

SAS Data Set Name	NORC_3_DRB_UPDATED
Number of Variables	415
Number of Observations	2,646

Variable Name	Label	Raw Value	Possible Values
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
AASSMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
AASSMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
AASSTILL	Do you still have asthma?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
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
		98	IMPLICIT REFUSAL, WEB SKIP
ACIRSTLS_A	During the past 30 days, how often did you feel restless or fidgety?	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
		98	IMPLICIT REFUSAL, WEB SKIP
ACIRSTLS_B	During the past 30 days, how often did you feel hopeless?	1	All of the time

Variable Name	Label	Raw Value	Possible Values
ACIRSTLS_B	During the past 30 days, how often did you feel hopeless?	2 3 4 5 98	Most of the time Some of the time A little of the time None of the time IMPLICIT REFUSAL, WEB SKIP
ACIRSTLS_C	During the past 30 days, how often did you feel that everything was an effort?	1 2 3 4 5 98	All of the time Most of the time Some of the time A little of the time None of the time IMPLICIT REFUSAL, WEB SKIP
ACISAD	During the past 30 days, how often did you feel so sad that nothing could cheer you up?	1 2 3 4 5 98	All of the time Most of the time Some of the time A little of the time None of the time IMPLICIT REFUSAL, WEB SKIP
ACIWTHLS	During the past 30 days, how often did you feel worthless?	1 2 3 4 5 98	All of the time Most of the time Some of the time A little of the time None of the time IMPLICIT REFUSAL, WEB SKIP
AGE	Respondent age, topcoded at 70		18-70
ANX_1	How often do you feel worried, nervous, or anxious?	1 2 3 4	Daily Weekly Monthly A few times a year

Variable Name	Label	Raw Value	Possible Values
ANX_1	How often do you feel worried, nervous, or anxious?	5 98	Never IMPLICIT REFUSAL, WEB SKIP
ANX_2	Do you take prescription medication for these feelings?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
ANX_3	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings?	1 2 3 98	A little A lot Somewhere in between a little and a lot IMPLICIT REFUSAL, WEB SKIP
A_CHPAIN6M	In the PAST 6 MONTHS, how often did you have pain?	1 2 3 4 98	Never Some days Most days Every day IMPLICIT REFUSAL, WEB SKIP
A_ECIGEV_A	Have you ever used an e-cigarette or other electronic vaping product, even one time, in your entire life?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
A_PAINLMT6	Over the PAST 6 MONTHS, how often did pain limit your life or work activities?	1 2 3 4 98	Never Some days Most days Every day IMPLICIT REFUSAL, WEB SKIP
A_PHQA	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all

Variable Name	Label	Raw Value	Possible Values
A_PHQA	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by any of the following problems?	2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQB	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQC	[Trouble falling or staying asleep, or sleeping too much] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQD	[Feeling tired or having little energy] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQE	[Poor appetite or overeating] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days

Variable Name	Label	Raw Value	Possible Values
A_PHQE	[Poor appetite or overeating] Over the last 2 weeks, how often have you been bothered by any of the following problems?	3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQF	[Feeling bad about yourself - or that you are a failure or have let yourself or your family down] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQG	[Trouble concentrating on things, such as reading the newspaper or watching television] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHQH	[Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around much more] Over the last 2 weeks, how often have you been bothered by any of the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
A_PHQIMP	Altogether, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	1	Not at all difficult
		2	Somewhat difficult
		3	Very difficult
		4	Extremely difficult
		98	IMPLICIT REFUSAL, WEB SKIP
A_PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		98	IMPLICIT REFUSAL, WEB SKIP
A_PROBE33_1	[Sometimes the feelings can be so intense that I cannot get out of bed.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
A_PROBE33_2	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
A_PROBE33_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
A_PROBE33_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No

Variable Name	Label	Raw Value	Possible Values
A_PROBE33_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?	1	Yes
A_PROBE33_5	[I have been told by a medical professional that I have depression.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
B_ECIGEV_A	Have you ever used an e-cigarette or other electronic vaping product, even one time, in your entire life ?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADA	[Feeling nervous, anxious or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADB	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADC	[Worrying too much about different things] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days

Variable Name	Label	Raw Value	Possible Values
B_GADC	[Worrying too much about different things] Over the last 2 weeks, how often have you been bothered by the following problems?	4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADD	[Trouble relaxing] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADE	[Being so restless that it is hard to sit still] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADF	[Becoming easily annoyed or irritable] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP
B_GADG	[Feeling afraid as if something awful might happen] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
B_GADIMP	Altogether, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	1 2 3 4 98	Not at all difficult Somewhat difficult Very difficult Extremely difficult IMPLICIT REFUSAL, WEB SKIP
B_PAINLMT3	Over the PAST 3 MONTHS, how often did pain limit your life or work activities?	1 2 3 4 98	Never Some days Most days Every day IMPLICIT REFUSAL, WEB SKIP
B_PAIN_2	In the PAST 3 MONTHS, how often did you have pain?	1 2 3 4 98	Never Some days Most days Every day IMPLICIT REFUSAL, WEB SKIP
B_PHSTAT	Would you say your health in general is very good, good, fair, bad, or very bad?	1 2 3 4 5 98	Very good Good Fair Bad Very bad IMPLICIT REFUSAL, WEB SKIP
B_PROBE34_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
B_PROBE34_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
B_PROBE34_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
B_PROBE34_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
B_PROBE34_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
CHLEV	Have you ever been told by a doctor or other health professional that you had high cholesterol?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
CHLMDNW2	Are you now taking any medication prescribed by a doctor to help lower your cholesterol?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
CHLYR	During the past 12 months, have you had high cholesterol?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
CaseID			1001-12646
DEP_1	How often do you feel depressed?	1 2 3 4 5 98	Daily Weekly Monthly A few times a year Never IMPLICIT REFUSAL, WEB SKIP
DEP_2	Do you take prescription medication for depression?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
DEP_3	Thinking about the last time you felt depressed, how depressed did you feel?	1 2 3 98	A little A lot Somewhere in between a little and a lot IMPLICIT REFUSAL, WEB SKIP
DIBAGE_A	How old were you when a doctor or other health professional first told you that you had diabetes (with some additional question wording variations, depending on the values of other variables)? - topcoded at 70		1-70
DIBEV_A	Has a doctor or other health professional ever told you that you had diabetes? (with some additional question wording variations, depending on the values of other variables)?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
DIBINS_A	Insulin can be taken by shot or pump. Are you now taking insulin?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
DIBPILL_A	Are you now taking diabetic pills to lower your blood sugar?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
DIBTYPE_A	According to your doctor or other health professional, what type of diabetes do you have? Is it type 1, type 2, or some other type?	1 2 3 77 98	Type 1 Type 2 Other type of diabetes Don't know IMPLICIT REFUSAL, SKIPPED ON WEB
DOV_OPIOID	summarizing variable based on the respondent answers to opioid1 (the NHIS opioid question) and opioid2 (the NSDUH opioid question)	1 2 3 4	One Item selected in NSDUH series Multiple Items selected in NSDUH series NO medications selected in NSDUH question, but said YES to HIS question NO Opioids reported being used in the past 12 months
EDUC	3-level education	2 3 4	HS graduate or less Some college BA or above
EMPLOY	Current Employment Status	1 2 3	Working - as a paid employee Working - self-employed Not working - on temporary layoff from a job

Variable Name	Label	Raw Value	Possible Values
EMPLOY	Current Employment Status	4 5 6 7	Not working - looking for work Not working - retired Not working - disabled Not working - other
GENDER	Respondent gender	1 2	Male Female
GESDIB_A	Has a doctor or other health professional ever told you that you had gestational diabetes, a type of diabetes that occurs only during pregnancy?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
HOME_TYPE	Type of building of panelists' residence	1 2 3 4 5	A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 or more apartments A mobile home or trailer Boat, RV, van, etc
HOUSING	Home Ownership	1 2 3	Owned or being bought by you or someone in your household Rented for cash Occupied without payment of cash rent
HYPDIF_A	Were you told on two or more different visits that you had hypertension, also called high blood pressure?	1	Yes

Variable Name	Label	Raw Value	Possible Values
HYPDIF_A	Were you told on two or more different visits that you had hypertension, also called high blood pressure?	2	No
		98	IMPLICIT REFUSAL, WEB SKIP
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
		98	IMPLICIT REFUSAL, WEB SKIP
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
HYPYR	During the past 12 months, have you had hypertension, also called high blood pressure?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INCOME	Household Income, topcoded at \$150K+	1	Less than \$5,000
		2	\$5,000 to \$9,999
		3	\$10,000 to \$14,999
		4	\$15,000 to \$19,999
		5	\$20,000 to \$24,999
		6	\$25,000 to \$29,999
		7	\$30,000 to \$34,999
		8	\$35,000 to \$39,999
		9	\$40,000 to \$49,999
		10	\$50,000 to \$59,999
		11	\$60,000 to \$74,999
		12	\$75,000 to \$84,999
		13	\$85,000 to \$99,999
		14	\$100,000 to \$124,999
		15	\$125,000 to \$149,999

Variable Name	Label	Raw Value	Possible Values
INCOME	Household Income, topcoded at \$150K+	16	\$150,000 or more
INJURY1	DURING THE PAST 3 MONTHS, did you have any injuries due to repetitive strain?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY12	DURING THE PAST 3 MONTHS, was this injury <were any of these injuries> a result of a fall or falling?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY13	DURING THE PAST 3 MONTHS, was this injury <were any of these injuries> a result of a collision involving a motor vehicle?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY2	DURING THE PAST 3 MONTHS, did you have an accident or an injury where any part of your body was hurt?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY3	Were any of these injuries serious enough to limit your usual activities for at least 24 hours after the injury occurred?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY4	Were any of these injuries serious enough that you missed at least one day of work or school?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INJURY5	DURING THE PAST 3 MONTHS, how many times did these accidents or injury events occur?		0-60, 998(IMPLICIT REFUSAL, WEB SKIP)

Variable Name	Label	Raw Value	Possible Values
INJURY6_A	[working at a job or business?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
INJURY6_B	[at school, taking classes, or doing schoolwork?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
INJURY6_C	[playing sports or exercising, including walking, biking, or running? Please also include sports such as skating, skiing, tennis, golf, bowling, or fishing.] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
INJURY6_D	[doing household activities, such as housework, cooking, home maintenance, or yardwork?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
INJURY6_E	[doing leisure activities, such as hobbies, volunteer work, socializing, watching TV, or relaxing?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
INJURY6_F	[walking to get some place outside your home?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	1	Yes

Variable Name	Label	Raw Value	Possible Values
INJURY6_F	[walking to get some place outside your home?] DURING THE PAST 3 MONTHS, did this injury <any of these injuries> occur while you were:	2	No
		98	IMPLICIT REFUSAL, WEB SKIP
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home	0	Non-internet household
		1	Internet Household
MARITAL	Marital Status	1	Married
		2	Widowed
		3	Divorced
		4	Separated
		5	Never married
		6	Living with partner
MODLNGNO_NUM	About how long do you do these light or moderate leisure-time physical activities each time?		1-90,998(IMPLICIT REFUSAL, WEB SKIP)
MODLNGNO_UNIT	About how long do you do these light or moderate leisure-time physical activities each time?	1	Minutes
		2	Hours
		98	IMPLICIT REFUSAL, WEB SKIP
MODNO_NUM	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?		1-320,998(IMPLICIT REFUSAL, WEB SKIP)
MODNO_UNIT	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?	1	Never
		2	Per day
		3	Per week

Variable Name	Label	Raw Value	Possible Values
MODNO_UNIT	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?	4	Per month
		5	Per year
		6	Unable to do this type of activity
		98	IMPLICIT REFUSAL, WEB SKIP
NEWLUNG	Have you ever been told by a doctor or other health professional that you have Chronic Obstructive Pulmonary Disease, COPD, emphysema, or chronic bronchitis?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID1	During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID1_2	During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID2_1	[Vicodin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_10	[Oxycodone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No

Variable Name	Label	Raw Value	Possible Values
OPIOID2_10	[Oxycodone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	1	Yes
OPIOID2_11	[Ultram] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_12	[Ultram ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_13	[Ultracet] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_14	[Tramadol (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_15	[Extended-release tramadol (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_17	[Codeine pills (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_18	[Avinza] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_19	[Kadian] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2	[Lortab] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_20	[MS Contin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_21	[Morphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_22	[Extended-release morphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_23	[Duragesic] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_24	[Fentora] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_25	[Fentanyl (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_26	[Suboxone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_27	[Buprenorphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_28	[Buprenorphine plus naloxone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_29	[Opana] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_1	[Vicodin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_10	[Oxycodone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_11	[Ultram] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_12	[Ultram ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_13	[Ultracet] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_14	[Tramadol (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_15	[Extended-release tramadol (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_17	[Codeine pills (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_18	[Avinza] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_19	[Kadian] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_2	[Lortab] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_20	[MS Contin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_21	[Morphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_22	[Extended-release morphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_23	[Duragesic] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_24	[Fentora] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_25	[Fentanyl (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_26	[Suboxone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_27	[Buprenorphine (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_28	[Buprenorphine plus naloxone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_28	[Buprenorphine plus naloxone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	1	Yes
OPIOID2_2_29	[Opana] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_3	[Norco] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_30	[Opana ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_31	[Oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_32	[Extended-release oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_33	[Demerol] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_34	[Dilaudid or hydromorphone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_35	[Exalgo or extended-release hydromorphone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_36	[Methadone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_4	[Zohydro ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_5	[Hydrocodone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_6	[OxyContin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_7	[Percocet] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_2_8	[Percodan] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_9	[Roxicodone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_3	[Norco] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_30	[Opana ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_31	[Oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_32	[Extended-release oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_33	[Demerol] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_34	[Dilaudid or hydromorphone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_35	[Exalgo or extended-release hydromorphone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_36	[Methadone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No

Variable Name	Label	Raw Value	Possible Values
OPIOID2_36	[Methadone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	1	Yes
OPIOID2_4	[Zohydro ER] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_5	[Hydrocodone (generic)] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_6	[OxyContin] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_7	[Percocet] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_8	[Percodan] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_9	[Roxicodone] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_1	[Vicodin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_10	[Oxycodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_11	[Ultram] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_12	[Ultram ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_13	[Ultracet] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_14	[Tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_15	[Extended-release tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_17	[Codeine pills (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_17	[Codeine pills (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	1	Yes
OPIOID2_MOD_18	[Avinza] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_19	[Kadian] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2	[Lortab] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_20	[MS Contin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_21	[Morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_22	[Extended-release morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_23	[Duragesic] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_24	[Fentora] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_25	[Fentanyl (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_26	[Suboxone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_27	[Buprenorphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_28	[Buprenorphine plus naloxone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_29	[Opana] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_1	[Vicodin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_10	[Oxycodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_11	[Ultram] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_12	[Ultram ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_2_13	[Ultracet] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_14	[Tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_15	[Extended-release tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_17	[Codeine pills (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_18	[Avinza] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_19	[Kadian] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_2	[Lortab] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_20	[MS Contin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_2_20	[MS Contin] In the past 12 months, which, if any, of these pain relievers have you used?	1	Yes
OPIOID2_MOD_2_21	[Morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_22	[Extended-release morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_23	[Duragesic] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_24	[Fentora] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_25	[Fentanyl (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_26	[Suboxone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_27	[Buprenorphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_28	[Buprenorphine plus naloxone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_2_29	[Opana] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_3	[Norco] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_30	[Opana ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_31	[Oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_32	[Extended-release oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_33	[Demerol] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_34	[Dilaudid or hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_35	[Exalgo or extended-release hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_36	[Methadone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_2_4	[Zohydro ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_5	[Hydrocodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_6	[OxyContin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_7	[Percocet] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_8	[Percodan] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_9	[Roxicodone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_3	[Norco] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_30	[Opana ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_31	[Oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_32	[Extended-release oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_33	[Demerol] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_34	[Dilaudid or hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_35	[Exalgo or extended-release hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_36	[Methadone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_4	[Zohydro ER] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_5	[Hydrocodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_6	[OxyContin] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_7	[Percocet] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_8	[Percodan] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_9	[Roxicodone] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_MOD_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID2_MOD_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below. In the past 12 months, which, if any, of these pain relievers have you used?	0	No
		1	Yes
OPIOID3	You said you took one or more opioid medications in the past 12 months. Are you currently taking any of these medications?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID4	About how long have you been taking this medication <these medications>?	1	Less than a week
		2	1 to 4 weeks
		3	1 to 6 months
		4	6 months to a year
		5	1 to 5 years

Variable Name	Label	Raw Value	Possible Values
OPIOID4	About how long have you been taking this medication <these medications>?	6	5 years or more
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID5	About how long were you taking this medication <these medications>?	1	Less than a week
		2	1 to 4 weeks
		3	1 to 6 months
		4	6 months to a year
		5	1 to 5 years
		6	5 years or more
		98	IMPLICIT REFUSAL, WEB SKIP
OPIOID6_1	[To relieve physical pain] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_2	[To relax or relieve tension] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_3	[To increase or decrease the effect(s) of some other drug] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_4	[To feel good or get high] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
OPIOID6_5	[To help with my sleep] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_6	[To help me with my feelings or emotions] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_7	[Because I am 'hooked' or I have to have them] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_8	[For a suicide attempt or suicidal thoughts] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
OPIOID6_9	[Because of peer pressure, friends, or trying to feel cool] What were the reasons you took this medication <these medications> <opioid pain relievers> the last time? Please select all that apply.	0	No
		1	Yes
PAIN_4	Thinking about the last time you had pain, how much pain did you have?	1	A little
		2	A lot
		3	Somewhere in between a little and a lot
		98	IMPLICIT REFUSAL, WEB SKIP
PHONESERVICE	Telephone service for the household	1	Landline telephone only

Variable Name	Label	Raw Value	Possible Values
PHONESERVICE	Telephone service for the household	2 3 4 5	Have a landline, but mostly use cellphone Have cellphone, but mostly use landline Cellphone only No telephone service
PREDIB_A	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
PROBE13_1	[COPD] Which condition were you told you had?	0 1	No Yes
PROBE13_2	[Emphysema] Which condition were you told you had?	0 1	No Yes
PROBE13_3	[Chronic Bronchitis] Which condition were you told you had?	0 1	No Yes
PROBE13_4	[Bronchitis] Which condition were you told you had?	0 1	No Yes
PROBE13_5	[Something else, please specify:] Which condition were you told you had?	0 1	No Yes
PROBE14	Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease, COPD, emphysema, or chronic bronchitis, how long did the symptoms last?	1 2 3	Less than one week One week to less than one month One month to less than three months

Variable Name	Label	Raw Value	Possible Values
PROBE14	Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease, COPD, emphysema, or chronic bronchitis, how long did the symptoms last?	4	Three or more months
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE17_1	[It is constantly present] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_10	[My pain is minor and infrequent] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_2	[Sometimes I'm in a lot of pain and sometimes it's not so bad] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_3	[Sometimes it's unbearable and excruciating] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_4	[When I get my mind on other things, I'm not aware of the pain] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_5	[It is occasional and does not last] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE17_5	[It is occasional and does not last] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	1	Yes
PROBE17_6	[Medication can take my pain away completely] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_7	[My pain is because of my current or past work] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_8	[My pain is because of exercise] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE17_9	[My pain was caused by a recent injury or infection] Which of the following statements, if any, describe your pain in the PAST 6 <3> MONTHS? Please select all that apply.	0	No
		1	Yes
PROBE18_A	[I'm not sure what an opioid is] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_B	[I have never taken an opioid pain killer in my life] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_C	[I don't like to take pills; I'm not a pill person] Please select the statements, if any, that apply to you:	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE18_D	[I have pain that requires me to take opioid pain killers] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_E	[I use opioid pain relievers responsibly] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_F	[I'm addicted, or used to be addicted to opioids] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_G	[I understand the harm opioids can cause] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_H	[I have heard about the opioid crisis in the news] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_I	[I know someone who has been hurt by opioid pain killers] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE18_J	[I have only taken opioid pills briefly to help recover from an injury or medical procedure] Please select the statements, if any, that apply to you:	0	No
		1	Yes
PROBE19_1	[A vape with cannabis, THC, or CBD oil] What counts as an e-cigarette?	0	No
		1	Yes
PROBE19_2	[A vape with nicotine or other flavored oil] What counts as an e-cigarette?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE19_2	[A vape with nicotine or other flavored oil] What counts as an e-cigarette?	1	Yes
PROBE19_3	[A hookah-pen or e-hookah] What counts as an e-cigarette?	0 1	No Yes
PROBE19_4	[An e-vaporizer] What counts as an e-cigarette?	0 1	No Yes
PROBE19_5	[A tobacco cigarette or cigar] What counts as an e-cigarette?	0 1	No Yes
PROBE19_6	[A marijuana cigarette] What counts as an e-cigarette?	0 1	No Yes
PROBE1_A	[Your diet and nutrition] When you answered the previous question about your health, what did you think of?	0 1	No Yes
PROBE1_B	[Your exercise habits] When you answered the previous question about your health, what did you think of?	0 1	No Yes
PROBE1_C	[Your smoking or drinking habits] When you answered the previous question about your health, what did you think of?	0 1	No Yes
PROBE1_D	[Your health problems or conditions] When you answered the previous question about your health, what did you think of?	0 1	No Yes
PROBE1_E	[Your lack of health problems or conditions] When you answered the previous question about your health, what did you think of?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE1_F	[The amount of pain that you have] When you answered the previous question about your health, what did you think of?	0	No
		1	Yes
PROBE1_G	[Your ability to do daily activities without assistance] When you answered the previous question about your health, what did you think of?	0	No
		1	Yes
PROBE1_H	[The amount of sleep you get] When you answered the previous question about your health, what did you think of?	0	No
		1	Yes
PROBE1_I	[Your mental or emotional health] When you answered the previous question about your health, what did you think of?	0	No
		1	Yes
PROBE20_1_A	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE20_1_D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
PROBE20_1_E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_H	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_1_J	[Playing a sport, please specify which sport: [TEXTBOX]] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE20_1_K	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE20_2A	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
PROBE20_2F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2H	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2J	[Playing a sport, please specify which sport:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE20_2K	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
PROBE21_1_1	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_10	[Playing a sport, please specify which sport:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_11	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_2	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_3	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_4	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_5	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE21_1_6	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_7	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_8	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_1_9	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?	0	No
		1	Yes
PROBE21_2A	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE21_2C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?	2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2H	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
PROBE21_2I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2J	[Playing a sport, please specify which sport:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE21_2K	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_1_1	[Running or jogging] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_10	[Playing a sport, please specify which sport:] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_11	[Other, please specify:] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_2	[Hiking] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE22_1_3	[Walking as part of your job] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_4	[Walking outside of work] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_5	[Yardwork or cleaning your home] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_6	[Working out with exercise equipment] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_7	[Lifting weights] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_8	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_1_9	[Yoga or stretching] In the last week, did you do any of the following things for 20 or more minutes at once?	0	No
		1	Yes
PROBE22_2A	[Running or jogging] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
PROBE22_2B	[Hiking] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2C	[Walking as part of your job] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2D	[Walking outside of work] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2E	[Yardwork or cleaning your home] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2F	[Working out with exercise equipment] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2G	[Lifting weights] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2H	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE22_2H	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?	2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2I	[Yoga or stretching] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2J	[Playing a sport, please specify which sport:] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE22_2K	[Other, please specify:] In the last week, did you do any of the following things for 20 or more minutes at once?	1	Yes
		2	No
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE29_1	[Sometimes the feelings can be so intense that I cannot get out of bed] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE29_2	[The feelings sometimes interfere with my life, and I wish that I did not have them] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE29_3	[I get over the feelings quickly] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE29_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE29_5	[I have been told by a medical professional that I have depression] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE2_A	[I have a healthy diet] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_B	[I get enough exercise] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_C	[I drink more alcohol than I should] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_D	[I smoke more than I should] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree

Variable Name	Label	Raw Value	Possible Values
PROBE2_D	[I smoke more than I should] Please rate your agreement with the following statements:	4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_E	[I'm satisfied with my sleep] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_F	[I don't have any major health problems or medical conditions] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_G	[I frequently experience pain] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_H	[I'm able to perform my daily activities independently] Please rate your agreement with the following statements:	1	Strongly Agree
		2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE2_I	[My thoughts or emotions sometimes cause me problems] Please rate your agreement with the following statements:	1	Strongly Agree

Variable Name	Label	Raw Value	Possible Values
PROBE2_I	[My thoughts or emotions sometimes cause me problems] Please rate your agreement with the following statements:	2	Somewhat Agree
		3	Somewhat Disagree
		4	Strongly Disagree
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE30_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE30_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE30_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE30_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE30_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE31	Would you consider everything being an effort a good thing or a bad thing?	1	Good thing

Variable Name	Label	Raw Value	Possible Values
PROBE31	Would you consider everything being an effort a good thing or a bad thing?	2	Bad thing
		3	Neither good nor bad
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE32	How concerned are you about feeling as if everything is an effort?	1	Very concerned
		2	Somewhat concerned
		3	A little concerned
		4	Not at all concerned
		98	IMPLICIT REFUSAL, WEB SKIP
PROBE9	How did you define hypertension?	1	A feeling when you are stressed or overwhelmed
		2	A medical condition when a medical professional tells you that you have chronic high blood pressure
		3	A medical condition when a medical professional tells you that you have had one or two high blood pressure readings
		98	IMPLICIT REFUSAL, WEB SKIP
P_GROUP	DATA ONLY VARIABLE: Preload for A and B Groups Experiment	1	GROUP A
		2	GROUP B
P_IMAGEEXP	DATA ONLY VARIABLE: Preload for NSDUH Item with Images or Text-only	1	WORDS and IMAGES
		2	WORDS ONLY
P_OPIOIDEXP	DATA ONLY VARIABLE: Preload for HIS Item First or NSDUH Item First	1	HIS ITEM FIRST

Variable Name	Label	Raw Value	Possible Values
P_OPIOIDEXP	DATA ONLY VARIABLE: Preload for HIS Item First or NSDUH Item First	2	NSDUH ITEM FIRST
P_PROBEEEXP	Indicator variable for the random assignment to either the multi-punch or forced-choice grid for the probe formatting experiment in Probes 20-22	1 2	Multi-punch Forced-choice Grid
RACETHNICITY	Combined Race Ethnicity	1 2 3 4	White, non-Hispanic Black, non-Hispanic Other, non-Hispanic Hispanic
REGION4	4-level region	1 2 3 4	Northeast Midwest South West
RX12M_A	At any time in the PAST 12 MONTHS, did you take prescription medication?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1 2 98	Yes No IMPLICIT REFUSAL, WEB SKIP
SMKNOW	Do you now smoke cigarettes every day, some days, or not at all?	1 2 3 98	Every day Some days Not at all IMPLICIT REFUSAL, WEB SKIP

Variable Name	Label	Raw Value	Possible Values
STRNGNO_NUM	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?		0-65,998 (IMPLICIT REFUSAL, WEB SKIP)
STRNGNO_UNIT	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?	1	Never
		2	Per day
		3	Per week
		4	Per month
		5	Per year
		6	Unable to do this type of activity
		98	IMPLICIT REFUSAL, WEB SKIP
VIGLNGNO_NUM	About how long do you do these vigorous leisure-time physical activities each time?		0-90,998 (IMPLICIT REFUSAL, WEB SKIP)
VIGLNGNO_UNIT	About how long do you do these vigorous leisure-time physical activities each time?	1	Minutes
		2	Hours
		98	IMPLICIT REFUSAL, WEB SKIP
VIGNO_NUM	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?		0-70,998 (IMPLICIT REFUSAL, WEB SKIP)
VIGNO_UNIT	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?	1	Never
		2	Per day
		3	Per week
		4	Per month
		5	Per year

Variable Name	Label	Raw Value	Possible Values
VIGNO_UNIT	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?	6	Unable to do this type of activity
		98	IMPLICIT REFUSAL, WEB SKIP
WEIGHT	Post-stratification weights - 18+ general population (N=2,646)		.0602618-11.7081063