

SAS Data Set Name	GALLUP_1_DRB_UPDATED2
Number of Variables	101
Number of Observations	2,304

Variable Name	Label	Raw Value	Possible Values
AASMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?	1	Yes
		2	No
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?	1	Yes
		2	No
AASMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?	1	Yes
		2	No
AASSTILL	Do you still have asthma?	1	Yes
		2	No
ACIEFFRT	During the past 30 days, how often did you feel that everything was an effort?	1	All of the Time
		2	Most of the Time
		3	Some of the Time
		4	A Little of the Time
		5	None of the Time
ACIHOPLS	During the past 30 days, how often did you feel hopeless?	1	All of the Time
		2	Most of the Time
		3	Some of the Time
		4	A Little of the Time
		5	None of the Time
ACINERV	During the past 30 days, how often did you feel nervous?	1	All of the Time
		2	Most of the Time
		3	Some of the Time
		4	A Little of the Time
		5	None of the Time
ACIRSTLS	During the past 30 days, how often did you feel restless or fidgety?	1	All of the Time

Variable Name	Label	Raw Value	Possible Values
ACIRSTLS	During the past 30 days, how often did you feel restless or fidgety?	2 3 4 5	Most of the Time Some of the Time A Little of the Time None of the Time
ACISAD	During the past 30 days, how often did you feel so sad that nothing could cheer you up?	1  2 3 4 5	All of the Time  Most of the Time Some of the Time A Little of the Time None of the Time
ACIWTHLS	During the past 30 days, how often did you feel worthless?	1 2 3 4 5	All of the Time Most of the Time Some of the Time A Little of the Time None of the Time
AGE	Age, topcoded at 70		19-70
AHCAFY_1	Prescription medicines	1 2	Yes No
AHCAFY_2	Mental health care or counseling	1 2	Yes No
AHCAFY_3	Dental care (including checkups)	1 2	Yes No
AHCAFY_4	Eyeglasses	1 2	Yes No
AHCAFY_5	To see a specialist	1 2	Yes No

Variable Name	Label	Raw Value	Possible Values
AHCAFY_6	Follow-up care	1 2	Yes No
AHCDLY_1	You couldn't get through on the telephone.	1 2	Yes No
AHCDLY_2	You couldn't get an appointment soon enough.	1 2	Yes No
AHCDLY_3	Once you get there, you have to wait too long to see the doctor.	1 2	Yes No
AHCDLY_4	The clinic or doctor's office wasn't open when you could get there.	1 2	Yes No
AHCDLY_5	You didn't have transportation.	1 2	Yes No
AHGT_FT	portion of height in feet, total height topcoded at 6 ft. 4 in.		4-6
AHGT_IN	portion of height in inches, total height topcoded at 6 ft. 4 in.		0-11
ALC12MNO_F	PER Time unit for ALC12MNO_N numeric response, e.g., per day, week, month, year	1 2 3 4	Day Week Month Year
ALC12MNO_N	In the past year, how often did you drink any type of alcoholic beverage?		0-365,400
ALC1YR	In any one year, have you had at least 12 drinks of any type of alcoholic beverage?	1 2	Yes No

Variable Name	Label	Raw Value	Possible Values
ALC5UPNO	In the past year, on how many days did you have 4 <if female respondent> 5 <if male respondent> or more drinks of any alcoholic beverage?		0-365
ALCAMT	On those days that you drank alcoholic beverages in the past year, how many drinks did you have on the average?		0-50
ALCLIFE	In your entire life, have you had at least 12 drinks of any type of alcoholic beverage?	1	Yes
		2	No
ANX_1	How often do you feel worried, nervous, or anxious?	1	Daily
		2	Weekly
		3	Monthly
		4	A Few Times a Year
		5	Never
ANX_2	Do you take medication for these feelings?	1	Yes
		2	No
ANX_3	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings? Would you say you felt a little this way, a lot this way, or somewhere in between?	1	A Little
		2	A Lot
		3	Somewhere in Between A Little and A Lot
AWEBOFNO_F	PER Time unit for AWEBOFNO_N numeric response, e.g., per day, week	1	Day
		2	Week
AWEBOFNO_N	How often (in hours) do you use the Internet?		0-140
AWGT_LB	How much do you weigh without shoes? (Topcoded at 284 lb.)		0-284

Variable Name	Label	Raw Value	Possible Values
BINGE	Considering all types of alcoholic beverages, during the past 30 days, how many times did you have 4 <if female respondent> 5 <if male respondent> or more drinks on an occasion?		0-30
CBRCHYR	Have you ever been told by a doctor or other health professional that you had chronic bronchitis?	1	Yes
		2	No
CIGQTYR	During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?	1	Yes
		2	No
COPDEV	Have you ever been told by a doctor or other health professional that you had chronic obstructive pulmonary disease, also called COPD?	1	Yes
		2	No
DEMO_EMPLOYMENT_STATUS	Which of the following best describes your current employment status	1	Employed Full Time
		2	Employed part-time, but not a full-time student
		3	A full-time student
		4	Retired
		5	Homemaker
		6	Not employed
DEMO_GENDER	DEMO_GENDER	1	Male
		2	Female
DEMO_MARITAL_STATUS	Marital Status	1	Single
		2	Married
		3	Separated
		4	Divorced
		5	Widowed
		6	Never Married
		7	Living with a Partner

Variable Name	Label	Raw Value	Possible Values
DEMO_RESIDENCE_OWN_RENT	Do you own or rent your current residence	1 2 4	Own Rent Refused
DEMO_RESIDENCE_TYPE	Which of the following best describes your current residence	1 2 3 4 6 7 8	Other Don't Know Refused None Single family dwelling Duplex or townhouse Apartment or condominium
DIBAGE	How old were you when a doctor or other health professional first told you that you had diabetes or sugar diabetes? (topcoded at 70)	3-70	
DIBEV	Other than during pregnancy, have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?	1 2 3	Yes No Borderline
DIBPILL	Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents.	1 2	Yes No
DIBPRE1	Have you ever been told by a doctor or other health professional that you have any of the following: prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?	1 2	Yes No
EDUCATION	Education	1 2	High School Grad or Less Some College

Variable Name	Label	Raw Value	Possible Values
EDUCATION	Education	3	Four Year Bachelor's Degree or More
EPHEV	Have you ever been told by a doctor or other health professional that you had emphysema?	1	Yes
		2	No
F10DVYR	During the past 12 months, did you receive care from doctors or other health care professionals 10 or more times? Do not include telephone calls.	1	Yes
		2	No
FHCDV2W	During the last 2 weeks, did you see a doctor or other health care professional at a doctor's office, a clinic, an emergency room, or some other place?	1	Yes
		2	No
FHICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1	Yes
		2	No
FINAL_WT			0.12071-4.89587
FSBALANCE	I couldn't afford to eat balanced meals.	1	Often true
		2	Sometimes true
		3	Never true
FSHUNGRY	In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?	1	Yes
		2	No
FSLAST	The food that I bought just didn't last, and I didn't have money to get more.	1	Often true
		2	Sometimes true
		3	Never true



Variable Name	Label	Raw Value	Possible Values
FSLESS	In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?	1	Yes
		2	No
FSRUNOUT	I worried whether my food would run out before I got money to buy more.	1	Often true
		2	Sometimes true
		3	Never true
FSSKIP	In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?	1	Yes
		2	No
FSWEIGHT	In the last 30 days, did you lose weight because there wasn't enough money for food?	1	Yes
		2	No
HIKIND_1	Do you have Private Health Insurance? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_10	Do you have a Single service plan (e.g., dental, vision, prescriptions)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_2	Do you have Medicare? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
HIKIND_3	Do you have Medi-Gap? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_4	Do you have Medicaid? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_5	Do you have SCHIP (CHIP or Children_s Health Insurance Program)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_6	Do you have Military health care (TRICARE or VA or CHAMP-VA)? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_7	Do you have Indian Health Service? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIKIND_8	Do you have a State-sponsored health plan? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
HIKIND_9	Do you have some Other government program? Include those plans that pay for only one kind of service, such as nursing home care, accidents, or dental care. Exclude private plans that only provide extra cash while hospitalized.	1	Yes
		2	No
HIT1A	Look up health information on the Internet	1	Yes
		2	No
HIT3A	Schedule an appointment with a health care provider	1	Yes
		2	No
HYPEV	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?	1	Yes
		2	No
HYPMDEV2	Has a doctor ever prescribed any medicine for your high blood pressure?	1	Yes
		2	No
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?	1	Yes
		2	No
INCOME	Income, topcoded at \$150K+	0	Under \$15,000
		1	\$15,000 to \$25,000
		2	\$25,000 to \$34,999
		3	\$35,000 to \$49,999
		4	\$50,000 to \$74,999
		5	\$75,000 to \$99,999
		6	\$100,000 to \$149,999
		7	\$150,000 or more
		98	Don't Know
		99	Refused

Variable Name	Label	Raw Value	Possible Values
INSLN	Are you now taking insulin?	1 2	Yes No
MGCHMD	Under your private plan, can you choose any doctor or must you choose one from a specific group or list of doctors?	1 2	Choose any doctor Choose from a group or list
MODNO_F	PER Time unit for MODNO_N numeric response, e.g., per day, week, month, year	1 2 3 4	Day Week Month Year
MODNO_N	How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?		0-500
PCPREQ	Does this plan require you to have a primary care doctor who approves all your care?	1 2	Yes No
PHCDVN2W	How many times did you visit a doctor or other health care professional during the last 2 weeks?		0-14
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1 2 3 4 5	Excellent Very good Good Fair Poor
PLNMGD	What type of private plan do you have?	1	HMO (Health Maintenance Organization)

Variable Name	Label	Raw Value	Possible Values
PLNMGD	What type of private plan do you have?	2 3 4 5 6 7	IPA (Individual Practice Plan) PPO (Preferred Provider Organization) POS (Point of Service) Fee-for-Service Indemnity Some other kind of plan
RACE_ETH	Combined Race Ethnicity	1 2 3 4	NonHispanic White NonHispanic Black NonHispanic Other Hispanic
REGION	Region	1 2 3 4	Northeast Region Midwest Region South Region West Region
RESPONDENT_ID			10001-12304
SA	FORM:	1 2	Form 1 Form 2
SMKANY	Have you ever smoked a cigarette even one time?	1 2	Yes No
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1 2	Yes No

Variable Name	Label	Raw Value	Possible Values
SMKNOW	How often do you now smoke cigarettes? Every day, some days, or not at all?	1 2 3	Everyday Some Days Not at All
SMKQTN0_F	Time unit for SMKQTN0_N numeric response, e.g., months, years	1 2	Months Years
SMKQTN0_N	How long (in months, years) has it been since you quit smoking cigarettes?		1-60
STRNGNO_F	PER Time unit for STRNGNO_N numeric response, e.g., per day, week, month, year	1 2 3 4	Day Week Month Year
STRNGNO_N	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?		0-365
VIGNO_F	PER Time unit for VIGNO_N numeric response, e.g., per day, week, month, year	1 2 3 4	Day Week Month Year
VIGNO_N	How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?		0-365
WHYNOWK2	What is the main reason you did not work last week?	1 2 3	Taking care of house or family Going to school Retired

Variable Name	Label	Raw Value	Possible Values
WHYNOWK2	What is the main reason you did not work last week?	9 10	Disabled Other
WRKCOR	Which of the following were you doing last week?	1 2 3 4 5	Working for pay at a job or business With a job or business but not at work Looking for work Working, but not for pay, at a family-owned job or business Not working at a job or business and not looking for work