. How often did you experience discomfort during penetration
569	OT4PANF	Num	8	X4049F.	3.	FOSW: PF12. Did you experience discomfort following penetration
570	RT4LVDIS	Num	8	X4050F.	3.	FOSW: PF13. How would you rate your level of discomfort
571	PULSE001	Num	8	X4140F.	3.	FOSC: C1. First pulse
572	ARMCM00	Num	8	X4140F.	5.1	FOSC: C2. Arm circumference
573	WHCHARM	Num	8	X4095F.	3.	FOSC: C2a. Arm
574	CUFFSZ00	Num	8	X4112F.	3.	FOSC: C3. Cuff size
575	SBP001	Num	8	X4140F.	4.	FOSC: C4. First systolic blood pressure
576	DBP001	Num	8	X4140F.	4.	FOSC: C5. First diastolic blood pressure
577	PULSE002	Num	8	X4140F.	3.	FOSC: C6. Second pulse
578	SBP002	Num	8	X4140F.	4.	FOSC: C7. Second systolic blood pressure
579	DBP002	Num	8	X4140F.	4.	FOSC: C8. Second diastolic blood pressure
580	re	Char	1	\$RE.		Race/Ethnicity
581	age	Num	8			Age at baseline interview
582	wtr	Num	8			Final Weight
583	numpregcat	Num	8	NUMPREGCATF.		FOIG: G14. How many times have you been pregnant?

**Data Set Name: bach2publicuse.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	MAXAGE	Num	8	BEST12.	4.	Household maximum age
2	LANG	Num	8	X2391F_II.	3.	INS1: A5. Language
3	SCRNMODE	Num	8	X2410F_II.	3.	INS1: A6. Survey mode
4	SCGENDEC	Num	8	X2428F_II.	3.	INS1: C2. Are you male or female?
5	SCAGEC	Num	8	X2311F_II.	3.	INS1: C3. What is your age?
6	SCHISPC	Num	8	X2506F_II.	3.	INS1: C4. Are you Hispanic or Latino (Latina)?
7	SCORIGINC	Num	8	X2430F_II.	3.	INS1: C4a. Hispanic/Latino: Are you?
8	AMINALNC	Num	8	X2506F_II.	3.	INS1: C5a. Race: American Indian or Alaska Native
9	ASIANC	Num	8	X2506F_II.	3.	INS1: C5b. Race: Asian
10	BLACKC	Num	8	X2506F_II.	3.	INS1: C5c. Race: Black or African American
11	NHOPIC	Num	8	X2506F_II.	3.	INS1: C5d. Race: Native Hawaiian or Other Pacific Islander
12	WHITEC	Num	8	X2506F_II.	3.	INS1: C5e. Race: White
13	RACEOTRC	Num	8	X2506F_II.	3.	INS1: C5f. Race: Other
14	LOCATION	Num	8	X2409F_II.	3.	FOIA: A7. Location
15	STRTTM00	Char	5		\$5.	FOIA: A8. Start time of interview
16	BLDTHIN	Num	8	X2506F_II.	3.	FOIB: C2a. Any medication to thin your blood
17	HEARTMED	Num	8	X2506F_II.	3.	FOIB: C2b. Any medication for your heart or heart beat
18	ULCERMED	Num	8	X2506F_II.	3.	FOIB: C2c. Any medication for stomach ulcers, reflux, or heartburn
19	CHOLMED	Num	8	X2506F_II.	3.	FOIB: C2d. Any medication for cholesterol or fats in your blood
20	BPMED	Num	8	X2506F_II.	3.	FOIB: C2e. Blood pressure or fluid pills
21	THYRMED	Num	8	X2506F_II.	3.	FOIB: C2f. Thyroid pills
22	INSULIN	Num	8	X2506F_II.	3.	FOIB: C2g. Insulin or pills for sugar in your blood
23	ANXMED	Num	8	X2506F_II.	3.	FOIB: C2h. Medications for anxiety
24	ANTIDEP	Num	8	X2506F_II.	3.	FOIB: C2i. Anti-depression medication
25	MALEHORM	Num	8	X2506F_II.	3.	FOIB: C2j. Male hormones
26	EDMED	Num	8	X2506F_II.	3.	FOIB: C2k. Medication for erectile dysfunction
27	BCMED	Num	8	X2506F_II.	3.	FOIB: C2l. Medications for endometriosis
28	PPMED	Num	8	X2506F_II.	3.	FOIB: C2m. Medications for pelvic pain
29	UIMED	Num	8	X2506F_II.	3.	FOIB: C2n. Medications for urinary incontinence and/or urgency
30	NSAID	Num	8	X2506F_II.	3.	FOIB: C2o. Any non-steroid anti-inflammatories
31	SAID	Num	8	X2506F_II.	3.	FOIB: C2q. Any steroid anti-inflammatories
32	FEMHORM	Num	8	X2506F_II.	3.	FOIB: C2r. Any female hormones other than for birth control
33	OTHMED	Num	8	X2506F_II.	3.	FOIB: C2s. Any other prescription pills or medications
34	PAINOTC	Num	8	X2506F_II.	3.	FOIC: C3a. Any over-the-counter medications for pain

Num	Variable	Type	Len	Format	Informat	Label
35	SLEEPOTC	Num	8	X2506F_II.	3.	FOIC: C3b. Anything for problems sleeping
36	COLDOTC	Num	8	X2506F_II.	3.	FOIC: C3c. Any cold medications
37	PMSOTC	Num	8	X2506F_II.	3.	FOIC: C3d. Anything for PMS
38	NSAIDOTC	Num	8	X2506F_II.	3.	FOIC: C3e. Any non-steroidal anti-inflammatories
39	SAIDOTC	Num	8	X2506F_II.	3.	FOIC: C3f. Any steroidal anti-inflammatories
40	HERBOTC	Num	8	X2506F_II.	3.	FOIC: C3g. Any herbal or natural medicines
41	OTHOTC	Num	8	X2506F_II.	3.	FOIC: C3h. Any other non-prescription medications
42	BCPAGE	Num	8	X2311F_II.	3.	FOIC: D2ai. How old were you when you began using
43	BCPDUR	Num	8	X2311F_II.	3.	FOIC: D2aii. For how long altogether have you used
44	BCPUNT	Num	8	X2431F_II.	3.	FOIC: D2aiii. Units
45	BCIAGE	Num	8	X2311F_II.	3.	FOIC: D2bi. How old were you when you began using
46	BCIDUR	Num	8	X2311F_II.	3.	FOIC: D2bii. For how long altogether have you used
47	BCIUNT	Num	8	X2431F_II.	3.	FOIC: D2biii. Units
48	NORPAGE	Num	8	X2311F_II.	3.	FOIC: D2ci. How old were you when you began using
49	NORPDUR	Num	8	X2311F_II.	3.	FOIC: D2cii. For how long altogether have you used
50	NORPUNT	Num	8	X2431F_II.	3.	FOIC: D2ciii. Units
51	IUDAGE	Num	8	X2311F_II.	3.	FOIC: D2di. How old were you when you began using
52	IUDDUR	Num	8	X2311F_II.	3.	FOIC: D2dii. For how long altogether have you used
53	IUDUNT	Num	8	X2431F_II.	3.	FOIC: D2diii. Units
54	RINGAGE	Num	8	X2311F_II.	3.	FOIC: D2ei. How old were you when you began using
55	RINGDUR	Num	8	X2311F_II.	3.	FOIC: D2eii. For how long altogether have you used
56	RINGUNT	Num	8	X2431F_II.	3.	FOIC: D2eiii. Units
57	TUGAGE	Num	8	X2311F_II.	3.	FOIC: D2fi. How old were you when you began using
58	TUGDUR	Num	8	X2311F_II.	3.	FOIC: D2fii. For how long altogether have you used
59	TUGUNT	Num	8	X2431F_II.	3.	FOIC: D2fiii. Units
60	WT25	Num	8	X2311F_II.	4.	FOID: E1a. How much did you weigh at 25 years of age
61	WT25UNIT	Num	8	X2412F_II.	3.	FOID: E1b. Units
62	MXWT	Num	8	X2311F_II.	4.	FOID: E2a. What is the most you have ever weighed
63	MXWTUNIT	Num	8	X2412F_II.	3.	FOID: E2b. Units
64	DIAB1TX	Num	8	X2501F_II.	3.	FOID: E3ai. Have you ever or are you currently receiving treatment
65	DIAB1AGE	Num	8	X2311F_II.	3.	FOID: E3aii. How old were you when you were first told
66	DIAB2TX	Num	8	X2501F_II.	3.	FOID: E3bi. Have you ever or are you currently receiving treatment
67	DIAB2AGE	Num	8	X2311F_II.	3.	FOID: E3bii. How old were you when you were first told
68	SUGARTX	Num	8	X2501F_II.	3.	FOID: E3ci. Have you ever or are you currently receiving treatment
69	SUGARAGE	Num	8	X2311F_II.	3.	FOID: E3cii. How old were you when you were first told
70	ASTHMATX	Num	8	X2501F_II.	3.	FOID: E3di. Have you ever or are you currently receiving treatment

Num	Variable	Type	Len	Format	Informat	Label
71	ASTHMAGE	Num	8	X2311F_II.	3.	FOID: E3dii. How old were you when you were first told
72	CLUNGTX	Num	8	X2501F_II.	3.	FOID: E3ei. Have you ever or are you currently receiving treatment
73	CLUNGAGE	Num	8	X2311F_II.	3.	FOID: E3eii. How old were you when you were first told
74	ALLERTX	Num	8	X2501F_II.	3.	FOID: E3fi. Have you ever or are you currently receiving treatment
75	ALLERAGE	Num	8	X2311F_II.	3.	FOID: E3fii. How old were you when you were first told
76	CABGTX	Num	8	X2501F_II.	3.	FOID: E3gi. Have you ever or are you currently receiving treatment
77	CABGAGE	Num	8	X2311F_II.	3.	FOID: E3gii. How old were you when you were first told
78	MITX	Num	8	X2501F_II.	3.	FOID: E3hi. Have you ever or are you currently receiving treatment
79	MIAGE	Num	8	X2311F_II.	3.	FOID: E3hii. How old were you when you were first told
80	ANGNATX	Num	8	X2501F_II.	3.	FOID: E3ii. Have you ever or are you currently receiving treatment
81	ANGNAAGE	Num	8	X2311F_II.	3.	FOID: E3iii. How old were you when you were first told
82	ARRTX	Num	8	X2501F_II.	3.	FOID: E3ji. Have you ever or are you currently receiving treatment
83	ARRAGE	Num	8	X2311F_II.	3.	FOID: E3jii. How old were you when you were first told
84	CHFTX	Num	8	X2501F_II.	3.	FOID: E3ki. Have you ever or are you currently receiving treatment
85	CHFAGE	Num	8	X2311F_II.	3.	FOID: E3kii. How old were you when you were first told
86	TIATX	Num	8	X2501F_II.	3.	FOID: E3li. Have you ever or are you currently receiving treatment
87	TIAAGE	Num	8	X2311F_II.	3.	FOID: E3lii. How old were you when you were first told
88	STROKTX	Num	8	X2501F_II.	3.	FOID: E3mi. Have you ever or are you currently receiving treatment
89	STROKAGE	Num	8	X2311F_II.	3.	FOID: E3mii. How old were you when you were first told
90	CASTX	Num	8	X2501F_II.	3.	FOID: E3ni. Have you ever or are you currently receiving treatment
91	CASAGE	Num	8	X2311F_II.	3.	FOID: E3nii. How old were you when you were first told
92	CLAUDTX	Num	8	X2501F_II.	3.	FOID: E3oi. Have you ever or are you currently receiving treatment
93	CLAUDAGE	Num	8	X2311F_II.	3.	FOID: E3oii. How old were you when you were first told
94	SPVDTX	Num	8	X2501F_II.	3.	FOID: E3pi. Have you ever or are you currently receiving treatment
95	SPVDAGE	Num	8	X2311F_II.	3.	FOID: E3pii. How old were you when you were first told
96	PULMTX	Num	8	X2501F_II.	3.	FOID: E3qi. Have you ever or are you currently receiving treatment
97	PULMAGE	Num	8	X2311F_II.	3.	FOID: E3qii. How old were you when you were first told
98	ANEURTX	Num	8	X2501F_II.	3.	FOID: E3ri. Have you ever or are you currently receiving treatment
99	ANEURAGE	Num	8	X2311F_II.	3.	FOID: E3rii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
100	HRDTX	Num	8	X2501F_II.	3.	FOID: E3si. Have you ever or are you currently receiving treatment
101	HRDAGE	Num	8	X2311F_II.	3.	FOID: E3sii. How old were you when you were first told
102	DVTTX	Num	8	X2501F_II.	3.	FOID: E3ti. Have you ever or are you currently receiving treatment
103	DVTAGE	Num	8	X2311F_II.	3.	FOID: E3tii. How old were you when you were first told
104	RAYNTX	Num	8	X2501F_II.	3.	FOID: E3ui. Have you ever or are you currently receiving treatment
105	RAYNAGE	Num	8	X2311F_II.	3.	FOID: E3uii. How old were you when you were first told
106	PVDTX	Num	8	X2501F_II.	3.	FOID: E3vi. Have you ever or are you currently receiving treatment
107	PVDAGE	Num	8	X2311F_II.	3.	FOID: E3vii. How old were you when you were first told
108	CHOLTX	Num	8	X2501F_II.	3.	FOID: E3wi. Have you ever or are you currently receiving treatment
109	CHOLAGE	Num	8	X2311F_II.	3.	FOID: E3wii. How old were you when you were first told
110	HBPTX	Num	8	X2501F_II.	3.	FOID: E3xi. Have you ever or are you currently receiving treatment
111	HBPAGE	Num	8	X2311F_II.	3.	FOID: E3xii. How old were you when you were first told
112	KIDNTX	Num	8	X2501F_II.	3.	FOID: E3yi. Have you ever or are you currently receiving treatment
113	KIDNAGE	Num	8	X2311F_II.	3.	FOID: E3yii. How old were you when you were first told
114	ARTHRTX	Num	8	X2501F_II.	3.	FOID: E3zi. Have you ever or are you currently receiving treatment
115	ARTHORAGE	Num	8	X2311F_II.	3.	FOID: E3zii. How old were you when you were first told
116	OSTEOTX	Num	8	X2501F_II.	3.	FOID: E3aai. Have you ever or are you currently receiving treatment
117	OSTEOAGE	Num	8	X2311F_II.	3.	FOID: E3aaii. How old were you when you were first told
118	PARKTX	Num	8	X2501F_II.	3.	FOID: E3bbi. Have you ever or are you currently receiving treatment
119	PARKAGE	Num	8	X2311F_II.	3.	FOID: E3bbii. How old were you when you were first told
120	MSTX	Num	8	X2501F_II.	3.	FOID: E3cci. Have you ever or are you currently receiving treatment
121	MSAGE	Num	8	X2311F_II.	3.	FOID: E3ccii. How old were you when you were first told
122	CANC1TX	Num	8	X2501F_II.	3.	FOID: E3ddi. Have you ever or are you currently receiving treatment
123	CANC1AGE	Num	8	X2311F_II.	3.	FOID: E3ddii. How old were you when you were first told
124	CANCER2	Num	8	X2511F_II.	3.	FOID: E3ee. 2nd Cancer
125	CANC2TX	Num	8	X2501F_II.	3.	FOID: E3eei. Have you ever or are you currently receiving treatment
126	CANC2AGE	Num	8	X2311F_II.	3.	FOID: E3eeii. How old were you when you were first told
127	CANCER3	Num	8	X2511F_II.	3.	FOID: E3ff. 3rd Cancer
128	CANC3TX	Num	8	X2501F_II.	3.	FOID: E3ffi. Have you ever or are you currently receiving treatment
129	CANC3AGE	Num	8	X2311F_II.	3.	FOID: E3ffii. How old were you when you were first told

Num	Variable	Type	Len	Format	Informat	Label
130	GDIABTX	Num	8	X2501F_II.	3.	FOID: E3ggi. Have you ever or are you currently receiving treatment
131	GDIABAGE	Num	8	X2311F_II.	3.	FOID: E3ggii. How old were you when you were first told
132	ENDOTX	Num	8	X2501F_II.	3.	FOID: E3hhi. Have you ever or are you currently receiving treatment
133	ENDOAGE	Num	8	X2311F_II.	3.	FOID: E3hhii. How old were you when you were first told
134	PIDTX	Num	8	X2501F_II.	3.	FOID: E3.iii. Have you ever or are you currently receiving treatment
135	PIDAGE	Num	8	X2311F_II.	3.	FOID: E3.iiii. How old were you when you were first told
136	CYSTTX	Num	8	X2501F_II.	3.	FOID: E3jji. Have you ever or are you currently receiving treatment
137	CYSTAGE	Num	8	X2311F_II.	3.	FOID: E3jjii. How old were you when you were first told
138	PCOSTX	Num	8	X2501F_II.	3.	FOID: E3kki. Have you ever or are you currently receiving treatment
139	PCOSAGE	Num	8	X2311F_II.	3.	FOID: E3kkii. How old were you when you were first told
140	FIBRTX	Num	8	X2501F_II.	3.	FOID: E3lli. Have you ever or are you currently receiving treatment
141	FIBRAGE	Num	8	X2311F_II.	3.	FOID: E3llii. How old were you when you were first told
142	PUTETX	Num	8	X2501F_II.	3.	FOID: E3mmi. Have you ever or are you currently receiving treatment
143	PUTEAGE	Num	8	X2311F_II.	3.	FOID: E3mmii. How old were you when you were first told
144	PBLATX	Num	8	X2501F_II.	3.	FOID: E3nni. Have you ever or are you currently receiving treatment
145	PBLAAGE	Num	8	X2311F_II.	3.	FOID: E3nnii. How old were you when you were first told
146	PERMCATH	Num	8	X2506F_II.	3.	FOIE: E4b1. Was it an in-dwelling or permanent catheter
147	HIPTIME	Num	8	X2311F_II.	3.	FOIE: E5ai. Times (hip)
148	HIPAGE	Num	8	X2311F_II.	3.	FOIE: E5aai. Age (hip)
149	HIPWHY	Num	8	X2376F_II.	3.	FOIE: E5aiii. Why (hip)
150	WRISTIME	Num	8	X2311F_II.	3.	FOIE: E5bi. Times (wrist)
151	WRISAGE	Num	8	X2311F_II.	3.	FOIE: E5bii. Age (wrist)
152	WRISWHY	Num	8	X2376F_II.	3.	FOIE: E5biii. Why (wrist)
153	SPNETIME	Num	8	X2311F_II.	3.	FOIE: E5ci. Times (spine)
154	SPNEAGE	Num	8	X2311F_II.	3.	FOIE: E5cii. Age (spine)
155	SPNEWHY	Num	8	X2376F_II.	3.	FOIE: E5ciii. Why (spine)
156	CANCMA	Num	8	X2511F_II.	3.	FOIE: E6ai. Mother (cancer)
157	CANCMAGE	Num	8	X2311F_II.	4.	FOIE: E6a1i. Mother's age (cancer)
158	CANCPA	Num	8	X2511F_II.	3.	FOIE: E6aai. Father (cancer)
159	CANCFAGE	Num	8	X2311F_II.	4.	FOIE: E6a1ii. Father's age (cancer)
160	CANCSIS	Num	8	X2511F_II.	3.	FOIE: E6aiii. Sister (cancer)
161	CANCSAGE	Num	8	X2311F_II.	4.	FOIE: E6a1iii. Sister's age (cancer)
162	CANCBRO	Num	8	X2511F_II.	3.	FOIE: E6aiv. Brother (cancer)

Num	Variable	Type	Len	Format	Informat	Label
163	CANCBAGE	Num	8	X2311F_II.	4.	FOIE: E6a1iv. Brother's age (cancer)
164	CANCKID	Num	8	X2511F_II.	3.	FOIE: E6av. Child (cancer)
165	CANCKAGE	Num	8	X2311F_II.	4.	FOIE: E6a1v. Child's age (cancer)
166	DIABMA	Num	8	X2511F_II.	4.	FOIE: E6bi. Mother (diabetes)
167	DIAMAGE	Num	8	X2311F_II.	3.	FOIE: E6b1i. Mother's age (diabetes)
168	DIABPA	Num	8	X2511F_II.	3.	FOIE: E6bii. Father (diabetes)
169	DIAFAGE	Num	8	X2311F_II.	4.	FOIE: E6b1ii. Father's age (diabetes)
170	DIABSIS	Num	8	X2511F_II.	3.	FOIE: E6biii. Sister (diabetes)
171	DIASAGE	Num	8	X2311F_II.	4.	FOIE: E6b1iii. Sister's age (diabetes)
172	DIABBRO	Num	8	X2511F_II.	3.	FOIE: E6biv. Brother (diabetes)
173	DIABAGE	Num	8	X2311F_II.	4.	FOIE: E6b1iv. Brother's age (diabetes)
174	DIABKID	Num	8	X2511F_II.	3.	FOIE: E6bv. Child (diabetes)
175	DIAKAGE	Num	8	X2311F_II.	4.	FOIE: E6b1v. Child's age (diabetes)
176	MIMA	Num	8	X2511F_II.	3.	FOIE: E6ci. Mother (heart attack)
177	MIMAGE	Num	8	X2311F_II.	4.	FOIE: E6c1i. Mother's age (heart attack)
178	MIPA	Num	8	X2511F_II.	3.	FOIE: E6cii. Father (heart attack)
179	MIFAGE	Num	8	X2311F_II.	4.	FOIE: E6c1ii. Father's age (heart attack)
180	MISIS	Num	8	X2511F_II.	3.	FOIE: E6ciii. Sister (heart attack)
181	MISAGE	Num	8	X2311F_II.	4.	FOIE: E6c1iii. Sister's age (heart attack)
182	MIBRO	Num	8	X2511F_II.	3.	FOIE: E6civ. Brother (heart attack)
183	MIBAGE	Num	8	X2311F_II.	4.	FOIE: E6c1iv. Brother's age (heart attack)
184	MIKID	Num	8	X2511F_II.	3.	FOIE: E6cv. Child (heart attack)
185	MIKAGE	Num	8	X2311F_II.	4.	FOIE: E6c1v. Child's age (heart attack)
186	STRMA	Num	8	X2511F_II.	3.	FOIE: E6di. Mother (stroke)
187	STRMAGE	Num	8	X2311F_II.	4.	FOIE: E6d1i. Mother's age (stroke)
188	STRPA	Num	8	X2511F_II.	3.	FOIE: E6dii. Father (stroke)
189	STRFAGE	Num	8	X2311F_II.	4.	FOIE: E6d1ii. Father's age (stroke)
190	STRSIS	Num	8	X2511F_II.	3.	FOIE: E6diii. Sister (stroke)
191	STRSAGE	Num	8	X2311F_II.	4.	FOIE: E6d1iii. Sister's age (stroke)
192	STRBRO	Num	8	X2511F_II.	3.	FOIE: E6div. Brother (stroke)
193	STRBAGE	Num	8	X2311F_II.	4.	FOIE: E6d1iv. Brother's age (stroke)
194	STRKID	Num	8	X2511F_II.	3.	FOIE: E6dv. Child (stroke)
195	STRKAGE	Num	8	X2311F_II.	4.	FOIE: E6d1v. Child's age (stroke)
196	HMOPAY	Num	8	X2515F_II.	3.	FOIE: E11i2. Is your HMO primarily paid for by
197	ROSE1	Num	8	X2506F_II.	3.	FOIE: E13a. Have you ever had pain or discomfort in your chest
198	ROSE2	Num	8	X2506F_II.	3.	FOIE: E13b. Do you get this pain or discomfort when you walk uphill
199	ROSE3	Num	8	X2506F_II.	3.	FOIE: E13c. Do you get it when you walk at an ordinary pace

Num	Variable	Type	Len	Format	Informat	Label
200	ROSE4	Num	8	X2468F_II.	3.	FOIE: E13d. When you get any pain or discomfort, what do you do
201	ROSE5	Num	8	X2506F_II.	3.	FOIE: E13e. Does it go away if you stand still
202	ROSE6	Num	8	X2346F_II.	3.	FOIE: E13e1. How quickly does it go away
203	ROSE7	Num	8	X2506F_II.	3.	FOIE: E13f1. Sternum (upper or middle)
204	ROSE8	Num	8	X2506F_II.	3.	FOIE: E13f2. Sternum (lower)
205	ROSE9	Num	8	X2506F_II.	3.	FOIE: E13f3. Left anterior chest
206	ROSE10	Num	8	X2506F_II.	3.	FOIE: E13f4. Left arm
207	ROSE11	Num	8	X2506F_II.	3.	FOIE: E13f5. Other
208	ROSE12	Num	8	X2506F_II.	3.	FOIE: E14. Have you ever had severe pain across the front of your chest
209	ROSE13	Num	8	X2506F_II.	3.	FOIE: E15a. Do you get pain in either leg when walking
210	ROSE14	Num	8	X2506F_II.	3.	FOIE: E15b. Does this pain ever begin when you are standing still
211	ROSE15	Num	8	X2506F_II.	3.	FOIE: E15c. Do you get this pain in your calf
212	ROSE16	Num	8	X2506F_II.	3.	FOIE: E15d. Do you get it when you walk uphill
213	ROSE17	Num	8	X2506F_II.	3.	FOIE: E15e. Do you get it when you walk at an ordinary pace
214	ROSE18	Num	8	X2506F_II.	3.	FOIE: E15f. Does the pain ever disappear while you are still walking
215	ROSE19	Num	8	X2467F_II.	3.	FOIE: E15g. What do you do if you get it when you are walking
216	ROSE20	Num	8	X2381F_II.	3.	FOIE: E15h. What usually happens if you stand still
217	HERNAGE	Num	8	X2311F_II.	3.	FOIF: G1ai. If yes, how old were you?
218	VASAGE	Num	8	X2311F_II.	3.	FOIF: G1bi. If yes, how old were you?
219	RVASAGE	Num	8	X2311F_II.	3.	FOIF: G1bi. If yes, how old were you?
220	PROSAGE	Num	8	X2311F_II.	3.	FOIF: G1ci. If yes, what age?
221	SPENAGE	Num	8	X2311F_II.	3.	FOIF: G1di. If yes, what age?
222	HOWHYST	Num	8	X2353F_II.	3.	FOIF: G3a1. Was this surgery done through the abdomen or vagina?
223	BIOVARY	Num	8	X2458F_II.	3.	FOIF: G3b1. Were one or two ovaries removed?
224	MENARCHE	Num	8	X2311F_II.	3.	FOIF: G4. How old were you when your menstrual cycles started?
225	PPCYCLE	Num	8	X2502F_II.	3.	FOIF: G8b. In the last 12 months, have you had this pain always?
226	PPBLAD	Num	8	X2506F_II.	3.	FOIF: G8c. Is this pain in the area of your bladder?
227	PPDAYS	Num	8	X2320F_II.	3.	FOIF: G10. On average, how many days of pelvic pain do you have?
228	PPDUR	Num	8	X2417F_II.	3.	FOIF: G11. For how long have you been experiencing pelvic pain?
229	PPINTERF	Num	8	X2453F_II.	3.	FOIF: G12. To what extent does this pain prevent you from doing things?
230	INFERT	Num	8	X2506F_II.	3.	FOIF: G13. Have you ever tried to conceive a baby for 12 months?

Num	Variable	Type	Len	Format	Informat	Label
231	NUMPREG	Num	8	X2311F_II.	3.	FOIF: G14. How many times have you been pregnant?
232	AVGCIGS	Num	8	X2311F_II.	4.	FOIF: J3a1. on Average # cigarettes
233	CIGSFREQ	Num	8	X2383F_II.	3.	FOIF: J3a2. Frequency
234	AVGCIGAR	Num	8	X2311F_II.	4.	FOIF: J5b1. How many cigars do you smoke?
235	CIGRFREQ	Num	8	X2383F_II.	3.	FOIF: J5b2. Frequency
236	SMOKHOME	Num	8	X2506F_II.	3.	FOIF: J6. Do you live with someone who smokes tobacco?
237	SMOKWORK	Num	8	X2506F_II.	3.	FOIF: J7. Currently do you spend time at work or outside with smokers?
238	BNGE30DY	Num	8	X2311F_II.	3.	FOIF: J10. Considering, how many times during the last 30 days?
239	AVGNDRNK	Num	8	X2311F_II.	3.	FOIF: J11. Now, how many drinks on average... those occasions?
240	URGEFREQ	Num	8	X2311F_II.	3.	FOIG: K3a. How many times a day?
241	HISPANIC	Num	8	X2506F_II.	3.	FOIG: L3. Do you consider yourself to be Spanish, Hispanic or Latino?
242	MEXICAN	Num	8	X2506F_II.	3.	FOIG: L4a. Mexican American/Chicano - updated elsewhere
243	PRICAN	Num	8	X2506F_II.	3.	FOIG: L4b. Puerto Rican - updated elsewhere
244	CUBAN	Num	8	X2506F_II.	3.	FOIG: L4c. Cuban - updated elsewhere
245	SPANISH	Num	8	X2506F_II.	3.	FOIG: L4d. Spanish - updated elsewhere
246	CENTAMER	Num	8	X2506F_II.	3.	FOIG: L4e. Central American - updated elsewhere
247	SOAMER	Num	8	X2506F_II.	3.	FOIG: L4f. South American - updated elsewhere
248	DOMINICN	Num	8	X2506F_II.	3.	FOIG: L4g. Dominican - updated elsewhere
249	OTHHISP	Num	8	X2506F_II.	3.	FOIG: L4h. Something else - updated elsewhere
250	HISPK	Num	8	X2506F_II.	3.	FOIG: L4i. Don't know
251	HISPREF	Num	8	X2506F_II.	3.	FOIG: L4j. Refused
252	AIAN	Num	8	X2506F_II.	3.	FOIG: L6a. American Indian or Alaska Native
253	ASIAN	Num	8	X2506F_II.	3.	FOIG: L6b. Asian
254	BLACK	Num	8	X2506F_II.	3.	FOIG: L6c. Black or African American
255	NHOPI	Num	8	X2506F_II.	3.	FOIG: L6d. Native Hawaiian or other Pacific Islander
256	WHITE	Num	8	X2506F_II.	3.	FOIG: L6e. White or Caucasian
257	OTHRACE	Num	8	X2506F_II.	3.	FOIG: L6f. Other
258	INTEVAL1	Num	8	X2311F_II.	3.	FOII: N1. Please rate how comfortable the REspondent was?
259	INTEVAL2	Num	8	X2311F_II.	3.	FOII: N2. Please rate how cooperative the Respondent was?
260	INTEVAL3	Num	8	X2311F_II.	3.	FOII: N3. In general, how difficult was it for the Respondent...?
261	INTEVAL4	Num	8	X2506F_II.	3.	FOII: N4. Did the Respondent have difficulty answering the questions?
262	INTEVAL5	Num	8	X2506F_II.	3.	FOII: N5. Did you feel that the Respondent gave inaccurate ...?
263	INTEVAL6	Num	8	X2506F_II.	3.	FOII: N6. Were there any unusual circumstances at the time...?

Num	Variable	Type	Len	Format	Informat	Label
264	INTEVAL7	Num	8	X2506F_II.	3.	FOIJ: N7. Did the Respondent have a language literacy problem?
265	STTIMSAQ	Char	5		\$5.	FOIJ: P1. Start time of SAQ:
266	SELFADMIN	Num	8	X2506F_II.	3.	FOIJ: P2. Did the interviewer administer the self-admin form:
267	ETIMSAQ	Char	5		\$5.	FOIJ: P3. End time of SAQ:
268	HGHT00	Num	8	X2311F_II.	6.1	FOPM: B1. Height - use HT_MI instead
269	HTS_FT00	Num	8	X2311F_II.	3.	FOPM: B1a1. Self-reported height (ft.)
270	HTS_IN00	Num	8	X2311F_II.	3.	FOPM: B1a2. Self-reported height (in.)
271	WGHT00	Num	8	X2311F_II.	6.1	FOPM: B2. Weight - use WT_MI instead
272	WGHTS00	Num	8	X2311F_II.	4.	FOPM: B2a. Self-reported weight (lbs)
273	WSTCM00	Num	8	X2311F_II.	6.1	FOPM: B3. Waist circumference - use WST_MI instead
274	WSTUN00	Num	8	X2422F_II.	3.	FOPM: B3a. Measurement taken in
275	HIPCM00	Num	8	X2311F_II.	6.1	FOPM: B4. Hip circumference - use HIP_MI instead
276	HIPUN00	Num	8	X2423F_II.	3.	FOPM: B4a. Measurement taken in
277	ENDTM00	Char	5		\$5.	FOPM: B6. End time
278	PULSE001	Num	8	X2311F_II.	3.	FOSC: C1. First pulse
279	ARMCM00	Num	8	X2311F_II.	5.1	FOSC: C2. Arm circumference
280	PULSE002	Num	8	X2311F_II.	3.	FOSC: C6. Second pulse
281	SBP002	Num	8	X2311F_II.	4.	FOSC: C7. 2nd systolic blood pressure (not imputed)
282	DBP002	Num	8	X2311F_II.	4.	FOSC: C8. 2nd diastolic blood pressure (not imputed)
283	FREE_T	Num	8	BEST12.	7.2	Free testosterone, pg/mL
284	blood	Num	8	X2506F_II.		T1c. Had blood drawn
285	rescrn	Char	1	\$RE_II.		Screeener Race/Ethnicity
286	rebase	Char	1	\$RE_II.		Baseline Race/Ethnicity
287	p1	Num	8	BEST12.		Probability that block was selected
288	p2	Num	8	BEST12.		Probability Household was sampled
289	pop	Num	8			Boston Census 2000 population
290	maxcut	Num	8	YN_ONEZERO_II.		Did you ever have an episiotomy? (y/n)
291	maxwt	Num	8	BEST12.		Weight (g) of largest baby
292	multevr	Num	8	YN_ONEZERO_II.		Were any pregnancies multiple births
293	delcut	Num	8	BEST12.		Number of episiotomies
294	avgwt	Num	8	BEST12.		Average weight of children at birth
295	still	Num	8	BEST12.		Number of stillbirths
296	mis	Num	8	BEST12.		Number of miscarriages
297	abort	Num	8	BEST12.		Number of abortions
298	tube	Num	8	BEST12.		Number of tubal or ectopic pregnancies
299	newmexican	Num	8	YN_ONEZERO_II.		T1c. Mexican American/Chicano - cleaned
300	newprican	Num	8	YN_ONEZERO_II.		T1c. Puerto Rican - cleaned

Num	Variable	Type	Len	Format	Informat	Label
301	newcuban	Num	8	YN_ONEZERO_II.		T1c. Cuban - cleaned
302	newspanish	Num	8	YN_ONEZERO_II.		T1c. Spanish - cleaned
303	newcentamer	Num	8	YN_ONEZERO_II.		T1c. Central American - cleaned
304	newsoamer	Num	8	YN_ONEZERO_II.		T1c. South American - cleaned
305	newdominicn	Num	8	YN_ONEZERO_II.		T1c. Dominican - cleaned
306	newothhisp	Num	8	YN_ONEZERO_II.		T1c. Other Hispanic - cleaned
307	twoplus	Num	8	X2506F_II.		T1c. Two or more types of Hispanic - cleaned
308	hisporig	Num	8	HISPORGF_II.		T1c. Hispanic origin - cleaned
309	hisporig2	Num	8	HISPOR2F_II.		T1c. Hispanic origin (alt) - cleaned
310	e2salv	Num	8	BEST12.		T1c. E2 salvaged
311	e2slvgd	Num	8	X2506F_II.		E2 value salvaged
312	e2llod	Num	8	X2506F_II.		Total Estradiol level smaller than 2.5pg/mL (Y/N)
313	GENDER_1	Num	8	X2424F_II.	3.	FOFA: A5. Sex of respondent
314	MODE_1	Num	8	X2407F_II.	3.	FOFA: A7. Mode
315	STRTTM00_1	Char	5		\$5.	FOFA: A8. Start time of interview
316	FATIGUE3_1	Num	8	FAT3F.	3.	FOFA. B8c. How lively did you feel? (Batch 1)
317	FATIGUE1_1	Num	8	FAT1F.	3.	FOFA. B8a. How weak did you feel? (Batch 1)
318	FATIGUE2_1	Num	8	FAT2F.	3.	FOFA. B8b. How sleepy did you feel? (Batch 1)
319	FATIGUE4_1	Num	8	FAT4F.	3.	FOFA. B8d. How tired did you feel? (Batch 1)
320	FATIGUE5_1	Num	8	FAT5F.	3.	FOFA. B8e. What was your usual energy level? (Batch 1)
321	miage_1	Num	8	X2311F_II.	3.	FOFB: E1ai. Ever told you had: A heart attack: Age
322	chfage_1	Num	8	X2311F_II.	3.	FOFB: E1bi. Ever told you had: Congestive heart failure: Age
323	chftrt_1	Num	8	X2506F_II.	3.	FOFB: E1b1. Ever told you had: Congestive heart failure: Treated
324	spvdage_1	Num	8	X2311F_II.	3.	FOFB: E1ci. Ever told you had: Surgery or angioplasty: Age
325	tiaage_1	Num	8	X2311F_II.	3.	FOFB: E1di. Ever told you had: A TIA or mild stroke: Age
326	strokeage_1	Num	8	X2311F_II.	3.	FOFB: E1ei. Ever told you had: A stroke: If yes:Age
327	asthmaage_1	Num	8	X2311F_II.	3.	FOFB: E1fi. Ever told you had: Asthma: Age
328	ASTHMA_TRT1	Num	8	X2456F_II.	3.	FOFB: E1f1. Ever told you had: Asthma: If yes do you take medication
329	clungage_1	Num	8	X2311F_II.	3.	FOFB: E1gi. Ever told you had: Chronic lung disease: Age
330	CLUNG_TRT1	Num	8	X2456F_II.	3.	FOFB: E1g1. Ever told you had: Chronic lung disease: Take medication
331	ulcerage_1	Num	8	X2311F_II.	3.	FOFB: E1hi. Ever told you had: Stomach ulcers: Age
332	diablage_1	Num	8	X2311F_II.	3.	FOFB: E1ji. Ever told you had: Insulin-dependent diabetes: Age
333	DIAB1_TRT1	Num	8	X2506F_II.	3.	FOFB: E1i1. Ever told you had: Insulin-dependent diabetes: Treating
334	diablagea_1	Num	8	X2311F_II.	3.	FOFB: E1j2i_i. Ever told you had: Problem with kidneys: Age

Num	Variable	Type	Len	Format	Informat	Label
335	diab1ageb_1	Num	8	X2311F_II.	3.	FOFB: E1j2ii_i. Ever told you had: Problem with eyes: Age
336	diab2age_1	Num	8	X2311F_II.	3.	FOFB: E1ki. Ever told you had: Adult diabetes: Age
337	DIAB2_TRT1	Num	8	X2506F_II.	3.	FOFB: E1j1. Ever told you had: non-insulin dependent or adult diabetes
338	diab2agea_1	Num	8	X2311F_II.	3.	FOFB: E1k2i_i. Type 2 diabetes kidney problem: Age
339	diab2ageb_1	Num	8	X2311F_II.	3.	FOFB: E1k2ii_i. Ever told you had: Problem with eyes: Age
340	kidneyagea_1	Num	8	X2311F_II.	3.	FOFB: E1li. Ever told you had: Kidney disease: Age
341	kidneyageb_1	Num	8	X2311F_II.	3.	FOFB: E1I2i. Kidney transplant: Age
342	arthrage_1	Num	8	X2311F_II.	3.	FOFB: E1li. Ever told you had: Arthritis: Age
343	ARTHR_TRT1B	Num	8	X2506F_II.	3.	FOFB: E1I2. Regularly take medications for arthritis?
344	lupusage_1	Num	8	X2311F_II.	3.	FOFB: E1mi. Ever told you had: Lupus: Age
345	pmrage_1	Num	8	X2311F_II.	3.	FOFB: E1ni. Ever told you had: Polmyalgia rheumatica: Age
346	alzheimage_1	Num	8	X2311F_II.	3.	FOFB: E1oi. Ever told you had: Alzheimers: Age
347	cirrage_1	Num	8	X2311F_II.	3.	FOFB: E1pi. Ever told you had: Cirrhosis: Age
348	leukemage_1	Num	8	X2311F_II.	3.	FOFB: E1qi. Ever told you had: Leukemia: Age
349	lymphoage_1	Num	8	X2311F_II.	3.	FOFB: E1ri. Ever told you had: Lymphoma: Age
350	CANC1AGEA_1	Num	8	X2311F_II.	3.	FOFB: E1s1i. Ever told you had: Cancer: Age
351	CANC1TRT_1	Num	8	X2506F_II.	3.	FOFB: E1s2. Ever told you had: Cancer spread?
352	CANC1AGEB_1	Num	8	X2311F_II.	3.	FOFB: E1s2i. Ever told you had: Cancer spread Age
353	CANCER2_1	Num	8	X2506F_II.	3.	FOFB: E1t. Ever told you had: Another Cancer?
354	CANC2AGEA_1	Num	8	X2311F_II.	3.	FOFB: E1t1i. Ever told you had: Other Cancer Age
355	CANC2MET_1	Num	8	X2506F_II.	3.	FOFB: E1t2. Ever told you had: Other Cancer spread?
356	CANC2AGEB_1	Num	8	X2311F_II.	3.	FOFB: E1t2i. Ever told you had: Cancer spread Age
357	CANCER3_1	Num	8	X2506F_II.	3.	FOFB: E1u. Ever told you had: Another Cancer?
358	CANC3AGEA_1	Num	8	X2311F_II.	3.	FOFB: E1u1i. Ever told you had: Other Cancer Age
359	CANC3TRT_1	Num	8	X2506F_II.	3.	FOFB: E1u2. Ever told you had: Other Cancer spread?
360	CANC3AGEB_1	Num	8	X2311F_II.	3.	FOFB: E1u2i. Ever told you had: Cancer spread Age
361	aidsage_1	Num	8	X2311F_II.	3.	FOFB: E1vi. Ever told you had: AIDS: Age
362	sugarage_1	Num	8	X2311F_II.	3.	FOFB: E1wi. Ever told you had: Elevated blood sugar: Age
363	allergyage_1	Num	8	X2311F_II.	3.	FOFB: E1xi. Ever told you had: Allergies: Age
364	cabgage_1	Num	8	X2311F_II.	3.	FOFB: E1yi. Ever told you had: Coronary artery bypass: Age
365	anginaage_1	Num	8	X2311F_II.	3.	FOFB: E1zi. Ever told you had: Angina pectoris: Age
366	arrhythage_1	Num	8	X2311F_II.	3.	FOFB: E1aai. Ever told you had: Irregular heartbeat: Age
367	casage_1	Num	8	X2311F_II.	3.	FOFB: E1bbi. Ever told you had: Carotid artery surgery: Age
368	CLAUDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1cci. Ever told you had: Intermittent Claudication : Age
369	PULMEMBAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ddi. Ever told you had: Pulmonary embolus : Age
370	aneurage_1	Num	8	X2311F_II.	3.	FOFB: E1eei. Ever told you had: Aortic Aneurysm: Age
371	HRDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ffi. Ever told you had: Heart rhythm disturbance: Age

Num	Variable	Type	Len	Format	Informat	Label
372	DVTAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ggi. Ever told you had: Deep Vein Thrombosis: Age
373	RAYNAUDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1hhi. Ever told you had: Raynauds Disease: Age
374	PVDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1iii. Ever told you had: Peripheral Vascular Disease: Age
375	CHOLESTAGE_1	Num	8	X2311F_II.	3.	FOFB: E1jji. Ever told you had: High cholesterol: Age
376	HBPAGE_1	Num	8	X2311F_II.	3.	FOFB: E1kki. Ever told you had: High Blood Pressure: Age
377	OSTEOPAGE_1	Num	8	X2311F_II.	3.	FOFB: E1lli. Ever told you had: Osteoporosis: Age
378	PARKINAGE_1	Num	8	X2311F_II.	3.	FOFB: E1mmi. Ever told you had: Parkinson's Disease: Age
379	MSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1nni. Ever told you had: Multiple Sclerosis: Age
380	GDIABAGE_1	Num	8	X2311F_II.	3.	FOFB: E1rri. Ever told you had: Gestational Diabetes: Age
381	ENDOMETAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ssi. Ever told you had: Endometriosis: Age
382	PIDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1tti. Ever told you had: Pelvic Inflammatory Disease: Age
383	CYSTAGE_1	Num	8	X2311F_II.	3.	FOFB: E1uui. Ever told you had: Ovarian Cyst: Age
384	PCOSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1vvi. Ever told you had: polycystic ovarian syndrome: Age
385	FIBROIDAGE_1	Num	8	X2311F_II.	3.	FOFB: E1wwi. Ever told you had: uterine fibroids: Age
386	PUTERUSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1xxi. Ever told you had: prolapsed uterus: Age
387	PBLADERAGE_1	Num	8	X2311F_II.	3.	FOFB: E1yyi. Ever told you had: prolapsed bladder: Age
388	PRECTUMAGE_1	Num	8	X2311F_II.	3.	FOFB: E1zz1. Ever told you had: prolapsed rectum: Age
389	UIAGE_1	Num	8	X2311F_II.	3.	FOFB: E2ei. Ever told you had: urinary incontinence: Age
390	ICAGE_1	Num	8	X2311F_II.	3.	FOFB: E2fi. Ever told you had: interstitial cystitis: Age
391	PBSAGE_1	Num	8	X2311F_II.	3.	FOFB: E2gi. Ever told you had: painful bladder syndrome: Age
392	CPPAGE_1	Num	8	X2311F_II.	3.	FOFB: E2hi. Ever told you had: chronic pelvic pain: Age
393	SEXDYSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1bbbi. Ever told you had: sexual dysfunction: Age
394	BPHAGE_1	Num	8	X2311F_II.	3.	FOFB: E2ai. Ever told you had: Benign Prostatic Hyperplasia: Age
395	PROSTATAGE_1	Num	8	X2311F_II.	3.	FOFB: E2bi. Ever told you had: Prostatitis: Age
396	HYPOGOAGE_1	Num	8	X2311F_II.	3.	FOFB: E2ci. Ever told you had: Hypogonadism: Age
397	EDAGE_1	Num	8	X2311F_II.	3.	FOFB: E2di. Ever told you had: Erectile Dysfunction: Age
398	PERMCTH_1	Num	8	X2506F_II.	3.	FOFB: E3b1. Ever told you had: in dwelling or permanent catheter
399	KSTONETIME_1	Num	8	X2311F_II.	3.	FOFB: E4b. How many times: Kidney stones in your lifetime
400	GSTONES_TRT1	Num	8	X2506F_II.	3.	FOFB: E5b. Ever had: Gallstones removed or dissolved
401	GSTONES_SUR1	Num	8	X2506F_II.	3.	FOFB: E5c. Ever had: Gallbladder surgery
402	GSTONES_AGE1	Num	8	X2311F_II.	3.	FOFB: E5d. How old were you when you had gallbladder surgery: Age
403	HMO_1_H	Num	8	X2506F_II.	3.	FOFB: E6h. Health Insurance: HMO
404	HMO_1	Num	8	X2506F_II.	3.	FOFB: E7a2. For regular care you go to: A HMO

Num	Variable	Type	Len	Format	Informat	Label
405	DIAB2_1DIET	Num	8	X2506F_II.	3.	FOFB: E1k1i. Ever told you had: Insulin-dependent diabetes: Diet
406	cyeastage_1	Num	8	X2311F_II.	3.	FOFB: E1aaai. Ever told you had: Chronic yeast infections: Age
407	DIAB1_1INS	Num	8	X2506F_II.	3.	FOFB: E1j1iii. Ever told you had: Insulin-dependent diabetes: Insulin
408	IBSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1qqi. Ever told you had: Irritable Bowel Syndrome:Age
409	DIAB2_1INS	Num	8	X2506F_II.	3.	FOFB: E1k1iii. Ever told you had: Insulin-dependent diabetes: Insulin
410	DIAB2_1MED	Num	8	X2506F_II.	3.	FOFB: E1k1ii. Ever told you had: Insulin-dependent diabetes: Meds
411	DIAB2_1NOTRT	Num	8	X2506F_II.	3.	FOFB: E1k1iv. Ever told you had: Insulin-dependent diabetes: No Treatment
412	DIAB1_1DIET	Num	8	X2506F_II.	3.	FOFB: E1j1i. Ever told you had: Insulin-dependent diabetes: Diet
413	CFSAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ppi. Ever told you had: Chronic Fatigue Syndrome: Age
414	FIBROAGE_1	Num	8	X2311F_II.	3.	FOFB: E1ooi. Ever told you had: Fibromyalgia: Age
415	DIAB1_1NOTRT	Char	2		\$2.	FOFB: E1j1iv. Ever told you had: Insulin-dependent diabetes: No Treatment
416	DIAB1_1MED	Num	8	X2506F_II.	3.	FOFB: E1j1ii. Ever told you had: Insulin-dependent diabetes: Meds
417	BCPAGE_1	Num	8	X2311F_II.	3.	FOFC: F2ai. How old were you when you began using?
418	BCPDUR_1	Num	8	X2311F_II.	3.	FOFC: F2aii. For how long altogether have you used
419	BCPUNT_1	Num	8	X2431F_II.	3.	FOFC: F2aiii. Units
420	BCIAGE_1	Num	8	X2311F_II.	3.	FOFC: F2bi. How old were you when you began using?
421	BCIDUR_1	Num	8	X2311F_II.	3.	FOFC: F2bii. For how long altogether have you used
422	BCIUNT_1	Num	8	X2431F_II.	3.	FOFC: F2biii. Units
423	NORPAGE_1	Num	8	X2311F_II.	3.	FOFC: F2ci. How old were you when you began using?
424	NORPDUR_1	Num	8	X2311F_II.	3.	FOFC: F2cii. For how long altogether have you used
425	NORPUNT_1	Num	8	X2431F_II.	3.	FOFC: F2ciii. Units
426	IUDAGE_1	Num	8	X2311F_II.	3.	FOFC: F2di. How old were you when you began using?
427	IUDDUR_1	Num	8	X2311F_II.	3.	FOFC: F2dii. For how long altogether have you used
428	IUDUNT_1	Num	8	X2431F_II.	3.	FOFC: F2diii. Units
429	RINGAGE_1	Num	8	X2311F_II.	3.	FOFC: F2ei. How old were you when you began using?
430	RINGDUR_1	Num	8	X2311F_II.	3.	FOFC: F2eii. For how long altogether have you used
431	RINGUNT_1	Num	8	X2431F_II.	3.	FOFC: F2eiii. Units
432	HERNAGE_1	Num	8	X2311F_II.	3.	FOFC: G1ai. How old were you at the time of surgery:Age
433	VASAGE_1	Num	8	X2311F_II.	3.	FOFC: G1bi. How old were you at the time of surgery:Age
434	RVASAGE_1	Num	8	X2311F_II.	3.	FOFC: G1b1i. How old were you at the time of surgery:Age
435	BLADMENAGE_1	Num	8	X2311F_II.	3.	FOFC: G1ci. How old were you at the time of surgery:Age
436	PROSAGE_1	Num	8	X2311F_II.	3.	FOFC: G1di. How old were you at the time of surgery:Age

Num	Variable	Type	Len	Format	Informat	Label
437	CIRCISEAGE_1	Num	8	X2311F_II.	3.	FOFC: G1ei. How old were you at the time of surgery:Age
438	SPENAGE_1	Num	8	X2311F_II.	3.	FOFC: G1fi. How old were you at the time of surgery:Age
439	CURPREG_1	Num	8	X2509F_II.	3.	FOFC: G3. Are you pregnant
440	HORMONE_1	Num	8	X2509F_II.	3.	FOFC: G4. Have you taken any female hormones
441	HYSTERAGE_1	Num	8	X2311F_II.	3.	FOFC: G5ai. How old were you at the time of surgery:Age
442	SURGMETH_1	Num	8	X2354F_II.	3.	FOFC: G5a1. Was this surgery done through abdomen/vagina
443	PRE3MON_1	Num	8	X2506F_II.	3.	FOFC: G5a2. Did you have menstrual period in 3 months prior to surgery
444	PRE12MON_1	Num	8	X2506F_II.	3.	FOFC: G5a2a. Did you have menstrual period in 12 months prior to surgery
445	SURCAN_1	Num	8	X2314F_II.	3.	FOFC: G5a3a. What was the reason for surgery:Cancer
446	SURUTF_1	Num	8	X2314F_II.	3.	FOFC: G5a3b. What was the reason for surgery:Uterine Fibroids
447	SURAUT_1	Num	8	X2314F_II.	3.	FOFC: G5a3c. What was the reason for surgery:Abnormal Uterine Bleeding
448	SURENDO_1	Num	8	X2314F_II.	3.	FOFC: G5a3d. What was the reason for surgery:Endometriosis
449	SURCP_1	Num	8	X2314F_II.	3.	FOFC: G5a3e. What was the reason for surgery:Chronic Pain
450	SURUTP_1	Num	8	X2314F_II.	3.	FOFC: G5a3f. What was the reason for surgery:Uterine Prolapse
451	SURBC_1	Num	8	X2314F_II.	3.	FOFC: G5a3g. What was the reason for surgery:Benign Cysts
452	SUROTH_1	Num	8	X2314F_II.	3.	FOFC: G5a3h. What was the reason for surgery:Other
453	OVARMDAGE_1	Num	8	X2311F_II.	3.	FOFC: G5bi. How old were you at the time of surgery:Age
454	OVANUM_1	Num	8	X2459F_II.	3.	FOFC: G5b1. Were one or two ovaries removed
455	PRE3MON2_1	Num	8	X2506F_II.	3.	FOFC: G5b2. Did you have menstrual period in 3 months prior to surgery
456	PRE12MON2_1	Num	8	X2506F_II.	3.	FOFC: G5b2a. Did you have menstrual period in 12 months prior to surgery
457	SURPC_2	Num	8	X2314F_II.	3.	FOFC: G5b3e. What was the reason for surgery:To Prevent Cancer
458	SURGUIAGE_1	Num	8	X2311F_II.	3.	FOFC: G5ci. How old were you at the time of surgery:Age
459	BLADSURAGE_1	Num	8	X2311F_II.	3.	FOFC: G5di. How old were you at the time of surgery:Age
460	PFDSURAGE_1	Num	8	X2311F_II.	3.	FOFC: G5ei. How old were you at the time of surgery:Age
461	TUBLIGAGE_1	Num	8	X2311F_II.	3.	FOFC: G5fi. How old were you at the time of surgery:Age
462	ADCAGE_1	Num	8	X2311F_II.	3.	FOFC: G5gi. How old were you at the time of surgery:Age
463	ADCNUM_1	Num	8	X2311F_II.	3.	FOFC: G5g1. If Yes: How many
464	ENDBIOAGE_1	Num	8	X2311F_II.	3.	FOFC: G5hi. How old were you at the time of surgery:Age
465	ENDBIONUM_1	Num	8	X2311F_II.	3.	FOFC: G5h1. If Yes: How many
466	NUMPREG_1	Num	8	X2311F_II.	3.	FOFC: G6a. How many times have you been pregnant
467	BWLBS_1	Num	8	X2311F_II.	3.	FOFC: G6fi. What is the birth weight of the baby: pounds
468	BWOZS_1	Num	8	X2311F_II.	3.	FOFC: G6fii. What is the birth weight of the baby: ounces
469	BWGRAMS_1	Num	8	X2311F_II.	5.	FOFC: G6fiii. What is the birth weight of the baby: grams

Num	Variable	Type	Len	Format	Informat	Label
470	FSTLBTHYR_1	Num	8	X2311F_II.	5.	FOFC: G7a. How old were you at the time of your first live birth
471	LASTLBTHYR_1	Num	8	X2311F_II.	5.	FOFC: G7b. How old were you at the time of your last live birth
472	STOPYEAR_1	Num	8	X2311F_II.	5.	FOFC: G8b. Can you tell what year your periods stopped
473	PPCYCLE_1	Num	8	X2504F_II.	3.	FOFC: G11b. Last 12 months:pelvic pain about same time of monthly cycle
474	PPBLAD_1	Num	8	X2506F_II.	3.	FOFC: G11c. Last 12 months:Is this pain in the area of the bladder
475	PPDAYS_1	Num	8	X2345F_II.	3.	FOFC: G14. On average how many days in a month you have pelvic pain
476	PPDUR_1	Num	8	X2418F_II.	3.	FOFC: G15. How long have you been experiencing pelvic pain
477	PPINTERF_1	Num	8	X2452F_II.	3.	FOFC: G16. What extent pelvic pain prevent you from doing things
478	PPPROB_1	Num	8	X2455F_II.	3.	FOFC: G17. Last 4 weeks: How much has this been a problem
479	AVGCIGS_1	Num	8	X2311F_II.	4.	FOFC: I3a. On average, how many cigarettes you smoke
480	CIGSFREQ_1	Num	8	X2383F_II.	3.	FOFC: I3b. time unit for smoking cigarettes
481	AVGCIGAR_1	Num	8	X2311F_II.	4.	FOFC: I5b1. On average, how many cigars you smoke
482	CIGRFREQ_1	Num	8	X2383F_II.	3.	FOFC: I5b2. time unit for smoking cigars
483	SMOKHOME_1	Num	8	X2506F_II.	3.	FOFC: I6. Do you live with someone who smoke tobacco at home
484	SMOKWORK_1	Num	8	X2506F_II.	3.	FOFC: I7. Do you spend time daily basis at work with people who smoke
485	BNGE30DY_1	Num	8	X2311F_II.	3.	FOFC: I11. How many times you had 5 or more drinks within 24 hours
486	AVGNDRNK_1	Num	8	X2311F_II.	3.	FOFC: I12. How many drinks on average do you have
487	PATCHDUR_1	Num	8	X2311F_II.	3.	FOFC: F2dii. For how long altogether have you used
488	CIGSAGEQT_1	Num	8	X2311F_II.	3.	FOFC: I2a. How old were you when you quit smoking?
489	OVSURCAN_1	Num	8	X2314F_II.	3.	FOFC: G5b3a. What was the reason for surgery:Cancer
490	IUDOTHAGE_1	Num	8	X2311F_II.	3.	FOFC: F2f2i. How old were you when you began using?
491	PATCHAGE_1	Num	8	X2311F_II.	3.	FOFC: F2di. How old were you when you began using?
492	PPDURPER_1	Num	8	X2506F_II.	3.	FOFC: G11biv. Pelvic Pain with monthly cycle during period
493	OVSURPC_1	Num	8	X2314F_II.	3.	FOFC: G5b3e. What was the reason for surgery:To Prevent Cancer
494	BEERMEAL_1	Num	8	X2420F_II.	3.	FOFC: I10aiii. Meal with : Beer / Lite Beer
495	PVULVALOC_1	Num	8	X2384F_II.	3.	FOFC: G12a. Where was the vulva pain located?
496	OVSURCP_1	Num	8	X2314F_II.	3.	FOFC: G5b3c. What was the reason for surgery:Chronic Pain
497	EVERPREG_1	Num	8	X2506F_II.	3.	FOFC: G6. Have you ever been pregnant? (not imputed or cleaned)
498	PPNOTREG_1	Num	8	X2506F_II.	3.	FOFC: G11bv. Pelvic Pain with monthly cycle not at same time in cycle
499	PPAFTPER_1	Num	8	X2506F_II.	3.	FOFC: G11bii. Pelvic Pain with monthly cycle after period

Num	Variable	Type	Len	Format	Informat	Label
500	PVULCUR_1	Num	8	X2506F_II.	3.	FOFC: G12c. Last 12 months:Is this pain in the area of the bladder
501	ALCOH30DY_1	Num	8	X2506F_II.	3.	FOFC: I9. Have you had an alcoholic drink in the past 30 days?
502	CIGSAGEST_1	Num	8	X2311F_II.	3.	FOFC: I1a. How old were you when first started smoking?
503	PATCHUNT_1	Num	8	X2431F_II.	3.	FOFC: F2diii. Units
504	PPBEFPER_1	Num	8	X2506F_II.	3.	FOFC: G11bi. Pelvic Pain with monthly cycle before period
505	ALCOHUSE_1	Num	8	X2411F_II.	3.	FOFC: I13. Past 10 years has your use of alcoholic beverages increased
506	LIQUMEAL_1	Num	8	X2420F_II.	3.	FOFC: I10ciii. Meal with : Hard Liquor
507	OVSURENDO_1	Num	8	X2314F_II.	3.	FOFC: G5b3b. What was the reason for surgery:Endometriosis
508	IUDMIRUNT_1	Num	8	X2431F_II.	3.	FOFC: F2f1iii. Units
509	OVSURBC_1	Num	8	X2314F_II.	3.	FOFC: G5b3d. What was the reason for surgery:Benign Cysts
510	IUDOTHUNT_1	Num	8	X2431F_II.	3.	FOFC: F2f2iii. Units
511	IUDMIRDUR_1	Num	8	X2311F_II.	3.	FOFC: F2f1ii. For how long altogether have you used
512	PPMIDPER_1	Num	8	X2506F_II.	3.	FOFC: G11biii. Pelvic Pain with monthly cycle mid cycle
513	IUDMIRAGE_1	Num	8	X2311F_II.	3.	FOFC: F2f1i. How old were you when you began using?
514	PVULOPEN_1	Num	8	X2506F_II.	3.	FOFC: G12b. Pain at the opening of the vulva lasted for 3 months
515	WINEMEAL_1	Num	8	X2420F_II.	3.	FOFC: I10biii. Meal with : Wine/Wine Coolers/Sangria/Champagne
516	IUDOTHDUR_1	Num	8	X2311F_II.	3.	FOFC: F2f2ii. For how long altogether have you used
517	OVSUROTH_1	Num	8	X2314F_II.	3.	FOFC: G5b3f. What was the reason for surgery:Other
518	URGEA_XDAY_1	Num	8	X2311F_II.	3.	FOFD: J2a. IF EVERYDAY: how many times per day?
519	ENDTIMEI_1	Char	5		\$5.	FOFE: M8. End time of interview
520	COMPFAM_1	Num	8	X2496F_II.	3.	FOFE: K12d. Computer: where: family outside household
521	COMPFRD_1	Num	8	X2496F_II.	3.	FOFE: K12c. Computer: where: friends
522	COMPLIB_1	Num	8	X2496F_II.	3.	FOFE: K12b. Computer: where: library
523	COMPNUM_1	Num	8	X2311F_II.	3.	FOFE: K10a. Computer: number of computers
524	COMPOTH_1	Num	8	X2496F_II.	3.	FOFE: K12e. Computer: where: other
525	COMPWRK_1	Num	8	X2496F_II.	3.	FOFE: K12a. Computer: where: work
526	INTCON_1	Num	8	X2386F_II.	3.	FOFE: K11a. Computer: How connect to internet
527	INTSRCHDX_1	Num	8	X2496F_II.	3.	FOFE: K14bc. Internet: search: disease specific websites
528	INTSRCHEN_1	Num	8	X2496F_II.	3.	FOFE: K14ba. Internet: search: search engines
529	INTSRCHFQ_1	Num	8	X2355F_II.	3.	FOFE: K14a. Internet: search: health: how often?
530	INTSRCHGH_1	Num	8	X2496F_II.	3.	FOFE: K14bb. Internet: search: general health portals (e.g. WebMd)
531	INTURPRB1_1	Num	8	X2496F_II.	3.	FOFE: K14c. Internet: search: info for urological problem
532	pulse1_1	Num	8		4.	FUPM: C1. First pulse

Num	Variable	Type	Len	Format	Informat	Label
533	cuffsize_1	Num	8		3.	FUPM: C2. Cuff size
534	first_sbp_1	Num	8		4.	FUPM: C4. First systolic blood pressure
535	first_dbp_1	Num	8		4.	FUPM: C5. First diastolic blood pressure
536	pulse2_1	Num	8		4.	FUPM: C6. Second pulse
537	second_sbp_1	Num	8		4.	FUPM: C7. Second systolic blood pressure
538	second_dbp_1	Num	8		4.	FUPM: C8. Second diastolic blood pressure
539	dbp_1	Num	8		4.	FUPM: C5. Diastolic blood pressure
540	electdev_1	Num	8	ELECTDEV_1F.	3.	FUPM: B2. Electrical Medical Devices
541	knowneck_1	Num	8	X2511F_II.	3.	FUPM: B7. Know shirt collar size
542	pulse60_1	Num	8		4.	FUPM: C3. Pulse
543	sbp_1	Num	8		4.	FUPM: C4. Systolic blood pressure
544	NOPAIN	Num	8	X2436F_II.	3.	PAIN: B1. No Pain at All
545	FOREHEAD_S	Num	8	X2505F_II.	3.	PAIN: C1a. Forehead: shaded pain
546	FOREHEAD_M	Num	8	X2505F_II.	3.	PAIN: C1b. Forehead: most pain
547	FACE_S	Num	8	X2505F_II.	3.	PAIN: C2a. Face: shaded pain
548	FACE_M	Num	8	X2505F_II.	3.	PAIN: C2b. Face: most pain
549	FNECK_S	Num	8	X2505F_II.	3.	PAIN: C3a. Front Neck: shaded pain
550	FNECK_M	Num	8	X2505F_II.	3.	PAIN: C3b. Front Neck: most pain
551	FSHRT_S	Num	8	X2505F_II.	3.	PAIN: C4a. Front Shoulder Right: shaded pain
552	FSHRT_M	Num	8	X2505F_II.	3.	PAIN: C4b. Front Shoulder Right: most pain
553	FSHLFT_S	Num	8	X2505F_II.	3.	PAIN: C5a. Front Shoulder Left: shaded pain
554	FSHLFT_M	Num	8	X2505F_II.	3.	PAIN: C5b. Front Shoulder Left: most pain
555	FARMRT_S	Num	8	X2505F_II.	3.	PAIN: C6a. Front Arm Right: shaded pain
556	FARMRT_M	Num	8	X2505F_II.	3.	PAIN: C6b. Front Arm Right: most pain
557	FARMLFT_S	Num	8	X2505F_II.	3.	PAIN: C7a. Front Arm Left: shaded pain
558	FARMLFT_M	Num	8	X2505F_II.	3.	PAIN: C7b. Front Arm Left: most pain
559	FELBRT_S	Num	8	X2505F_II.	3.	PAIN: C8a. Front Elbow Right: shaded pain
560	FELBRT_M	Num	8	X2505F_II.	3.	PAIN: C8b. Front Elbow Right: most pain
561	FELBLFT_S	Num	8	X2505F_II.	3.	PAIN: C9a. Front Elbow Left: shaded pain
562	FELBLFT_M	Num	8	X2505F_II.	3.	PAIN: C9b. Front Elbow Left: most pain
563	FFARMRT_S	Num	8	X2505F_II.	3.	PAIN: C10a. Front Forearm Right: shaded pain
564	FFARMRT_M	Num	8	X2505F_II.	3.	PAIN: C10b. Front Forearm Right: most pain
565	FFARMLFT_S	Num	8	X2505F_II.	3.	PAIN: C11a. Front Forearm Left: shaded pain
566	FFARMLFT_M	Num	8	X2505F_II.	3.	PAIN: C11b. Front Forearm Left: most pain
567	FWRSTRT_S	Num	8	X2505F_II.	3.	PAIN: C12a. Front Wrist Right: shaded pain
568	FWRSTRT_M	Num	8	X2505F_II.	3.	PAIN: C12b. Front Wrist Right: most pain
569	FWRSTLFT_S	Num	8	X2505F_II.	3.	PAIN: C13a. Front Wrist Left: shaded pain
570	FWRSTLFT_M	Num	8	X2505F_II.	3.	PAIN: C13b. Front Wrist Left: most pain
571	FHNDRT_S	Num	8	X2505F_II.	3.	PAIN: C14a. Front Hand Right: shaded pain

Num	Variable	Type	Len	Format	Informat	Label
572	FHNDRT_M	Num	8	X2505F_II.	3.	PAIN: C14b. Front Hand Right: most pain
573	FHNDLFT_S	Num	8	X2505F_II.	3.	PAIN: C15a. Front Hand Left: shaded pain
574	FHNDLFT_M	Num	8	X2505F_II.	3.	PAIN: C15b. Front Hand Left: most pain
575	CHEST_S	Num	8	X2505F_II.	3.	PAIN: C16a. Chest: shaded pain
576	CHEST_M	Num	8	X2505F_II.	3.	PAIN: C16b. Chest: most pain
577	ABDOM_S	Num	8	X2505F_II.	3.	PAIN: C17a. Abdomen Upper: shaded pain
578	ABDOM_M	Num	8	X2505F_II.	3.	PAIN: C17b. Abdomen Upper: most pain
579	ABDOMLO_S	Num	8	X2505F_II.	3.	PAIN: C18a. Abdomen Lower: shaded pain
580	ABDOMLO_M	Num	8	X2505F_II.	3.	PAIN: C18b. Abdomen Lower: most pain
581	HIPRT_S	Num	8	X2505F_II.	3.	PAIN: C19a. Hip Right: shaded pain
582	HIPRT_M	Num	8	X2505F_II.	3.	PAIN: C19b. Hip Right: most pain
583	HIPLFT_S	Num	8	X2505F_II.	3.	PAIN: C20a. Hip Left: shaded pain
584	HIPLFT_M	Num	8	X2505F_II.	3.	PAIN: C20b. Hip Left: most pain
585	FTHIRT_S	Num	8	X2505F_II.	3.	PAIN: C21a. Front Thigh Right: shaded pain
586	FTHIRT_M	Num	8	X2505F_II.	3.	PAIN: C21b. Front Thigh Right: most pain
587	FTHILFT_S	Num	8	X2505F_II.	3.	PAIN: C22a. Front Thigh Left: shaded pain
588	FTHILFT_M	Num	8	X2505F_II.	3.	PAIN: C22b. Front Thigh Left: most pain
589	FKNERT_S	Num	8	X2505F_II.	3.	PAIN: C23a. Front Knee Right: shaded pain
590	FKNERT_M	Num	8	X2505F_II.	3.	PAIN: C23b. Front Knee Right: most pain
591	FKNELFT_S	Num	8	X2505F_II.	3.	PAIN: C24a. Front Knee Left: shaded pain
592	FKNELFT_M	Num	8	X2505F_II.	3.	PAIN: C24b. Front Knee Left: most pain
593	FLEGRT_S	Num	8	X2505F_II.	3.	PAIN: C25a. Front Lower Leg Right: shaded pain
594	FLEGRT_M	Num	8	X2505F_II.	3.	PAIN: C25b. Front Lower Leg Right: most pain
595	FLEGLFT_S	Num	8	X2505F_II.	3.	PAIN: C26a. Front Lower Leg Left: shaded pain
596	FLEGLFT_M	Num	8	X2505F_II.	3.	PAIN: C26b. Front Lower Leg Left: most pain
597	FANKRT_S	Num	8	X2505F_II.	3.	PAIN: C27a. Front Ankle Right: shaded pain
598	FANKRT_M	Num	8	X2505F_II.	3.	PAIN: C27b. Front Ankle Right: most pain
599	FANKLFT_S	Num	8	X2505F_II.	3.	PAIN: C28a. Front Ankle Left: shaded pain
600	FANKLFT_M	Num	8	X2505F_II.	3.	PAIN: C28b. Front Ankle Left: most pain
601	FFOOTRT_S	Num	8	X2505F_II.	3.	PAIN: C29a. Front Foot Right: shaded pain
602	FFOOTRT_M	Num	8	X2505F_II.	3.	PAIN: C29b. Front Foot Right: most pain
603	FFOOTLFT_S	Num	8	X2505F_II.	3.	PAIN: C30a. Front Foot Left: shaded pain
604	FFOOTLFT_M	Num	8	X2505F_II.	3.	PAIN: C30b. Front Foot Left: most pain
605	GEN_S	Num	8	X2505F_II.	3.	PAIN: C31a. Genitalia: shaded pain
606	GEN_M	Num	8	X2505F_II.	3.	PAIN: C31b. Genitalia: most pain
607	HEAD_S	Num	8	X2505F_II.	3.	PAIN: C32a. Head: shaded pain
608	HEAD_M	Num	8	X2505F_II.	3.	PAIN: C32b. Head: most pain
609	BNECK_S	Num	8	X2505F_II.	3.	PAIN: C33a. Back Neck: shaded pain
610	BNECK_M	Num	8	X2505F_II.	3.	PAIN: C33b. Back Neck: most pain

Num	Variable	Type	Len	Format	Informat	Label
611	BSHRT_S	Num	8	X2505F_II.	3.	PAIN: C34a. Back Shoulder Right: shaded pain
612	BSHRT_M	Num	8	X2505F_II.	3.	PAIN: C34b. Back Shoulder Right: most pain
613	BSHLFT_S	Num	8	X2505F_II.	3.	PAIN: C35a. Back Shoulder Left: shaded pain
614	BSHLFT_M	Num	8	X2505F_II.	3.	PAIN: C35b. Back Shoulder Left: most pain
615	BARMRT_S	Num	8	X2505F_II.	3.	PAIN: C36a. Back Arm Right: shaded pain
616	BARMRT_M	Num	8	X2505F_II.	3.	PAIN: C36b. Back Arm Right: most pain
617	BARMLFT_S	Num	8	X2505F_II.	3.	PAIN: C37a. Back Arm Left: shaded pain
618	BARMLFT_M	Num	8	X2505F_II.	3.	PAIN: C37b. Back Arm Left: most pain
619	BELBRT_S	Num	8	X2505F_II.	3.	PAIN: C38a. Back Elbow Right: shaded pain
620	BELBRT_M	Num	8	X2505F_II.	3.	PAIN: C38b. Back Elbow Right: most pain
621	BELBLFT_S	Num	8	X2505F_II.	3.	PAIN: C39a. Back Elbow Left: shaded pain
622	BELBLFT_M	Num	8	X2505F_II.	3.	PAIN: C39b. Back Elbow Left: most pain
623	BFARMRT_S	Num	8	X2505F_II.	3.	PAIN: C40a. Back Forearm Right: shaded pain
624	BFARMRT_M	Num	8	X2505F_II.	3.	PAIN: C40b. Back Forearm Right: most pain
625	BFARMLFT_S	Num	8	X2505F_II.	3.	PAIN: C41a. Back Forearm Left: shaded pain
626	BFARMLFT_M	Num	8	X2505F_II.	3.	PAIN: C41b. Back Forearm Left: most pain
627	BWRSTRT_S	Num	8	X2505F_II.	3.	PAIN: C42a. Back Wrist Right: shaded pain
628	BWRSTRT_M	Num	8	X2505F_II.	3.	PAIN: C42b. Back Wrist Right: most pain
629	BWRSTLFT_S	Num	8	X2505F_II.	3.	PAIN: C43a. Back Wrist Left: shaded pain
630	BWRSTLFT_M	Num	8	X2505F_II.	3.	PAIN: C43b. Back Wrist Left: most pain
631	BHNDRT_S	Num	8	X2505F_II.	3.	PAIN: C44a. Back Hand Right: shaded pain
632	BHNDRT_M	Num	8	X2505F_II.	3.	PAIN: C44b. Back Hand Right: most pain
633	BHNDLFT_S	Num	8	X2505F_II.	3.	PAIN: C45a. Back Hand Left: shaded pain
634	BHNDLFT_M	Num	8	X2505F_II.	3.	PAIN: C45b. Back Hand Left: most pain
635	BACKUP_S	Num	8	X2505F_II.	3.	PAIN: C46a. Back Upper: shaded pain
636	BACKUP_M	Num	8	X2505F_II.	3.	PAIN: C46b. Back Upper: most pain
637	BACKLOW_S	Num	8	X2505F_II.	3.	PAIN: C47a. Back Lower: shaded pain
638	BACKLOW_M	Num	8	X2505F_II.	3.	PAIN: C47b. Back Lower: most pain
639	BUTTRT_S	Num	8	X2505F_II.	3.	PAIN: C48a. Buttock Right: shaded pain
640	BUTTRT_M	Num	8	X2505F_II.	3.	PAIN: C48b. Buttock Right: most pain
641	BUTTLFT_S	Num	8	X2505F_II.	3.	PAIN: C49a. Buttock Left: shaded pain
642	BUTTLFT_M	Num	8	X2505F_II.	3.	PAIN: C49b. Buttock Left: most pain
643	BTHIRT_S	Num	8	X2505F_II.	3.	PAIN: C50a. Back Thigh Right: shaded pain
644	BTHIRT_M	Num	8	X2505F_II.	3.	PAIN: C50b. Back Thigh Right: most pain
645	BTHILFT_S	Num	8	X2505F_II.	3.	PAIN: C51a. Back Thigh Left: shaded pain
646	BTHILFT_M	Num	8	X2505F_II.	3.	PAIN: C51b. Back Thigh Left: most pain
647	BKNERT_S	Num	8	X2505F_II.	3.	PAIN: C52a. Back Knee Right: shaded pain
648	BKNERT_M	Num	8	X2505F_II.	3.	PAIN: C52b. Back Knee Right: most pain
649	BKNELFT_S	Num	8	X2505F_II.	3.	PAIN: C53a. Back Knee Left: shaded pain

Num	Variable	Type	Len	Format	Informat	Label
650	BKNELFT_M	Num	8	X2505F_II.	3.	PAIN: C53b. Back Knee Left: most pain
651	BLEGRT_S	Num	8	X2505F_II.	3.	PAIN: C54a. Back Lower Leg Right: shaded pain
652	BLEGRT_M	Num	8	X2505F_II.	3.	PAIN: C54b. Back Lower Leg Right: most pain
653	BLEGLFT_S	Num	8	X2505F_II.	3.	PAIN: C55a. Back Lower Leg Left: shaded pain
654	BLEGLFT_M	Num	8	X2505F_II.	3.	PAIN: C55b. Back Lower Leg Left: most pain
655	BANKRT_S	Num	8	X2505F_II.	3.	PAIN: C56a. Back Ankle Right: shaded pain
656	BANKRT_M	Num	8	X2505F_II.	3.	PAIN: C56b. Back Ankle Right: most pain
657	BANKLFT_S	Num	8	X2505F_II.	3.	PAIN: C57a. Back Ankle Left: shaded pain
658	BANKLFT_M	Num	8	X2505F_II.	3.	PAIN: C57b. Back Ankle Left: most pain
659	BFOOTRT_S	Num	8	X2505F_II.	3.	PAIN: C58a. Back Foot Right: shaded pain
660	BFOOTRT_M	Num	8	X2505F_II.	3.	PAIN: C58b. Back Foot Right: most pain
661	BFOOTLFT_S	Num	8	X2505F_II.	3.	PAIN: C59a. Back Foot Left: shaded pain
662	BFOOTLFT_M	Num	8	X2505F_II.	3.	PAIN: C59b. Back Foot Left: most pain
663	SACRUM_S	Num	8	X2505F_II.	3.	PAIN: C60a. Sacrum: shaded pain
664	SACRUM_M	Num	8	X2505F_II.	3.	PAIN: C60b. Sacrum: most pain
665	BLDTHIN_1	Num	8	X2506F_II.	3.	FOFA: D2a. Any medications to thin your blood
666	HEARTMED_1	Num	8	X2506F_II.	3.	FOFA: D2b. Anything for your heart or heart beat
667	ULCERMED_1	Num	8	X2506F_II.	3.	FOFA: D2c. Anything for stomach ulcers
668	CHOLMED_1	Num	8	X2506F_II.	3.	FOFA: D2d. Any medications for cholesterol
669	BPMED_1	Num	8	X2506F_II.	3.	FOFA: D2e. Blood pressure or fluid pills
670	THYRMED_1	Num	8	X2506F_II.	3.	FOFA: D2f. Thyroid pills
671	INSULIN_1	Num	8	X2506F_II.	3.	FOFA: D2g. Insulin or pills for sugar in your blood
672	ANXMED_1	Num	8	X2506F_II.	3.	FOFA: D2h. Medications for anxiety
673	ANTIDEP_1	Num	8	X2506F_II.	3.	FOFA: D2i. Anti-depression medication
674	MALEHORM_1	Num	8	X2506F_II.	3.	FOFA: D2j. Male: Hormones
675	EDMED_1	Num	8	X2506F_II.	3.	FOFA: D2k. Male: Medication for erectile dysfunction
676	BCMED_1	Num	8	X2506F_II.	3.	FOFA: D2l. Female: Medications for endometriosis
677	PPMED_1	Num	8	X2506F_II.	3.	FOFA: D2m. Medications for pelvic pain
678	UIMED_1	Num	8	X2506F_II.	3.	FOFA: D2n. Medications for urinary incontinence and/or urgency
679	NSAID_1	Num	8	X2506F_II.	3.	FOFA: D2o. Any non-steroid anti-inflammatories
680	SAID_1	Num	8	X2506F_II.	3.	FOFA: D2p. Any steroid anti-inflammatories
681	FEMHORM_1	Num	8	X2506F_II.	3.	FOFA: D2q. Any female hormones
682	URISYM_1	Num	8	X2506F_II.	3.	FOFA: D2r. Any medications for your urinary symptoms
683	OTHMED_1	Num	8	X2506F_II.	3.	FOFA: D2s. Any other prescription pills
684	PAINOTC_1	Num	8	X2506F_II.	3.	FOFA: D3a. Last four weeks: Over the counter medications for pain
685	SLEEPOTC_1	Num	8	X2506F_II.	3.	FOFA: D3b. Last four weeks: For sleep problems
686	COLDOTC_1	Num	8	X2506F_II.	3.	FOFA: D3c. Last four weeks: Cold medications

Num	Variable	Type	Len	Format	Informat	Label
687	PMSOTC_1	Num	8	X2506F_II.	3.	FOFA: D3f. Last four weeks: Anything for PMS
688	NSAIDOTC_1	Num	8	X2506F_II.	3.	FOFA: D3d. Last four weeks: anti-inflammatories
689	SAIDOTC_1	Num	8	X2506F_II.	3.	FOFA: D3e. Last four weeks: Steroidal Anti inflammatories
690	HERBOTC_1	Num	8	X2506F_II.	3.	FOFA: D3g. Last four weeks: Any herbal medications
691	OTHOTC_1	Num	8	X2506F_II.	3.	FOFA: D3h. Last four weeks: Any other medications
692	allergymed_1	Num	8	X2506F_II.	3.	FOFE: L3ti. Any medications for allergies
693	INHALER_1	Num	8	X2506F_II.	3.	FOFE: L3si. Any inhalers
694	OMEGAOTC_1	Num	8	X2506F_II.	3.	FOFE: L4gi. Last four weeks: Omega-3, fish or flax seed oil
695	ENG3SACP_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: Past 3 months: engaged in sexual activity with a partner
696	FSCHDSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During childhood, your age when you first had unwanted sexual experiences (Batch 1)
697	LSTCHDSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During childhood, your age when you last had unwanted sexual experiences (Batch 1)
698	NUMCHDSX_1	Num	8		3.	SAQM: SF26. How many times did this happen age 13 or younger. Batch 1 capped at 15 times.
699	FEARCHSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood, when this happened were you afraid that you might be injured (Batch 1)
700	FSTADSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During adulthood, your age when you first had unwanted sexual experiences (Batch 1)
701	LSTADSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During adulthood, your age when you last had unwanted sexual experiences (Batch 1)
702	NUMADSX_1	Num	8		3.	SAQM: SF27. How many times did this happen since age 14. Batch 1 capped at 15 times.
703	ADSX2YR_1	Num	8		3.	MSAQ/WSAQ: How many times did this happen in the last 2 years. Batch 1 capped at 15 times.
704	FEARADSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood, when this happened were you afraid that you might be injured (Batch 1)
705	CHRENTSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: parent/stepparent
706	ADRENTSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: parent/stepparent
707	CHADHMSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: other adult
708	ADADHMSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: other adult
709	CHSPOUSESX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: spouse/partner
710	ADSPOUSESX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: spouse/partner
711	CHSIBLINSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: sibling
712	ADSIBLINSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: sibling

Num	Variable	Type	Len	Format	Informat	Label
713	CHOFAMSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: other family member
714	ADOFAMSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: other family member
715	CHBFGFSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: boyfriend/girlfriend
716	ADBFGFSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: boyfriend/girlfriend
717	CHTEENSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: other teenager
718	ADTEENSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: other teenager
719	CHOADSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: other adult you knew
720	ADOADSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: other adult you knew
721	CHOADDKSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: adult you dont know
722	ADOADDKSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: adult you dont know
723	CHANYONSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: unwanted /forced sexual experiences: anyone else
724	ADANYONSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: unwanted /forced sexual experiences: anyone else
725	FSTCHDPE_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During childhood, your age when you first had physical/threat/emotional abuse (Batch 1)
726	LSTCHDPE_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During childhood, your age when you last had physical/threat/emotional abuse (Batch 1)
727	NUMCHDPE_1	Num	8	X2311F_II.	3.	MSAQ: SM38. How many times did this happen before 13th B'day
728	FEARCHDPE_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood afraid you might be injured? (Batch 1)
729	FSTADPE_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During adulthood, your age when you first had physical/threat/emotional abuse (Batch 1)
730	LSTADPE_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: During adulthood, your age when you last had physical/threat/emotional abuse (Batch 1)
731	NUMADPE_1	Num	8	X2311F_II.	3.	MSAQ: SM43. How many times did this happen since your 14th B'day
732	ADPE2YR_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: How many times did this physical/threat/emotional abuse happen in the last 2 years (Batch 1)
733	FEARADPE_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood, afraid you might be injured? (Batch 1)
734	CHGRDPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat: parent/stepparent
735	CHGRDPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life: parent/stepparent

Num	Variable	Type	Len	Format	Informat	Label
736	CHGRDPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:parent/stepparent
737	ADGRDPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat: parent/stepparent
738	ADGRDPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life: parent/stepparent
739	ADGRDPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:parent/stepparent
740	CHOADHPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat: Other adult in your home
741	CHOADHPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:Other adult in home
742	CHOADHPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:other adult in your home
743	ADOADHPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat: other adult in your home
744	ADOADHPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:Other adult in home
745	ADOADHPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:other adult in your home
746	CHPRTNRPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat: spouse/partner
747	CHPRTNRPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:spouse/partner
748	CHPRTNRPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:spouse/partner
749	ADPRTNRPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat: spouse/partner
750	ADPRTNRPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:spouse/partner
751	ADPRTNRPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:spouse/partner
752	CHSIBPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:sibling
753	CHSIBPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:sibling
754	CHSIBPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:sibling
755	ADSIBPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: During adulthood:Hit/kick/beat:sibling
756	ADSIBPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: During adulthood:seriously threaten life:sibling
757	ADSIBPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: During adulthood:emotionally abuse:sibling
758	CHOFAMPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:other family member
759	CHOFAMPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:other family member

Num	Variable	Type	Len	Format	Informat	Label
760	CHOFAMPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:other family member
761	ADOFAMPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:other family member
762	ADOFAMPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:other family member
763	ADOFAMPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:other family member
764	CHBFGFPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: During childhood:Hit/kick/beat:Boyfriend/Girlfriend
765	CHBFGFPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: During childhood:seriously threaten life:boyfriend/girlfrien
766	CHBFGFPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: During childhood:emotionally abuse:boyfriend/girlfriend
767	ADBFGFPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:boyfriend/girlfriend
768	ADBFGFPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:boyfriend/girlfrien
769	ADBFGFPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:other family member
770	CHTEENPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:Other Teenager
771	CHTEENPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:other teenager
772	CHTEENPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:other teenager
773	ADTEENPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:other teenager
774	ADTEENPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:other teenager
775	ADTEENPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:other teenager
776	CHOTADPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:Other Adults you knew
777	CHOTADPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:Other adult you kne
778	CHOTADPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:other adult you knew
779	ADOTADPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:other adult you knew
780	ADOTADPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:seriously threaten life:other adult you kne
781	ADOTADPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:other adult you knew
782	CHOADKPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:Other Adults you dont know

Num	Variable	Type	Len	Format	Informat	Label
783	CHOADKPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:adult you dont kno
784	CHOADKPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:adult you dont know
785	ADOADKPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:other adult you dont know
786	ADOADKPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:threaten life:other adult you dont know
787	ADOADKPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:adult you dont know
788	CHNEONEPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:Hit/kick/beat:Other Anyone else
789	CHNEONEPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:seriously threaten life:Anyone else
790	CHNEONEPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood:emotionally abuse:Anyone else
791	ADNEONEPEA_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:Hit/kick/beat:Anyone else
792	ADNEONEPEB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:threaten life:Anyone else
793	ADNEONEPEC_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood:emotionally abuse:Anyone else
794	fusaqbatch1	Num	8	YN_ONEZERO_II.		MSAQ/WSAQ: Batch 1 (Batch 1) respondent
795	fl3sdsin_flag	Num	8	X2506F_II.		SAQ: T2c. fl4sdsin_1 last 3 months (batch 1)
796	firstsx_1	Num	8	BEST12.		MSAQ/WSAQ: Your age when you first had unwanted sexual experiences (Batch 1-5 combined)
797	lastsx_1	Num	8	BEST12.		MSAQ/WSAQ: Your age when you last had unwanted sexual experiences (Batch 1-5 combined)
798	fearsx_1	Num	8	X1666F_II.	3.	MSAQ/WSAQ: Afraid you might be seriously injured or killed? (Batch 2-5)
799	ENG3SACNOP_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: Past 3 months: engaged in sexual activity with no partner (Batch 2-5)
800	FSTSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you first had unwanted sexual experiences (Batch 2-5)
801	LSTSX_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you last had unwanted sexual experiences (Batch 2-5)
802	FSBEATTHR_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you first had physical abuse/threaten (Batch 2-5)
803	LSBEATTHR_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you last had physical abuse/threaten (Batch 2-5)
804	BEATTHR2Y_1	Num	8	X2311F_II.	4.	MSAQ/WSAQ: How many times did this phys/thrt happen in the last 2 years (Batch 2-5)
805	INJURIES_1	Num	8	INJF.	3.	MSAQ/WSAQ: Suffer injuries (Batch 2-5)
806	FSEMLABS_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you first had emotional abuse (Batch 2-5)
807	LSEMLABS_1	Num	8	X2311F_II.	3.	MSAQ/WSAQ: Your age when you last had emotional abuse (Batch 2-5)

Num	Variable	Type	Len	Format	Informat	Label
808	EMLABS2Y_1	Num	8	X2311F_II.	4.	MSAQ/WSAQ: How many times did this emot abuse happen in the last 2 years (Batch 2-5)
809	hassaq_1	Num	8	X2506F_II.		MSAQ/WSAQ: Turned in an SAQ at follow up
810	STRATUM	Num	8	S_II.	3.	Stratum
811	GENDER	Num	8	X2428F_II.	3.	FOIA: A5. Sex of respondent
812	LANG_ENSP	Num	8	X2391F_II.	3.	FOIA: A6. Language
813	SF01	Num	8	X2393F_II.	3.	FOIA: B1. In general, would you say your health is
814	SF02	Num	8	X2500F_II.	3.	FOIA: B2a. Moderate activities
815	SF03	Num	8	X2500F_II.	3.	FOIA: B2b. Climbing several flights of stairs
816	SF04	Num	8	X2506F_II.	3.	FOIA: B3a. Accomplished less than you would like (physical)
817	SF05	Num	8	X2506F_II.	3.	FOIA: B3b. Were limited in the kind of work or other activities
818	SF06	Num	8	X2506F_II.	3.	FOIA: B4a. Accomplished less than you would like (emotional)
819	SF07	Num	8	X2506F_II.	3.	FOIA: B4b. Didn't do work or other activities as carefully as usual
820	SF08	Num	8	X2450F_II.	3.	FOIA: B5. How much did pain interfere with your normal work
821	SF09	Num	8	X2443F_II.	3.	FOIA: B6a. Have you felt calm and peaceful
822	SF10	Num	8	X2443F_II.	3.	FOIA: B6b. Did you have a lot of energy
823	SF11	Num	8	X2443F_II.	3.	FOIA: B6c. Have you felt downhearted and blue
824	SF12	Num	8	X2444F_II.	3.	FOIA: B7. How much have physical or emotional problems interfered
825	CONDEVR	Num	8	X2506F_II.	3.	FOIC: D1a. Ever used condoms, including female condoms
826	CONDNOW	Num	8	X2506F_II.	3.	FOIC: D1ai. Are you and your partner currently using this method
827	DIAPHEVR	Num	8	X2506F_II.	3.	FOIC: D1b. Ever used a diaphragm
828	DIAPHNOW	Num	8	X2506F_II.	3.	FOIC: D1bi. Are you or your partner currently using this method
829	BARREVR	Num	8	X2506F_II.	3.	FOIC: D1c. Ever used some other barrier method
830	BARRNOW	Num	8	X2506F_II.	3.	FOIC: D1ci. Are you or your partner currently using this method
831	FOAMEVR	Num	8	X2506F_II.	3.	FOIC: D1d. Ever used foams
832	FOAMNOW	Num	8	X2506F_II.	3.	FOIC: D1di. Are you or your partner currently using this method
833	DIAB1	Num	8	X2511F_II.	3.	FOID: E3a. Insulin-dependent or juvenile onset diabetes
834	DIAB2	Num	8	X2511F_II.	3.	FOID: E3b. Non-insulin-dependent or adult-onset diabetes
835	SUGAR	Num	8	X2511F_II.	3.	FOID: E3c. Elevated blood sugar
836	ASTHMA	Num	8	X2511F_II.	3.	FOID: E3d. Asthma
837	CLUNG	Num	8	X2511F_II.	3.	FOID: E3e. Chronic lung disease
838	ALLERGY	Num	8	X2511F_II.	3.	FOID: E3f. Allergies or eczema
839	CABG	Num	8	X2511F_II.	3.	FOID: E3g. Coronary artery bypass or angioplasty

Num	Variable	Type	Len	Format	Informat	Label
840	MI	Num	8	X2511F_II.	3.	FOID: E3h. Heart attack
841	ANGINA	Num	8	X2511F_II.	3.	FOID: E3i. Angina pectoris
842	ARRHYTH	Num	8	X2511F_II.	3.	FOID: E3j. An irregular heartbeat or arrhythmia
843	CHF	Num	8	X2511F_II.	3.	FOID: E3k. Congestive heart failure
844	TIA	Num	8	X2511F_II.	3.	FOID: E3l. TIA or mild stroke
845	STROKE	Num	8	X2511F_II.	3.	FOID: E3m. Stroke
846	CAS	Num	8	X2511F_II.	3.	FOID: E3n. Carotid artery surgery
847	CLAUD	Num	8	X2511F_II.	3.	FOID: E3o. Intermittent claudication
848	SPVD	Num	8	X2511F_II.	3.	FOID: E3p. PVD Surgery
849	PULMEMB	Num	8	X2511F_II.	3.	FOID: E3q. Pulmonary embolus
850	ANEUR	Num	8	X2511F_II.	3.	FOID: E3r. Aortic aneurysm
851	HRD	Num	8	X2511F_II.	3.	FOID: E3s. Heart-rhythm disturbance
852	DVT	Num	8	X2511F_II.	3.	FOID: E3t. Deep vein thrombosis
853	RAYNAUDS	Num	8	X2511F_II.	3.	FOID: E3u. Raynauds disease
854	PVD	Num	8	X2511F_II.	3.	FOID: E3v. Peripheral vascular disease
855	CHOLEST	Num	8	X2511F_II.	3.	FOID: E3w. High cholesterol
856	HBP	Num	8	X2511F_II.	3.	FOID: E3x. High blood pressure
857	KIDNEY	Num	8	X2511F_II.	3.	FOID: E3y. Kidney disease
858	ARTHR	Num	8	X2511F_II.	3.	FOID: E3z. Arthritis or rheumatism
859	OSTEOP	Num	8	X2511F_II.	3.	FOID: E3aa. Osteoporosis
860	PARKIN	Num	8	X2511F_II.	3.	FOID: E3bb. Parkinson's disease
861	MS	Num	8	X2511F_II.	3.	FOID: E3cc. Multiple sclerosis
862	CANCER1	Num	8	X2511F_II.	3.	FOID: E3dd. Cancer
863	NBLADDER	Num	8	X2506F_II.	3.	FOIE: E4a. Ever been told you had a problem with your bladder
864	CATHETER	Num	8	X2506F_II.	3.	FOIE: E4b. Ever been instructed to use a catheter
865	UTI_KI	Num	8	X2506F_II.	3.	FOIE: E4c. Ever been told you had a bladder or kidney infection
866	UT12MO	Num	8	X2311F_II.	3.	FOIE: E4c1. Times diagnosed with bladder infection in the last 12 months
867	UTIEVR	Num	8	X2311F_II.	3.	FOIE: E4c2. Times diagnosed with bladder infection in your lifetime
868	KI12MO	Num	8	X2311F_II.	3.	FOIE: E4c3. Times diagnosed with kidney infection in the last 12 months
869	KIEVR	Num	8	X2311F_II.	3.	FOIE: E4c4. Times diagnosed with kidney infection in your lifetime
870	HIP	Num	8	X2506F_II.	3.	FOIE: E5a. Hip
871	WRIST	Num	8	X2506F_II.	3.	FOIE: E5b. Wrist
872	SPINE	Num	8	X2506F_II.	3.	FOIE: E5c. Spine
873	CANCFHX	Num	8	X2506F_II.	3.	FOIE: E6a. Cancer (is none circled)
874	DIABFHX	Num	8	X2506F_II.	3.	FOIE: E6b. Diabetes (is none circled)

Num	Variable	Type	Len	Format	Informat	Label
875	MIFHX	Num	8	X2506F_II.	3.	FOIE: E6c. Heart attack (is non circled)
876	STROKFHX	Num	8	X2506F_II.	3.	FOIE: E6d. Stroke (is none circled)
877	TIMEHCP	Num	8	X2311F_II.	4.	FOIE: E7. How many times did you see a health care provider?
878	HCPURG	Num	8	X2506F_II.	3.	FOIE: E8a. An urgent (acute) problem
879	HCPROUT	Num	8	X2506F_II.	3.	FOIE: E8b. A routine visit for an ongoing problem
880	HCPFLARE	Num	8	X2506F_II.	3.	FOIE: E8c. A flare-up of an ongoing problem
881	HCPSURG	Num	8	X2506F_II.	3.	FOIE: E8d. Pre- or post-surgery/injury care
882	HCPOTH	Num	8	X2506F_II.	3.	FOIE: E8e. Non-illness care
883	LASTHCP	Num	8	X2350F_II.	3.	FOIE: E9. When did you last see a health care provider
884	REGCARE	Num	8	X2506F_II.	3.	FOIE: E10a. Do you go for regular care
885	OUTPAT	Num	8	X2506F_II.	3.	FOIE: E10a1. An outpatient clinic or doctor's office
886	HMO	Num	8	X2506F_II.	3.	FOIE: E10a2. An HMO
887	HOSPER	Num	8	X2506F_II.	3.	FOIE: E10a3. A hospital emergency room
888	HOUTPAT	Num	8	X2506F_II.	3.	FOIE: E10a4. A hospital outpatient clinic
889	PRIVINS	Num	8	X2506F_II.	3.	FOIE: E11a. Private insurance from your or your partner's employer
890	MEDICAID	Num	8	X2506F_II.	3.	FOIE: E11b. Medicaid
891	MEDICARE	Num	8	X2506F_II.	3.	FOIE: E11c. Medicare
892	WORKCOMP	Num	8	X2506F_II.	3.	FOIE: E11d. Worker's compensation
893	SELPAY	Num	8	X2506F_II.	3.	FOIE: E11e. Insurance you purchased entirely by yourself
894	MILHEALT	Num	8	X2506F_II.	3.	FOIE: E11f. TriCare Military Health
895	PREECARE	Num	8	X2506F_II.	3.	FOIE: E11g. Free care at a particular clinic or hospital
896	OTHINS	Num	8	X2506F_II.	3.	FOIE: E11h. Some other type of insurance
897	HMONS	Num	8	X2506F_II.	3.	FOIE: E11i. Health Maintenance Organization
898	ANYINS	Num	8	X2506F_II.	3.	FOIE: E11j. Any health insurance
899	SKCARE1	Num	8	X2398F_II.	3.	FOIE: E12a. Pain or burning in your bladder
900	SKCARE2	Num	8	X2398F_II.	3.	FOIE: E12b. Needing to wear a pad
901	SKCARE3	Num	8	X2398F_II.	3.	FOIE: E12c. Chronic pain in your pelvic area
902	SKCARE4	Num	8	X2398F_II.	3.	FOIE: E12d. Noticing a decline in your interest in sex
903	SKCARE5	Num	8	X2398F_II.	3.	FOIE: E12e. Being told that a sibling had been diagnosed with diabetes
904	SKCARE6	Num	8	X2398F_II.	3.	FOIE: E12f. Finding you have to urinate frequently
905	SKCARE7	Num	8	X2398F_II.	3.	FOIE: E12g. Difficulty obtaining or maintaining an erection
906	SKCARE8	Num	8	X2398F_II.	3.	FOIE: E12h. Pain or discomfort in you perineum
907	SITTING	Num	8	X2317F_II.	3.	FOIE: F1a. How often did you (participate in sitting)
908	SITDUR	Num	8	X2415F_II.	3.	FOIE: F1ai. How many hours per day (participate in sitting)
909	WALK	Num	8	X2317F_II.	3.	FOIE: F1b. How often did you (take a walk)
910	WALKDUR	Num	8	X2415F_II.	3.	FOIE: F1bi. How many hours per day (take a walk)
911	LTSPORT	Num	8	X2317F_II.	3.	FOIE: F1c. How often did you (engage in light sport)

Num	Variable	Type	Len	Format	Informat	Label
912	LTSPDUR	Num	8	X2415F_II.	3.	FOIE: F1ci. How many hours per day (engage in light sport)
913	MDSPORT	Num	8	X2317F_II.	3.	FOIE: F1d. How often did you (engage in moderate sport)
914	MDSPDUR	Num	8	X2415F_II.	3.	FOIE: F1di. How many hours per day (engage in moderate sport)
915	STSPORT	Num	8	X2317F_II.	3.	FOIE: F1e. How often did you (engage in strenuous sport)
916	STSPDUR	Num	8	X2415F_II.	3.	FOIE: F1ei. How many hours per day (engage in strenuous sport)
917	STRENGTH	Num	8	X2317F_II.	3.	FOIE: F1f. How often did you (exercise to increase strength)
918	STRENDUR	Num	8	X2415F_II.	3.	FOIE: F1fi. How many hours per day (exercise to increase strength)
919	LTHSWORK	Num	8	X2506F_II.	3.	FOIE: F2. Have you done any light housework
920	HVHWORK	Num	8	X2506F_II.	3.	FOIE: F3. Have you done any heavy housework
921	HOMEREP	Num	8	X2506F_II.	3.	FOIE: F4a. Home repairs
922	LAWNWORK	Num	8	X2506F_II.	3.	FOIE: F4b. Lawn work or yard care
923	GARDEN	Num	8	X2506F_II.	3.	FOIE: F4c. Outdoor gardening
924	CARETAK	Num	8	X2506F_II.	3.	FOIE: F4d. Caretaking of another person
925	WORK7DY	Num	8	X2506F_II.	3.	FOIE: F5. Did you work for pay or as a volunteer
926	HRS7DY	Num	8	X2311F_II.	4.	FOIE: F5a. How many hours did you work or volunteer
927	PHYSWORK	Num	8	X2427F_II.	3.	FOIE: F5b. Which describes the amount of physical activity at your job
928	HERNREP	Num	8	X2506F_II.	3.	FOIF: G1a. Male only: Hernia repair
929	VASECT	Num	8	X2506F_II.	3.	FOIF: G1b. Vasectomy
930	RVASECT	Num	8	X2506F_II.	3.	FOIF: G1b1. Reversal of a vasectomy
931	PROSSURG	Num	8	X2506F_II.	3.	FOIF: G1c. Bladder or prostate surgery
932	SPENIS	Num	8	X2506F_II.	3.	FOIF: G1d. Surgery on the penis
933	CHLAMYD	Num	8	X2506F_II.	3.	FOIF: G2b. Chlamydia
934	GENHERP	Num	8	X2506F_II.	3.	FOIF: G2c. Genital herpes
935	SYPHILIS	Num	8	X2506F_II.	3.	FOIF: G2d. Syphilis
936	GONORRH	Num	8	X2506F_II.	3.	FOIF: G2e. Gonorrhea
937	HPV	Num	8	X2506F_II.	3.	FOIF: G2f. HPV or genital warts
938	HIV	Num	8	X2506F_II.	3.	FOIF: G2g. HIV or AIDS
939	CESD1	Num	8	X2506F_II.	3.	FOIF: H1. I felt depressed
940	CESD2	Num	8	X2506F_II.	3.	FOIF: H2. I felt that everything I did was an effort
941	CESD3	Num	8	X2506F_II.	3.	FOIF: H3. My sleep was restless
942	CESD4	Num	8	X2506F_II.	3.	FOIF: H4. I was happy
943	CESD5	Num	8	X2506F_II.	3.	FOIF: H5. I felt lonely
944	CESD6	Num	8	X2506F_II.	3.	FOIF: H6. I enjoyed life
945	CESD7	Num	8	X2506F_II.	3.	FOIF: H7. I felt sad
946	CESD8	Num	8	X2506F_II.	3.	FOIF: H8. I could not "get going"

Num	Variable	Type	Len	Format	Informat	Label
947	WORRY	Num	8	X2506F_II.	3.	FOIF: H9a. In the last six months, has anyone close caused you worry ?
948	WORSPSE	Num	8	X2506F_II.	3.	FOIF: H9b1. A spouse or partner?
949	WORPARNT	Num	8	X2506F_II.	3.	FOIF: H9b2. A parent?
950	WORCHILD	Num	8	X2506F_II.	3.	FOIF: H9b3. A child?
951	WORSIB	Num	8	X2506F_II.	3.	FOIF: H9b4. A sibling?
952	WOROTH	Num	8	X2506F_II.	3.	FOIF: H9b5. Another relative or friend?
953	WORWORK	Num	8	X2506F_II.	3.	FOIF: H9b6. Someone at work?
954	CIGS100	Num	8	X2506F_II.	3.	FOIF: J1. Have you smoked at least 100 cigarettes during life?
955	CIGSNOW	Num	8	X2506F_II.	3.	FOIF: J2. Do you smoke cigarettes now?
956	CIGSDUR	Num	8	X2311F_II.	3.	FOIF: J4. For approximately how many years have you smoked?
957	CIGAR20	Num	8	X2506F_II.	3.	FOIF: J5. Have you ever smoked at least 20 cigars in your life?
958	CIGARNOW	Num	8	X2506F_II.	3.	FOIF: J5a. Do you smoke cigars now?
959	EVRETOH	Num	8	X2506F_II.	3.	FOIF: J8. Have you ever had an alcoholic drink?
960	BEER30DY	Num	8	X2506F_II.	3.	FOIF: J9a. Beer or lite beer?
961	BEERFREQ	Num	8	X2328F_II.	3.	FOIF: J9ai. If yes, about how often do you drink?
962	BEERVOL	Num	8	X2322F_II.	3.	FOIF: J9aai. If yes, how much do you drink on a typical day?
963	WINE30DY	Num	8	X2506F_II.	3.	FOIF: J9b. Wine, wine coolers, sangria or champagne?
964	WINEFREQ	Num	8	X2328F_II.	3.	FOIF: J9bi. If yes, how often?
965	WINEVOL	Num	8	X2323F_II.	3.	FOIF: J9bii. If yes, how much?
966	LIQU30DY	Num	8	X2506F_II.	3.	FOIF: J9c. Hard liquor either alone or mixed?
967	LIQUFREQ	Num	8	X2328F_II.	3.	FOIF: J9ci. If yes, how often?
968	LIQUVOL	Num	8	X2321F_II.	3.	FOIF: J9cii. If yes, how much?
969	H2O	Num	8	X2311F_II.	3.	FOIF: J12a. Water
970	JUICE	Num	8	X2311F_II.	3.	FOIF: J12b. Juice
971	SODA	Num	8	X2311F_II.	3.	FOIF: J12c. Soda
972	DCOFFEE	Num	8	X2311F_II.	3.	FOIF: J12d. Decaffeinated coffee
973	COFFEE	Num	8	X2311F_II.	3.	FOIF: J12e. Coffee
974	TEA	Num	8	X2311F_II.	3.	FOIF: J12f. Tea
975	HERBTEA	Num	8	X2311F_II.	3.	FOIF: J12g. Herbal tea
976	MILK	Num	8	X2311F_II.	3.	FOIF: J12h. Milk
977	EMPTYFRQ	Num	8	X2330F_II.	3.	FOIG: K1ai. A sensation of not emptying bladder completely?
978	EMPTYDUR	Num	8	X2325F_II.	3.	FOIG: K1aii. About how long have you had this experience?
979	FRQUFRQ	Num	8	X2330F_II.	3.	FOIG: K1bi. To urinate again less than 2 hours?
980	FRQUDUR	Num	8	X2325F_II.	3.	FOIG: K1bii. How long?
981	SPSTFRQ	Num	8	X2330F_II.	3.	FOIG: K1ci. To stop and start several times?

Num	Variable	Type	Len	Format	Informat	Label
982	SPSTDUR	Num	8	X2325F_II.	3.	FOIG: K1cii. How long?
983	POSTPFRQ	Num	8	X2330F_II.	3.	FOIG: K1di. Difficulty postponing urination?
984	POSTPDUR	Num	8	X2325F_II.	3.	FOIG: K1dii. How long
985	WEAKUFRQ	Num	8	X2330F_II.	3.	FOIG: K1ei. A weak urinary stream?
986	WEAKUDUR	Num	8	X2325F_II.	3.	FOIG: K1eii. How long?
987	PUSHFRQ	Num	8	X2330F_II.	3.	FOIG: K1fi. To push or strain to begin urination?
988	PUSHDUR	Num	8	X2325F_II.	3.	FOIG: K1fii. How long
989	NGHTUFRQ	Num	8	X2330F_II.	3.	FOIG: K1gi. To get up to urinate more than once during the night?
990	NGHTUDUR	Num	8	X2325F_II.	3.	FOIG: K1gii. How long?
991	DRIBFRQ	Num	8	X2330F_II.	3.	FOIG: K1hi. Dribbling after urination?
992	DRIBLDUR	Num	8	X2325F_II.	3.	FOIG: K1hii. How long?
993	WETFRQ	Num	8	X2330F_II.	3.	FOIG: K1ii. Wet clothes because of dribbling after urination?
994	WETDUR	Num	8	X2325F_II.	3.	FOIG: K1iii. How long?
995	DSTRTRFRQ	Num	8	X2330F_II.	3.	FOIG: K1ji. Difficulty starting to urinate?
996	DSTRTDUR	Num	8	X2325F_II.	3.	FOIG: K1jii. How long?
997	PAINFRQ	Num	8	X2330F_II.	3.	FOIG: K1ki. Pain or burning during urination?
998	PAINDUR	Num	8	X2325F_II.	3.	FOIG: K1kii. How long?
999	PERIPFRQ	Num	8	X2330F_II.	3.	FOIG: K1li. If Male Pain discomfort in area btw rectum and testicles
1000	PERIPDUR	Num	8	X2325F_II.	3.	FOIG: K1lii. How long?
1001	TESTFRQ	Num	8	X2330F_II.	3.	FOIG: K1mi. If Male:Pain or discomfort in your testicles?
1002	TESTDUR	Num	8	X2325F_II.	3.	FOIG: K1mii. How long?
1003	TPENFRQ	Num	8	X2330F_II.	3.	FOIG: K1ni. If Male:Pain or discomfort at the tip of penis?
1004	TPENDUR	Num	8	X2325F_II.	3.	FOIG: K1nii. How long?
1005	SURGEFRQ	Num	8	X2330F_II.	3.	FOIG: K1oi. A strong urge or pressure to urinate immediately?
1006	SURGEDUR	Num	8	X2325F_II.	3.	FOIG: K1oii. How long?
1007	FRQUZFRQ	Num	8	X2330F_II.	3.	FOIG: K1pi. Frequent urination during the day?
1008	FRQUZDUR	Num	8	X2325F_II.	3.	FOIG: K1pii. How long?
1009	PBLADFRQ	Num	8	X2330F_II.	3.	FOIG: K1qi. Burning, pain, discomfort, or pressure?
1010	PBLADDUR	Num	8	X2325F_II.	3.	FOIG: K1qii. How long?
1011	PURETFRQ	Num	8	X2330F_II.	3.	FOIG: K1ri. Pain or discomfort in your urethra?
1012	PURETDUR	Num	8	X2325F_II.	3.	FOIG: K1rii. How long?
1013	BLDUFRQ	Num	8	X2330F_II.	3.	FOIG: K1si. Visible blood in your urine?
1014	BLDUDUR	Num	8	X2325F_II.	3.	FOIG: K1sii. How long?
1015	PFILLFRQ	Num	8	X2330F_II.	3.	FOIG: K1ti. Pain increasing when your bladder fills?
1016	PFILLDUR	Num	8	X2325F_II.	3.	FOIG: K1tii. How long?
1017	PURINFRQ	Num	8	X2330F_II.	3.	FOIG: K1ui. Pain relieved by urination?
1018	PURINDUR	Num	8	X2325F_II.	3.	FOIG: K1uii. How long?

Num	Variable	Type	Len	Format	Informat	Label
1019	PBACKFRQ	Num	8	X2330F_II.	3.	FOIG: K1vi. Pain or discomfort in your lower back?
1020	PBACKDUR	Num	8	X2325F_II.	3.	FOIG: K1vii. How long?
1021	PRECTFRQ	Num	8	X2330F_II.	3.	FOIG: K1wi. Pain or discomfort in your rectum?
1022	PRECTDUR	Num	8	X2325F_II.	3.	FOIG: K1wii. How long?
1023	PAINBLAD	Num	8	X2311F_II.	3.	FOIG: K2. Think about any pain or discomfort associated with bladder?
1024	URGE	Num	8	X2337F_II.	3.	FOIG: K3. Some people experience a strong urge or pressure to urinate
1025	INTFPAIN	Num	8	X2338F_II.	3.	FOIG: K4. Over the last month, how much pain?
1026	RESFLUID	Num	8	X2336F_II.	3.	FOIG: K5a. Drinking fluids before you travel?
1027	NTFLUID	Num	8	X2336F_II.	3.	FOIG: K5b. Drinking fluids before you go to bed?
1028	DRIV2HR	Num	8	X2336F_II.	3.	FOIG: K5c. Driving for 2 hours without stopping?
1029	ENUFSLP	Num	8	X2336F_II.	3.	FOIG: K5d. Getting enough sleep at night?
1030	NOTOIL	Num	8	X2336F_II.	3.	FOIG: K5e. Going to places that may not have a toilet?
1031	OUTDSPRT	Num	8	X2336F_II.	3.	FOIG: K5f. Playing sports outdoors such as golf?
1032	GOINGOUT	Num	8	X2336F_II.	3.	FOIG: K5g. Going to movies, shows, church, etc?
1033	FLUIDIN	Num	8	X2336F_II.	3.	FOIG: K5h. Overall fluid intake?
1034	URINDAY	Num	8	X2311F_II.	3.	FOIG: K6. In last 7 days, how many times/day you went to bathroom?
1035	URINNT	Num	8	X2311F_II.	3.	FOIG: K7. In the last 7 days, how many times/night went to bathroom?
1036	LEAKURIN	Num	8	X2506F_II.	3.	FOIG: K8. In the last 12 months, have you leaked urine?
1037	LEAKFREQ	Num	8	X2333F_II.	3.	FOIG: K8a. In the last 12mon, how often leakage?
1038	LEAKAMT	Num	8	X2326F_II.	3.	FOIG: K9. When you leak urine, about how much is it?
1039	LEAK7DY	Num	8	X2311F_II.	4.	FOIG: K10a. When you were performing some physical activities?
1040	LEAKURGE	Num	8	X2311F_II.	4.	FOIG: K10b. When you had the strong feeling to empty your bladder
1041	LEAKNOWA	Num	8	X2311F_II.	4.	FOIG: K10c. Without any particular physical activity or warning
1042	UIPROT	Num	8	X2335F_II.	3.	FOIG: K11. What type of protection do you use most often?
1043	UIPADS	Num	8	X2340F_II.	3.	FOIG: K12. During a typical 24-hr periods, on average...
1044	LEAKDUR	Num	8	X2331F_II.	3.	FOIG: K13. About how long have you had urine leakage?
1045	LEAKHCP	Num	8	X2329F_II.	3.	FOIG: K14. Have you ever seen a health care provider for your urine?
1046	UIEXERC	Num	8	X2339F_II.	3.	FOIG: K14a1. Doing exercises to strengthen the muscles?
1047	UITIMING	Num	8	X2339F_II.	3.	FOIG: K14a2. Timing your urination?
1048	UIMEDRX	Num	8	X2339F_II.	3.	FOIG: K14a3. Taking a prescription medication
1049	UIOTHTX	Num	8	X2339F_II.	3.	FOIG: K14a4. Using some other medical treatment?
1050	UINOTX	Num	8	X2339F_II.	3.	FOIG: K14a5. Not currently doing anything for incontinence
1051	UIQOL1	Num	8	X2338F_II.	3.	FOIG: K15a. Your ability to do household chores

Num	Variable	Type	Len	Format	Informat	Label
1052	UIQOL2	Num	8	X2338F_II.	3.	FOIG: K15b. Physical recreational activities
1053	UIQOL3	Num	8	X2338F_II.	3.	FOIG: K15c. Entertainment activities
1054	UIQOL4	Num	8	X2338F_II.	3.	FOIG: K15d. Your ability to travel by car or bus
1055	UIQOL5	Num	8	X2338F_II.	3.	FOIG: K15e. Your participation in social activities
1056	UIQOL6	Num	8	X2338F_II.	3.	FOIG: K15f. Your emotional health
1057	UIQOL7	Num	8	X2338F_II.	3.	FOIG: K16. In addition, does urine leakage cause you frustration?
1058	AVGSLEEP	Num	8	X2332F_II.	3.	FOIG: K17. How much do you usually sleep?
1059	HEADACHE	Num	8	X2506F_II.	3.	FOIG: K18. Have you recently been bothered by headaches?
1060	BOSSY	Num	8	X2506F_II.	3.	FOIG: K19. Do you like directing other people's work?
1061	BORNUS	Num	8	X2506F_II.	3.	FOIG: L2. Were you born in the United States?
1062	MARITAL	Num	8	X2334F_II.	3.	FOIG: L7. What is your current marital status?
1063	EDUC	Num	8	X2311F_II.	3.	FOIG: L8. How many years of school have you completed?
1064	WORKSTAT	Num	8	X2495F_II.	3.	FOIG: L9. Which describes best your current work situation?
1065	FULLTIME	Num	8	X2324F_II.	3.	FOIG: L10. Are you working 35 hours more or less each week?
1066	NUMPEOP	Num	8	X2311F_II.	3.	FOIG: L12. How many people are supported in your household?
1067	TRTRANS	Num	8	X2506F_II.	3.	FOIG: L13a. Transportation
1068	TRHOUS	Num	8	X2506F_II.	3.	FOIG: L13b. Housing
1069	TRHLTH	Num	8	X2506F_II.	3.	FOIG: L13c. Health or medical care
1070	TRFOOD	Num	8	X2506F_II.	3.	FOIG: L13d. Food
1071	INCOMEH	Num	8	INCOMEHF_II.	3.	FOIG: L14. Income
1072	FL4SDSIN	Num	8	X2368F_II.	3.	FOSM: PM1. How often did you feel sexual desire or interest
1073	PT4SDSIN	Num	8	X2488F_II.	3.	FOSM: PM2. How would you rate your level of sexual desire or interest
1074	ENG4SACP	Num	8	X2506F_II.	3.	FOSM: PM3. Have you engaged in sexual activities with your partner
1075	NOPARTNR	Num	8	X2506F_II.	3.	FOSM: PM4a. I do not have a partner at this time
1076	NOINTRST	Num	8	X2506F_II.	3.	FOSM: PM4b. Lack of interest in sex
1077	PNPLURPB	Num	8	X2506F_II.	3.	FOSM: PM4c. I have pelvic or urinary problem that interferes with sex
1078	OTHRHLTP	Num	8	X2506F_II.	3.	FOSM: PM4d. I have some other health problem that intereferes with sex
1079	PRTHLTPB	Num	8	X2506F_II.	3.	FOSM: PM4e. My partner has a health problem that interferes with sex
1080	CN4SARSD	Num	8	X2487F_II.	3.	FOSM: PM5. How much confidence did you have becoming sexually aroused
1081	ST4EMLCL	Num	8	X2491F_II.	3.	FOSM: PM6. How satisfied have you been with emotional closeness
1082	OT4PAN	Num	8	X2432F_II.	3.	FOSM: PM7. How often have you had pain or discomfort during climax

Num	Variable	Type	Len	Format	Informat	Label
1083	ST4OASX	Num	8	X2491F_II.	3.	FOSM: PM8. How satisfied have you been with your overall sex life
1084	RTCNFERC	Num	8	X2490F_II.	3.	FOSM: PM9. How do you rate your confidence that you can keep erection
1085	OTERCPNT	Num	8	X2375F_II.	3.	FOSM: PM10. How often were your erections hard enough for penetration
1086	OTMNTERC	Num	8	X2375F_II.	3.	FOSM: PM11. How often were you able to maintain your erection
1087	DFMNTERC	Num	8	X2396F_II.	3.	FOSM: PM12. How difficult was it to maintain your erection to completion
1088	OTSXSATF	Num	8	X2375F_II.	3.	FOSM: PM13. How often was it satisfactory for you
1089	DSCRIMPO	Num	8	X2454F_II.	3.	FOSM: PM14. How would you describe yourself
1090	SRTERCTB	Num	8	X2350F_II.	3.	FOSM: PM15. When did you start having trouble getting an erection
1091	WHOSXAD	Num	8	WHOSXAD_II.	3.	FOSM: PM16. Which best describes who you have generally had sex with
1092	SEXORNT	Num	8	X2403F_II.	3.	FOSM: PM17. How would you define yourself
1093	ADEXPORG	Num	8	X2506F_II.	3.	FOSM: PM20a. Exposed the sex organ of their body to you
1094	ADTHRTSX	Num	8	X2506F_II.	3.	FOSM: PM20b. Threatened to have sex with you
1095	ADTCHORG	Num	8	X2506F_II.	3.	FOSM: PM20c. Touched the sex organs of your body
1096	ADYUTCH	Num	8	X2506F_II.	3.	FOSM: PM20d. Made you touch the sex organs of their body
1097	ADFRCSX	Num	8	X2506F_II.	3.	FOSM: PM20e. Forced you to have sex
1098	ADOHUNSX	Num	8	X2506F_II.	3.	FOSM: PM20f. Have you had any other unwanted sexual experiences
1099	ADBEAT	Num	8	X2433F_II.	3.	FOSM: PM21a. Hit, kick, or beat you
1100	ADTHRTLFL	Num	8	X2433F_II.	3.	FOSM: PM21b. Seriously threaten your life
1101	ADEMLABS	Num	8	X2433F_II.	3.	FOSM: PM21c. Emotionally abuse, humiliate, or insult you
1102	SBP001	Num	8	X2311F_II.	4.	FOSC: C4. 1st systolic blood pressure (imputed)
1103	DBP001	Num	8	X2311F_II.	4.	FOSC: C5. 1st diastolic blood pressure (imputed)
1104	CHOL_MGDL	Num	8	4.	4.	Cholesterol, mg/dL
1105	TGGB_MGDL	Num	8	5.	5.	Triglycerides, mg/dL
1106	HDLC_MGDL	Num	8	7.1	7.1	High density lipoprotein cholesterol, mg/dL
1107	APO_B_MGDL	Num	8	7.1	7.1	Apolipoprotein B, mg/dL
1108	APO_A1_MGDL	Num	8	7.1	7.1	Apolipoprotein AI, mg/dL
1109	PROLACTIN	Num	8	8.1	8.1	Prolactin, uIU/mL
1110	LH	Num	8	6.2	6.2	Luteinizing hormone, IU/L
1111	FSH	Num	8	6.2	6.2	Follicle-stimulating hormone, IU/L
1112	CORTISOL	Num	8	6.2	6.2	Cortisol, ug/dL
1113	DHEAS	Num	8	7.1	7.1	Dehydroepiandrosterone sulfate, ug/dL
1114	AAG	Num	8	7.2	7.2	Androstenediol glucuronide (3-alpha-diol G), nmol/L
1115	ANDRO	Num	8	6.2	6.2	Androstenedione, ng/mL

Num	Variable	Type	Len	Format	Informat	Label
1116	DHEA	Num	8	7.2	7.2	Dehydroepiandrosterone, ng/mL
1117	COTININE	Num	8	7.1	7.1	Cotinine, ng/mL
1118	DHT	Num	8	7.1	7.1	Dehydrotestosterone, ng/dl
1119	e1	Num	8	6.1	6.1	Total Estrone, pg/ml
1120	re	Char	1	\$RE_II.		Race/Ethnicity
1121	age	Num	8	BEST12.		Age at baseline interview
1122	psu	Num	8	BEST12.		Primary Sampling Unit
1123	fruc_umolL	Num	8	BEST12.		Fructose, umol/L
1124	crp_mg_l	Num	8	BEST12.		CRP (mg/L) May
1125	e2	Num	8	BEST12.		Total Estradiol, pg/mL
1126	canctest	Num	8	X2506F_II.		T1c. Cancer of testicles
1127	cancpros	Num	8	X2506F_II.		T1c. Cancer of prostate
1128	canckidn	Num	8	X2506F_II.		T1c. Cancer of kidney
1129	cancblad	Num	8	X2506F_II.		T1c. Cancer of bladder
1130	LANG_ENSP_1	Num	8	X2390F_II.	3.	FOFA: A6. Language
1131	SF01_1	Num	8	X2393F_II.	3.	FOFA: B1. In general, would you say your health is
1132	SF02_1	Num	8	X2500F_II.	3.	FOFA: B2a. Moderate activities
1133	SF03_1	Num	8	X2500F_II.	3.	FOFA: B2b. Climbing several flights of stairs
1134	SF04_1	Num	8	X2359F_II.	3.	FOFA: B3a. Accomplished less than you would like (physical)
1135	SF05_1	Num	8	X2359F_II.	3.	FOFA: B3b. Were limited in the kind of work or other activities
1136	SF06_1	Num	8	X2359F_II.	3.	FOFA: B4a. Accomplished less than you would like (emotional- )
1137	SF07_1	Num	8	X2359F_II.	3.	FOFA: B4b. Didn't do work or other activities as carefully as usual
1138	SF08_1	Num	8	X2450F_II.	3.	FOFA: B5. How much did pain interfere with your normal work
1139	SF09_1	Num	8	X2358F_II.	3.	FOFA: B6a. Have you felt calm and peaceful
1140	SF10_1	Num	8	X2358F_II.	3.	FOFA: B6b. Did you have a lot of energy
1141	SF11_1	Num	8	X2358F_II.	3.	FOFA: B6c. Have you felt downhearted and blue
1142	SF12_1	Num	8	X2358F_II.	3.	FOFA: B7. How much time physical health affected social activities
1143	SITTING_1	Num	8	X2316F_II.	3.	FOFA: D1a. Seven days: Sitting activities
1144	SITDUR_1	Num	8	X2415F_II.	3.	FOFA: D1ai. Seven days: Sitting activities: Hours
1145	WALK_1	Num	8	X2316F_II.	3.	FOFA: D1b. Seven days: Walk outside
1146	WALKDUR_1	Num	8	X2415F_II.	3.	FOFA: D1bi. Seven days: Walk outside: Hours
1147	LTSPORT_1	Num	8	X2316F_II.	3.	FOFA: D1c. Seven days: Light sport
1148	LTSPDUR_1	Num	8	X2415F_II.	3.	FOFA: D1ci. Seven days: Light sport: Hours
1149	MDSPORT_1	Num	8	X2316F_II.	3.	FOFA: D1d. Seven days: Moderate sport
1150	MDSPDUR_1	Num	8	X2415F_II.	3.	FOFA: D1di. Seven days: Moderate sport: Hours

Num	Variable	Type	Len	Format	Informat	Label
1151	STSPORT_1	Num	8	X2316F_II.	3.	FOFA: D1e. Seven days: Strenuous sport
1152	STSPDUR_1	Num	8	X2415F_II.	3.	FOFA: D1ei. Seven days: Strenuous sport: Hours
1153	STRENGTH_1	Num	8	X2316F_II.	3.	FOFA: D1f. Seven days: Any exercise
1154	STRENDUR_1	Num	8	X2415F_II.	3.	FOFA: D1fi. Seven days: Any exercise: Hours
1155	LTHSWORK_1	Num	8	X2496F_II.	3.	FOFA: D2. Last seven days have you done any light housework
1156	HVHSWORK_1	Num	8	X2496F_II.	3.	FOFA: D3. Last seven days have you done any heavy housework
1157	HOMEREP_1	Num	8	X2496F_II.	3.	FOFA: D4a. Last seven days: Home repairs
1158	LAWNWORK_1	Num	8	X2496F_II.	3.	FOFA: D4b. Last seven days: Lawn work
1159	GARDEN_1	Num	8	X2496F_II.	3.	FOFA: D4c. Last seven days: Outdoor gardening
1160	CARETAK_1	Num	8	X2496F_II.	3.	FOFA: D4d. Last seven days: Caretaking
1161	WORK7DY_1	Num	8	X2496F_II.	3.	FOFA: D5. Last seven days did you work for pay or volunteer
1162	HRS7DY_1	Num	8	X2311F_II.	4.	FOFA: D5a. Last seven days: Hours per week work for pay/volunteer
1163	PHYSWORK_1	Num	8	X2426F_II.	3.	FOFA: D5b. Which describes amount of physical activity
1164	PAINREL_1	Num	8	X2311F_II.	3.	FOFA: C6e. In past 24 hours: Describe pain affect on relations w/people
1165	PAINAVG_1	Num	8	X2311F_II.	3.	FOFA: C4. Describe pain on average
1166	PAINLST_1	Num	8	X2311F_II.	3.	FOFA: C3. Describe pain at its least in past 24 hours
1167	PAIN_1	Num	8	X2496F_II.	3.	FOFA: C1. Had pain other than everyday kinds of pain
1168	PAINNOW_1	Num	8	X2311F_II.	3.	FOFA: C5. Describe pain now
1169	PAINSLP_1	Num	8	X2311F_II.	3.	FOFA: C6f. In past 24 hours: Describe pain affect on sleep
1170	PAINWORK_1	Num	8	X2311F_II.	3.	FOFA: C6d. In past 24 hours: Describe pain affect on normal work
1171	PAINWRST_1	Num	8	X2311F_II.	3.	FOFA: C2. Describe pain at its worst in past 24 hours
1172	PAINENJ_1	Num	8	X2311F_II.	3.	FOFA: C6g. In past 24 hours: Describe pain affect on enjoyment of life
1173	PAINWALK_1	Num	8	X2311F_II.	3.	FOFA: C6c. In past 24 hours: Describe pain affect on walking ability
1174	PAINMOOD_1	Num	8	X2311F_II.	3.	FOFA: C6b. In past 24 hours: Describe pain affect on mood
1175	PAINACT_1	Num	8	X2311F_II.	3.	FOFA: C6a. In past 24 hours: Describe pain affect on general activity
1176	mi_1	Num	8	X2506F_II.	3.	FOFB: E1a. Ever told you had: A heart attack
1177	chf_1	Num	8	X2506F_II.	3.	FOFB: E1b. Ever told you had: Congestive heart failure
1178	SPVD_1	Num	8	X2506F_II.	3.	FOFB: E1c. Ever told you had: Surgery or angioplasty
1179	TIA_1	Num	8	X2506F_II.	3.	FOFB: E1d. Ever told you had: A TIA or mild stroke
1180	STROKE_1	Num	8	X2506F_II.	3.	FOFB: E1e. Ever told you had: A stroke
1181	STROKE_TRT1	Num	8	X2506F_II.	3.	FOFB: E1e1. Ever told you had: A stroke: If yes
1182	ASTHMA_1	Num	8	X2506F_II.	3.	FOFB: E1f. Ever told you had: Asthma
1183	CLUNG_1	Num	8	X2506F_II.	3.	FOFB: E1g. Ever told you had: Chronic lung disease

Num	Variable	Type	Len	Format	Informat	Label
1184	ULCER_1	Num	8	X2506F_II.	3.	FOFB: E1h. Ever told you had: Stomach ulcers
1185	ULCER_TRT1	Num	8	X2506F_II.	3.	FOFB: E1h1. Ever told you had: Stomach ulcers: Age: If yes - diagnosed
1186	DIAB1_1	Num	8	X2506F_II.	3.	FOFB: E1j. Ever told you had: Insulin-dependent diabetes
1187	DIAB1_TRT1A	Num	8	X2506F_II.	3.	FOFB: E1j2i. Ever told you had: Problem with kidneys
1188	DIAB1_TRT1B	Num	8	X2506F_II.	3.	FOFB: E1j2ii. Ever told you had: Problem with eyes
1189	DIAB2_1	Num	8	X2506F_II.	3.	FOFB: E1k. Ever told you had: non-insulin dependent or adult diabetes
1190	diab2_trt1a	Num	8	X2506F_II.	3.	FOFB: E1k2i. Ever told you had: Problems with kidneys
1191	diab2_trt1b	Num	8	X2506F_II.	3.	FOFB: E1k2ii. Ever told you had: Problem with eyes
1192	KIDNEY_1	Num	8	X2506F_II.	3.	FOFB: E1l. Ever told you had: Kidney disease
1193	KIDNEY_TRT1A	Num	8	X2506F_II.	3.	FOFB: E1l1. Ever told you had: Kidney disease: If yes: Used hemodialysis
1194	KIDNEY_TRT1B	Num	8	X2506F_II.	3.	FOFB: E1l2. Ever received kidney transplantation
1195	ARTHR_1	Num	8	X2506F_II.	3.	FOFB: E1l. Ever told you had: Arthritis
1196	ARTHR_TRT1A	Num	8	X2506F_II.	3.	FOFB: E1l1. Ever told you had rheumatoid Arthritis
1197	LUPUS_1	Num	8	X2506F_II.	3.	FOFB: E1m. Ever told you had: Lupus
1198	PMR_1	Num	8	X2506F_II.	3.	FOFB: E1n. Ever told you had: Polymyalgia rheumatica
1199	ALZHEIMERS_1	Num	8	X2506F_II.	3.	FOFB: E1o. Ever told you had: Alzheimers
1200	CIRR_1	Num	8	X2506F_II.	3.	FOFB: E1p. Ever told you had: Cirrhosis
1201	LEUKEMIA_1	Num	8	X2506F_II.	3.	FOFB: E1q. Ever told you had: Leukemia
1202	LYMPHOMA_1	Num	8	X2506F_II.	3.	FOFB: E1r. Ever told you had: Lymphoma
1203	CANCER1_1	Num	8	X2506F_II.	3.	FOFB: E1s. Ever told you had: Cancer
1204	AIDS_1	Num	8	X2506F_II.	3.	FOFB: E1v. Ever told you had: AIDS
1205	SUGAR_1	Num	8	X2506F_II.	3.	FOFB: E1w. Ever told you had: Elevated blood sugar
1206	ALLERGY_1	Num	8	X2506F_II.	3.	FOFB: E1x. Ever told you had: Allergies
1207	CABG_1	Num	8	X2506F_II.	3.	FOFB: E1y. Ever told you had: Coronary artery bypass
1208	ANGINA_1	Num	8	X2506F_II.	3.	FOFB: E1z. Ever told you had: Angina pectoris
1209	ARRHYTH_1	Num	8	X2506F_II.	3.	FOFB: E1aa. Ever told you had: Irregular heartbeat
1210	CAS_1	Num	8	X2506F_II.	3.	FOFB: E1bb. Ever told you had: Carotid artery surgery
1211	CLAUD_1	Num	8	X2506F_II.	3.	FOFB: E1cc. Ever told you had: Intermittent claudication
1212	PLUMEMB_1	Num	8	X2506F_II.	3.	FOFB: E1dd. Ever told you had: Pulmonary embolus
1213	aneur_1	Num	8	X2506F_II.	3.	FOFB: E1ee. Ever told you had: Aortic Aneurysm
1214	HRD_1	Num	8	X2506F_II.	3.	FOFB: E1ff. Ever told you had: heart rhythm disturbance
1215	DVT_1	Num	8	X2506F_II.	3.	FOFB: E1gg. Ever told you had: Deep Vein Thrombosis
1216	RAYNAUDS_1	Num	8	X2506F_II.	3.	FOFB: E1hh. Ever told you had: Raynauds Disease
1217	PVD_1	Num	8	X2506F_II.	3.	FOFB: E1ii1. Ever told you had: Peripheral Vascular Disease
1218	CHOLEST_1	Num	8	X2506F_II.	3.	FOFB: E1jj. Ever told you had: high Cholesterol
1219	HBP_1	Num	8	X2506F_II.	3.	FOFB: E1kk. Ever told you had: High Blood Pressure
1220	OSTEOP_1	Num	8	X2506F_II.	3.	FOFB: E1ll. Ever told you had: Osteoporosis

Num	Variable	Type	Len	Format	Informat	Label
1221	PARKIN_1	Num	8	X2506F_II.	3.	FOFB: E1mm. Ever told you had: Parkinson's Disease
1222	MS_1	Num	8	X2506F_II.	3.	FOFB: E1nn. Ever told you had: Multiple Sclerosis
1223	UI_1	Num	8	X2506F_II.	3.	FOFB: E2e. Ever told you had: urinary incontinence
1224	IC_1	Num	8	X2506F_II.	3.	FOFB: E2f. Ever told you had: interstitial cystitis
1225	PBS_1	Num	8	X2506F_II.	3.	FOFB: E2g. Ever told you had: painful bladder syndrome
1226	CPP_1	Num	8	X2506F_II.	3.	FOFB: E2h. Ever told you had: chronic pelvic pain
1227	BPH_1	Num	8	X2506F_II.	3.	FOFB: E2a. Ever told you had: Benign Prostatic Hyperplasia
1228	PROSTAT_1	Num	8	X2506F_II.	3.	FOFB: E2b. Ever told you had: Prostatitis
1229	HYPOGO_1	Num	8	X2506F_II.	3.	FOFB: E2c. Ever told you had: Hypogonadism
1230	ED_1	Num	8	X2506F_II.	3.	FOFB: E2d. Ever told you had: erectile dysfunction
1231	NBLADDER_1	Num	8	X2506F_II.	3.	FOFB: E3a. Ever told you had: problem with bladder emptying
1232	CATHETER_1	Num	8	X2506F_II.	3.	FOFB: E3b. Ever told you had: to use catheter
1233	UTI_KI_1	Num	8	X2506F_II.	3.	FOFB: E3c. Ever told you had: bladder infection or uti
1234	UT12MO_1	Num	8	X2311F_II.	3.	FOFB: E3c1. How many times: Bladder infection in last 12 months
1235	UTIEVR_1	Num	8	X2311F_II.	3.	FOFB: E3c2. How many times: Bladder infection in your lifetime
1236	KI12MO_1	Num	8	X2311F_II.	3.	FOFB: E3c3. How many times: Kidney infection in last 12 months
1237	KIEVR_1	Num	8	X2311F_II.	3.	FOFB: E3c4. How many times: Kidney infection in your lifetime
1238	KSTONES_1	Num	8	X2506F_II.	3.	FOFB: E4a. Ever told you had: kidney stones in your bladder
1239	GSTONES_1	Num	8	X2506F_II.	3.	FOFB: E5a. Ever told you had: Gallstones
1240	PRIVINS_1	Num	8	X2506F_II.	3.	FOFB: E6a. Health Insurance: Private insurance
1241	MEDICAID_1	Num	8	X2506F_II.	3.	FOFB: E6d. Health Insurance: Medicaid/Mass Health insurance
1242	MEDICARE_1	Num	8	X2506F_II.	3.	FOFB: E6c. Health Insurance: Medicare
1243	WORKCOMP_1	Num	8	X2506F_II.	3.	FOFB: E6f. Health Insurance: Worker's compensation
1244	SELPAY_1	Num	8	X2506F_II.	3.	FOFB: E6b. Health Insurance: Self Paid Insurance
1245	MILHEALT_1	Num	8	X2506F_II.	3.	FOFB: E6e. Health Insurance: Tricare military health insurance
1246	PREECARE_1	Num	8	X2506F_II.	3.	FOFB: E6h. Health Insurance: Free care at a particular hospital
1247	OTHINS_1	Num	8	X2506F_II.	3.	FOFB: E6g. Some other type of insurance
1248	ANYINS_1	Num	8	X2506F_II.	3.	FOFB: E6i. Any health insurance
1249	OUTPAT_1	Num	8	X2506F_II.	3.	FOFB: E7a. For regular care you go to: An outpatient clinic
1250	HOSPER_1	Num	8	X2506F_II.	3.	FOFB: E7b. For regular care you go to: A Hospital emergency room
1251	HOUTPAT_1	Num	8	X2506F_II.	3.	FOFB: E7c. For regular care you go to: A Hospital outpatient clinic
1252	FREEHOS_1	Num	8	X2506F_II.	3.	FOFB: E7e. For regular care you go to: A Free clinic

Num	Variable	Type	Len	Format	Informat	Label
1253	TIMEHCP_1	Num	8	X2311F_II.	4.	FOFB: E8. How many times in last year you saw healthcare provider
1254	HCPURG_1	Num	8	X2506F_II.	3.	FOFB: E9a. Reason for visit: An urgent problem
1255	HCPROUT_1	Num	8	X2506F_II.	3.	FOFB: E9b. Reason for visit: A Routine visit for ongoing problem
1256	HCPFLARE_1	Num	8	X2506F_II.	3.	FOFB: E9c. Reason for visit: A Flare-up of an ongoing problem
1257	HCPSURG_1	Num	8	X2506F_II.	3.	FOFB: E9d. Reason for visit: A Pre/Post surgery care
1258	HCPOTH_1	Num	8	X2506F_II.	3.	FOFB: E9e. Reason for visit: Non illness care
1259	LASTHCP_1	Num	8	X2348F_II.	3.	FOFB: E10. When did you last see your health care provider
1260	CFS_1	Num	8	X2506F_II.	3.	FOFB: E1pp. Ever told you had: Chronic Fatigue Syndrome
1261	IBS_1	Num	8	X2506F_II.	3.	FOFB: E1qq. Ever told you had: Irritable Bowel Syndrome
1262	FIBRO_1	Num	8	X2506F_II.	3.	FOFB: E1oo. Ever told you had: Fibromyalgia
1263	HEALTHCTR_1	Num	8	X2506F_II.	3.	FOFB: E7d. For regular care you go to: A Health Center
1264	CONDEVR_1	Num	8	X2506F_II.	3.	FOFC: F1a. Have you and your partner ever used : Condoms
1265	CONDNOW_1	Num	8	X2506F_II.	3.	FOFC: F1ai. If Yes: Are you and your partner currently using this method
1266	DIAPHEVR_1	Num	8	X2506F_II.	3.	FOFC: F1b. Have you and your partner ever used : Diaphragm
1267	DIAPHNOW_1	Num	8	X2506F_II.	3.	FOFC: F1bi. If Yes: Are you and your partner currently using this method
1268	BARREVR_1	Num	8	X2506F_II.	3.	FOFC: F1c. Have you and your partner ever used : other barrier method
1269	BARRNOW_1	Num	8	X2506F_II.	3.	FOFC: F1ci. If Yes: Are you and your partner currently using this method
1270	FOAMEVR_1	Num	8	X2506F_II.	3.	FOFC: F1d. Have you and your partner ever used : Foams
1271	FOAMNOW_1	Num	8	X2506F_II.	3.	FOFC: F1di. If Yes: Are you and your partner currently using this method
1272	HERNREP_1	Num	8	X2506F_II.	3.	FOFC: G1a. Have you seen HealthCare Provider For: Hernia Repair
1273	VASECT_1	Num	8	X2506F_II.	3.	FOFC: G1b. Have you seen HealthCare Provider For: Vasectomy
1274	RVASECT_1	Num	8	X2506F_II.	3.	FOFC: G1b1. Have you seen HealthCare Provider For: Reversal Vasectomy
1275	BLADMEN_1	Num	8	X2506F_II.	3.	FOFC: G1c. Have you seen HealthCare Provider For: Bladder Surgery
1276	PROSSURG_1	Num	8	X2506F_II.	3.	FOFC: G1d. Have you seen HealthCare Provider For: Prostate Surgery
1277	CIRCISE_1	Num	8	X2506F_II.	3.	FOFC: G1e. Have you seen HealthCare Provider For: Circumcision
1278	SPENIS_1	Num	8	X2506F_II.	3.	FOFC: G1f. Have you seen HealthCare Provider For: Surgery on Penis
1279	CHLAMYD_1	Num	8	X2507F_II.	3.	FOFC: G2a. Have you ever been told you had: Chlamydia
1280	GENHERP_1	Num	8	X2507F_II.	3.	FOFC: G2b. Have you ever been told you had: Genital Herpes

Num	Variable	Type	Len	Format	Informat	Label
1281	SYPHILIS_1	Num	8	X2507F_II.	3.	FOFC: G2d. Have you ever been told you had: Syphilis
1282	GONORRH_1	Num	8	X2507F_II.	3.	FOFC: G2e. Have you ever been told you had: Gonorrhea
1283	HPV_1	Num	8	X2507F_II.	3.	FOFC: G2c. Have you ever been told you had: HPV or Genital warts
1284	HIV_1	Num	8	X2507F_II.	3.	FOFC: G2f. Have you ever been told you had: HIV
1285	PPINT_1	Num	8	X2508F_II.	3.	FOFC: G13a. Pelvic pain during or in 24 hours after sexual intercourse
1286	PPOTHM_1	Num	8	X2508F_II.	3.	FOFC: G13c. Pelvic pain not with intercourse
1287	CESD1_1	Num	8	X2506F_II.	3.	FOFC: H1. During the last week: I felt depressed
1288	CESD2_1	Num	8	X2506F_II.	3.	FOFC: H2. During the last week: I felt everything I did was an effort
1289	CESD3_1	Num	8	X2506F_II.	3.	FOFC: H3. During the last week: My sleep was restless
1290	CESD4_1	Num	8	X2506F_II.	3.	FOFC: H4. During the last week: I was happy
1291	CESD5_1	Num	8	X2506F_II.	3.	FOFC: H5. During the last week: I felt lonely
1292	CESD6_1	Num	8	X2506F_II.	3.	FOFC: H6. During the last week: I enjoyed life
1293	CESD7_1	Num	8	X2506F_II.	3.	FOFC: H7. During the last week: I felt sad
1294	CESD8_1	Num	8	X2506F_II.	3.	FOFC: H8. During the last week: I could not "get going"
1295	WORRY_1	Num	8	X2506F_II.	3.	FOFC: H9a. In last 6 months: Anyone could have caused worry
1296	WORSPSE_1	Num	8	X2506F_II.	3.	FOFC: H9b1. Worry was caused by: A Spouse/Partner
1297	WORPARNT_1	Num	8	X2506F_II.	3.	FOFC: H9b2. Worry was caused by: A Parent
1298	WORCHILD_1	Num	8	X2506F_II.	3.	FOFC: H9b3. Worry was caused by: A Child
1299	WORSIB_1	Num	8	X2506F_II.	3.	FOFC: H9b4. Worry was caused by: A Sibling
1300	WOROTH_1	Num	8	X2506F_II.	3.	FOFC: H9b5. Worry was caused by: Another Relative/Friend
1301	WORWORK_1	Num	8	X2506F_II.	3.	FOFC: H9b6. Worry was caused by: Someone at work
1302	STRESS1_1	Num	8	X2315F_II.	3.	FOFC: H10. In last month: how often you felt unable to control things
1303	STRESS2_1	Num	8	X2315F_II.	3.	FOFC: H11. In last month:How often you felt confident handling problems
1304	STRESS3_1	Num	8	X2315F_II.	3.	FOFC: H12. In last month:How often you felt things going your way
1305	STRESS4_1	Num	8	X2315F_II.	3.	FOFC: H13. In last month:How often you felt difficulty piling up
1306	SLEEP1_1	Num	8	X2360F_II.	3.	FOFC: H15a. Past month: Did you have difficulty falling asleep
1307	SLEEP2_1	Num	8	X2360F_II.	3.	FOFC: H15b. Past month: Morning after getting up can you fall asleep
1308	SLEEP3_1	Num	8	X2360F_II.	3.	FOFC: H15c. Past month: Do you use sleeping pills
1309	SLEEP4_1	Num	8	X2360F_II.	3.	FOFC: H15d. Past month: Are you tired during wake up time
1310	SLEEP5_1	Num	8	X2360F_II.	3.	FOFC: H15e. Past month: Are you tired after sleeping
1311	SLEEP6_1	Num	8	X2360F_II.	3.	FOFC: H15f. Past month: Are you restless during night
1312	SLEEP7_1	Num	8	X2360F_II.	3.	FOFC: H15l. Past month: Do you snore and your fequency of snoring

Num	Variable	Type	Len	Format	Informat	Label
1313	SLEEP8_1	Num	8	X2360F_II.	3.	FOFC: H15g. Past month: Do you get up during the night
1314	SLEEP9_1	Num	8	X2360F_II.	3.	FOFC: H15h. Past month: Do you suffer headaches in the morning
1315	SLEEP10_1	Num	8	X2360F_II.	3.	FOFC: H15i. Past month: Do you feel exhausted for no reasons
1316	HRSLEEP_1	Num	8	X2311F_II.	7.2	FOFC: H17a. How many hours of actual sleep you get at night
1317	AMS01_1	Num	8	X2446F_II.	3.	FOFC: H18a. Symptoms : Decline in your feeling of general well being
1318	AMS02_1	Num	8	X2446F_II.	3.	FOFC: H18b. Symptoms : Joint pain muscular ache
1319	AMS03_1	Num	8	X2446F_II.	3.	FOFC: H18c. Symptoms : Excessive Sweating
1320	AMS04_1	Num	8	X2446F_II.	3.	FOFC: H18d. Symptoms : Sleep Problems
1321	AMS05_1	Num	8	X2446F_II.	3.	FOFC: H18e. Symptoms : Increased need for sleep
1322	AMS06_1	Num	8	X2446F_II.	3.	FOFC: H18f. Symptoms : Irritability
1323	AMS07_1	Num	8	X2446F_II.	3.	FOFC: H18g. Symptoms :Nervousness
1324	AMS08_1	Num	8	X2446F_II.	3.	FOFC: H18h. Symptoms : Anxiety
1325	AMS09_1	Num	8	X2446F_II.	3.	FOFC: H18i. Symptoms : Physical Exhaustion/ Lacking Vitality
1326	AMS10_1	Num	8	X2446F_II.	3.	FOFC: H18j. Symptoms : Decrease in muscular strength
1327	AMS11_1	Num	8	X2446F_II.	3.	FOFC: H18k. Symptoms : Depressive mood
1328	AMS12_1	Num	8	X2446F_II.	3.	FOFC: H18l. Symptoms : Feeling that you have passed your peak
1329	AMS13_1	Num	8	X2446F_II.	3.	FOFC: H18m. Symptoms : Feeling burn't out, having hit rock bottom
1330	AMS14_1	Num	8	X2446F_II.	3.	FOFC: H18q. Symptoms : Decrease in beard growth
1331	AMS15_1	Num	8	X2446F_II.	3.	FOFC: H18o. Symptoms : Decrease in ability to perform sexually
1332	AMS16_1	Num	8	X2446F_II.	3.	FOFC: H18p. Symptoms : Decrease in number of morning erection
1333	AMS17_1	Num	8	X2446F_II.	3.	FOFC: H18n. Symptoms : Decrease in sexual disire/libido
1334	CIGS100_1	Num	8	X2506F_II.	3.	FOFC: I1. Your entire life : Have you smoked at least 100 cigarettes
1335	CIGSNOW_1	Num	8	X2506F_II.	3.	FOFC: I2. Do you smoke cigarettes now
1336	CIGSDUR_1	Num	8	X2311F_II.	3.	FOFC: I4. Frequency of smoking cigarettes
1337	CIGAR20_1	Num	8	X2506F_II.	3.	FOFC: I5. Your entire life : Have you smoked at least 20 cigars
1338	CIGARNOW_1	Num	8	X2506F_II.	3.	FOFC: I5a. Do you smoke cigars now
1339	EVRETOH_1	Num	8	X2506F_II.	3.	FOFC: I8. Have you ever had an alcoholic drink
1340	BEER30DY_1	Num	8	X2506F_II.	3.	FOFC: I10a. In last 30 days : Beer / Lite Beer
1341	BEERFREQ_1	Num	8	X2392F_II.	3.	FOFC: I10ai. How often do you drink : Beer / Lite Beer
1342	BEERVOL_1	Num	8	X2343F_II.	3.	FOFC: I10aai. How much do you drink : Beer / Lite Beer
1343	WINE30DY_1	Num	8	X2506F_II.	3.	FOFC: I10b. In last 30 days : Wine/Wine Coolers/Sangria/Champagne

Num	Variable	Type	Len	Format	Informat	Label
1344	WINEFREQ_1	Num	8	X2392F_II.	3.	FOFC: I10bi. How often do you drink : Wine/ Wine Coolers/Champagne
1345	WINEVOL_1	Num	8	X2344F_II.	3.	FOFC: I10bii. How much do you drink : Wine/Wine Coolers/Champagne
1346	LIQU30DY_1	Num	8	X2506F_II.	3.	FOFC: I10c. In last 30 days : Hard Liquor
1347	LIQUFREQ_1	Num	8	X2392F_II.	3.	FOFC: I10ci. How often do you drink : Hard Liquor
1348	LIQUVOL_1	Num	8	X2342F_II.	3.	FOFC: I10cii. How much do you drink : Hard Liquor
1349	H2O_1	Num	8	X2311F_II.	3.	FOFC: I14a. In last 7 days: How many glasses of water you had
1350	JUICE_1	Num	8	X2311F_II.	3.	FOFC: I14b. In last 7 days: How many glasses of juice you had
1351	DSODA_1	Num	8	X2311F_II.	3.	FOFC: I14e. In last 7 days: How many glasses of decaffeinated soda
1352	SODA_1	Num	8	X2311F_II.	3.	FOFC: I14d. In last 7 days: How many glasses of caffeinated soda
1353	DCOFFEE_1	Num	8	X2311F_II.	3.	FOFC: I14i. In last 7 days: How many glasses of decaffeinated coffee
1354	COFFEE_1	Num	8	X2311F_II.	3.	FOFC: I14h. In last 7 days: How many glasses of caffeinated coffee
1355	DTEA_1	Num	8	X2311F_II.	3.	FOFC: I14f. In last 7 days: How many glasses of decaffeinated tea
1356	TEA_1	Num	8	X2311F_II.	3.	FOFC: I14g. In last 7 days: How many glasses of caffeinated tea
1357	MILK_1	Num	8	X2311F_II.	3.	FOFC: I14c. In last 7 days: How many glasses of milk you had
1358	OTHERDBEV_1	Num	8	X2311F_II.	3.	FOFC: I4k. In last 7 days: How many glasses of other decaffeinated drink
1359	OTHERBEV_1	Num	8	X2311F_II.	3.	FOFC: I14j. In last 7 days: How many glasses of other caffeinated drink
1360	SNORE1_1	Num	8	X2506F_II.	3.	FOFC: H16a. Has your snoring bothered other people?
1361	MINSLEEP_1	Num	8	X2311F_II.	4.	FOFC: H17b. How long does it usually take you to fall asleep?
1362	SLEEP12_1	Num	8	X2360F_II.	3.	FOFC: H15k. Past month: fall asleep while driving
1363	UNFAIRLY_1	Num	8	X2466F_II.	3.	FOFC: H14. How strongly agree or not with ' . . . treated unfairly'
1364	SLEEP11_1	Num	8	X2360F_II.	3.	FOFC: H15j. Past month: quit breathing during your sleep
1365	TIMEBEV_1	Num	8	X2377F_II.	3.	FOFC: I15. Time of day did you drink the most beverages?
1366	SNORE2_1	Num	8	X2464F_II.	3.	FOFC: H16b. Has your snoring been described as?
1367	EMPTYFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ai. Would you say: sensation bladder not empty
1368	EMPTYDUR_1	Num	8	X2351F_II.	3.	FOFD: J1aii. How long have you had this experience: bladder not empty
1369	EMPTY4_1	Num	8	X2441F_II.	3.	FOFD: J1aiii. Past 4 weeks problem for you: bladder not empty
1370	EMPTYHEP_1	Num	8	X2506F_II.	3.	FOFD: J1aiv. Seen a provider for this symptom: bladder not empty

Num	Variable	Type	Len	Format	Informat	Label
1371	EMPTYTRT_1	Num	8	X2465F_II.	3.	FOFD: J1av. IF YES: Did you receive treatment: bladder not empty
1372	FRQUFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1bi. Would you say: less than 2 hours
1373	FRQUDUR_1	Num	8	X2351F_II.	3.	FOFD: J1bii. How long have you had this experience: less than 2 hrs
1374	FRQU4_1	Num	8	X2441F_II.	3.	FOFD: J1biii. Past 4 weeks problem for you: less than 2 hours
1375	FRQUHEP_1	Num	8	X2506F_II.	3.	FOFD: J1biv. Seen a provider for this symptom: less than 2 hours
1376	FRQUTRT_1	Num	8	X2465F_II.	3.	FOFD: J1bv. IF YES: Did you receive treatment: less than 2 hours
1377	SPSTFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ci. Would you say: stop and start
1378	SPSTDUR_1	Num	8	X2351F_II.	3.	FOFD: J1cii. How long have you had this experience: stop and start
1379	SPST4_1	Num	8	X2441F_II.	3.	FOFD: J1ciii. Past 4 weeks problem for you: stop and start
1380	SPSTHEP_1	Num	8	X2506F_II.	3.	FOFD: J1civ. Seen a provider for this symptom: stop and start
1381	SPSTTRT_1	Num	8	X2465F_II.	3.	FOFD: J1cv. IF YES: Did you receive treatment: stop and start
1382	POSTPFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1di. Would you say: postponing
1383	POSTPDUR_1	Num	8	X2351F_II.	3.	FOFD: J1dii. How long have you had this experience: postponing
1384	POSTP4_1	Num	8	X2441F_II.	3.	FOFD: J1diii. Past 4 weeks problem for you: postponing
1385	POSTPHEP_1	Num	8	X2506F_II.	3.	FOFD: J1div. Seen a provider for this symptom: postponing
1386	POSTPTRT_1	Num	8	X2465F_II.	3.	FOFD: J1dv. IF YES: Did you receive treatment: postponing
1387	WEAKUFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ei. Would you say: weak stream
1388	WEAKUDUR_1	Num	8	X2351F_II.	3.	FOFD: J1eii. How long have you had this experience: weak stream
1389	WEAKU4_1	Num	8	X2441F_II.	3.	FOFD: J1eiii. Past 4 weeks problem for you: weak stream
1390	WEAKUHEP_1	Num	8	X2506F_II.	3.	FOFD: J1eiv. Seen provider for this symptom: weak stream
1391	WEAKUTRT_1	Num	8	X2465F_II.	3.	FOFD: J1ev. IF YES: Did you receive treatment: weak stream
1392	PUSHFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1fi. Would you say: push or strain
1393	PUSHDUR_1	Num	8	X2351F_II.	3.	FOFD: J1fii. How long have you had this experience: push or strain
1394	PUSH4_1	Num	8	X2441F_II.	3.	FOFD: J1fiii. Past 4 weeks problem for you: push or strain
1395	PUSHHEP_1	Num	8	X2506F_II.	3.	FOFD: J1fiv. Seen provider for this symptom: push or strain
1396	PUSHTRT_1	Num	8	X2465F_II.	3.	FOFD: J1fv. IF YES: Did you receive treatment
1397	NGHTUFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1gi. Would you say: more than once a night
1398	NGHTUDUR_1	Num	8	X2351F_II.	3.	FOFD: J1gii. Hw long have you had this experience: more than once a night
1399	NGHTU4_1	Num	8	X2441F_II.	3.	FOFD: J1giii. Past 4 weeks problem for you: more than once a night

Num	Variable	Type	Len	Format	Informat	Label
1400	NGHTUHEP_1	Num	8	X2506F_II.	3.	FOFD: J1giv. Seen provider for this symptom: more than once a night
1401	NGHTUTRT_1	Num	8	X2465F_II.	3.	FOFD: J1gv. IF YES: Did you receive treatment: more than once a night
1402	FLOENDFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1hi. Would you say: prolonged trickle
1403	FLOENDDUR_1	Num	8	X2351F_II.	3.	FOFD: J1hii. How long have you had this experience: prolonged trickle
1404	FLOEND4_1	Num	8	X2441F_II.	3.	FOFD: J1hiii. Past 4 weeks problem for you: prolonged trickle
1405	FLOENDHEP_1	Num	8	X2506F_II.	3.	FOFD: J1hiv. Seen provider for this symptom: prolonged trickle
1406	FLOENDTRT_1	Num	8	X2465F_II.	3.	FOFD: J1hv. IF YES: Did you receive treatment: prolonged trickle
1407	POSTUFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ii. Would you say: leakage immediately
1408	POSTUDUR_1	Num	8	X2351F_II.	3.	FOFD: J1iii. How long have you had this experience: leakage immediately
1409	POSTU4_1	Num	8	X2441F_II.	3.	FOFD: J1iiii. Past 4 weeks problem for you: leakage immediately
1410	POSTUHEP_1	Num	8	X2506F_II.	3.	FOFD: J1iiv. Seen a healthcare provider for this symptom: leakage immedia
1411	POSTUTRT_1	Num	8	X2465F_II.	3.	FOFD: J1iv. IF YES: Did you receive treatment: leakage immediately
1412	DSTRTRFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ji. Would you say: difficulty starting
1413	DSTRTDUR_1	Num	8	X2351F_II.	3.	FOFD: J1jii. How long have you had this experience: difficulty starting
1414	DSTRT4_1	Num	8	X2441F_II.	3.	FOFD: J1jiii. Past 4 weeks problem for you: difficulty starting
1415	DSTRTHEP_1	Num	8	X2506F_II.	3.	FOFD: J1jiv. Seen provider for this symptom: difficulty starting
1416	DSTRT_1	Num	8	X2465F_II.	3.	FOFD: J1jv. IF YES: Did you receive treatment: difficulty starting
1417	PAINFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ki. Would you say: pain or burning
1418	PAINDUR_1	Num	8	X2351F_II.	3.	FOFD: J1kii. How long have you had this experience: pain or burning
1419	PAIN4_1	Num	8	X2441F_II.	3.	FOFD: J1kiii. Past 4 weeks problem for you: pain or burning
1420	PAINHEP_1	Num	8	X2506F_II.	3.	FOFD: J1kiv. Seen a healthcare provider for this symptom: pain or burning
1421	PAINTRT_1	Num	8	X2465F_II.	3.	FOFD: J1kv. IF YES: Did you receive treatment: pain or burning
1422	PERIPFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1li. Would you say: pain in perineum
1423	PERIPDUR_1	Num	8	X2351F_II.	3.	FOFD: J1lii. How long have you had this experience: pain in perineum
1424	PERIP4_1	Num	8	X2441F_II.	3.	FOFD: J1liii. Past 4 weeks problem for you: pain in perineum
1425	PERIPHEP_1	Num	8	X2506F_II.	3.	FOFD: J1liv. Seen provider for this symptom: pain in perineum

Num	Variable	Type	Len	Format	Informat	Label
1426	PERIPTRT_1	Num	8	X2465F_II.	3.	FOFD: J1lv. IF YES: Did you receive treatment: pain in perineum
1427	TESTFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1mi. Would you say: pain in testicles
1428	TESTDUR_1	Num	8	X2351F_II.	3.	FOFD: J1mii. How long have you had this experience: pain in testicles
1429	TEST4_1	Num	8	X2441F_II.	3.	FOFD: J1miii. Past 4 weeks problem for you: pain in testicles
1430	TESTHEP_1	Num	8	X2506F_II.	3.	FOFD: J1miv. Seen provider for this symptom: pain in testicles
1431	TESTTRT_1	Num	8	X2465F_II.	3.	FOFD: J1mv. IF YES: Did you receive treatment: pain in testicles
1432	TPENFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ni. Would you say: pain tip of penis
1433	TPENDUR_1	Num	8	X2351F_II.	3.	FOFD: J1nii. How long have you had this experience: pain tip of penis
1434	TPEN4_1	Num	8	X2441F_II.	3.	FOFD: J1niii. Past 4 weeks problem for you: pain tip of penis
1435	TPENHEP_1	Num	8	X2506F_II.	3.	FOFD: J1niv. Seen provider for this symptom: pain tip of penis
1436	TPENTRT_1	Num	8	X2465F_II.	3.	FOFD: J1nv. IF YES: Did you receive treatment: pain tip of penis
1437	EJACFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1oi. Would you say: Pain ejaculation
1438	EJACDUR_1	Num	8	X2351F_II.	3.	FOFD: J1oii. How long have you had this experience: Pain ejaculation
1439	EJAC4_1	Num	8	X2441F_II.	3.	FOFD: J1oiii. Past 4 weeks problem for you: Pain ejaculation
1440	EJACHEP_1	Num	8	X2506F_II.	3.	FOFD: J1oiv. Seen provider for this symptom: Pain ejaculation
1441	EJACTRT_1	Num	8	X2465F_II.	3.	FOFD: J1ov. IF YES: Did you receive treatment: Pain ejaculation
1442	SURGEFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1pi. Would you say: immediate stong urge
1443	SURGEDUR_1	Num	8	X2351F_II.	3.	FOFD: J1pii. How long have you had this experience: immediate stong urge
1444	SURGE4_1	Num	8	X2441F_II.	3.	FOFD: J1piii. Past 4 weeks problem for you: immediate stong urge
1445	SURGEHEP_1	Num	8	X2506F_II.	3.	FOFD: J1piv. Seen provider for this symptom: immediate stong urge
1446	SURGETRT_1	Num	8	X2465F_II.	3.	FOFD: J1pv. IF YES: Did you receive treatment: immediate stong urge
1447	FRQUZFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1qi. Would you say: frequent urination day
1448	FRQUZDUR_1	Num	8	X2351F_II.	3.	FOFD: J1qii. How long have you had this experience:frequent urination day
1449	FRQUZ4_1	Num	8	X2441F_II.	3.	FOFD: J1qiii. Past 4 weeks problem for you: frequent urination day
1450	FRQUZHEP_1	Num	8	X2506F_II.	3.	FOFD: J1qiv. Seen provider for this symptom: frequent urination day
1451	FRQUZTRT_1	Num	8	X2465F_II.	3.	FOFD: J1qv. IF YES: Did you receive treatment: frequent urination day
1452	PBLADFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ri. Would you say: pain bladder

Num	Variable	Type	Len	Format	Informat	Label
1453	PBLADDUR_1	Num	8	X2351F_II.	3.	FOFD: J1rii. How long have you had this experience: pain bladder
1454	PBLAD4_1	Num	8	X2441F_II.	3.	FOFD: J1riii. Past 4 weeks how much has been a problem for you: pain bladd
1455	PBLADHEP_1	Num	8	X2506F_II.	3.	FOFD: J1riv. Seen provider for this symptom: pain bladder
1456	PBLADTRT_1	Num	8	X2465F_II.	3.	FOFD: J1rv. IF YES: Did you receive treatment: pain bladder
1457	PURETFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1si. Would you say: pain urethra
1458	PURETDUR_1	Num	8	X2351F_II.	3.	FOFD: J1sii. How long have you had this experience: pain urethra
1459	PURET4_1	Num	8	X2441F_II.	3.	FOFD: J1siii. Past 4 weeks problem for you: pain urethra
1460	PURETHEP_1	Num	8	X2506F_II.	3.	FOFD: J1siv. Seen provider for this symptom: pain urethra
1461	PURETTRT_1	Num	8	X2465F_II.	3.	FOFD: J1sv. IF YES: Did you receive treatment: pain urethra
1462	BLDUFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ti. Would you say: blood in urine
1463	BLDUDUR_1	Num	8	X2351F_II.	3.	FOFD: J1tii. How long have you had this experience: blood in urine
1464	BLDU4_1	Num	8	X2441F_II.	3.	FOFD: J1tiii. Past 4 weeks problem for you: blood in urine
1465	BLDUHEP_1	Num	8	X2506F_II.	3.	FOFD: J1tiv. Seen a healthcare provider for this symptom: blood in urine
1466	BLDUTRT_1	Num	8	X2465F_II.	3.	FOFD: J1tv. IF YES: Did you receive treatment: blood in urine
1467	PFILLFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1ui. Would you say: pain bladder fills
1468	PFILLDUR_1	Num	8	X2351F_II.	3.	FOFD: J1uii. How long have you had this experience: pain bladder fills
1469	PFILL4_1	Num	8	X2441F_II.	3.	FOFD: J1uiii. Past 4 weeks problem for you: pain bladder fills
1470	PFILLHEP_1	Num	8	X2506F_II.	3.	FOFD: J1uiv. Seen provider for this symptom: pain bladder fills
1471	PFILLTRT_1	Num	8	X2465F_II.	3.	FOFD: J1uv. IF YES: Did you receive treatment: pain bladder fills
1472	PURINFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1vi. Would you say: pain relieved
1473	PURINDUR_1	Num	8	X2351F_II.	3.	FOFD: J1vii. How long have you had this experience: pain relieved
1474	PURIN4_1	Num	8	X2441F_II.	3.	FOFD: J1viii. Past 4 weeks problem for you: pain relieved
1475	PURINHEP_1	Num	8	X2506F_II.	3.	FOFD: J1viv. Seen a provider for this symptom: pain relieved
1476	PURINTRT_1	Num	8	X2465F_II.	3.	FOFD: J1vv. IF YES: Did you receive treatment: pain relieved
1477	PBACKFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1wi. Would you say: pain lower back
1478	PBACKDUR_1	Num	8	X2351F_II.	3.	FOFD: J1wii. How long have you had this experience: pain lower back
1479	PBACK4_1	Num	8	X2441F_II.	3.	FOFD: J1wiii. Past 4 weeks problem for you: pain lower back
1480	PBACKHEP_1	Num	8	X2506F_II.	3.	FOFD: J1wiv. Seen provider for this symptom: pain lower back

Num	Variable	Type	Len	Format	Informat	Label
1481	PBACKTRT_1	Num	8	X2465F_II.	3.	FOFD: J1vv. IF YES: Did you receive treatment: pain lower back
1482	PRECTFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1xi. Would you say: pain rectum
1483	PRECTDUR_1	Num	8	X2351F_II.	3.	FOFD: J1xii. How long have you had this experience: pain rectum
1484	PRECT4_1	Num	8	X2441F_II.	3.	FOFD: J1xiii. Past 4 weeks problem for you: pain rectum
1485	PRECTHEP_1	Num	8	X2506F_II.	3.	FOFD: J1xiv. Seen provider for this symptom: pain rectum
1486	PRECTTRT_1	Num	8	X2465F_II.	3.	FOFD: J1xv. IF YES: Did you receive treatment: pain rectum
1487	URGEA_1	Num	8	X2448F_II.	3.	FOFD: J2. Would you say: strong urge last 7 days
1488	URGEADUR_1	Num	8	X2341F_II.	3.	FOFD: J2b. How long you had this experience: strong urge last 7 days
1489	URGEA4_1	Num	8	X2441F_II.	3.	FOFD: J2c. Past 4 weeks problem for you: strong urge last 7 days
1490	URGEAHEP_1	Num	8	X2506F_II.	3.	FOFD: J2d. Seen provider for this symptom: strong urge last 7 days
1491	URGEATRT_1	Num	8	X2465F_II.	3.	FOFD: J2e. IF YES: Did you receive treatment: strong urge last 7 days
1492	PAINBLADM_1	Num	8	X2318F_II.	3.	FOFD: J3a. Pain or discomfort associated with bladder and pelvic area
1493	INTFPAIN_1	Num	8	X2451F_II.	3.	FOFD: J4. Over the last month, how much have urinary symptoms
1494	RESFLUID_1	Num	8	X2444F_II.	3.	FOFD: J5a. Drinking fluids before you travel
1495	NTFLUID_1	Num	8	X2444F_II.	3.	FOFD: J5b. Drinking fluids before you go to bed
1496	DRIV2HR_1	Num	8	X2444F_II.	3.	FOFD: J5c. Driving for 2 hours without stopping
1497	ENUFSLP_1	Num	8	X2444F_II.	3.	FOFD: J5d. Getting enough sleep at night
1498	NOTOIL_1	Num	8	X2444F_II.	3.	FOFD: J5e. Going to places that may not have a toilet
1499	OUTDSPRT_1	Num	8	X2444F_II.	3.	FOFD: J5f. Playing sports outdoors such as golf
1500	GOINGOUT_1	Num	8	X2444F_II.	3.	FOFD: J5g. Going to movies, shows, church, etc.
1501	URINDAY_1	Num	8	X2311F_II.	3.	FOFD: J6. How many times have you had to go to the bathroom
1502	URINDY7DY_1	Num	8	X2439F_II.	3.	FOFD: J6a. How much has this been a problem for you
1503	URIOFTNDY_1	Num	8	X2506F_II.	3.	FOFD: J6b. Do you feel that you urinate too often during the day
1504	URINNT_1	Num	8	X2311F_II.	3.	FOFD: J7. How many times have you had to go to the bathroom
1505	URINNT7DY_1	Num	8	X2439F_II.	3.	FOFD: J7a. How much has this been a problem for you
1506	URIOFTNT_1	Num	8	X2506F_II.	3.	FOFD: J7b. Do you feel that you get up too often during the night
1507	LEAKURIN_1	Num	8	X2506F_II.	3.	FOFD: J8. Have you leaked even a small amount of urine
1508	LEAKFREQ_1	Num	8	X2421F_II.	3.	FOFD: J8a. How often did you experience urinary leakage
1509	LEAKWHEN_1	Num	8	X2356F_II.	3.	FOFD: J8b. Does this leaking happen
1510	LEAKAMT_1	Num	8	X2389F_II.	3.	FOFD: J9. When you leak urine, about how much is it

Num	Variable	Type	Len	Format	Informat	Label
1511	LEAKPHYSAC_1	Num	8	X2506F_II.	3.	FOFD: J10a. Leaked urine when you were coughing, sneezing or
1512	LEAK7DY1_1	Num	8	X2311F_II.	3.	FOFD: J10a1. How many times has this happened in the last 7 days
1513	LEAK7DY2_1	Num	8	X2437F_II.	3.	FOFD: J10a2. In the last 7 days, how much has this been a problem for you
1514	LEAKURGEAC_1	Num	8	X2506F_II.	3.	FOFD: J10b. Leaked urine when you had the strong feeling
1515	LEAKURGE_1	Num	8	X2311F_II.	3.	FOFD: J10b1. How many times has this happened in the last 7 days
1516	LEAKURGE7_1	Num	8	X2437F_II.	3.	FOFD: J10b2. In the last 7 days, how much has this been a problem for you
1517	LEAKNOWARN_1	Num	8	X2506F_II.	3.	FOFD: J10c. Leaked urine without any physical activity or warning
1518	LEAKNOWA_1	Num	8	X2311F_II.	3.	FOFD: J10c1. How many times has this happened in the last 7 days
1519	LEAKNOW7_1	Num	8	X2437F_II.	3.	FOFD: J10c2. In the last 7 days, how much has this been a problem for you
1520	UIPROT_1	Num	8	X2445F_II.	3.	FOFD: J11. What type of protection do you use most often
1521	UIPADS_1	Num	8	X2516F_II.	3.	FOFD: J12. How many pads do you use because they are wet or damp
1522	LEAKDUR_1	Num	8	X2416F_II.	3.	FOFD: J13. About how long have you had urine leakage
1523	LEAKHEP_1	Num	8	X2506F_II.	3.	FOFD: J14. Have you ever seen a health care provider for your urine lea
1524	LEAKHEPTRT_1	Num	8	X2506F_II.	3.	FOFD: J14a. Did you receive treatment
1525	UIEXERC_1	Num	8	X2506F_II.	3.	FOFD: J14b1. Doing exercises to strengthen the muscles near the bladder
1526	UITIMING_1	Num	8	X2506F_II.	3.	FOFD: J14b2. Timing your urination (bladder training)
1527	UIMEDRX_1	Num	8	X2506F_II.	3.	FOFD: J14b3. Taking a prescription medication
1528	UIOTHTX_1	Num	8	X2506F_II.	3.	FOFD: J14b4. Using some other medical treatment
1529	UINOTX_1	Num	8	X2506F_II.	3.	FOFD: J14b5. Doing Nothing
1530	UIQOL1_1	Num	8	X2449F_II.	3.	FOFD: J15a. Your ability to do household chores, such as cooking
1531	UIQOL2_1	Num	8	X2449F_II.	3.	FOFD: J15b. Physical recreational activities, such as walking, swimming
1532	UIQOL3_1	Num	8	X2449F_II.	3.	FOFD: J15c. Entertainment activities such as going to a film or concert
1533	UIQOL4_1	Num	8	X2449F_II.	3.	FOFD: J15d. Your ability to travel by car or bus for distances greater
1534	UIQOL5_1	Num	8	X2449F_II.	3.	FOFD: J15e. Your participation in social activities outside your home
1535	UIQOL6_1	Num	8	X2449F_II.	3.	FOFD: J15f. Your emotional health
1536	UIQOL7_1	Num	8	X2449F_II.	3.	FOFD: J16. Do urinary symptoms, etc. cause frustration
1537	SYMTHINK_1	Num	8	X2447F_II.	3.	FOFD: J17. How much did you think about your urinary symptoms

Num	Variable	Type	Len	Format	Informat	Label
1538	LIFECON_1	Num	8	X2385F_II.	3.	FOFD: J18. If you were to spend the rest of your life with your urinary
1539	BLADCONOW_1	Num	8	X2387F_II.	3.	FOFD: J19. My bladder condition
1540	MARITAL_1	Num	8	X2429F_II.	3.	FOFE: K1. What is your current marital status
1541	EDUC_1	Num	8	X2311F_II.	3.	FOFE: K3. How many years of school have you completed altogether
1542	DEGRESTAT_1	Num	8	X2419F_II.	3.	FOFE: K2. What is the highest grade/degree you have completed
1543	WORKSTAT_1	Num	8	X2494F_II.	3.	FOFE: K4. Your current work situation
1544	FULLTIME_1	Num	8	X2347F_II.	3.	FOFE: K5. Working more or less than 35 hours each weak
1545	NUMPEOP_1	Num	8	X2311F_II.	3.	FOFE: K7. How many people are supported on your household's income
1546	TRTRANS_1	Num	8	X2506F_II.	3.	FOFE: K8a. Transportation
1547	TRHOUS_1	Num	8	X2506F_II.	3.	FOFE: K8b. Housing
1548	TRHLTH_1	Num	8	X2506F_II.	3.	FOFE: K8c. Health or medical care, medications
1549	TRFOOD_1	Num	8	X2506F_II.	3.	FOFE: K8d. Food
1550	INCOME_1	Num	8	INCOME_1F_II.	3.	FOFE: K9. Income
1551	COMP_1	Num	8	X2498F_II.	3.	FOFE: K10. Computer: access
1552	COMPHRS_1	Num	8	X2311F_II.	4.	FOFE: K13. Computer: hours per week (non-work related)
1553	INTERNET_1	Num	8	X2496F_II.	3.	FOFE: K11. Computer: internet connection
1554	INTSRCH_1	Num	8	X2496F_II.	3.	FOFE: K14. Internet: search: health
1555	DSCRIMPO_1	Num	8	X2434F_II.	3.	MSAQ: 14. ED: In general how will you describe yourself (Batch 1)
1556	SRTERCTB_1	Num	8	X2349F_II.	3.	MSAQ: 15a. When did you start having trouble to keep an erection (Batch 1)
1557	MERCPB_1	Num	8	X2439F_II.	3.	MSAQ: 15b. In last 3 months how much of a problem it was (Batch 1)
1558	fl4sdsin_1	Num	8	X1526F_II.	3.	MSAQ/WSAQ: Over past 4 weeks: how often did you feel sexual desire or interest
1559	pt4sdsin_1	Num	8	X1648F_II.	3.	MSAQ: 3. Over past 4 weeks: how would you rate your level of sexual desire or interest?
1560	ENG4SACP_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: Past 4 weeks: engaged in sexual activity with a partner
1561	NOPARTNR_1	Num	8	X2506F_II.	3.	MSAQ: SM4a. I do not have a partner at this time
1562	NOINTRST_1	Num	8	X2506F_II.	3.	MSAQ: SM4b. I have a lack of interest in sex
1563	PNPLURPB_1	Num	8	X2506F_II.	3.	MSAQ: 7c. No sex activities: pelvic or urinary problem
1564	OTHRHLTP_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: No sex activities: other health problems
1565	PRTHLTPB_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: No sex activities: partner has health problem
1566	PRNOINTRST_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: No sex activities: partner no interest
1567	cn4sarsd_1	Num	8	X797F_II.	3.	MSAQ/WSAQ: Confidence in being sexually aroused (1st 4 wks)
1568	st4emlcl_1	Num	8	X1652F_II.	3.	MSAQ/WSAQ: Over past 4 weeks: Satisfaction in emotional closeness

Num	Variable	Type	Len	Format	Informat	Label
1569	st4oasx_1	Num	8	X1651F_II.	3.	MSAQ/WSAQ: Over past 4 weeks: how satisfied have you been with your overall sex life
1570	RTCNFERC_1	Num	8	X2481F_II.	3.	MSAQ: 11. Confidence in an erection
1571	OTERCPNT_1	Num	8	X2371F_II.	3.	MSAQ: 12. How often erections hard enough for penetration
1572	OTMNTERC_1	Num	8	X2370F_II.	3.	MSAQ: 13. How often able to maintain erections after penetration
1573	DFMNTERC_1	Num	8	X2397F_II.	3.	MSAQ: 14. How difficult to maintain erections to complete intercourse
1574	OSTXSATF_1	Num	8	X2369F_II.	3.	MSAQ: SM12. How often able to maintain erections after penetration
1575	nonjoysx4_1	Num	8	X1600F_II.	3.	MSAQ: SM13. Last 3 months has lack of enjoyment of sex been a problem
1576	WHOSXAD_1	Num	8	WHOSXAD_II.	3.	MSAQ/WSAQ: Who you have generally had sex with over your adult life
1577	SEXORNT_1	Num	8	X2403F_II.	3.	MSAQ/WSAQ: How would you define yourself?
1578	BENDINP_1	Num	8	X2506F_II.	3.	MSAQ: 18. Have you had abnormal bend/curvature in your penis
1579	PEYRONIED_1	Num	8	X2506F_II.	3.	MSAQ: 19. Have you been told you have peyronies disease
1580	PENLOOKS_1	Num	8	X2439F_II.	3.	MSAQ: 20. Do you have problem the way your penis looks
1581	PEYDNOSX_1	Num	8	X2506F_II.	3.	MSAQ: 21. Does your peyronies disease make it difficult to have sex
1582	PBDIFF_1	Num	8	X2439F_II.	3.	MSAQ: 22. Do you have problem with this difficulty
1583	CHDEXORG_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Any adult exposed sex organs
1584	CHDTHRSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Any adult threatened to have sex
1585	CHDTCHOG_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Any adult touched your sex organs
1586	CHDYUTCH_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Any adult made you touch their sex organs
1587	CHDFRCSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Any adult forced you to have sex
1588	CHDOHUNS_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During childhood: Had any unwanted sexual experiences
1589	ADEXORG_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Any adult exposed sex organs
1590	ADTHRTSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Any adult threatened to have sex
1591	ADTCHORG_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Any adult touched your sex organs
1592	ADYUTCH_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Any adult made you touch their sex organs
1593	ADFRCSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Any adult forced you to have sex
1594	ADOHUNSX_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: During adulthood: Had any unwanted sexual experiences

Num	Variable	Type	Len	Format	Informat	Label
1595	CHDBEAT_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During childhood did any adult: hit/kick/beat you
1596	CHDTHRLF_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During childhood did any adult: seriously threaten you
1597	CHDEMLAB_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During childhood did any adult: emotionally abuse you
1598	ADBEAT_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During adulthood did any adult: hit/kick/beat you
1599	ADTHRLF_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During adulthood did any adult: seriously threaten you
1600	ADEMLABS_1	Num	8	X2433F_II.	3.	MSAQ/WSAQ: During adulthood did any adult: emotionally abuse you
1601	ENG4SACNOP_1	Num	8	X2506F_II.	3.	MSAQ/WSAQ: Past 4 weeks: engaged in sexual activity with no partner (Batch 2-5)
1602	NOSEXOTH_1	Num	8	X2506F_II.	3.	SAQM: SF7g. No sex activities: another reason
1603	AROUSED4_1	Num	8	X2367F_II.	3.	MSAQ/WSAQ: How often did you feel sexually aroused during sex? (1st 4 wks)
1604	instate_1	Num	8	X2506F_II.		Massachusetts resident at BACH II (Y/N)
1605	canctest_1	Num	8	X2506F_II.		T2c. Cancer of testicles
1606	cancpros_1	Num	8	X2506F_II.		T2c. Cancer of prostate
1607	canckidn_1	Num	8	X2506F_II.		T2c. Cancer of kidney
1608	cancblad_1	Num	8	X2506F_II.		T2c. Cancer of bladder
1609	age_1	Num	8	BEST12.		T2c. Age at follow up
1610	sanyadep_1	Num	8	X2506F_II.		Antidepressant drugs (Y/N)
1611	sstatin	Num	8	X2506F_II.		T1: (HCRI) HMG-COA REDUCTASE INHIBITORS (STATINS)
1612	sanyaht	Num	8	X2506F_II.		Antihypertensive drugs (including diuretics) (Y/N)
1613	santied	Num	8	X2506F_II.		Drugs for erectile dysfunction (Y/N)
1614	sanyadep	Num	8	X2506F_II.		Antidepressant drugs (Y/N)
1615	sstatin_1	Num	8	X2506F_II.		T2: (HCRI) HMG-COA REDUCTASE INHIBITORS (STATINS)
1616	sanyaht_1	Num	8	X2506F_II.		Antihypertensive drugs (including diuretics) (Y/N)
1617	santied_1	Num	8	X2506F_II.		Drugs for erectile dysfunction (Y/N)
1618	ht_mi	Num	8	X1471F_II.	6.1	FOPM: B1. Height in cm
1619	wt_mi	Num	8	X1471F_II.	6.1	FOPM: B2. Weight in kg
1620	wst_mi	Num	8	X1471F_II.	6.1	FOPM: B3. Waist circumference
1621	hip_mi	Num	8	X1471F_II.	6.1	FOPM: B4. Hip circumference
1622	ht_mi_1	Num	8	X1471F_II.	6.1	FUPM: B1. Height in cm
1623	wt_mi_1	Num	8	X1471F_II.	6.1	FUPM: B3. Weight in kg
1624	wst_mi_1	Num	8	X1471F_II.	6.1	FUPM: B5. Waist circumference
1625	hip_mi_1	Num	8	X1471F_II.	6.1	FUPM: B6. Hip circumference
1626	nck1_mi_1	Num	8	X1471F_II.	5.1	FUPM: B8. First Neck Measurement

Num	Variable	Type	Len	Format	Informat	Label
1627	nck2_mi_1	Num	8	X1471F_II.	5.1	FUPM: B9. Second Neck Measurement
1628	colr_mi_1	Num	8	X1471F_II.	5.1	FUPM: B7a. Choose shirt collar size
1629	arm_mi_1	Num	8	X1471F_II.	5.1	FUPM: C1. Arm circumference
1630	fat_mi_1	Num	8	X1471F_II.	3.	FUPM: B4. Body fat percent
1631	cigspday	Num	8	BEST12.		T1c. Calculated cigs/day (imputed)
1632	cigspday_1	Num	8	BEST12.		T2c. Calculated cigs/day (imputed)
1633	_imputation_	Num	8			Imputation dataset number (from 1 to 15)
1634	FRSTLANG	Num	8	X2327F_II.	3.	FOIG: L5. What is the first language you learned to speak?
1635	BCPNOW	Num	8	X2499F_II.	3.	FOIC: D2a. Birth control pills
1636	BCINOW	Num	8	X2499F_II.	3.	FOIC: D2b. Injections for birth control
1637	NORPNOW	Num	8	X2499F_II.	3.	FOIC: D2c. Norplant
1638	IUDNOW	Num	8	X2499F_II.	3.	FOIC: D2d. Intrauterine device
1639	RINGNOW	Num	8	X2499F_II.	3.	FOIC: D2e. Vaginal ring
1640	TUGNOW	Num	8	X2499F_II.	3.	FOIC: D2f. Tubal ligation
1641	GDIAB	Num	8	X2511F_II.	3.	FOID: E3gg. Gestational diabetes
1642	ENDOMET	Num	8	X2511F_II.	3.	FOID: E3hh. Endometriosis
1643	PID	Num	8	X2511F_II.	3.	FOID: E3.ii. Pelvic inflammatory disease
1644	CYST	Num	8	X2511F_II.	3.	FOID: E3jj. Ovarian cyst
1645	PCOS	Num	8	X2511F_II.	3.	FOID: E3kk. Polycystic ovarian syndrome
1646	FIBROID	Num	8	X2511F_II.	3.	FOID: E3ll. Uterine fibroids
1647	PUTERUS	Num	8	X2511F_II.	3.	FOID: E3mm. Prolapsed uterus
1648	PBLADDER	Num	8	X2511F_II.	3.	FOID: E3nn. Prolapsed bladder
1649	CYEAST	Num	8	X2506F_II.	3.	FOIF: G2a. Chronic yeast infections?
1650	HYSTER	Num	8	X2506F_II.	3.	FOIF: G3a. Female only: A hysterectomy...?
1651	OVARY	Num	8	X2506F_II.	3.	FOIF: G3b. An ovary removed?
1652	SURGUI	Num	8	X2506F_II.	3.	FOIF: G3c. Surgery for incontinence
1653	BLADSURG	Num	8	X2506F_II.	3.	FOIF: G3d. Bladder surgery
1654	PFDSURG	Num	8	X2506F_II.	3.	FOIF: G3e. Surgery for repair of a pelvic prolapse
1655	MP12MO	Num	8	X2506F_II.	3.	FOIF: G5. Have you had a menstrual period - 12 months?
1656	STOPTX	Num	8	X2506F_II.	3.	FOIF: G5a1. Medication, chemotherapy...
1657	STOPPREG	Num	8	X2506F_II.	3.	FOIF: G5a2. Pregnancy or breastfeeding
1658	STOPMENO	Num	8	X2506F_II.	3.	FOIF: G5a3. Menopause
1659	STOPWTOT	Num	8	X2506F_II.	3.	FOIF: G5a4. Severe weight loss or another reason
1660	MPLPRED	Num	8	X2506F_II.	3.	FOIF: G6. Compared to a year ago, has the number of days?
1661	MP3MO	Num	8	X2506F_II.	3.	FOIF: G7. Have you had a menstrual period in the past 3 months?
1662	MPPP12MO	Num	8	X2506F_II.	3.	FOIF: G8a. In the last 12 months, have you had pelvic pain?
1663	PPINT	Num	8	X2506F_II.	3.	FOIF: G9a. pelvic pain during or in the 24 hours after sex?
1664	PPOTH	Num	8	X2506F_II.	3.	FOIF: G9b. Pelvic pain NOT with periods or intercourse?

Num	Variable	Type	Len	Format	Informat	Label
1665	PVAGFRQ	Num	8	X2330F_II.	3.	FOIG: K1xi. If Female:Pain or discomfort at the entrance of vagina?
1666	PVAGDUR	Num	8	X2325F_II.	3.	FOIG: K1xii. How long?
1667	RT4SDSIN	Num	8	X2488F_II.	3.	FOSW: PF2. How would you rate your level of sexual desire or interest
1668	PNPLVAUR	Num	8	X2506F_II.	3.	FOSW: PF4c. Pelvic or vaginal pain or a urinary problem that interferes
1669	DF4WET	Num	8	X2395F_II.	3.	FOSW: PF6. How difficult was it to become lubricated
1670	OT4ORGS	Num	8	X2368F_II.	3.	FOSW: PF7. How often did you reach orgasm
1671	DF4ORGS	Num	8	X2395F_II.	3.	FOSW: PF8. How difficult was it to reach orgasm
1672	ST4ORGS	Num	8	X2491F_II.	3.	FOSW: PF9. How satisfied were you with your ability to reach orgasm
1673	OT4PAND	Num	8	X2312F_II.	3.	FOSW: PF11. How often did you experience discomfort during penetration
1674	OT4PANF	Num	8	X2312F_II.	3.	FOSW: PF12. Did you experience discomfort following penetration
1675	RT4LVDIS	Num	8	X2313F_II.	3.	FOSW: PF13. How would you rate your level of discomfort
1676	vagbrth	Num	8	BEST12.		Number of vaginal deliveries
1677	csec	Num	8	BEST12.		Number of c-sections
1678	vagcsec	Num	8	BEST12.		Number of births that were both vaginal and c-section
1679	livebrth	Num	8	BEST12.		Number of live births
1680	cancuter	Num	8	X2506F_II.		T1c. Cancer of uterus
1681	cancerv	Num	8	X2506F_II.		T1c. Cancer of cervix
1682	cancovar	Num	8	X2506F_II.		T1c. Cancer of ovaries
1683	cancvulv	Num	8	X2506F_II.		T1c. Cancer of vulva
1684	GDIAB_1	Num	8	X2506F_II.	3.	FOFB: E1rr. Ever told you had: Gestational Diabetes
1685	ENDOMET_1	Num	8	X2506F_II.	3.	FOFB: E1ss. Ever told you had: Endometriosis
1686	PID_1	Num	8	X2506F_II.	3.	FOFB: E1tt. Ever told you had: Pelvic Inflammatory Disease
1687	CYST_1	Num	8	X2506F_II.	3.	FOFB: E1uu. Ever told you had: Ovarian cyst(s)
1688	PCOS_1	Num	8	X2506F_II.	3.	FOFB: E1vv. Ever told you had: Polycystic ovarian syndrome
1689	FIBROID_1	Num	8	X2506F_II.	3.	FOFB: E1ww. Ever told you had: uterine fibroids
1690	PUTERUS_1	Num	8	X2506F_II.	3.	FOFB: E1xx. Ever told you had: prolapsed uterus
1691	PBLADDER_1	Num	8	X2506F_II.	3.	FOFB: E1yy. Ever told you had: prolapsed bladder
1692	prectum_1	Num	8	X2506F_II.	3.	FOFB: E1zz. Ever told you had: prolapsed rectum
1693	SEXDYS_1	Num	8	X2506F_II.	3.	FOFB: E1bbb. Ever told you had: sexual dysfunction
1694	BCPNOW_1	Num	8	X2503F_II.	3.	FOFC: F2a. Ever used Birth Control Pills:If Yes: Is this Current?
1695	BCINOW_1	Num	8	X2503F_II.	3.	FOFC: F2b. Ever used Birth Control Injections:If Yes: Is this Current?
1696	NORPNOW_1	Num	8	X2503F_II.	3.	FOFC: F2c. Ever used Norplant:If Yes: Is this Current?
1697	IUDNOW_1	Num	8	X2503F_II.	3.	FOFC: F2f. Ever used IUD:If Yes: Is this Current?

Num	Variable	Type	Len	Format	Informat	Label
1698	RINGNOW_1	Num	8	X2503F_II.	3.	FOFC: F2e. Ever used Vaginal Ring :If Yes: Is this Current?
1699	CYEAST_1	Num	8	X2507F_II.	3.	FOFC: G2a. Have you ever been told you had: Chronic Yeast Infections
1700	HYSTER_1	Num	8	X2512F_II.	3.	FOFC: G5a. Have you ever had: A Hysterectomy
1701	OVARM_1	Num	8	X2513F_II.	3.	FOFC: G5b. Any Ovary Removed
1702	SURGUI_1	Num	8	X2497F_II.	3.	FOFC: G5c. Have you ever had: A Surgery for incontinence
1703	BLADSURG_1	Num	8	X2497F_II.	3.	FOFC: G5d. Have you ever had: A Bladder Surgery
1704	PFDSURG_1	Num	8	X2497F_II.	3.	FOFC: G5e. Have you ever had: A Surgery for repair of pelvic prolapse
1705	TUBLIG_1	Num	8	X2497F_II.	3.	FOFC: G5f. Have you ever had: A Surgery for Tubal ligation
1706	ADC_1	Num	8	X2497F_II.	3.	FOFC: G5g. Have you ever had: A D and C
1707	ENDBIO_1	Num	8	X2497F_II.	3.	FOFC: G5h. Have you ever had: An Endometrial Biopsy
1708	LIVEBRTH_1	Num	8	X2311F_II.	3.	FOFC: G6b. How many of your pregnancies resulted in live birth
1709	VAGBRTH_1	Num	8	X2311F_II.	3.	FOFC: G6c. How many of your live births resulted in vaginal delivery
1710	CSEC_1	Num	8	X2311F_II.	3.	FOFC: G6d. How many of your live births resulted in C Section
1711	VAGCSEC_1	Num	8	X2311F_II.	3.	FOFC: G6e. How many live births resulted in both vaginal and C Section
1712	MP12MO_1	Num	8	X2508F_II.	3.	FOFC: G8. Did you have menstrual period in 12 months
1713	STOPTX_1	Num	8	X2508F_II.	3.	FOFC: G8a3. Did they stop because of: medication/radiation/chemotherapy
1714	STOPPREG_1	Num	8	X2508F_II.	3.	FOFC: G8a2. Did they stop because of: pregnancy or breastfeeding
1715	STOPMENO_1	Num	8	X2508F_II.	3.	FOFC: G8a1. Did they stop because of: menopause
1716	STOPWTOT_1	Num	8	X2508F_II.	3.	FOFC: G8a4. Did they stop because of: weight loss or another reason
1717	MPLPRED_1	Num	8	X2506F_II.	3.	FOFC: G9. Number of days between menstrual periods less predictable
1718	MP3MO_1	Num	8	X2506F_II.	3.	FOFC: G10. Have you had menstrual period in last 3 months
1719	MPPP12MO_1	Num	8	X2506F_II.	3.	FOFC: G11a. Last 12 months: pelvic pain related with monthly cycle
1720	PPOTHW_1	Num	8	X2508F_II.	3.	FOFC: G13b. Pelvic pain not with periods or intercourse
1721	PATCHNOW_1	Num	8	X2503F_II.	3.	FOFC: F2d. Ever used a Patch:If Yes: Is this Current?
1722	PVULVA_1	Num	8	X2506F_II.	3.	FOFC: G12. Had pain at the vulva with intercourse or spontaneously
1723	IUDMIRNOW_1	Num	8	X2503F_II.	3.	FOFC: F2f1. Ever used IUD Mirena:If Yes: Is this Current?
1724	IUDOTHNOW_1	Num	8	X2503F_II.	3.	FOFC: F2f2. Ever used IUD Other:If Yes: Is this Current?
1725	PVAGFRQ_1	Num	8	X2406F_II.	3.	FOFD: J1yi. Would you say: pain vagina
1726	PVAGDUR_1	Num	8	X2351F_II.	3.	FOFD: J1yii. How long have you had this experience: pain vagina
1727	PVAG4_1	Num	8	X2441F_II.	3.	FOFD: J1yiii. Past 4 weeks problem for you: pain vagina

Num	Variable	Type	Len	Format	Informat	Label
1728	PVAGHEP_1	Num	8	X2506F_II.	3.	FOFD: J1yv. Seen provider for this symptom: pain vagina
1729	PVAGTRT_1	Num	8	X2465F_II.	3.	FOFD: J1yv. IF YES: Did you receive treatment: pain vagina
1730	PAINBLADF_1	Num	8	X2318F_II.	3.	FOFD: J3b. Pain or discomfort associated with bladder and pelvic area
1731	rt4sdsin_1	Num	8	X1638F_II.	3.	WSAQ: 3. Over past 4 weeks: how would you rate your level of sexual desire or interest
1732	PNPLVAUR_1	Num	8	X2506F_II.	3.	WSAQ: 7C. No sex activities: pelvic, vaginal or urinary problem
1733	cancuter_1	Num	8	X2506F_II.		T2c. Cancer of uterus
1734	cancerv_1	Num	8	X2506F_II.		T2c. Cancer of cervix
1735	cancovar_1	Num	8	X2506F_II.		T2c. Cancer of ovaries
1736	cancvuly_1	Num	8	X2506F_II.		T2c. Cancer of vulva
1737	arousedcomb_1	Num	8	X2367F_II.		WSAQ: 8. Columns combined: How often did you feel sexually aroused during sex?
1738	cnsarsdcomb_1	Num	8	X2477F_II.		WSAQ: 9. Columns combined: How confident in becoming sexually aroused
1739	dfwetcomb_1	Num	8	X2394F_II.		WSAQ: 10. Columns combined: How difficult in becoming wet during sex
1740	otorgscomb_1	Num	8	X683F_NEW.		WSAQ: 11. Columns combined: How often you reached orgasm
1741	dforgscomb_1	Num	8	X2394F_II.		WSAQ: 12. Columns combined: How difficult to reach orgasm
1742	storgscomb_1	Num	8	X2483F_II.		WSAQ: 13. Columns combined: How satisfied to reach orgasm
1743	otpancomb_1	Num	8	X682F_NEW.		WSAQ: 14. Columns combined: How often pain during vaginal penetration
1744	otpanfcomb_1	Num	8	X682F_NEW.		WSAQ: 15. Columns combined: How often pain following vaginal penetration
1745	rtlvdiscomb_1	Num	8	X2479F_II.		WSAQ: 16. Columns combined: How would you rate your pain/discomfort
1746	stemlclcomb_1	Num	8	X2484F_II.		WSAQ: 17. Columns combined: Satisfaction in emotional closeness
1747	wtr_1_new	Num	8		BEST32.	Sampling weights
1748	arousedls_1	Num	8	X2367F_II.		WSAQ: 8. When last sexually active: How often did you feel sexually aroused during sex?
1749	cnlssarsd_1	Num	8	X2477F_II.		WSAQ: 9. When last sexually active: How confident in becoming sexually aroused
1750	df4wet_1	Num	8	X1554F_II.		WSAQ: 10. Past 4 weeks: How difficult in becoming wet during sex
1751	df1swet_1	Num	8	X2394F_II.		WSAQ: 10. When last sexually active: How difficult in becoming wet during sex
1752	ot4orgs_1	Num	8	X683F_NEW.		WSAQ: 11. Past 4 weeks: How often you reached orgasm
1753	otsorgs_1	Num	8	X683F_NEW.		WSAQ: 11. When last sexually active: How often you reached orgasm
1754	df4orgs_1	Num	8	X1554F_II.		WSAQ: 12. Past 4 weeks: How difficult to reach orgasm

Num	Variable	Type	Len	Format	Informat	Label
1755	dfلسorgs_1	Num	8	X2394F_II.		WSAQ: 12. When last sexually active: How difficult to reach orgasm
1756	st4orgs_1	Num	8	X1643F_II.		WSAQ: 13. Past 4 weeks: How satisfied to reach orgasm
1757	stلسorgs_1	Num	8	X2483F_II.		WSAQ: 13. When last sexually active: How satisfied to reach orgasm
1758	ot4pand_1	Num	8	X682F_NEW.		WSAQ: 14. Past 4 weeks: How often pain during vaginal penetration
1759	otلسpand_1	Num	8	X682F_NEW.		WSAQ: 14. When last sexually active: How often pain during vaginal penetration
1760	ot4panf_1	Num	8	X682F_NEW.		WSAQ: 15. Past 4 weeks: How often pain following vaginal penetration
1761	otلسpanf_1	Num	8	X682F_NEW.		WSAQ: 15. When last sexually active: How often pain following vaginal penetration
1762	rt4lvdis_1	Num	8	X799F_II.		WSAQ: 16. Past 4 weeks: How would you rate your pain/discomfort
1763	rtlslvdis_1	Num	8	X2479F_II.		WSAQ: 16. When last sexually active: How would you rate your pain/discomfort
1764	stلسemlcl_1	Num	8	X2484F_II.		WSAQ: 17. When last sexually active: Satisfaction in emotional closeness
1765	occugrp	Num	8	OCCUGRPF.		Census Broad Occupational Group
1766	renum	Num	8	RENUMF.		Race/ethnicity, numeric
1767	agecat10	Num	8	AGECAT10F.		Age in 5yr intervals
1768	agegrp5	Num	8	AGEGRP5F.		Age in 10yr intervals
1769	agegrp5_1	Num	8	AGEGRP5F.		Age in 10yr intervals
1770	SES_NE	Num	8			Socioeconomic status, NE region
1771	sesnecat	Num	8	LMHF.		Socioeconomic status, NE region, cat
1772	SES_NE_1	Num	8			Socioeconomic status, NE region
1773	sesnecat_1	Num	8	LMHF.		Socioeconomic status, NE region, cat
1774	incpercapita	Num	8			Baseline Midpoint HH income / number of people
1775	incpercapita_1	Num	8			Follow-Up Midpoint HH income / number of people
1776	povert	Num	8	X2506F_II.		Poverty from census cutpoints by s.hall
1777	poverty	Num	8	POVF.		Poverty cutpoints by c.link
1778	povert200	Num	8	X2506F_II.		<200% Poverty from census cutpoints by s.hall
1779	workingpoor	Num	8	X2511F_II.		<200% Poverty and currently working for pay by s.hall
1780	povert200_1	Num	8	X2506F_II.		<200% Poverty from census cutpoints by s.hall
1781	workingpoor_1	Num	8	X2511F_II.		<200% Poverty and currently working for pay by s.hall
1782	ins_4cat	Num	8	INSCAT4F.		Type of insurance, 4 cat
1783	ins_3cat	Num	8	INSCAT3F.		Type of insurance, 3 cat
1784	unins	Num	8	X2506F_II.		No insurance, not even workcomp
1785	uninscat	Num	8	UNINSCATF.		Categories for under-insured by c.link
1786	ins_4cat_1	Num	8	INSCAT4F.		Type of insurance, 4 cat
1787	ins_3cat_1	Num	8	INSCAT3F.		Type of insurance, 3 cat

Num	Variable	Type	Len	Format	Informat	Label
1788	gainins	Num	8	X2506F_II.		Gained insurance between BL and F/UP
1789	lostins	Num	8	X2506F_II.		Lost insurance between BL and F/UP
1790	inscat_1	Num	8	INSCATF.		Change in insurance status
1791	bdrink	Num	8			Avg # beers/day
1792	wdrink	Num	8			Avg glasses wine/day
1793	ldrink	Num	8			Avg # shots of hard liquor/day
1794	drinks	Num	8			Avg # alcoholic drinks/day
1795	drkcat	Num	8	ALCCATF.		Avg # alcohol drinks/day, categories
1796	bdrink_1	Num	8			Avg # beers/day
1797	wdrink_1	Num	8			Avg glasses wine/day
1798	ldrink_1	Num	8			Avg # shots of hard liquor/day
1799	drinks_1	Num	8			Avg # alcoholic drinks/day
1800	drkcat_1	Num	8	ALCCATF.		Avg # alcohol drinks/day, categories
1801	pase	Num	8			Physical activity scale for the elderly
1802	activity	Num	8	LMHF.		PASE, categories
1803	pase_1	Num	8			Physical activity scale for the elderly
1804	activity_1	Num	8	LMHF.		PASE, categories
1805	smoker	Num	8	SMOKF.		Cigarette or cigar smoker
1806	currsmkr	Num	8	X2506F_II.		Current smoker (y/n)
1807	cigarsmoker	Num	8	SMOKF.		Cigar smoker
1808	smoker_1	Num	8	SMOKF.		Cigarette or cigar smoker
1809	currsmkr_1	Num	8	X2506F_II.		Current smoker (y/n)
1810	cigarsmoker_1	Num	8	SMOKF.		Cigar smoker
1811	totfluid	Num	8			# of non-alcoholic 8oz beverages/day
1812	dcafs	Num	8			# of uncaffeinated beverages/day
1813	cofall	Num	8			# cups of coffee/day
1814	teaall	Num	8			# cups of tea/day
1815	totsoda_1	Num	8			# of sodas/day
1816	cofall_1	Num	8			# cups of coffee/day
1817	teaall_1	Num	8			# cups of tea/day
1818	cafs_1	Num	8			# of caffeinated beverages/day
1819	totfluid_1	Num	8			# of non-alcoholic 8oz beverages/day
1820	logcrp	Num	8			Natural log of CRP
1821	shbg_si	Num	8			SHBG, nmol/l
1822	tt	Num	8			Total T, ng/dl
1823	tt_si	Num	8			Total T, nmol/l
1824	e2_si	Num	8			Total E2, pmol/l
1825	e1_si	Num	8			Total E1, pmol/l
1826	ft	Num	8			Free T, ng/dl

Num	Variable	Type	Len	Format	Informat	Label
1827	ft_si	Num	8			Free T, nmol/l
1828	bt	Num	8			Bio T, ng/dl
1829	bt_si	Num	8			Bio T, nmol/l
1830	pft	Num	8			Free T, %
1831	pbt	Num	8			Bio T, %
1832	fe2	Num	8			Free E2, pg/ml
1833	fe2_si	Num	8			Free E2, pmol/l
1834	be2	Num	8			Bio E2, pg/ml
1835	be2_si	Num	8			Bio E2, pmol/l
1836	pfe2	Num	8			Free E2, %
1837	pbe2	Num	8			Bio E2, %
1838	dht_si	Num	8			DHT, nmol/l
1839	lowt	Num	8	X2506F_II.		TT < 300
1840	lowft	Num	8	X2506F_II.		FT < 5
1841	lowtandft	Num	8	X2506F_II.		TT < 300 and FT < 5
1842	bmi_mi	Num	8			Baseline BMI
1843	bmi_mi_cat	Num	8	BMICF.		Baseline BMI categories
1844	wtohip_mi	Num	8			Uncleaned baseline waist to hip ratio
1845	bmi_mi_1	Num	8			Follow up BMI
1846	bmi_mi_cat_1	Num	8	BMICF.		Follow up BMI categories
1847	dbmi	Num	8			Change in BMI (F/UP - BL)
1848	dwst	Num	8			Change in waist circumference (F/UP - BL)
1849	dhip	Num	8			Change in hip circumference (F/UP - BL)
1850	sbp	Num	8			2nd SBP measure unless missing, then first
1851	dbp	Num	8			2nd DBP measure unless missing, then first
1852	pcs12	Num	8			SF-12 physical component score
1853	mcs12	Num	8			SF-12 mental component score
1854	pcs12_1	Num	8			SF-12 physical component score
1855	mcs12_1	Num	8			SF-12 mental component score
1856	depsympt	Num	8			CESD score (0-8)
1857	depress	Num	8	X2506F_II.		Depressed (CESD >= 5)
1858	idepress	Num	8	YN_ONEZERO_II.		Depressed (CESD >= 5)
1859	depsympt_1	Num	8			CESD score (0-8)
1860	depress_1	Num	8	X2506F_II.		Depressed (CESD >= 5)
1861	ddepsympt	Num	8			Change in CESD (F/UP - BL)
1862	stress_1	Num	8			Summary score for stress (stress_1 = stress1_1 + 4 - stress2_1 + 4 - stress3_1 + stress4_1)
1863	amstot_1	Num	8			Ageing Males' Symptoms (AMS) scale - total score
1864	amspych_1	Num	8			Ageing Males' Symptoms (AMS) scale - psychological

Num	Variable	Type	Len	Format	Informat	Label
1865	amssom_1	Num	8			Aging Males' Symptoms (AMS) scale - somato-vegetative
1866	amssex_1	Num	8			Aging Males' Symptoms (AMS) scale - sexual
1867	incont	Num	8	X2506F_II.		Incontinence, yes if leaked urine 1+ times/wk
1868	iincont	Num	8	YN_ONEZERO_II.		Incontinence, yes if leaked urine 1+ times/wk
1869	incont_1	Num	8	X2506F_II.		Incontinence, yes if leaked urine 1+ times/wk
1870	iincont_1	Num	8	YN_ONEZERO_II.		Incontinence, yes if leaked urine 1+ times/wk
1871	usevere	Num	8			Sandvik Severity Scale for urinary incont
1872	usevcat3	Num	8	USEV3F.		Sandvik Severity Scale for urinary incont, 3 cat
1873	usevcat4	Num	8	USEV4F.		Sandvik Severity Scale for urinary incont, 4 cat
1874	usevere_1	Num	8			Sandvik Severity Scale for urinary incont
1875	usevcat3_1	Num	8	USEV3F.		Sandvik Severity Scale for urinary incont, 3 cat
1876	usevcat4_1	Num	8	USEV4F.		Sandvik Severity Scale for urinary incont, 4 cat
1877	urinnt5	Num	8			Times/night went to bathroom in 1st wk, capped at 5
1878	auascore	Num	8			AUA Score
1879	auacat3	Num	8	AUACAT3AF.		AUA Score, 3 categories
1880	auacat4	Num	8	AUACAT4F.		AUA Score, 4 categories
1881	luts	Num	8	X2506F_II.		AUA Score 8+
1882	iluts	Num	8	YN_ONEZERO_II.		AUA Score 8+
1883	lutscat	Num	8	AUACAT3BF.		AUA Score, 3 categories
1884	voidscore	Num	8			AUA Score, voiding symptoms
1885	storscore	Num	8			AUA Score, storage symptoms
1886	urinnt5_1	Num	8			Times/night went to bathroom in 1st wk, capped at 5
1887	auascore_1	Num	8			AUA Score
1888	auacat3_1	Num	8	AUACAT3AF.		AUA Score, 3 categories
1889	auacat4_1	Num	8	AUACAT4F.		AUA Score, 4 categories
1890	luts_1	Num	8	X2506F_II.		AUA Score 8+
1891	iluts_1	Num	8	YN_ONEZERO_II.		AUA Score 8+
1892	voidscore_1	Num	8			AUA Score, voiding symptoms
1893	storscore_1	Num	8			AUA Score, storage symptoms
1894	dauascore	Num	8			Change in total AUA score (F/UP - BL)
1895	dvoidscore	Num	8			Change in void AUA score (F/UP - BL)
1896	dstorscore	Num	8			Change in storage AUA score (F/UP - BL)
1897	iregressluts	Num	8	YN_ONEZERO_II.		AUA score improved (3+ pts decrease)
1898	isameluts	Num	8	YN_ONEZERO_II.		AUA score stable (<3 pt change)
1899	iprogresluts	Num	8	YN_ONEZERO_II.		AUA score progressed (3+ pts increase)
1900	painblad_1	Num	8	PAINBLADF.		Pain from bladder and pelvic issue 0-10 (genders comb)
1901	cpsi_p	Num	8			CPSI pain score
1902	cpsi_u	Num	8			CPSI urinary score
1903	cpsi_pu	Num	8			CPSI symptom score

Num	Variable	Type	Len	Format	Informat	Label
1904	cpsi_symptom	Num	8	CPSI_SYMPTOMF.		CPSI symptom category
1905	cpsi_p_1	Num	8			CPSI pain score
1906	cpsi_u_1	Num	8			CPSI urinary score
1907	cpsi_pu_1	Num	8			CPSI symptom score
1908	icsi	Num	8			IC Symptom Index
1909	iccat	Num	8	ICCATF.		IC 3 Categories
1910	iccat1	Num	8	ICCAT1F.		IC 4 Categories
1911	icsi_1	Num	8			IC Symptom Index
1912	iccat_1	Num	8	ICCAT_1F.		IC 3 Categories
1913	iccat1_1	Num	8	ICCAT1_1F.		IC 4 Categories
1914	sia	Num	8			Interference of urologic symptoms with activities (Epstein) score, sia = sum(resfluid, ntfluid, driv2hr, enufslp, notoil, outdsprt, goingout)-7;
1915	sia_1	Num	8			Interference of urologic symptoms with activities (Epstein) score, sia_1 = sum(resfluid_1, ntfluid_1, driv2hr_1, enufslp_1, notoil_1, outdsprt_1, goingout_1)-7;
1916	frequency	Num	8	X2506F_II.		Urinate <2hrs >=fairly often, freq urination during day >=fairly often, or urinate 8+/day
1917	ifrequency	Num	8	YN_ONEZERO_II.		Urinate <2hrs >=fairly often, freq urination during day >=fairly often, or urinate 8+/day
1918	frequency_1	Num	8	X2506F_II.		Urinate <2hrs >=fairly often, freq urination during day >=fairly often, or urinate 8+/day
1919	ifrequency_1	Num	8	YN_ONEZERO_II.		Urinate <2hrs >=fairly often, freq urination during day >=fairly often, or urinate 8+/day
1920	urgency	Num	8	X2506F_II.		Difficult postponing >=fairly often, strong urge >=fairly often, or strong urge 4+/wk
1921	iurgency	Num	8	YN_ONEZERO_II.		Difficult postponing >=fairly often, strong urge >=fairly often, or strong urge 4+/wk
1922	urgency_1	Num	8	X2506F_II.		Difficult postponing >=fairly often, strong urge >=fairly often, or strong urge 4+/wk
1923	iurgency_1	Num	8	YN_ONEZERO_II.		Difficult postponing >=fairly often, strong urge >=fairly often, or strong urge 4+/wk
1924	nocturia	Num	8	X2506F_II.		Get up at night >=fairly often, or urinate 2+/night
1925	inocturia	Num	8	YN_ONEZERO_II.		Get up at night >=fairly often, or urinate 2+/night
1926	nocturia_1	Num	8	X2506F_II.		Get up at night >=fairly often, or urinate 2+/night
1927	inocturia_1	Num	8	YN_ONEZERO_II.		Get up at night >=fairly often, or urinate 2+/night
1928	uiqol	Num	8			QoL for UI, only answered by subjects who report leakage
1929	uiqol_1	Num	8			QoL for UI, answered by all subjects
1930	vagdel	Num	8	X2506F_II.		Vaginal delivery of 1+ children
1931	vagdel_1	Num	8	X2506F_II.		Vaginal delivery of 1+ children
1932	menostat_1	Num	8	MENO.		Menopausal status
1933	dissat	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Moderately or very dissatisfied w/ sex life (last 4 wks)

Num	Variable	Type	Len	Format	Informat	Label
1934	satisf	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Moderately or very satisfied w/ sex life (last 4 wks)
1935	chdsa_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Sexually abused at <14 y
1936	chdpa1_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Physically abused at <14 y (def 1)
1937	chdpa2_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Physically abused at <14 y (def 2)
1938	chdea1_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Emotionally abused at <14 y (def 1)
1939	chdea2_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Emotionally abused at <14 y (def 2)
1940	nchdsa_1	Num	8			MSAQ/WSAQ: T2c. Number of reported sexual abuses at <14 y
1941	chdabuse_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Any abuses at <14 y
1942	adsa	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Number of reported sexual abuses at 14+ y
1943	adpa1	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Physically abused at 14+ y (def 1)
1944	adpa2	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Physically abused at 14+ y (def 2)
1945	adea1	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Emotionally abused at 14+ y (def 1)
1946	adea2	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Emotionally abused at 14+ y (def 2)
1947	nadsa	Num	8			Number of reported sexual abuse at 14+ years
1948	adabuse	Num	8	X2506F_II.		MSAQ/WSAQ: T1c. Any abuses at 14+ y
1949	adsa_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Sexually abused at 14+ y
1950	adpa1_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Physically abused at 14+ y (def 1)
1951	adpa2_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Physically abused at 14+ y (def 2)
1952	adea1_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Emotionally abused at 14+ y (def 1)
1953	adea2_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Emotionally abused at 14+ y (def 2)
1954	nadsa_1	Num	8			MSAQ/WSAQ: T2c. Number of reported sexual abuses at 14+ y
1955	adabuse_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Any abuses at 14+ y
1956	anyabuse_1	Num	8	X2506F_II.		MSAQ/WSAQ: T2c. Any abuses
1957	highchol	Num	8	X2506F_II.		Tot chol >= 240 or self-reported high chol
1958	miplus	Num	8	X2506F_II.		MI, CABG, or angina
1959	imiplus	Num	8	YN_ONEZERO_II.		MI, CABG, or angina
1960	cardiac	Num	8	X2506F_II.		MI, CABG, angina, or CHF
1961	icardiac	Num	8	YN_ONEZERO_II.		MI, CABG, angina, or CHF
1962	cardiac_1	Num	8	X2506F_II.		MI, CABG, angina, or CHF
1963	heartc	Num	8	X2506F_II.		MI, CABG, angina, CHF, arrhythmia, or HRD
1964	vascular	Num	8	X2506F_II.		CAS, CLAUD, SPVD, ANEUR, DVT, RAYNAUDS, or PVD
1965	irrheart	Num	8	X2506F_II.		Arrhythmia or HRD
1966	irrheart_1	Num	8	X2506F_II.		Arrhythmia or HRD
1967	neuro	Num	8	X2506F_II.		MS, Parkinsons, stroke, or TIA
1968	macrpexcl	Num	8	X2506F_II.		Cancer, CABG, MI, angina, CHF, CLAUD, PVD, SPVD, stroke, or TIA

Num	Variable	Type	Len	Format	Informat	Label
1969	diabever	Num	8	X2506F_II.		Type I or II diabetes
1970	idiabever	Num	8	YN_ONEZERO_II.		Type I or II diabetes
1971	diabever_1	Num	8	X2506F_II.		Type I or II diabetes
1972	diabever_new	Num	8	X2511F_II.		T1c. Report either diab type OR diabetes meds (including insulin)
1973	diabever_new_1	Num	8	X2511F_II.		T2c. Report either diab type OR diabetes meds (including insulin)
1974	DIAB1CLEAN	Num	8	X2511F_II.		T1c. Cleaned T1 diab (diag<=35 and on insulin at both timepoints)
1975	DIAB1CLEAN_1	Num	8	X2511F_II.		T2c. Cleaned T1 diab (diag<=35 and on insulin at both timepoints)
1976	DIAB2CLEAN	Num	8	X2511F_II.		T1c. Cleaned T2 diab (if DIABEVER_NEW=1 but DIAB1CLEAN=2)
1977	DIAB2CLEAN_1	Num	8	X2511F_II.		T2c. Cleaned T2 diab (if DIABEVER_NEW=1 but DIAB1CLEAN=2)
1978	DIAB2MEDDEF	Num	8	X2511F_II.		T2c. Clean Type2 diab and taking diabetes meds at T1 or T2
1979	DIAB2MEDDEF_1	Num	8	X2511F_II.		T2c. Clean Type2 diab and taking diabetes meds
1980	utievryn	Num	8	X2506F_II.		T1c. At least one UTI in lifetime
1981	ut12moyn	Num	8	X2506F_II.		T1c. At least one UTI in last 12mos
1982	kievryn	Num	8	X2506F_II.		T1c. At least one kidney infection in lifetime
1983	blinded_master_id	Num	8			Blinded master id
1984	blinded_house_id	Num	8			Blinded house id
1985	STOPYEAR_age	Num	8			T1c. FOIF: G5b. At what age your periods stopped (yrs)?
1986	MOVEUS_age	Num	8			T1c. FOIG: L2b. At what age did you move to the United States (yrs)?
1987	batch_2cat	Num	8	BATCH_2CATF.		Interview year
1988	spui	Num	8	X2506F_II.		Drugs for urinary incontinence and/or overactive bladder (Y/N)
1989	spbph	Num	8	X2506F_II.		Drugs for benign prostatic hyperplasia (Y/N)
1990	spui_1	Num	8	X2506F_II.		Drugs for urinary incontinence and/or overactive bladder (Y/N)
1991	spbph_1	Num	8	X2506F_II.		Drugs for benign prostatic hyperplasia (Y/N)
1992	S12080800	Num	8	X2506F_II.		T1: Anticholinergics - some overlap with spui
1993	S92080000	Num	8	X2506F_II.		T1: 5-alpha reductase inhibitors
1994	spoab	Num	8	X2506F_II.		T1: Drugs for overactive bladder - some also used for UI
1995	S12080800_1	Num	8	X2506F_II.		T2: Anticholinergics - some overlap with spui_1
1996	S92080000_1	Num	8	X2506F_II.		T2: 5-alpha reductase inhibitors
1997	spoab_1	Num	8	X2506F_II.		T2: Drugs for overactive bladder - some also used for UI
1998	impute	Num	8			

**Data Set Name: bach3publicuse.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	re	Char	1	\$RE.		FOIG: T1c. Race/ethnicity
2	LANG	Num	8	X1135F.	3.	FOIA: T1c. Language
3	GENDER	Num	8	X1172F.	3.	FOIA: A5. Sex of respondent
4	LANG_ENSP	Num	8	X1135F.	3.	FOIA: A6. Language
5	SF01	Num	8	X1137F.	3.	FOIA: B1. In general, would you say your health is
6	SF02	Num	8	X1244F.	3.	FOIA: B2a. Moderate activities
7	SF03	Num	8	X1244F.	3.	FOIA: B2b. Climbing several flights of stairs
8	SF04	Num	8	X1250F.	3.	FOIA: B3a. Accomplished less than you would like (physical)
9	SF05	Num	8	X1250F.	3.	FOIA: B3b. Were limited in the kind of work or other activities
10	SF06	Num	8	X1250F.	3.	FOIA: B4a. Accomplished less than you would like (emotional)
11	SF07	Num	8	X1250F.	3.	FOIA: B4b. Didn't do work or other activities as carefully as usual
12	SF08	Num	8	X1194F.	3.	FOIA: B5. How much did pain interfere with your normal work
13	SF09	Num	8	X1187F.	3.	FOIA: B6a. Have you felt calm and peaceful
14	SF10	Num	8	X1187F.	3.	FOIA: B6b. Did you have a lot of energy
15	SF11	Num	8	X1187F.	3.	FOIA: B6c. Have you felt downhearted and blue
16	SF12	Num	8	X1188F.	3.	FOIA: B7. How much have physical or emotional problems interfered
17	DIAB1TX	Num	8	X1245F.	3.	FOID: E3ai. Have you ever or are you currently receiving treatment
18	DIAB2TX	Num	8	X1245F.	3.	FOID: E3bi. Have you ever or are you currently receiving treatment
19	SUGAR	Num	8	X1255F.	3.	FOID: E3c. Elevated blood sugar
20	SUGARTX	Num	8	X1245F.	3.	FOID: E3ci. Have you ever or are you currently receiving treatment
21	ASTHMA	Num	8	X1255F.	3.	FOID: E3d. Asthma
22	CLUNG	Num	8	X1255F.	3.	FOID: E3e. Chronic lung disease
23	ALLERGY	Num	8	X1255F.	3.	FOID: E3f. Allergies or eczema
24	CABG	Num	8	X1255F.	3.	FOID: E3g. Coronary artery bypass or angioplasty
25	MI	Num	8	X1255F.	3.	FOID: E3h. Heart attack
26	ANGINA	Num	8	X1255F.	3.	FOID: E3i. Angina pectoris
27	ARRHYTH	Num	8	X1255F.	3.	FOID: E3j. An irregular heartbeat or arrhythmia
28	CHF	Num	8	X1255F.	3.	FOID: E3k. Congestive heart failure
29	CAS	Num	8	X1255F.	3.	FOID: E3n. Carotid artery surgery

Num	Variable	Type	Len	Format	Informat	Label
30	CLAUD	Num	8	X1255F.	3.	FOID: E3o. Intermittent claudication
31	SPVD	Num	8	X1255F.	3.	FOID: E3p. PVD Surgery
32	PULMEMB	Num	8	X1255F.	3.	FOID: E3q. Pulmonary embolus
33	ANEUR	Num	8	X1255F.	3.	FOID: E3r. Aortic aneurysm
34	HRD	Num	8	X1255F.	3.	FOID: E3s. Heart-rhythm disturbance
35	DVT	Num	8	X1255F.	3.	FOID: E3t. Deep vein thrombosis
36	RAYNAUDS	Num	8	X1255F.	3.	FOID: E3u. Raynauds disease
37	PVD	Num	8	X1255F.	3.	FOID: E3v. Peripheral vascular disease
38	CHOLEST	Num	8	X1255F.	3.	FOID: E3w. High cholesterol
39	CHOLTX	Num	8	X1245F.	3.	FOID: E3wi. Have you ever or are you currently receiving treatment
40	HBP	Num	8	X1255F.	3.	FOID: E3x. High blood pressure
41	HBPTX	Num	8	X1245F.	3.	FOID: E3xi. Have you ever or are you currently receiving treatment
42	KIDNEY	Num	8	X1255F.	3.	FOID: E3y. Kidney disease
43	ARTHR	Num	8	X1255F.	3.	FOID: E3z. Arthritis or rheumatism
44	CANCER1	Num	8	X1255F.	3.	FOID: E3dd. Cancer
45	GDIAB	Num	8	X1255F.	3.	FOID: E3gg. Gestational diabetes
46	DIABFHX	Num	8	X1250F.	3.	FOIE: T1c. E6b. Have any of your primary blood relatives had diabetes? (edited response, 1=Y)
47	MIFHX	Num	8	X1250F.	3.	FOIE: E6c. Heart attack (is non circled)
48	STROKFHX	Num	8	X1250F.	3.	FOIE: E6d. Stroke (is none circled)
49	HCPURG	Num	8	X1250F.	3.	FOIE: E8a. An urgent (acute) problem
50	HCPROUT	Num	8	X1250F.	3.	FOIE: E8b. A routine visit for an ongoing problem
51	HCPFLARE	Num	8	X1250F.	3.	FOIE: E8c. A flare-up of an ongoing problem
52	HCPSURG	Num	8	X1250F.	3.	FOIE: E8d. Pre- or post-surgery/injury care
53	HCPOTH	Num	8	X1250F.	3.	FOIE: E8e. Non-illness care
54	LASTHCP	Num	8	X1094F.	3.	FOIE: E9. When did you last see a health care provider
55	REGCARE	Num	8	X1250F.	3.	FOIE: E10a. Do you go for regular care
56	OUTPAT	Num	8	X1250F.	3.	FOIE: E10a1. An outpatient clinic or doctor's office
57	HMO	Num	8	X1250F.	3.	FOIE: E10a2. An HMO
58	HOSPER	Num	8	X1250F.	3.	FOIE: E10a3. A hospital emergency room
59	HOUTPAT	Num	8	X1250F.	3.	FOIE: E10a4. A hospital outpatient clinic
60	SITTING	Num	8	X1061F.	3.	FOIE: F1a. How often did you (participate in sitting)
61	SITDUR	Num	8	TIMEFM.	3.	FOIE: F1ai. How many hours per day (participate in sitting)
62	WALK	Num	8	X1061F.	3.	FOIE: F1b. How often did you (take a walk)

Num	Variable	Type	Len	Format	Informat	Label
63	WALKDUR	Num	8	TIMEFM.	3.	FOIE: F1bi. How many hours per day (take a walk)
64	LTSPORT	Num	8	X1061F.	3.	FOIE: F1c. How often did you (engage in light sport)
65	LTSPDUR	Num	8	TIMEFM.	3.	FOIE: F1ci. How many hours per day (engage in light sport)
66	MDSPORT	Num	8	X1061F.	3.	FOIE: F1d. How often did you (engage in moderate sport)
67	MDSPDUR	Num	8	TIMEFM.	3.	FOIE: F1di. How many hours per day (engage in moderate sport)
68	STSPORT	Num	8	X1061F.	3.	FOIE: F1e. How often did you (engage in strenuous sport)
69	STSPDUR	Num	8	TIMEFM.	3.	FOIE: F1ei. How many hours per day (engage in strenuous sport)
70	STRENGTH	Num	8	X1061F.	3.	FOIE: F1f. How often did you (exercise to increase strength)
71	STRENDUR	Num	8	TIMEFM.	3.	FOIE: F1fi. How many hours per day (exercise to increase strength)
72	LTHSWORK	Num	8	X1250F.	3.	FOIE: F2. Have you done any light housework
73	HVHSWORK	Num	8	X1250F.	3.	FOIE: F3. Have you done any heavy housework
74	HOMEREP	Num	8	X1250F.	3.	FOIE: F4a. Home repairs
75	LAWNWORK	Num	8	X1250F.	3.	FOIE: F4b. Lawn work or yard care
76	GARDEN	Num	8	X1250F.	3.	FOIE: F4c. Outdoor gardening
77	CARETAK	Num	8	X1250F.	3.	FOIE: F4d. Caretaking of another person
78	WORK7DY	Num	8	X1250F.	3.	FOIE: F5. Did you work for pay or as a volunteer
79	PHYSWORK	Num	8	PHYSIFM.	3.	FOIE: F5b. Which describes the amount of physical activity at your job
80	HYSTER	Num	8	X1250F.	3.	FOIF: G3a. Female only: A hysterectomy...?
81	ovarmd	Num	8	X1250F.	3.	FOIF: G3b. An ovary removed?
82	MP12MO	Num	8	X1250F.	3.	FOIF: G5. Have you had a menstrual period - 12 months?
83	STOPTX	Num	8	X1250F.	3.	FOIF: G5a1. Medication, chemotherapy...
84	STOPMENO	Num	8	X1250F.	3.	FOIF: G5a3. Menopause
85	STOPWTOT	Num	8	X1250F.	3.	FOIF: G5a4. Severe weight loss or another reason
86	MPLPRED	Num	8	X1250F.	3.	FOIF: G6. Compared to a year ago, has the number of days?
87	MP3MO	Num	8	X1250F.	3.	FOIF: G7. Have you had a menstrual period in the past 3 months?
88	CESD1	Num	8	X1250F.	3.	FOIF: H1. I felt depressed
89	CESD2	Num	8	X1250F.	3.	FOIF: H2. I felt that everything I did was an effort
90	CESD3	Num	8	X1250F.	3.	FOIF: H3. My sleep was restless

Num	Variable	Type	Len	Format	Informat	Label
91	CESD4	Num	8	X1250F.	3.	FOIF: H4. I was happy
92	CESD5	Num	8	X1250F.	3.	FOIF: H5. I felt lonely
93	CESD6	Num	8	X1250F.	3.	FOIF: H6. I enjoyed life
94	CESD7	Num	8	X1250F.	3.	FOIF: H7. I felt sad
95	CESD8	Num	8	X1250F.	3.	FOIF: H8. I could not "get going"
96	WORRY	Num	8	X1250F.	3.	FOIF: H9a. In the last six months, has anyone close caused you worry ?
97	WORSPSE	Num	8	X1250F.	3.	FOIF: H9b1. A spouse or partner?
98	WORPARNT	Num	8	X1250F.	3.	FOIF: H9b2. A parent?
99	WORCHILD	Num	8	X1250F.	3.	FOIF: H9b3. A child?
100	WORSIB	Num	8	X1250F.	3.	FOIF: H9b4. A sibling?
101	WOROTH	Num	8	X1250F.	3.	FOIF: H9b5. Another relative or friend?
102	WORWORK	Num	8	X1250F.	3.	FOIF: H9b6. Someone at work?
103	CIGS100	Num	8	X1250F.	3.	FOIF: J1. Have you smoked at least 100 cigarettes during life?
104	CIGSNOW	Num	8	X1250F.	3.	FOIF: J2. Do you smoke cigarettes now?
105	EVRETOH	Num	8	X1250F.	3.	FOIF: J8. Have you ever had an alcoholic drink?
106	BNGE30DY	Num	8	X1055F.	3.	FOIF: J10. Considering, how many times during the last 30 days?
107	AVGNDRNK	Num	8	X1055F.	3.	FOIF: J11. Now, how many drinks on average... those occasions?
108	H20	Num	8	X1055F.	3.	FOIF: J12a. Water
109	JUICE	Num	8	X1055F.	3.	FOIF: J12b. Juice
110	SODA	Num	8	X1055F.	3.	FOIF: J12c. Soda
111	DCOFFEE	Num	8	X1055F.	3.	FOIF: J12d. Decaffeinated coffee
112	COFFEE	Num	8	X1055F.	3.	FOIF: J12e. Coffee
113	TEA	Num	8	X1055F.	3.	FOIF: J12f. Tea
114	HERBTEA	Num	8	X1055F.	3.	FOIF: J12g. Herbal tea
115	MILK	Num	8	X1055F.	3.	FOIF: J12h. Milk
116	AVGSLEEP	Num	8	X1076F.	3.	FOIG: K17. How much do you usually sleep?
117	HEADACHE	Num	8	X1250F.	3.	FOIG: K18. Have you recently been bothered by headaches?
118	BORNUS	Num	8	X1250F.	3.	FOIG: L2. Were you born in the United States?
119	FRSTLANG	Num	8	X1071F.	3.	FOIG: L5. What is the first language you learned to speak?
120	MARITAL	Num	8	X1078F.	3.	FOIG: L7. What is your current marital status?
121	EDUC	Num	8	X1055F.	3.	FOIG: L8. How many years of school have you completed? (truncated to 30)
122	WORKSTAT	Num	8	X1239F.	3.	FOIG: L9. Which describes best your current work situation?
123	FULLTIME	Num	8	X1068F.	3.	FOIG: L10. Are you working 35 hours more or less each week?

Num	Variable	Type	Len	Format	Informat	Label
124	NUMPEOP	Num	8	X1055F.	3.	FOIG: L12. How many people are supported in your household? (truncated to 15)
125	TRTRANS	Num	8	X1250F.	3.	FOIG: L13a. Transportation
126	TRHOUS	Num	8	X1250F.	3.	FOIG: L13b. Housing
127	TRHLTH	Num	8	X1250F.	3.	FOIG: L13c. Health or medical care
128	TRFOOD	Num	8	X1250F.	3.	FOIG: L13d. Food
129	INCOMEH	Num	8	X1264F.	3.	FOIG: L14. Income
130	armcir	Num	8	X1055F.	5.1	FOSC: C2. Arm circumference
131	CHOL_MGDL	Num	8	X1055F.	4.	FLAB: T1. CHOL_MGDL (mg/dL) (Max value 444)
132	TGGB_MGDL	Num	8	X1055F.	5.	FLAB: T1. TGGB_MGDL (mg/dL) (Max value 1827)
133	HDLC_MGDL	Num	8	X1055F.	7.1	FLAB: T1. HDLC_MGDL (mg/dL) (Max value 140)
134	APO_B_MGDL	Num	8	X1055F.	7.1	FLAB: T1. APO_B_MGDL (mg/dL) (Max value 184)
135	APO_A1_MGDL	Num	8	X1055F.	7.1	FLAB: T1. AP0_A1_MGDL (mg/dL) (Max value 275)
136	CORTISOL	Num	8	X1055F.	6.2	FLAB: T1. CORTISOL (ug/dl)(Max value 34)
137	crp_mg_l	Num	8	X1055F.		FLAB: T1. CRP (mg/l) (Max value 15)
138	fruc_umolL	Num	8	X1055F.		FLAB: T1. RESULTS (micro mol/Liter)
139	age	Num	8	X1055F.		FOIG: T1c. Age at Baseline Interview
140	hisporig	Num	8	HISPORGF.		FOIG: T1c. From which hispanic region are you from?
141	hisporig2	Num	8	HISPOR2F.		FOIG: T1c. From which hispanic region are you from?
142	scoinsul	Num	8	X1250F.		S0MD: T1. (INSU) INSULIN COALITION
143	sstatin	Num	8	X1250F.		S0MD: T1. (HCRI) HMG-COA REDUCTASE INHIBITORS (STATINS)
144	scodiab	Num	8	X1250F.		S0MD: T1. (NIAD) NON-INSULIN ANTIDIABETIC COALITION
145	sanyaht	Num	8	X1250F.		S0MD: T1c. Any type of hypertensive
146	sanyadep	Num	8	X1250F.		S0MD: T1c. Any type of antidepressive
147	weight	Num	8	X1055F.	6.1	FOPM: B2. Weight
148	waistcir	Num	8	X1055F.	6.1	FOPM: B3. Waist circumference
149	hipcir	Num	8	X1055F.	6.1	FOPM: B4. Hip circumference
150	DIAB1CLEAN	Num	8	X1250F.		FOID: T1c. cleaned status of type 1 diabetes
151	DIAB2CLEAN	Num	8	X1250F.		FOID: T1c. cleaned status of type 2 diabetes
152	bach1_fast	Num	8	X1250F.		FOSC: T1c. 8 hour fasting status for lab results
153	vegsrv0	Num	8	12.2	12.2	Servings of vegetables
154	fruitsrv0	Num	8	12.2	12.2	Freq. fruits,fr.juices
155	grainsrv0	Num	8	12.2	12.2	Svs brd,cerl,rice,pasta

Num	Variable	Type	Len	Format	Informat	Label
156	meatsrv0	Num	8	12.2	12.2	Svs mt,fish,poul,bns,eggs
157	sodi_a0	Num	8			FFQ1: T1c. Sodium, adjusted for calorie intake
158	sfat_a0	Num	8			FFQ1: T1c. Saturated fat, adjusted for calorie intake
159	fibe_a0	Num	8			FFQ1: T1c. Fiber, adjusted for calorie intake
160	occugrp	Num	8	OCCUGRP.		T1c: Occupation grp combined BACH I
161	wt25kg	Num	8	X1055F.		FOID: T1c. How much did you weigh at 25 years of age?
162	mxwtkg	Num	8	X1055F.		FOID: T1c. What is the most you have ever weighed
163	inspr	Num	8	X1250F.		FOIE: T1c.Has private Insurance
164	inspu	Num	8	X1250F.		FOIE: T1c. Has public Insurance
165	stroketia	Num	8	X1250F.		FOID: T1c.Have you ever been told you had a stroke, tia or mild stroke?
166	sbp	Num	8	X1055F.		FOSC:C4c: averaged systolic blood pressure
167	dbp	Num	8	X1055F.		FOSC:C5c: averaged diastolic blood pressure
168	alcoh30dy	Num	8	X1250F.		FOIF: T1c.Have you had an alcoholic drink in the last 30 days?
169	bdrink	Num	8	X1055F.		FOIF: T1:Avg # beers/day
170	wdrink	Num	8	X1055F.		FOIF: T1c.Avg # glasses of wine/day
171	ldrink	Num	8	X1055F.		FOIF: T1c.Avg # hard alcohol drinks/day
172	AVGPULSE	Num	8	X1055F.		FOSC: T1c. Avg of two seated pulses (beats/30 sec)
173	LANG_ENSP_1	Num	8	X1134F.	3.	FOFA: A6. Language
174	MODE_1	Num	8	X1151F.	3.	FOFA: A7. Mode
175	SF01_1	Num	8	X1137F.	3.	FOFA: B1. In general, would you say your health is
176	SF02_1	Num	8	X1244F.	3.	FOFA: B2a. Moderate activities
177	SF03_1	Num	8	X1244F.	3.	FOFA: B2b. Climbing several flights of stairs
178	SF04_1	Num	8	X1103F.	3.	FOFA: B3a. Accomplished less than you would like (physical)
179	SF05_1	Num	8	X1103F.	3.	FOFA: B3b. Were limited in the kind of work or other activities
180	SF06_1	Num	8	X1103F.	3.	FOFA: B4a. Accomplished less than you would like (emotional- )
181	SF07_1	Num	8	X1103F.	3.	FOFA: B4b. Didn't do work or other activities as carefully as usual
182	SF08_1	Num	8	X1194F.	3.	FOFA: B5. How much did pain interfere with your normal work
183	SF09_1	Num	8	X1102F.	3.	FOFA: B6a. Have you felt calm and peaceful
184	SF10_1	Num	8	X1102F.	3.	FOFA: B6b. Did you have a lot of energy
185	SF11_1	Num	8	X1102F.	3.	FOFA: B6c. Have you felt downhearted and blue

Num	Variable	Type	Len	Format	Informat	Label
186	SF12_1	Num	8	X1102F.	3.	FOFA: B7. How much time physical health affected social activities
187	SITTING_1	Num	8	X1061F.	3.	FOFA: D1a. Seven days: Sitting activities
188	SITDUR_1	Num	8	TIMEFM.	3.	FOFA: D1ai. Seven days: Sitting activities: Hours
189	WALK_1	Num	8	X1061F.	3.	FOFA: D1b. Seven days: Walk outside
190	WALKDUR_1	Num	8	TIMEFM.	3.	FOFA: D1bi. Seven days: Walk outside: Hours
191	LTSPORT_1	Num	8	X1061F.	3.	FOFA: D1c. Seven days: Light sport
192	LTSPDUR_1	Num	8	TIMEFM.	3.	FOFA: D1ci. Seven days: Light sport: Hours
193	MDSPORT_1	Num	8	X1061F.	3.	FOFA: D1d. Seven days: Moderate sport
194	MDSPDUR_1	Num	8	TIMEFM.	3.	FOFA: D1di. Seven days: Moderate sport: Hours
195	STSPORT_1	Num	8	X1061F.	3.	FOFA: D1e. Seven days: Strenuous sport
196	STSPDUR_1	Num	8	TIMEFM.	3.	FOFA: D1ei. Seven days: Strenuous sport: Hours
197	STRENGTH_1	Num	8	X1061F.	3.	FOFA: D1f. Seven days: Any exercise
198	STRENDUR_1	Num	8	TIMEFM.	3.	FOFA: D1fi. Seven days: Any exercise: Hours
199	LTHSWORK_1	Num	8	X1240F.	3.	FOFA: D2. Last seven days have you done any light housework
200	HVHWORK_1	Num	8	X1240F.	3.	FOFA: D3. Last seven days have you done any heavy housework
201	HOMEREP_1	Num	8	X1240F.	3.	FOFA: D4a. Last seven days: Home repairs
202	LAWNWORK_1	Num	8	X1240F.	3.	FOFA: D4b. Last seven days: Lawn work
203	GARDEN_1	Num	8	X1240F.	3.	FOFA: D4c. Last seven days: Outdoor gardening
204	CARETAK_1	Num	8	X1240F.	3.	FOFA: D4d. Last seven days: Caretaking
205	WORK7DY_1	Num	8	X1240F.	3.	FOFA: D5. Last seven days did you work for pay or volunteer
206	HRS7DY_1	Num	8	X1055F.	4.	FOFA: D5a. Last seven days: Hours per week work for pay/volunteer
207	PHYSWORK_1	Num	8	PHYSIFM.	3.	FOFA: D5b. Which describes amount of physical activity
208	mi_1	Num	8	X1250F.	3.	FOFB: E1a. Ever told you had: A heart attack
209	chf_1	Num	8	X1250F.	3.	FOFB: E1b. Ever told you had: Congestive heart failure
210	SPVD_1	Num	8	X1250F.	3.	FOFB: E1c. Ever told you had: Surgery or angioplasty
211	strokediff_1	Num	8	X1250F.	3.	FOFB: T2. Do you have any difficulty moving your arm or leg as a result of a stroke?
212	ASTHMA_1	Num	8	X1250F.	3.	FOFB: E1f. Ever told you had: Asthma
213	CLUNG_1	Num	8	X1250F.	3.	FOFB: E1g. Ever told you had: Chronic lung disease
214	KIDNEY_1	Num	8	X1250F.	3.	FOFB: E1i. Ever told you had: Kidney disease
215	ARTHR_1	Num	8	X1250F.	3.	FOFB: E1l. Ever told you had: Arthritis

Num	Variable	Type	Len	Format	Informat	Label
216	CANCER1_1	Num	8	X1250F.	3.	FOFB: E1s. Ever told you had: Cancer
217	SUGAR_1	Num	8	X1250F.	3.	FOFB: E1w. Ever told you had: Elevated blood sugar
218	ALLERGY_1	Num	8	X1250F.	3.	FOFB: E1x. Ever told you had: Allergies
219	CABG_1	Num	8	X1250F.	3.	FOFB: E1y. Ever told you had: Coronary artery bypass
220	ANGINA_1	Num	8	X1250F.	3.	FOFB: E1z. Ever told you had: Angina pectoris
221	ARRHYTH_1	Num	8	X1250F.	3.	FOFB: E1aa. Ever told you had: Irregular heartbeat
222	CAS_1	Num	8	X1250F.	3.	FOFB: E1bb. Ever told you had: Carotid artery surgery
223	CLAUD_1	Num	8	X1250F.	3.	FOFB: E1cc. Ever told you had: Intermittent claudication
224	PLUMEMB_1	Num	8	X1250F.	3.	FOFB: E1dd. Ever told you had: Pulmonary embolus
225	aneur_1	Num	8	X1250F.	3.	FOFB: E1ee. Ever told you had: Aortic Aneurysm
226	HRD_1	Num	8	X1250F.	3.	FOFB: E1ff. Ever told you had: heart rhythm disturbance
227	DVT_1	Num	8	X1250F.	3.	FOFB: E1gg. Ever told you had: Deep Vein Thrombosis
228	RAYNAUDS_1	Num	8	X1250F.	3.	FOFB: E1hh. Ever told you had: Raynauds Disease
229	PVD_1	Num	8	X1250F.	3.	FOFB: E1ii1. Ever told you had: Peripheral Vascular Disease
230	CHOLEST_1	Num	8	X1250F.	3.	FOFB: E1jj. Ever told you had: high Cholesterol
231	HBP_1	Num	8	X1250F.	3.	FOFB: E1kk. Ever told you had: High Blood Pressure
232	OSTEOP_1	Num	8	X1250F.	3.	FOFB: E1ll. Ever told you had: Osteoporosis
233	GDIAB_1	Num	8	X1250F.	3.	FOFB: E1rr. Ever told you had: Gestational Diabetes
234	OUTPAT_1	Num	8	X1250F.	3.	FOFB: E7a. For regular care you go to: An outpatient clinic
235	HOSPER_1	Num	8	X1250F.	3.	FOFB: E7b. For regular care you go to: A Hospital emergency room
236	HOUTPAT_1	Num	8	X1250F.	3.	FOFB: E7c. For regular care you go to: A Hospital outpatient clinic
237	FREEHOS_1	Num	8	X1250F.	3.	FOFB: E7e. For regular care you go to: A Free clinic
238	HCPURG_1	Num	8	X1250F.	3.	FOFB: E9a. Reason for visit: An urgent problem
239	HCPROUT_1	Num	8	X1250F.	3.	FOFB: E9b. Reason for visit: A Routine visit for ongoing problem
240	HCPFLARE_1	Num	8	X1250F.	3.	FOFB: E9c. Reason for visit: A Flare-up of an ongoing problem
241	HCPSURG_1	Num	8	X1250F.	3.	FOFB: E9d. Reason for visit: A Pre/Post surgery care

Num	Variable	Type	Len	Format	Informat	Label
242	HCPOTH_1	Num	8	X1250F.	3.	FOFB: E9e. Reason for visit: Non illness care
243	LASTHCP_1	Num	8	X1092F.	3.	FOFB: E10. When did you last see your health care provider
244	diab2diet_1	Num	8	X1250F.	3.	FOFB: E1k1i. Ever told you had: Insulin-dependent diabetes: Diet
245	diab2notrt_1	Num	8	X1250F.	3.	FOFB: E1k1iv. Ever told you had: Insulin-dependent diabetes: No Treatment
246	diab1diet_1	Num	8	X1250F.	3.	FOFB: E1j1i. Ever told you had: Insulin-dependent diabetes: Diet
247	HEALTHCTR_1	Num	8	X1250F.	3.	FOFB: E7d. For regular care you go to: A Health Center
248	HIV_1	Num	8	X1251F.	3.	FOFC: G2f. Have you ever been told you had: HIV
249	HYSTER_1	Num	8	X1256F.	3.	FOFC: G5a. Have you ever had: A Hysterectomy
250	OVARMD_1	Num	8	X1257F.	3.	FOFC: G5b. Any Ovary Removed
251	MP12MO_1	Num	8	X1252F.	3.	FOFC: G8. Did you have menstrual period in 12 months
252	STOPTX_1	Num	8	X1252F.	3.	FOFC: G8a3. Did they stop because of: medication/radiation/chemotherapy
253	STOPMENO_1	Num	8	X1252F.	3.	FOFC: G8a1. Did they stop because of: menopause
254	STOPWTOT_1	Num	8	X1252F.	3.	FOFC: G8a4. Did they stop because of: weight loss or another reason
255	MPLPRED_1	Num	8	X1250F.	3.	FOFC: G9. Number of days between menstrual periods less predictable
256	MP3MO_1	Num	8	X1250F.	3.	FOFC: G10. Have you had menstrual period in last 3 months
257	CESD1_1	Num	8	X1250F.	3.	FOFC: H1. During the last week: I felt depressed
258	CESD2_1	Num	8	X1250F.	3.	FOFC: H2. During the last week: I felt everything I did was an effort
259	CESD3_1	Num	8	X1250F.	3.	FOFC: H3. During the last week: My sleep was restless
260	CESD4_1	Num	8	X1250F.	3.	FOFC: H4. During the last week: I was happy
261	CESD5_1	Num	8	X1250F.	3.	FOFC: H5. During the last week: I felt lonely
262	CESD6_1	Num	8	X1250F.	3.	FOFC: H6. During the last week: I enjoyed life
263	CESD7_1	Num	8	X1250F.	3.	FOFC: H7. During the last week: I felt sad
264	CESD8_1	Num	8	X1250F.	3.	FOFC: H8. During the last week: I could not "get going"
265	WORRY_1	Num	8	X1250F.	3.	FOFC: H9a. In last 6 months: Anyone could have caused worry
266	WORSPSE_1	Num	8	X1250F.	3.	FOFC: H9b1. Worry was caused by: A Spouse/Partner
267	WORPARNT_1	Num	8	X1250F.	3.	FOFC: H9b2. Worry was caused by: A Parent

Num	Variable	Type	Len	Format	Informat	Label
268	WORCHILD_1	Num	8	X1250F.	3.	FOFC: H9b3. Worry was caused by: A Child
269	WORSIB_1	Num	8	X1250F.	3.	FOFC: H9b4. Worry was caused by: A Sibling
270	WOROTH_1	Num	8	X1250F.	3.	FOFC: H9b5. Worry was caused by: Another Relative/Friend
271	WORWORK_1	Num	8	X1250F.	3.	FOFC: H9b6. Worry was caused by: Someone at work
272	STRESS1_1	Num	8	X1059F.	3.	FOFC: H10. In last month: how often you felt unable to control things
273	STRESS2_1	Num	8	X1059F.	3.	FOFC: H11. In last month:How often you felt confident handling problems
274	STRESS3_1	Num	8	X1059F.	3.	FOFC: H12. In last month:How often you felt things going your way
275	STRESS4_1	Num	8	X1059F.	3.	FOFC: H13. In last month:How often you felt difficulty piling up
276	SLEEP1_1	Num	8	X1104F.	3.	FOFC: H15a. Past month: Did you have difficulty falling asleep
277	SLEEP2_1	Num	8	X1104F.	3.	FOFC: H15b. Past month: Morning after getting up can you fall asleep
278	SLEEP3_1	Num	8	X1104F.	3.	FOFC: H15c. Past month: Do you use sleeping pills
279	SLEEP4_1	Num	8	X1104F.	3.	FOFC: H15d. Past month: Are you tired during wake up time
280	SLEEP5_1	Num	8	X1104F.	3.	FOFC: H15e. Past month: Are you tired after sleeping
281	SLEEP6_1	Num	8	X1104F.	3.	FOFC: H15f. Past month: Are you restless during night
282	SLEEP7_1	Num	8	X1104F.	3.	FOFC: H15l. Past month: Do you snore and your fequency of snoring
283	SLEEP8_1	Num	8	X1104F.	3.	FOFC: H15g. Past month: Do you get up during the night
284	SLEEP9_1	Num	8	X1104F.	3.	FOFC: H15h. Past month: Do you suffer headaches in the morning
285	SLEEP10_1	Num	8	X1104F.	3.	FOFC: H15i. Past month: Do you feel exhausted for no reasons
286	HRSLEEP_1	Num	8	X1055F.	7.2	FOFC: H17a. How many hours of actual sleep you get at night
287	AMS01_1	Num	8	X1190F.	3.	FOFC: H18a. Symptoms : Decline in your feeling of general well being
288	AMS02_1	Num	8	X1190F.	3.	FOFC: H18b. Symptoms : Joint pain muscular ache
289	AMS03_1	Num	8	X1190F.	3.	FOFC: H18c. Symptoms : Excessive Sweating
290	AMS04_1	Num	8	X1190F.	3.	FOFC: H18d. Symptoms : Sleep Problems
291	AMS05_1	Num	8	X1190F.	3.	FOFC: H18e. Symptoms : Increased need for sleep
292	AMS06_1	Num	8	X1190F.	3.	FOFC: H18f. Symptoms : Irritability
293	AMS07_1	Num	8	X1190F.	3.	FOFC: H18g. Symptoms :Nervousness

Num	Variable	Type	Len	Format	Informat	Label
294	AMS08_1	Num	8	X1190F.	3.	FOFC: H18h. Symptoms : Anxiety
295	AMS09_1	Num	8	X1190F.	3.	FOFC: H18i. Symptoms : Physical Exhaustion/ Lacking Vitality
296	AMS10_1	Num	8	X1190F.	3.	FOFC: H18j. Symptoms : Decrease in muscular strength
297	AMS11_1	Num	8	X1190F.	3.	FOFC: H18k. Symptoms : Depressive mood
298	AMS12_1	Num	8	X1190F.	3.	FOFC: H18l. Symptoms : Feeling that you have passed your peak
299	AMS13_1	Num	8	X1190F.	3.	FOFC: H18m. Symptoms : Feeling burn't out, having hit rock bottom
300	AMS14_1	Num	8	X1190F.	3.	FOFC: H18q. Symptoms : Decrease in beard growth
301	AMS15_1	Num	8	X1190F.	3.	FOFC: H18o. Symptoms : Decrease in ability to perform sexually
302	AMS16_1	Num	8	X1190F.	3.	FOFC: H18p. Symptoms : Decrease in number of morning erection
303	AMS17_1	Num	8	X1190F.	3.	FOFC: H18n. Symptoms : Decrease in sexual disire/libido
304	CIGS100_1	Num	8	X1250F.	3.	FOFC: I1. Your entire life : Have you smoked at least 100 cigarettes
305	CIGSNOW_1	Num	8	X1250F.	3.	FOFC: I2. Do you smoke cigarettes now
306	EVRETOH_1	Num	8	X1250F.	3.	FOFC: I8. Have you ever had an alcoholic drink
307	BNGE30DY_1	Num	8	X1055F.	3.	FOFC: I11. How many times you had 5 or more drinks within 24 hours
308	AVGNDRNK_1	Num	8	X1055F.	3.	FOFC: I12. How many drinks on average do you have
309	H2O_1	Num	8	X1055F.	3.	FOFC: I14a. In last 7 days: How many glasses of water you had
310	JUICE_1	Num	8	X1055F.	3.	FOFC: I14b. In last 7 days: How many glasses of juice you had
311	DSODA_1	Num	8	X1055F.	3.	FOFC: I14e. In last 7 days: How many glasses of decaffenated soda
312	SODA_1	Num	8	X1055F.	3.	FOFC: I14d. In last 7 days: How many glasses of caffened soda
313	DCOFFEE_1	Num	8	X1055F.	3.	FOFC: I14i. In last 7 days: How many glasses of decaffenated coffee
314	COFFEE_1	Num	8	X1055F.	3.	FOFC: I14h. In last 7 days: How many glasses of caffened coffee
315	DTEA_1	Num	8	X1055F.	3.	FOFC: I14f. In last 7 days: How many glasses of decaffenated tea
316	TEA_1	Num	8	X1055F.	3.	FOFC: I14g. In last 7 days: How many glasses of caffened tea
317	MILK_1	Num	8	X1055F.	3.	FOFC: I14c. In last 7 days: How many glasses of milk you had
318	OTHERDBEV_1	Num	8	X1055F.	3.	FOFC: I4k. In last 7 days: How many glasses of other decaffenated drink

Num	Variable	Type	Len	Format	Informat	Label
319	OTHERBEV_1	Num	8	X1055F.	3.	FOFC: I14j. In last 7 days: How many glasses of other caffinated drink
320	SNORE1_1	Num	8	X1250F.	3.	FOFC: H16a. Has your snoring bothered other people?
321	MINSLEEP_1	Num	8	X1055F.	4.	FOFC: H17b. How long does it usually take you to fall asleep?(truncated 300)
322	SLEEP12_1	Num	8	X1104F.	3.	FOFC: H15k. Past month: fall asleep while driving
323	UNFAIRLY_1	Num	8	X1210F.	3.	FOFC: H14. How strongly agree or not with ' . . . treated unfairly'
324	SLEEP11_1	Num	8	X1104F.	3.	FOFC: H15j. Past month: quit breathing during your sleep
325	ALCOH30DY_1	Num	8	X1250F.	3.	FOFC: T2c. Have you had an alcoholic drink in the past 30 days?
326	TIMEBEV_1	Num	8	X1121F.	3.	FOFC: I15. Time of day did you drink the most beverages?
327	SNORE2_1	Num	8	SNOREFM.	3.	FOFC: H16b. Has your snoring been described as?
328	MARITAL_1	Num	8	X1173F.	3.	FOFE: K1. What is your current marital status
329	EDUC_1	Num	8	X1055F.	3.	FOFE: K3. How many years of school have you completed altogether
330	DEGRESTAT_1	Num	8	X1163F.	3.	FOFE: K2. What is the highest grade/degree you have completed
331	WORKSTAT_1	Num	8	X1238F.	3.	FOFE: K4. Your current work situation
332	FULLTIME_1	Num	8	X1091F.	3.	FOFE: K5. Working more or less than 35 hours each week
333	NUMPEOP_1	Num	8	X1055F.	3.	FOFE: K7. How many people are supported on your households income (truncated to 15)
334	TRTRANS_1	Num	8	X1250F.	3.	FOFE: K8a. Transportation
335	TRHOUS_1	Num	8	X1250F.	3.	FOFE: K8b. Housing
336	TRHLTH_1	Num	8	X1250F.	3.	FOFE: K8c. Health or medical care, medications
337	TRFOOD_1	Num	8	X1250F.	3.	FOFE: K8d. Food
338	INCOME_1	Num	8	X1158F.	3.	FOFE: K9. Income
339	COMP_1	Num	8	X1242F.	3.	FOFE: K10. Computer: access
340	COMPFAM_1	Num	8	X1240F.	3.	FOFE: K12d. Computer: where: family outside household
341	COMPFRD_1	Num	8	X1240F.	3.	FOFE: K12c. Computer: where: friends
342	COMPHRS_1	Num	8	X1055F.	4.	FOFE: K13. Computer: hours per week (non-work related)
343	COMPLIB_1	Num	8	X1240F.	3.	FOFE: K12b. Computer: where: library
344	COMPNUM_1	Num	8	X1055F.	3.	FOFE: K10a. Computer: number of computers
345	COMPOTH_1	Num	8	X1240F.	3.	FOFE: K12e. Computer: where: other
346	COMPWRK_1	Num	8	X1240F.	3.	FOFE: K12a. Computer: where: work

Num	Variable	Type	Len	Format	Informat	Label
347	INTCON_1	Num	8	INTCONF.	3.	FOFE: K11a. Computer: How connect to internet
348	INTERNET_1	Num	8	X1240F.	3.	FOFE: K11. Computer: internet connection
349	INTSRCH_1	Num	8	X1240F.	3.	FOFE: K14. Internet: search: health
350	INTSRCHDX_1	Num	8	X1240F.	3.	FOFE: K14bc. Internet: search: disease specific websites
351	INTSRCHEN_1	Num	8	X1240F.	3.	FOFE: K14ba. Internet: search: search engines
352	INTSRCHFQ_1	Num	8	INTSRFQF.	3.	FOFE: K14a. Internet: search: health: how often?
353	INTSRCHGH_1	Num	8	X1240F.	3.	FOFE: K14bb. Internet: search: general health portals (e.g. WebMd)
354	INTURPRB1_1	Num	8	X1240F.	3.	FOFE: K14c. Internet: search: info for urological problem
355	armcir_1	Num	8	X1055F.	5.1	FUPM: C1. Arm circumference
356	bdyfatper_1	Num	8	X1055F.	3.	FUPM: B4. Body fat percent
357	COLRSIZE_1	Num	8	X1055F.	5.1	FUPM: B7a. Choose shirt collar size
358	dbp_1	Num	8	X1055F.	4.	FUPM: C5. Diastolic blood pressure
359	sbp_1	Num	8	X1055F.	4.	FUPM: C4. Systolic blood pressure
360	bdrink_1	Num	8	X1055F.		FOFC: T2c. Avg # beer drinks/day
361	wdrink_1	Num	8	X1055F.		FOFC: T2c. Avg # wine drinks/day
362	ldrink_1	Num	8	X1055F.		FOFC: T2c. Avg # liquor drinks/day
363	STROKETIA_1	Num	8	X1250F.		FOFB: T2c. Have you ever been told by a health provider that you have either a stroke or mild stroke?
364	neck_1	Num	8	X1055F.		FUPM: T2c. Averaged Neck Measurement (cm)
365	DIAB1CLEAN_1	Num	8	X1250F.		FOFB: T2c. Cleaned status of Type 1 diabetes
366	DIAB2CLEAN_1	Num	8	X1250F.		FOFB: T2c. Cleaned status of Type 2 diabetes
367	weight_1	Num	8	X1055F.	6.1	FUPM: B3. Weight
368	waistcir_1	Num	8	X1055F.	6.1	FUPM: B5. Waist circumference
369	hipcir_1	Num	8	X1055F.	6.1	FUPM: B6. Hip circumference
370	vegsrv_1	Num	8	BEST12.	BEST32.	FFQ2: Servings of vegetables
371	fruitsrv_1	Num	8	BEST12.	BEST32.	FFQ2: Servings of fruit
372	grainsrv_1	Num	8	BEST12.	BEST32.	FFQ2: Servings of grain
373	meatsrv_1	Num	8	BEST12.	BEST32.	FFQ2: Servings of meat
374	sodi_a_1	Num	8			FFQ2: T2c. Sodium, adjusted for calorie intake
375	sfat_a_1	Num	8			FFQ2: T2c. Saturated fat, adjusted for calorie intake
376	fibe_a_1	Num	8			FFQ2: T2c. Fiber, adjusted for calorie intake
377	occugrp_1	Num	8	OCCUGRP.		T2c: Occupation grp combined BACH II
378	inspr_1	Num	8	X1250F.		FOFB: T2c.Has private Insurance
379	inspu_1	Num	8	X1250F.		FOFB: T2c. Has public Insurance

Num	Variable	Type	Len	Format	Informat	Label
380	diab1notrt_1	Num	8	X1250F.		FOFB: E1j1iv. Ever told you had: Insulin-dependent diabetes: No Treatment
381	diabeye_1	Num	8	X1250F.		FOFB: T2c. Has diabetes caused any problems with your eyes?
382	diabkdny_1	Num	8	X1250F.		FOFB: T2c. Has diabetes cause any probelems with your kidneys
383	AVGPULSE_1	Num	8	X1055F.		FUPM: T2c. Avg of seated pulses (beats/30 sec)
384	instate_1	Num	8	X1250F.		FOIA: T2c. In state
385	age_1	Num	8	X1055F.		FOFA: T2c.Age at follow up
386	scoinsul_1	Num	8	X1250F.		S1MD: T2. (INSU) INSULIN COALITION)
387	sstatin_1	Num	8	X1250F.		S1MD: T2. (HCRI) HMG-COA REDUCTASE INHIBITORS (STATINS)
388	scodiab_1	Num	8	X1250F.		S1MD: T2. (NIAD) NON-INSULIN COALITION
389	sanyaht_1	Num	8	X1250F.		S1MD: T2c. Any type of hypertension
390	sanyadep_1	Num	8	X1250F.		S1MD: T2c. Any type of antidepressant
391	lang_ensp_2	Num	8	X1286F.	3.	PINA: A6. LANGUAGE
392	SF01_2	Num	8	X1291F.	3.	PINA: B1. In general, would you say your health is:
393	diab1notrt_2	Num	8	X1361F.	3.	PINA: C1a1i. Ever told you had: Insulin-dependent diabetes: No Treatment
394	diab1diet_2	Num	8	X1361F.	3.	PINA: C1a1ii. Ever told you had: Insulin-dependent diabetes: Diet
395	diab2notrt_2	Num	8	X1361F.	3.	PINA: C1b1i. Ever told you had: Insulin-dependent diabetes: No Treatment
396	diab2diet_2	Num	8	X1361F.	3.	PINA: C1b1ii. Ever told you had: Insulin-dependent diabetes: Diet
397	sugar_2	Num	8	X1361F.	3.	PINA: C1*c. Ever told you had: Elevated blood sugar
398	GDIAB_2	Num	8	X1361F.	3.	PINA: C1d. Ever told you had: Gestational Diabetes
399	KIDNEY_2	Num	8	X1361F.	3.	PINA: C1e. Ever told you had: Kidney disease
400	MI_2	Num	8	X1361F.	3.	PINA: C1*f. Ever told you had: A heart attack
401	CHF_2	Num	8	X1361F.	3.	PINA: C1*g. Ever told you had: Congestive heart failure
402	spvd_2	Num	8	X1361F.	3.	PINA: C1*h. Ever told you had: Surgery or angioplasty
403	strokediff_2	Num	8	X1361F.	3.	PINA: C1j1. Do you have difficulty moving an arm or leg as a result of the stroke?
404	ANGINA_2	Num	8	X1361F.	3.	PINA: C1*k. Ever told you had: Angina pectoris
405	CAS_2	Num	8	X1361F.	3.	PINA: C1l. Ever told you had: Carotid artery surgery
406	HRD_2	Num	8	X1361F.	3.	PINA: C1*m. Ever told you had: heart rhythm disturbance

Num	Variable	Type	Len	Format	Informat	Label
407	PVD_2	Num	8	X1361F.	3.	PINA: C1n. Ever told you had: Peripheral Vascular Disease
408	CHOLEST_2	Num	8	X1361F.	3.	PINA: C1o. Ever told you had: High cholesterol
409	HBP_2	Num	8	X1361F.	3.	PINA: C1p. Ever told you had: High Blood Pressure
410	wtlossurg_2	Num	8	X1361F.	3.	PINA: C1q. Surgery of the stomach for weight loss purposes
411	hyster_2	Num	8	X1359F.	3.	PINA: C2a. Ever had a hysterectomy
412	ovarmd_2	Num	8	X1359F.	3.	PINA: C2b. An ovary removed?
413	mp12mo_2	Num	8	X1361F.	3.	PINA: C3. Did you have menstrual period in 12 months
414	stoptx_2	Num	8	X1361F.	3.	PINA: C3a1. Did they stop because of: medication/radiation/chemotherapy
415	stopmeno_2	Num	8	X1361F.	3.	PINA: C3a3. Did they stop because of: menopause
416	stopwtot_2	Num	8	X1361F.	3.	PINA: C3a4. Did they stop because of: weight loss or another reason
417	mplpred_2	Num	8	X1359F.	3.	PINA: C4. Days between one menstrual period and next month's period.
418	mp3mo_2	Num	8	X1359F.	3.	PINA: C5. Have you had a menstrual period in the past 3 months?
419	hcpurg_2	Num	8	X1359F.	3.	PINA: D2a. Major reasons for your visit: Urgent
420	hcprout_2	Num	8	X1359F.	3.	PINA: D2b. Major reasons for your visit: Routine
421	hcpflare_2	Num	8	X1359F.	3.	PINA: D2c. Major reasons for your visit: Flare-up
422	hcpsurg_2	Num	8	X1359F.	3.	PINA: D2d. Major reasons for your visit: Pre- or- Post surgery
423	hcpoth_2	Num	8	X1359F.	3.	PINA: D2e. Major reasons for your visit: Non-illness
424	lasthcp_2	Num	8	X1274F.	3.	PINA: D3. When: Last seen healthcare provider
425	PATICLR_DR_2	Num	8	X1367F.	3.	PINA: D4. Particular Doctor's Office you go for advice
426	MAIN_RES_NHC_2	Num	8	X1370F.	3.	PINA: D5. Main reason for no usual source of health care
427	outpat_2	Num	8	X1359F.	3.	PINA: D6a. Usually go for health care: Outpatient
428	hosper_2	Num	8	X1359F.	3.	PINA: D6b. Usually go for health care: Emergency room
429	houtpat_2	Num	8	X1359F.	3.	PINA: D6c. Usually go for health care: Hospital
430	healthctr_2	Num	8	X1359F.	3.	PINA: D6d. Usually go for health care: Health center
431	freehos_2	Num	8	X1359F.	3.	PINA: D6e. Usually go for health care: Free Clinic
432	HC_RETAIL_CL_2	Num	8	X1359F.	3.	PINA: D6f. Usually go for health care: Retail Clinic

Num	Variable	Type	Len	Format	Informat	Label
433	PROVD_DRIVE_2	Num	8	X1359F.	3.	PINA: D7a. Get to your usual provider: Drive
434	PROVD_SDRIVE_2	Num	8	X1359F.	3.	PINA: D7b. Get to your usual provider: Someone drives
435	PROVD_PTRSPT_2	Num	8	X1359F.	3.	PINA: D7c. Get to your usual provider: Public transportation
436	PROVD_WALK_2	Num	8	X1359F.	3.	PINA: D7d. Get to your usual provider: Walk
437	PROV_DIFF_2	Num	8	X1353F.	3.	PINA: D9. How difficult is it for you to get to your usual provider?
438	PROV_RATE_2	Num	8	X1271F.	3.	PINA: D10. Number to rate usual provider
439	PROV_WAT_WRG_2	Num	8	X1363F.	3.	PINA: D11*a. Explanations hard to understand: What was wrong with you?
440	PROV_RES_TRT_2	Num	8	X1363F.	3.	PINA: D11*b. Explanations hard to understand: Treatment reason
441	PROV_MED_FOR_2	Num	8	X1363F.	3.	PINA: D11c. Explanations hard to understand: What a medicine was for
442	PROV_TAK_MED_2	Num	8	X1363F.	3.	PINA: D11d. Explanations hard to understand: How to take medicine
443	PROV_TST_RES_2	Num	8	X1363F.	3.	PINA: D11*e. Explanations hard to understand: Test results
444	PROV_WOS_CDN_2	Num	8	X1363F.	3.	PINA: D11f. Explanation hard to understand: To do if condition get worse
445	PROV_SOM_ELS_2	Num	8	X1363F.	3.	PINA: D11*g. Explanations hard to understand: Something else
446	PROV_ACCNT_2	Num	8	X1359F.	3.	PINA: D13. Explanations hard to understand because of accent
447	NEED_CARE_2	Num	8	X1359F.	3.	PINA: D16. In the last 12 months: Needed Medical Care
448	UNABL_CARE_2	Num	8	X1359F.	3.	PINA: D17. In the last 12 months: Unable to get medical care
449	CLDNT_AFORD_2	Num	8	X1359F.	3.	PINA: D18a. In the last 12 months: You couldn't afford care
450	INS_WDNT_APV_2	Num	8	X1359F.	3.	PINA: D18b. In the last 12 months: Insurance company wouldn't approve
451	DR_REFSD_2	Num	8	X1359F.	3.	PINA: D18c. In the last 12 months: Dr. refused to accept insurance plan
452	PRBLMS_TO_DR_2	Num	8	X1359F.	3.	PINA: D18d. In the last 12 months: Problems getting to doctor's office
453	DIFF_LANG_2	Num	8	X1359F.	3.	PINA: D18e. In the last 12 months: Different language
454	TM_OF_WK_2	Num	8	X1359F.	3.	PINA: D18f. In the last 12 months: You couldn't get time off work
455	WH_TOGT_CARE_2	Num	8	X1359F.	3.	PINA: D18g. In the last 12 months: Didn't know where to go to get care
456	REFSD_SERV_2	Num	8	X1359F.	3.	PINA: D18h. In the last 12 months: You were refused services

Num	Variable	Type	Len	Format	Informat	Label
457	CHILDCARE_2	Num	8	X1359F.	3.	PINA: D18i. In the last 12 months: You couldn't get child care
458	NO_TIME_2	Num	8	X1359F.	3.	PINA: D18j. In the last 12 months: You didn't have time or took too long
459	OTH_RS_UNABL_2	Num	8	X1359F.	3.	PINA: D18k. In the last 12 months: Another reason
460	PRBLM_NOCARE_2	Num	8	X1275F.	3.	PINA: D19. Problem not getting medical care necessary
461	SUSP_MOLE_2	Num	8	X1288F.	3.	PINA: D20*a. you had a suspicious mole/growth on your skin
462	SIBLNG_DIAB_2	Num	8	X1288F.	3.	PINA: D20*b. Sibling diagnosed had been diagnosed with diabetes
463	CHESTPAINS_2	Num	8	X1288F.	3.	PINA: D20*c. you had chest pains
464	FLUSHOT_2	Num	8	X1288F.	3.	PINA: D20d. get a flu shot
465	BP_CHOL_2	Num	8	X1288F.	3.	PINA: D20e. get your blood pressure or cholesterol checked
466	DIAB_IS_2	Num	8	X1348F.	3.	PINB: E1. Diabetes is more than normal sugar in your blood
467	CONSD_DIAB_2	Num	8	X1322F.	3.	PINB: E2. Do you consider diabetes to be:
468	PERS_RISK_2	Num	8	X1298F.	3.	PINB: E3. Do you think your personal risk for diabetes is:
469	INC_THST_2	Num	8	X1359F.	3.	PINB: E4*a. Increased thirst?
470	INC_URIN_2	Num	8	X1359F.	3.	PINB: E4b. Increased need to urinate?
471	INC_FATG_2	Num	8	X1359F.	3.	PINB: E4*c. Increased fatigue?
472	WT_LOSS_2	Num	8	X1359F.	3.	PINB: E4*d. Weight loss
473	sleep1_2	Num	8	X1280F.	3.	PINB: F1*a. Do you have difficulties falling asleep?
474	sleep2_2	Num	8	X1280F.	3.	PINB: F1*b. After getting up in the morning, can you fall asleep again?
475	sleep3_2	Num	8	X1280F.	3.	PINB: F1*c. Do you use sleeping pills?
476	sleep4_2	Num	8	X1280F.	3.	PINB: F1d. Are you tired during wake time?
477	sleep5_2	Num	8	X1280F.	3.	PINB: F1e. Are you tired after sleeping?
478	sleep6_2	Num	8	X1280F.	3.	PINB: F1f. Are you restless during the night ?
479	sleep8_2	Num	8	X1280F.	3.	PINB: F1g. Do you get up during the night?
480	sleep9_2	Num	8	X1280F.	3.	PINB: F1*h. Do you suffer from headaches first thing in the morning?
481	sleep10_2	Num	8	X1280F.	3.	PINB: F1*i. Do you feel exhausted for no obvious reasons?
482	sleep11_2	Num	8	X1280F.	3.	PINB: F1j. Have you been told that you quit breathing during sleep?
483	sleep12_2	Num	8	X1280F.	3.	PINB: F1k. Nodded off or fallen asleep while driving a vehicle?
484	sleep7_2	Num	8	X1280F.	3.	PINB: F1*l. How frequently have you been told that you snore?

Num	Variable	Type	Len	Format	Informat	Label
485	hrssleep_2	Num	8	X1265F.	6.1	PINB: F2. Hours of actual sleep you get during the night
486	minsleep_2	Num	8	X1265F.	4.	PINB: F2. How long does it usually take you to fall asleep at bedtime? (truncated to 300 minutes)
487	SITTING_2	Num	8	X1061F.	3.	PINB: G1*a. Seven days: Sitting activities
488	sitdur_2	Num	8	TIMEFM.	3.	PINB: G1ai. Seven days: Sitting activities: Hours
489	WALK_2	Num	8	X1061F.	3.	PINB: G1*b. Seven days: Walk outside
490	walkdur_2	Num	8	TIMEFM.	3.	PINB: G1bi. Seven days: Walk outside: Hours
491	ltsport_2	Num	8	X1061F.	3.	PINB: G1*c. Seven days: Light sport
492	ltspdur_2	Num	8	TIMEFM.	3.	PINB: G1ci. Seven days: Light sport: Hours
493	mdsport_2	Num	8	X1061F.	3.	PINB: G1*d. Seven days: Moderate sport
494	mdspdur_2	Num	8	TIMEFM.	3.	PINB: G1di. Seven days: Moderate sport: Hours
495	stsport_2	Num	8	X1061F.	3.	PINB: G1*e. Seven days: Strenuous sport
496	stspdur_2	Num	8	TIMEFM.	3.	PINB: G1ei. Seven days: Strenuous sport: Hours
497	strength_2	Num	8	X1061F.	3.	PINB: G1*f. Seven days: Any exercise
498	strendur_2	Num	8	TIMEFM.	3.	PINB: G1fi. Seven days: Any exercise: Hours
499	lthswork_2	Num	8	X1359F.	3.	PINB: G2. Last seven days have you done any light housework
500	hvhswork_2	Num	8	X1359F.	3.	PINB: G3. Last seven days have you done any heavy housework
501	homerep_2	Num	8	X1359F.	3.	PINB: G4a. Last seven days: Home repairs
502	lawnwork_2	Num	8	X1359F.	3.	PINB: G4*b. Last seven days: Lawn work
503	GARDEN_2	Num	8	X1359F.	3.	PINB: G4c. Last seven days: Outdoor gardening
504	caretak_2	Num	8	X1359F.	3.	PINB: G4*d. Last seven days: Caretaking
505	work7dy_2	Num	8	X1359F.	3.	PINB: G5. Last seven days did you work for pay or volunteer
506	hrs7dy_2	Num	8	X1265F.	4.	PINB: G5a. Last seven days: Hours per week work for pay/volunteer
507	physwork_2	Num	8	PHYSIFM.	3.	PINB: G5b. Which describes amount of physical activity
508	LSTYR_WORK_2	Num	8	X1359F.	3.	PINB: G6. Did you work including work as a volunteer?
509	WK_HARD_2	Num	8	X1279F.	3.	PINB: G7*a. How Often: Same treatment or evaluation?
510	WATCHED_2	Num	8	X1279F.	3.	PINB: G7*b. How Often: Watched more closely than other workers?
511	HUMILIATD_2	Num	8	X1279F.	3.	PINB: G7c. How Often: Unfairly humiliated in front of others at work?
512	RACE_JOKES_2	Num	8	X1279F.	3.	PINB: G7*d. How Often: Coworkers joke about racial/ethnic groups
513	WOM_JOKES_2	Num	8	X1279F.	3.	PINB: G7e. How Often: Coworkers make slurs or jokes about women?

Num	Variable	Type	Len	Format	Informat	Label
514	GAY_JOKES_2	Num	8	X1279F.	3.	PINB: G7f. How Often: Co-workers make jokes about gays or lesbians?
515	RESPECT_2	Num	8	X1279F.	3.	PINB: H1*a. Treated with less respect
516	POORSERVICE_2	Num	8	X1279F.	3.	PINB: H1*b. Receive poorer service than other people
517	NOTSMART_2	Num	8	X1279F.	3.	PINB: H1c. Do people act as if they think you are not smart.
518	AFRAID_2	Num	8	X1279F.	3.	PINB: H1d. Do people act as if they are afraid of you.
519	HARRASSED_2	Num	8	X1279F.	3.	PINB: H1e. Are you threatened or harassed.
520	INSULTS_2	Num	8	X1279F.	3.	PINB: H3*a. How often: Prepare for possible insults
521	APPEARANCE_2	Num	8	X1279F.	3.	PINB: H3*b. How often: be very careful about your appearance
522	WTCH_WHTUSAY_2	Num	8	X1279F.	3.	PINB: H3c. How often: Watch carefully what you say
523	AVOID_PLCS_2	Num	8	X1279F.	3.	PINB: H3d. How often: Avoid certain social situations and places
524	SP_DEATH_2	Num	8	X1359F.	3.	PINB: I1*a. Experienced the death of a spouse?
525	DIVORCE_2	Num	8	X1359F.	3.	PINB: I1*b. Gone through a divorce?
526	SEPARATION_2	Num	8	X1359F.	3.	PINB: I1*c. Gone through a marital separation?
527	JAIL_2	Num	8	X1359F.	3.	PINB: I1d. Been detained in jail or in another institution?
528	FAM_DEATH_2	Num	8	X1359F.	3.	PINB: I1*e. Death of a close family member
529	ILLNESS_2	Num	8	X1359F.	3.	PINB: I1f. Had a major injury or illness?
530	MARRIED_2	Num	8	X1359F.	3.	PINB: I1g. Gotten married?
531	FIRED_2	Num	8	X1359F.	3.	PINB: I1*h. Been fired at work?
532	RECONCLTN_2	Num	8	X1359F.	3.	PINB: I1i. Had a marital reconciliation?
533	RETIRED_2	Num	8	X1359F.	3.	PINB: I1j. Retired from work?
534	respsucs_2	Num	8	X1336F.	3.	PINB: J1*a. I am responsible for my own successes.
535	ANYTHING_2	Num	8	X1336F.	3.	PINB: J1*b. I can do just about anything I really set my mind to.
536	MISFORTUNES_2	Num	8	X1336F.	3.	PINB: J1*c. My misfortunes are the result of mistakes I have made
537	FAILURES_2	Num	8	X1336F.	3.	PINB: J1d. I am responsible for my failures.
538	GOODTHINGS_2	Num	8	X1336F.	3.	PINB: J1e. The really good things that happen to me are mostly luck
539	PLANNING_2	Num	8	X1336F.	3.	PINB: J1*f. No sense in planning--if something good is going to happen
540	BADBREAKS_2	Num	8	X1336F.	3.	PINB: J1g. Most of my problems are due to bad breaks
541	CONTROL_2	Num	8	X1336F.	3.	PINB: J1*h. I have little control over the bad things that happen to me

Num	Variable	Type	Len	Format	Informat	Label
542	HONEST_2	Num	8	X1336F.	3.	PINB: J1i. People are honest because they are afraid of being caught
543	GETAHEAD_2	Num	8	X1336F.	3.	PINB: J1j. In order to get ahead people don't always do what's right
544	TAKEEVERYTHIN_2	Num	8	X1336F.	3.	PINB: J1*k. To get ahead you have to take everything you can get
545	MUSTFAIL_2	Num	8	X1336F.	3.	PINB: J1l. For some people to succeed others must fail
546	TRUST_2	Num	8	X1336F.	3.	PINB: J1*m. I feel it is not safe to trust to anyone
547	SUSPICIOUS_2	Num	8	X1336F.	3.	PINB: J1n. I feel suspicious
548	AGAINSTME_2	Num	8	X1336F.	3.	PINB: J1*o. I feel sure that everyone is against me.
549	SUPPORT_2	Num	8	X1336F.	3.	PINB: J1p. I have someone I can turn to for support and understanding
550	TALK_2	Num	8	X1336F.	3.	PINB: J1q. I have someone I can really talk to
551	HELP_2	Num	8	X1336F.	3.	PINB: J1r. Someone who will help me out
552	CARE_2	Num	8	X1336F.	3.	PINB: J1s. I have someone who would take care of me if I were sick
553	evretoh_2	Num	8	X1359F.	3.	PINB: K2. Have you ever had an alcoholic drink?
554	alcoh30dy_2	Num	8	X1359F.	3.	PINB: K3. Have you had an alcoholic drink in the last 30 days?
555	bnge30dy_2	Num	8	X1265F.	3.	PINB: K4. Last 30 days: 5 or more drinks
556	alcohuse_2	Num	8	X1299F.	3.	PINB: K6. In the past 10 years, has your use of alcoholic beverages...
557	LANG_1ST_2	Num	8	X1290F.	3.	PINB: L1. Language you first learned to speak
558	SPK_ENG_2	Num	8	X1278F.	3.	PINB: L2a. How often do you speak English?
559	SPK_ENG_FRND_2	Num	8	X1278F.	3.	PINB: L2b. How often do you speak in English with your friends?
560	THK_ENG_2	Num	8	X1278F.	3.	PINB: L2c. How often do you think in English?
561	SPK_1STLANG_2	Num	8	X1278F.	3.	PINB: L2d. How often do you speak [FIRST LANGUAGE]?
562	SPK_FRND_1ST_2	Num	8	X1278F.	3.	PINB: L2e. How often do you speak in [FIRST LANGUAGE] with your friends
563	THK_1ST_2	Num	8	X1278F.	3.	PINB: L2f. How often do you think in [FIRST LANGUAGE]?
564	ENG_SPEAK_2	Num	8	X1352F.	3.	PINB: L3a. How well do you speak English?
565	ENG_READ_2	Num	8	X1352F.	3.	PINB: L3b. How well do you read in English?
566	ENG_TV_2	Num	8	X1352F.	3.	PINB: L3c. How well do you understand television programs in English?
567	ENG_RADIO_2	Num	8	X1352F.	3.	PINB: L3d. How well do you understand radio programs in English?
568	ENG_WRITE_2	Num	8	X1352F.	3.	PINB: L3e. How well do you write in English?

Num	Variable	Type	Len	Format	Informat	Label
569	ENG_MUSIC_2	Num	8	X1352F.	3.	PINB: L3f. How well do you understand music in English?
570	WEL_1STLANG_2	Num	8	X1352F.	3.	PINB: L3g. How well do you speak [FIRST LANGUAGE]?
571	WEL_1STLG_RD_2	Num	8	X1352F.	3.	PINB: L3h. How well do you read in [FIRST LANGUAGE]?
572	TV_1STLANG_2	Num	8	X1352F.	3.	PINB: L3i. How well: Understand television programs in [FIRST LANGUAGE]
573	RAD_1STLANG_2	Num	8	X1352F.	3.	PINB: L3j. How well: Understand radio programs in [FIRST LANGUAGE]
574	WRTE_1STLANG_2	Num	8	X1352F.	3.	PINB: L3k. How well do you write in [FIRST LANGUAGE]?
575	MUSC_1STLANG_2	Num	8	X1352F.	3.	PINB: L3l. How well do you understand music in [FIRST LANGUAGE]??
576	OFT_TV_ENG_2	Num	8	X1278F.	3.	PINB: L4a. How often do you watch television programs in English?
577	OFT_RAD_ENG_2	Num	8	X1278F.	3.	PINB: L4b. How often do you listen to radio programs in English?
578	OFT_MUS_ENG_2	Num	8	X1278F.	3.	PINB: L4c. How often do you listen to music in English?
579	OFT_TV_FLNG_2	Num	8	X1278F.	3.	PINB: L4d. How often do you watch tv programs in [FIRST LANGUAGE].
580	OFT_RD_FLNG_2	Num	8	X1278F.	3.	PINB: L4e. How often do you listen to radio programs in FIRST LANGUAGE?
581	OFT_MUS_FLNG_2	Num	8	X1278F.	3.	PINB: L4f. How often do you listen to music in FIRST LANGUAGE?
582	DESKTOP_2	Num	8	X1359F.	3.	PINB: L5*a. A desktop computer?
583	LAPTOP_2	Num	8	X1359F.	3.	PINB: L5*b. A laptop computer?
584	CELLPHONE_2	Num	8	X1359F.	3.	PINB: L5*c. A cell phone?
585	BLKBERRY_2	Num	8	X1359F.	3.	PINB: L5d. A Blackberry, iPhone or other similar device?
586	PDA_2	Num	8	X1359F.	3.	PINB: L5e. A PDA or other personal data device
587	INTERNET_2	Num	8	X1359F.	3.	PINB: L6. Do you have an internet connection on your home computer?
588	SND_RCV_EMAL_2	Num	8	X1359F.	3.	PINB: L7*a. Send or receive email?
589	SND_RCV_TXT_2	Num	8	X1359F.	3.	PINB: L7b. Send or receive text messages?
590	ACSS_INTRNET_2	Num	8	X1359F.	3.	PINB: L7*c. Access the internet?
591	COMPUTER_2	Num	8	X1359F.	3.	PINB: L8. Do you have access to a computer somewhere other than home ?
592	compwrk_2	Num	8	X1359F.	3.	PINB: L9a. Work
593	complib_2	Num	8	X1359F.	3.	PINB: L9b. Local Library
594	compfrd_2	Num	8	X1359F.	3.	PINB: L9c. Friends
595	compfam_2	Num	8	X1359F.	3.	PINB: L9d. Family outside household
596	compoth_2	Num	8	X1359F.	3.	PINB: L9e. Use computer: Other

Num	Variable	Type	Len	Format	Informat	Label
597	MARITAL_2	Num	8	X1316F.	3.	PINC: M1. What is your current marital status?
598	degrestat_2	Num	8	X1305F.	3.	PINC: M2. What is the highest grade/degree you have completed?
599	educ_2	Num	8	X1265F.	3.	PINC: M3. How many years of school have you completed altogether? (truncated to 30)
600	workstat_2	Num	8	X1356F.	3.	PINC: M4. Current work situation
601	NUM_JOBS_2	Num	8	X1265F.	3.	PINC: M5. How many jobs do you currently have?
602	fulltime_2	Num	8	X1273F.	3.	PINC: M6. Are you currently working 35 hours or more each week?
603	WK_DAYS_2	Num	8	X1265F.	3.	PINC: M7. How many days per week do you work?
604	INCOME_2	Num	8	X1304F.	3.	PINC: M9. How much was your total income in the last 12 months
605	GRAFFITI_2	Num	8	X1336F.	3.	PINC: N1*a. There is a lot of graffiti in my neighborhood
606	NOISY_2	Num	8	X1336F.	3.	PINC: N1*b. Neighborhood: Noisy
607	VANDALSM_2	Num	8	X1336F.	3.	PINC: N1*c. Neighborhood: Vandalism
608	ABANDONED_2	Num	8	X1336F.	3.	PINC: N1d. Neighborhood: Abandoned buildings
609	CLEAN_2	Num	8	X1336F.	3.	PINC: N1e. Neighborhood: Clean
610	GOODCARE_2	Num	8	X1336F.	3.	PINC: N1*f. Neighborhood: Good care of houses
611	HANGING_2	Num	8	X1336F.	3.	PINC: N1g. Neighborhood: Hanging on streets
612	CRIME_2	Num	8	X1336F.	3.	PINC: N1*h. Neighborhood: Crime
613	DRUGS_2	Num	8	X1336F.	3.	PINC: N1i. Neighborhood: Drugs
614	ALCOHOL_2	Num	8	X1336F.	3.	PINC: N1j. Neighborhood: Alcohol
615	TROUBLE_2	Num	8	X1336F.	3.	PINC: N1*k. Neighborhood: Troubles
616	SAFE_2	Num	8	X1336F.	3.	PINC: N1l. Neighborhood: Safe
617	HOME_2	Num	8	X1329F.	3.	PIND: O1. Do you own or rent your home?
618	HM_DESCRIBE_2	Num	8	X1335F.	3.	PIND: O2. Which of the following best describes your home.
619	PAST_5YRS_2	Num	8	X1265F.	3.	PIND: O6. Places you have lived in the past 5 years. (truncated to 10)
620	ELECTDEV_2	Num	8	X1368F.	3.	PPMF: B2. Electrical Medical Devices
621	BDYFATPER_2	Num	8	X1265F.	3.	PPMF: B3. Body fat percentage
622	WEIGHT_2	Num	8	X1265F.	7.1	PPMF: B4. Weight (kg)
623	BRTH_WT_LBS_2	Num	8	X1265F.	3.	PPMF: B5a. Birth Weight (lbs), max=14
624	BRTH_WT_OUNC_2	Num	8	X1265F.	3.	PPMF: B5b. Birth Weight (ounces)
625	WAISTCIR_2	Num	8	X1265F.	7.1	PPMF: B6. Waist circumference
626	HIPCIR_2	Num	8	X1265F.	7.1	PPMF: B7. Hip circumference (cm)
627	ARMCIR_2	Num	8	X1265F.	6.1	PPMF: C1. Arm circumference(cm)
628	HEARTRATE_2	Num	8	X1265F.	4.	PPMF: C3. Heart Rate(beats/60seconds)

Num	Variable	Type	Len	Format	Informat	Label
629	SBP_2	Num	8	X1265F.	4.	PPMF: C4. Systolic blood pressure
630	DBP_2	Num	8	X1265F.	4.	PPMF: C5. Diastolic blood pressure
631	HLTH_LITRCY_2	Num	8	X1265F.	3.	PHLS: A2. Health Literacy Score
632	age_2	Num	8	X1055F.		PINA: T3c. Age at Pre-Diabetes Interview
633	cigs100_2	Num	8	X1250F.		PINB: T3c. Your entire life : Have you smoked at least 100 cigarettes?
634	cigsnow_2	Num	8	X1250F.		PINB: T3c. Do you smoke cigarettes now
635	STROKETIA_2	Num	8	X1250F.		PINA: T3c. Stroke, TIA or mild stroke
636	uninsmos_2	Num	8	X1055F.		PINA: T3c. D15. How long have you been uninsured (months)?
637	inspr_2	Num	8	X1250F.		PINA: T3c. Has private insurance
638	inspu_2	Num	8	X1250F.		PINA: T3c. Has public insurance
639	diabfhx_2	Num	8	X1250F.		PINA: T3c. Has family history of diabetes
640	hcpdisthrs_2	Num	8	X1055F.		PINA: T3c.How long does it take you to get yo your usual provider (hour)?
641	yrslivadr_2	Num	8	X1055F.		PIND: T3c.How long have you lived at your current address (year)?
642	scoinsul_2	Num	8	X1250F.		S2MD: T3. (INSU) INSULIN COALITION
643	sstatin_2	Num	8	X1250F.		S2MD: T3. (HCRI) HMG-COA REDUCTASE INHIBITORS (STATINS)
644	scodiab_2	Num	8	X1250F.		S2MD: T3. (NIAD) NON-INSULIN ANTIDIABETIC COALITION
645	sanyaht_2	Num	8	X1250F.		S2MD: T3c. Any type of antihypertensive
646	ABSOLUTE_BASOPHILS_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE BASOPHILS (cells/mm3)
647	ABSOLUTE_EOSINOPHILS_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE EOSINOPHILS (cells/mm3)
648	ABSOLUTE_LYMPHOCYTES_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE LYMPHOCYTES (cells/mm3)
649	ABSOLUTE_MONOCYTES_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE MONOCYTES (cells/mm3)
650	ABSOLUTE_NEUTROPHILS_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE NEUTROPHILS (cells/mm3)
651	BASOPHILS_2	Num	8	X1055F.		PLAB: T3. ABSOLUTE BASOPHILS (WBC%)
652	CALCIUM_2	Num	8	X1055F.		PLAB: T3. CALCIUM (mg/dL) (Max value 11.1)
653	CARBON_DIOXIDE_2	Num	8	X1055F.		PLAB: T3. CARBON DIOXIDE (mEq/L) (Max value 37)
654	CHLORIDE_2	Num	8	X1055F.		PLAB: T3. CHLORIDE (mEq/L) (Max value 114)
655	CHOL_HDLC_RATIO_2	Num	8	X1055F.		PLAB: T3. CHOL/HDLC RATIO (ratio of total cholesterol to hdl cholesterol)
656	CHOLESTEROL_TOTAL_2	Num	8	X1055F.		PLAB: T3. CHOLESTEROL, TOTAL (mg/dL) (Max value 444)

Num	Variable	Type	Len	Format	Informat	Label
657	CREATININE_2	Num	8	X1055F.		PLAB: T3. CREATININE (mg/dL) (Max Value 9.48)
658	EOSINOPHILS_2	Num	8	X1055F.		PLAB: T3. EOSINOPHILS (WBC %)
659	HDL_CHOLESTEROL_2	Num	8	X1055F.		PLAB: T3. HDL CHOLESTEROL (mg/dL) (Max value 140)
660	HEMATOCRIT_2	Num	8	X1055F.		PLAB: T3. HEMOCRIT (% of RBC to whole blood volume)
661	HEMOGLOBIN_2	Num	8	X1055F.		PLAB: T3. HEMOGLOBIN (g/dl)
662	HEMOGLOBIN_A1C_2	Num	8	X1055F.		PLAB: T3. HEMOGLOBIN A1c (% GHB units) (Max value 14.4)
663	INSULIN_2	Num	8	X1055F.		PLAB: T3. INSULIN (micro U/mL) (Max value 806)
664	LDL_CHOLESTEROL_2	Num	8	X1055F.		PLAB: T3. LDL CHOLESTEROL (mg/dl) (Max value 259)
665	LYMPHOCYTES_2	Num	8	X1055F.		PLAB: T3. LYMPHOCYTES (WBC %)
666	MCH_2	Num	8	X1055F.		PLAB: T3. MCH (pg/cell)
667	MCHC_2	Num	8	X1055F.		PLAB: T3. MCHC (g/dl)
668	MCV_2	Num	8	X1055F.		PLAB: T3. MCV (fl)
669	MONOCYTES_2	Num	8	X1055F.		PLAB: T3. MONOCYTES (WBC %)
670	MPV_2	Num	8	X1055F.		PLAB: T3. MPV (fl)
671	NEUTROPHILS_2	Num	8	X1055F.		PLAB: T3. NEUTROPHILS (WBC %)
672	PLATELET_COUNT_2	Num	8	X1055F.		PLAB: T3. PLATELET COUNT (10 <sup>3</sup> /cu mm)
673	POTASSIUM_2	Num	8	X1055F.		PLAB: T3.POTASSIUM (mEq/L) (Max value 7.1)
674	RDW_2	Num	8	X1055F.		PLAB: T3. RDW (cell volume %)
675	RED_BLOOD_CELL_COUNT_2	Num	8	X1055F.		PLAB: T3.RED BLOOD CELL COUNT (10 <sup>6</sup> /cu)
676	SODIUM_2	Num	8	X1055F.		PLAB: T3.SODIUM (mEq/L) (Max value 148)
677	TRIGLYCERIDES_2	Num	8	X1055F.		PLAB: T3.TRIGLYCERIDES (mg/dL) (Max value 1827)
678	UREA_NITROGEN_BUN_2	Num	8	X1055F.		PLAB: T3.UREA NITROGEN (mg/dL) (Max value 106)
679	WHITE_BLOOD_CELL_COUNT_2	Num	8	X1055F.		PLAB: T3.WHITE BLOOD CELL COUNT (cells/ul)
680	sst1_BLOODTHR_2	Num	8	X1366F.	3.	PPCF: T3c: B1. Are you taking medications to thin your blood for SST1 tube blood draw
681	sst1_DRNK8HRS_2	Num	8	X1366F.	3.	PPCF: T3c: B4. Have you had anything alcoholic in the past 8 hours for SST1 tube blood draw
682	sst1_CAFF8HRS_2	Num	8	X1366F.	3.	PPCF: T3c: B5. Have you had anything with caffeine in the past 8 hours for SST1 tube blood draw
683	sst1_PHLEBID_2	Num	8			PPCF: T3c: A4. Phlebotomist ID for SST1 tube blood draw

Num	Variable	Type	Len	Format	Informat	Label
684	sst1_fast_2	Num	8	X1250F.		PPCF: T3c. Calculated 8h fasting status for SST1 tube
685	hemocue_DRNK8HRS_2	Num	8	X1366F.	3.	PPCF: T3c: B4. Have you had anything alcoholic in the past 8 hours for hemocue measurement
686	hemocue_CAFF8HRS_2	Num	8	X1366F.	3.	PPCF: T3c: B5. Have you had anything with caffeine in the past 8 hours for hemocue measurement
687	HEMOCUE_2	Num	8	X1055F.	4.	PPCF: D1. HemoCue 201 (mg/dL)
688	HEM_MSMT_2	Num	8	X1351F.	3.	PPCF: D1a. HemoCue measurement taken using venous or capillary blood
689	hemocue_fast_2	Num	8	X1250F.		PPCF: T3c. Calculated 8h fasting status for hemocue
690	DIAB1CLEAN_2	Num	8	X1250F.		PINA: T3c.Cleaned status for Type 1 diabetes
691	DIAB2CLEAN_2	Num	8	X1250F.		PINA: T3c. Cleaned status of Type 2 diabetes
692	height	Num	8	X1055F.		FOPM: T1c.Height, cm
693	aimsperafrcn_2	Num	6	7.5		AIMS: Percent African per Ancestry Markers
694	aimspereuro_2	Num	6	7.5		AIMS: Percent European per Ancestry Markers
695	aimspernamer_2	Num	6	7.5		AIMS: Percent Native American per Ancestry Markers
696	occugrp_2	Num	8	OCCUGRP.		T3c: Occupation grp combined BACH III
697	DT_KCAL_2	Num	8	BEST12.	BEST32.	FFQ3: Calories, kcal
698	DT_SODI_2	Num	8	BEST12.	BEST32.	FFQ3: Dietary Sodium, mg
699	DT_SFAT_2	Num	8	BEST12.	BEST32.	FFQ3: Saturated fat, g
700	DT_FIBE_2	Num	8	BEST12.	BEST32.	FFQ3: Dietary Fiber, g
701	VEGSRV_2	Num	8	BEST12.	BEST32.	FFQ3: Servings of vegetables
702	FRUITSRV_2	Num	8	BEST12.	BEST32.	FFQ3: Freq. fruits fruit juices
703	GRAINSRV_2	Num	8	BEST12.	BEST32.	FFQ3: Servings brd, cerl, rice, pasta
704	MEATSRV_2	Num	8	BEST12.	BEST32.	FFQ3: Servings mt, fish, poul, beans, eggs
705	diabeye_2	Num	8	X1250F.		PINA: T3c. Has diabetes caused any problems with your eyes?
706	diabkdny_2	Num	8	X1250F.		PINA: T3c. Has diabetes caused any problems with your kidney
707	INT_ID_2	Num	8			PINA: A4. DATA COLLECTOR ID:
708	degcat_1	Num	8	DEGCATF.		Degree status at BACH II
709	degcat_2	Num	8	DEGCATF.		Degree status at BACH III
710	degcat	Num	8	DEGCATF.		Degree status at BACH I
711	wtr_2_new_trimmed	Num	8	BEST12.	BEST32.	
712	id	Num	8			repository master_id
713	strata	Num	8			repository stratum
714	psunit	Num	8			repository psu
715	incomecat	Num	8	INCRECAT.		T3c: Income (3-level categorical) Occupation *

Num	Variable	Type	Len	Format	Informat	Label
716	incomecat_2	Num	8	INCRECAT.		
717	occgrpalt	Num	8	OCCURECAT.		T1c: Occupation recategorized
718	occgrpalt_2	Num	8	OCCURECAT.		T3c: Occupation recategorized
719	degree	Num	8	DEGREECAT.		T1c. Degree status at BACH I - collapsed
720	degree_1	Num	8	DEGREECAT.		T2c. Degree status at BACH I - collapsed
721	degree_2	Num	8	DEGREECAT.		T3c. Degree status at BACH III - collapsed
722	ins_4cat	Num	8	INS_4CAT.		PINA: T3c. Type of insurance, 4 cat
723	insurance	Num	8			
724	ins_4cat_2	Num	8	INS_4CAT.		PINA: T3c. Type of insurance, 4 cat
725	bmi	Num	8			T1c. BMI
726	bmicat	Num	8	BMICF.		T1c. BMI categories
727	obese	Num	8			T1c. Obese (Y/N)
728	bmi_2	Num	8			T3c. BMI
729	bmicat_2	Num	8	BMICF.		T3c. BMI categories
730	obese_2	Num	8	YN.		
731	agegrp	Num	8	AGEGRPF.		Baseline age (categorical)
732	agegrp_2	Num	8			T3c. BACH III age (categorical)
733	CAD	Num	8	YN.		T1c. Coronary Artery Disease
734	CAD_2	Num	8	YN.		T3c. Coronary Artery Disease
735	eng_dom	Num	8			T3c. Acculturation, English Domain score
736	eng_high	Num	8			
737	span_dom	Num	8			T1c. Acculturation, Spanish Domain score
738	span_high	Num	8			
739	accult	Num	8	ACCULT.		T3c. Bi-dimensional acculturation scale (BAS) acculturation categorical
740	fstenspoth_2	Num	8			
741	tmfmb1to3	Num	8			T3c. Time from baseline visit to BACH III visit
742	yrsinus_2	Num	8			Years in US with subjects born in US assigned to age
743	usyear_cat_2	Num	8	USYEAR_CAT.		Years in US categorized with subjects born in US in highest category
744	stofhla_2	Num	8	STOFCP.		PHLS: T3c: A2. Health literacy score (Short Test of Functional Literacy in Adults)
745	adqthlthlit_2	Num	8	YN.		PHLS: T3c: A2. Adequate Health Literacy?
746	workstatcat	Num	8	WORKSTAT.		T1c. Work status categorized
747	workstatcat_2	Num	8	WORKSTAT.		T3c. Work status categorized
748	timehpcat	Num	8	TMHPCATF.		T1c. Times visited health care provider in the past year (categorized)
749	timehpcat_2	Num	8	TMHPCATF.		T3c. Times visited health care provider in the past year (categorized)
750	timehpc3cat_2	Num	8	TMHCP3CATF.		

Num	Variable	Type	Len	Format	Informat	Label
751	eur	Num	8			AIMS: European ancestry proportion multiplied by 10 for modeling purposes
752	afri	Num	8			AIMS: West African ancestry proportion multiplied by 10 for modeling purposes
753	namer	Num	8			AIMS: Native American ancestry proportion multiplied by 10 for modeling purposes
754	pereur	Num	8			AIMS: Percentage European Ancestry
755	perafri	Num	8			AIMS: Percentage West African ancestry
756	pernamer	Num	8			AIMS: Percentage Native American ancestry
757	diab2medconf_2	Num	8	YN.		T3c. BACH III Type 2 Diabetes confirmed by medications
758	idiab2_2	Num	8	YN01F.		T3c. BACH II/III New cases of Type 2 Diabetes
759	diabmeds	Num	8	YN.		T1c. Slone coded medications insulin or diabetes medications
760	diabmeds_2	Num	8	YN.		T1c. Slone coded medications insulin or diabetes medications
761	pase	Num	8			T1c: PASE, overall score
762	activity	Num	8			T1c: PASE, categories
763	pase_1	Num	8			T2c: PASE, overall score
764	activity_1	Num	8			T2c: PASE, categories
765	pase_2	Num	8			T3c: PASE, overall score
766	activity_2	Num	8	ACTIVITYF.		T3c: PASE, categories
767	smoker_2	Num	8	SMOKERF.		T3c. BACH III Smoking status
768	sleepcat_2	Num	8	SLEEP CAT.		T3c: Hours of sleep per night (categorized)
769	rwthch_whtusay_2	Num	8			
770	discrim_2	Num	8			T3c: Discrimination (Higher values = greater discrimination)
771	physdiso_2	Num	8			T3c: Physical disorder (Higher values = greater disorder)
772	socdiso_2	Num	8			T3c: Social disorder (Higher values = greater disorder)
773	soc_2	Num	8			T3c: Sense of Control (higher = greater internal sense of control)
774	norm_2	Num	8			T3c: Normlessness (Higher values = greater normlessness)
775	mistrust_2	Num	8			T3c: Mistrust
776	si_2	Num	8			T3c: Social Isolation
777	homair_2	Num	8			T3c: HOMA model Insulin Resistance
778	homab_2	Num	8			T3c: HOMA model beta cell function
779	menostat_2	Num	8	MENO.		T3c: Menopausal status at T3
780	htn_2	Num	8	YN.		T3c: Self-report or measured high blood pressure at T3