StayWell Standard Disease Management (DM) Export File Layout and Data Dictionary

FAQs and Special Instructions
File frequency: based on client preference (monthly, quarterly, annual).
Replacement files: all files will be full replacement files.
Inclusion critiera: all intervention eligible individuals will be included.

Disease Management (DM) Export File Layout		
Data Element	Header Label	Description/Values
ClientSuppliedID	CSID	Client Supplied ID (Typically SSN)
DiseaseManagementID	DMID	Disease Management ID
LifestyleManagementID	LMID	Lifestyle Management ID (NULL if DM only client)
LastName	LNAME	Last Name
FirstName	FNAME	First Name
DOB	DOB	Date of Birth: CCYYMMDD
Gender	GENDER	Gender: M = Male, F = Female
EligibleType	ETYPE	EligibleType: E = Employee, S = Spouse or Domestic Partner, D =
		Dependent, NULL = eligible type not available
FirstEligibleDate	FEDATE	FirstEligibleDate: CCYYMMDD
SeverityAtFirstEligibleDate	SEVFEDATE	SeverityAtFirstEligibleDate: High, Moderate, Low
RegistationDate	REGDATE	RegistationDate: CCYYMMDD (NULL if Not Registered)
SeverityAtRegistration	SEVREG	SeverityAtRegistration: High, Moderate, Low (NULL if Not Registered)
InterventionLevelAtRegistration	INTLREG	InterventionLevelAtRegistration: Mediated, Accepting Quarterly Calls
Ğ		(NULL if Not Registered)
FirstParticipationDate	FPDATE	EngagementDate: CCYYMMDD (NULL if Not Participating or did not
		participate)
SeverityAtFirstParticipation	SEVFPAR	SeverityAtEngagement: High, Moderate, Low (NULL if Not Participating or
		did not participate)
InterventionLevelAtFirstParticipation	INTLFPAR	InterventionLevelAtEngagement: Mediated, Accepting Quarterly Calls
		(NULL if Not Participating or did not participate)
CurrentEligibleStatus	CURSTATUS	CurrentEligibleStatus: Eligible, Ineligible
CurrentPrimaryCondition	CURPCON	CurrentPrimaryCondition: Asthma, Coronary Artery Disease, CHF, COPD,
		Diabetes, UNKNOWN DISEASE
CoMorbidAsthma	СМОА	CoMorbidAsthma: CCYYMMDD (NULL if Asthma not identified as co-
		morbid condition)
CoMorbidCAD	CMOCAD	CoMorbidCAD: CCYYMMDD (NULL if CAD not identified as co-morbid
		condition)
CoMorbidCHF	CMOCHF	CoMorbidCHF: CCYYMMDD (NULL if CHF not identified as co-morbidd
		condition)
CoMorbidCOPD	CMOCOPD	CoMorbidCOPD: CCYYMMDD (NULL if COPD not identified as co-morbid
		condition)
CoMorbidDiabetes	CMOD	CoMorbidDiabetes: CCYYMMDD (NULL if Diabetes not identified as co-
		morbid condition)
CurrentSeverity	CURSEV	CurrentSeverity: High, Moderate, Low
CurrentInterventionLevel	CURINTL	CurrentInterventionLevel: Mediated, Accepting Quarterly Calls (NULL if
		Not Registered)

CurrentInterventionStatus	CURINTSTATUS	CurrentInterventionStatus: Pending first intervention contact, Ongoing	
		attempts to engage, No longer eligible (before engaged), No longer able	
		to contact (before engaged), Declined (before engaged), Actively	
		participating, Dormant, No longer eligible (after engaged), No longer able	
		to contact (after engaged), Declined (after engaged) (NULL if Not	
		Registered)	
CurrentInterventionStatusDate	SDate CURINTSTATDATE CurrentInterventionStatusDate: CCYYMMDD (NULL if No.		
TotalTouches	ттсн	TotalTouches: #	
EnrollmentRelatedTouches	ENRTCH	EnrollmentRelatedTouches: #	
ParticipationTouches	PTRTCH	ParticipationRelatedTouches: # (NULL if Not Participating or did not	
		participate)	

Disease Management (DM) Export Data Dictionary Data Element	Description / Definition
	Description/Definition
Identifer	11 2 21 275 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Client supplied ID	Unique identifier provided on client supplied eligibility
	file
Disease Management ID	Identifier maintained within StayWell databases, used
	for internal purposes
Lifestyle Management ID	Identifier maintained within StayWell databases, used
	for internal purposes
Date	
FirstEligibleDate	Date individual was first identified as eligible for a
	Disease Management progam (i.e., claims indicate
	presence of a covered condition, does not have reason
	for exclusion and meets severity requirements as
	defined by client), marked by shipment of Welcome
	letter
RegistrationDate	Date individual verbally commited to participation in a
	Disease Management program (i.e., opted in to the
	program)
FirstParticipationDate	Date individual successfully completed first Disease
	Management coaching call and intended to continue
	participation (e.g., scheduled subsequent call)
CurrentInterventionStatusDate	Date individual was identified as current intervention
	status
PrimaryCondition	
UNKNOWN DISEASE	Self reported condition, claims have not substantiated
	(e.g., self reported via Health Assessment, self reported
	via self or vendor referral)
InterventionLevel	
Mediated	More frequent coaching call schedule, optimal
	frequency is monthly or more often
Accepting quarterly calls	Less frequent coaching call schedule, optimal frequency is quarterly
	is quarterly

Eligible	Individual was included on most recenly client (i.e.,
	health plan) provided eligibility file
Ineligible	Individual was not included on most recent client (i.e.,
	health plan) provided eligibility file, currently ineligible
	individuals were at some point eligible (i.e., provided on
	client eligibility file), but have since stopped being
	included on client provided eligibility files (typically
	indicating the individual has lost appropriate health plan
	coverage to be considered eligible)
CurrentInterventionStatus	
Pending first intervention contact	Individual registered for a Disease Management
	program, but has not completed his/her first coaching
	call (i.e., engaged), file date is less than or equal to 60
	days post-registration, StayWell is still attempting to
	complete the first coaching call
Ongoing attempts to engage	Individual registered for a Disease Management
	program, but has not completed his/her first coaching
	call (i.e., engaged), file date is greater than 60 days post-
	registration, StayWell is still attempting to complete the
	first coaching call
No longer eligible (before engaged)	Individual registered for a Disease Management program
	but ceased being eligible before completing the first
	coaching call because the individual is no longer
	included on client eligibility files (e.g., he/she is no
	longer employed by the client, he/she changed health
	plan, etc.)
No longer able to contact (before engaged)	Individual registered for a Disease Management program
	and but could not be re-contacted due to outdated
	contact information or StayWell has stopped attempting
	to contact after unsuccessfully completing the maximum
	number of call attempts (as dictated by the client)
Declined (before engaged)	Individual registered for a Disease Management program
	and then requested to not be contacted prior to the first
	coaching call (i.e., engaging)
Actively participating	Individual engaged (i.e., successfully completed one or
	more coaching calls) in a Disease Management program
	and continues to accept scheduled calls
Dormant	Individual engaged (i.e., successfully completed one or
	more coaching calls) in a Disease Management program,
	but cannot be re-contacted because he/she is not
	responding to call attempts

No longer eligible (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program, but has ceased being eligible because he/she is no longer included on client eligibility files (e.g., he/she is no longer employed by the client, he/she changed health plan, etc.).
No longer able to contact (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program and cannot not be re-contacted due to outdated contact information or StayWell has stopped attempting to contact after unsuccessfully completing the maximum number of call attempts (as dictated by the client)
Declined (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program and then requested to not be contacted further
Contacts	•
TotalContacts	Count of all program related contacts (e.g., successfully completed coaching calls, shipment of scheduled mailings)
EnrollmentRelatedTouches	Count of all enrollment related contacts (e.g., welcome letters, welcome calls)
ParticipationTouches	Count of all program related contacts (e.g., coaching calls, educational mailings)

StayWell Standard Lifestyle Management (LM) Export File Layout and Data Dictionary

Lifestyle Management (LM) Export File Layou	it	
Data Element	Header Label	Description/Values
ValidationDate	VDATE	Date of File Run
ClientSuppliedID	CSID	Client Supplied ID (Typically SSN)
LifeStyleManagementID	LMID	LifeStyle Management ID
DiseaseManagementID	DMID	Disease Management ID (NULL if LM only client)
LastName	LNAME	Last Name
FirstName	FNAME	First Name
DOB	DOB	Date of Birth: CCYYMMDD
Gender	GENDER	Gender: M = Male, F = Female
EligibleType	ETYPE	EligibleType: E = Employee, S = Spouse or Domestic Partner, D = Dependent
InterventionEligibleStatus	IESTAT	InterventionEligibleStatus: E = Eligible, I = Ineligible
InterventionEligibleStatusDate	IESDATE	InterventionEligibleDate: CCYYMMDD
RecommendedModality	RECMOD	RecommendedModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Eligible)
RecommendedProgram	RECPROG	RecommendedProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Eligible)
RegistationDate	REGDATE	RegistationDate: CCYYMMDD (NULL if Not Registered)
ModalityAtRegistration	REGMOD	ModalityAtRegistration: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Registered)
ProgramAtRegistration	REGPROG	ProgramAtRegistration: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Registered)
FirstParticipationDate	FPDATE	FirstParticipationDate: CCYYMMDD (NULL if Not Participating or did not participate)
ModalityAtFirstParticipation	FPMOD	ModalityAtFirstParticipation: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)
ProgramAtFirstParticipation	FPPROG	ProgramAtFirstParticipation: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
CurrentEligibleStatus	CESTAT	CurrentEligibleStatus: A = Active, D = Deactive, L = Locked out
CurrentInterventionStatus	CISTAT	CurrentInterventionStatus: ATE = Attempting to engage, NEM = Did not engage: max attempts, NEB = Did not engage: bad contact information, NED = Did not engage: discontinued (before engaged), NLE = No longer eligible (before engaged), APT = Actively participating, DAE = Discontinued (after engaged), NCE = No longer able to contact (after engaged), NEE = No longer eligible (after engaged), CMP = Completed (NULL if Not Participating or did not participate)
CurrentInterventionStatusDate	CISDATE	CurrentInterventionStatusDate: CCYYMMDD (NULL if Not Participating or did not participate)
CurrentModality	CMOD	CurrentModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)
CurrentProgram	CPROG	CurrentProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
TotalContacts	TCONT	TotalContacts: # (NULL If not participating or did not participate)
PhoneContacts	PHCONT	PhoneContacts: # (NULL if not participating or did not participate)

MailContacts	MLCONT	Mail Contacts: # (NULL if not participating or did not participate)
OnlineContacts	OLCONT	Online Contacts: # (NULL if not participating or did not participate)

Lifestyle Management (LM) Export Data Dictionary	
Data Element	Description/Definition
Identifer	
Client supplied ID	Unique identifier provided on client supplied eligibility file
Lifestyle Management ID	Identifier maintained within StayWell databases, used for
Diagram Managara to D	internal purposes
Disease Management ID	Identifier maintained within StayWell databases, used for internal purposes
Date	
InterventionEligibleStatusDate	Date individual was identified as intervention eligible (i.e., Health Assessment completion date)
RegistrationDate	Date individual registered for a Lifestyle Management program
FirstParticipationDate	Date individual successfully complete his/her first
That dideputonate	Lifestyle Management intervention contact (i.e., engaged)
CurrentInterventionStatusDate	Date individual was identified as current intervention status
Eligible statuses	
InterventionEligibleStatus	Individuals LM intevention eligibility status, as determined
	from his/her Health Assessment responses (i.e.,
	identification of risk)
CurrentEligibleStatus	Individuals overall LM program eligibility status, as
	determined by his/her inclusion (or exclusion) from client
	provided eligibility files
CurrentEligibleStatus	
Active	Individual was included in most recently provided/loaded
	client eligibility file
Deative	Individual was at one time passed on a client eligibility file,
	but was not included in the most recently
	provided/loaded file
Locked out	Individual has requested no further contact from StayWell
CurrentInterventionStatus	
Attempting to engage	Individual registered for a Lifestyle Management
, tttempting to engage	program, but has not completed his/her first intervention
	contact (i.e., engaged), StayWell is still attempting to
	complete the first intervention contact
Did not engage: max attempts	Individual registered for a Lifestyle Management program,
	but StayWell has stopped attempting to contact after
	unsuccessfully completing the maximum number of
	contact attempts (maximum attempts = 5)

Did not engage: bad contact information	Individual registered for a Lifestyle Management program
	and but could not be contacted due to inaccurate contact information
Did not engage: discontinued (before engaged)	Individual registered for a LIfestyle Management program,
	but requested to not be contacted prior to completing
	his/her first intervention contact (i.e., engaging)
No longer eligible (before engaged)	Individual registered for a Lifestyle Management program
	but ceased being eligible before completing the first
	intervention contact because the individual is no longer
	included on client eligibility files (e.g., he/she is no longer
	employed by the client, he/she changed health plan, etc.)
Actively participating	Individual engaged (i.e., successfully completed one or
	more intervention contacts) in a Lifestyle Management
	program and continues to accept/participate in scheduled contacts
Discontinued (after engaged)	Individual engaged (i.e., successfully completed one or
	more intervention contacts) in a Lifestyle Management
	program and then requested to not be contacted further
No longer able to contact (after engaged)	Individual engaged (i.e., successfully completed one or
	more intervention contacts) in a Lifestyle Management
	program, but cannot not be re-contacted due to outdated
	contact information or StayWell has stopped attempting
	to contact after unsuccessfully completing the maximum
	number of contact attempts (maximum attempts = 5))
No longer eligible (after engaged)	Individual engaged (i.e., successfully completed one or
	more intervention contacts) in a Lifestyle Management
	program, but has ceased being eligible because he/she is
	no longer included on client eligibility files (e.g., he/she is
	no longer employed by the client, he/she changed health plan, etc.).
	pian, etc.,.
Completed	Individual completed the minimum number of calls
	(standard is 3) and/or attained a program goal, received 6
	mailings, or completed 6 online education modules and
	the online program post-assessment
Contacts	
TotalContacts	Count of all program related contacts (e.g., successfully
	completed coaching calls, shipment of scheduled mailings)
PhoneContacts	Count of all phone program related contacts (e.g.,
	successfully completed coaching calls)
MailContacts	Count of all mail program related contacts (e.g., shipment
	of scheduled mailings)

OnlineContacts	Count of all online program related contacts (e.g.,
	completion of online module)

StayWell Biometric Screening Export File Layout

File Specifications

- 1. File export format will be pipe delimited.
- 2. Measurements will be provided in whole values, not decimal with the exception of Special Fields (if applicable).
- 3. If there is no value, a blank field will supplied.
- 4. There will only be one record (row) per participant, and per unique ID.
- 5. File export will be encrypted and sent via FTP site.

Biometric Screening Export File Layo	ut		
Data Element	Header Label	Description/Values	
First Name	FNAME	First Name provided on client supplied eligibility file	
Last Name	LNAME	Last Name provided on client supplied eligibility file	
Client Supplied ID	CSID	Unique ID provided on client supplied eligibility file	
Date of Birth	DOB	Date of birth provided on client supplied eligibility file Format = YYYYMMDD	
Gender	GENDER	M = Male F = Female	
Family ID	FID	Unique ID provided on client supplied eligibility file which ties the employee back to spouse/dependents	be removed
Eligble type	RELATIONSHIP	E = Employee; S = Spouse; D = Dependent Can	be removed
Screening Date	SCRN DATE	Screening survey date Format = YYYYMMDD	
Glucose	GLUC	Glucose in mg/dL	
Fast type	FASTING	Y = Fasting	
		N = Non Fasting	
Total Cholesterol	CHOL	Total Cholesterol in mg/dL	
HDL Cholesterol	HDL	High Density Lipoprotein (HDL) in mg/dL	
LDL Cholesterol	LDL	Low Density Lipoprotein (LDL) in mg/dL	
Triglycerides	TRI	Triglycerides in mg/dL	
Systolic Blood Pressure	SYS	Systolic Blood Pressure in mmHg	
Diastolic Blood Pressure	DIA	Diastolic Blood Pressure in mmHg	
Height Inches	HT IN	Height in Inches	
Weight	WEIGHT	Weight in Pounds	
Waist	WAIST	Waist in Inches	
Hip	HIP	Hip in Inches	
Body Fat	BODY FAT	Body Fat	
Special 1	SPECIAL1	Screening values as assigned by the client - can be alphanumeric or decimal	
Special 2	SPECIAL2	Screening values as assigned by the client - can be alphanumeric or decimal	
Special 3	SPECIAL3	Screening values as assigned by the client - can be alphanumeric or decimal	

Biometric File Layout Page 9

StayWell Health Risk Assessment (HRA) Export File Layout Including HealthPath (5.0,5.1,5.2,5.3,5.4) and HealthStep (5.0,5.1,5.2,5.3,5.4) Questions and Answers

Protocol for requesting file exports per client requests:

- 1) Complete an export transmittal or a project request and indicate export format as defined in:
- Q:\Program Management\Data Management\Tools, Templates, and Resources\IT, Data Management\Export File FormatsStayWell Standard Export_Final Apr 2010
- 2) Request client submit signed file export letter for HIPAA compliance template can be found in same folder mentioned above.
- 3) BAA should be in place between client and StayWell as well as client and party to receive export.
- 4) Preferred process for transmission of files is PGP encrypted files posted to secure FTP site.

	Export Summary Description
	StayWell provides for the complete export of Health Risk Assessment data to meet the needs of a client's
	business partners. Additional costs may apply for any changes to the standard and/or collection of
	additional data elements.
	The standard complete export provided by StayWell contains the following:
✓	Summary of participation counts for the export period (Total eligible, HRAs completed)
▼	Demographics (Company, SSN, Gender, DOB, Relationship, Name, Address, Phone, Email)
V	Biometric measures (Height, Weight, Screening measurements if available)
	Lifestyle Scores
V	Health Behavior Scores (Up to 13 health behavior scores H-High, M-Moderate, L-Low)
	Top Three Health Behaviors
	All responses to HRA questions including:
V	Question and Answer tags (identifiers) for all answered questions (excluding demographics and biometrics). See tabs "HealthPath 5.0, 5.1, 5.2, 5.3, 5.4" or "HealthStep 5.0, 5.1, 5.2, 5.3"
V	Additional Question responses (if available)
	The standard complete export has the following features:
✓	Exports are prepared for a client defined frequency (weekly, monthly, etc)
✓	Exports are prepared for a client defined period (date range)
▼	Exports are limited to active participants (data for inactive participants excluded)
☑	Exports are prepared as XML formated files
✓	Export files can be posted to a client defined FTP site (delivery methods are flexible)
	The complete export may have the following optional features:(additional costs may apply)
	Exports can be limited by client defined filters (e.g., extensible data code)
	Exports can be augmented with other calculated values (e.g., add new value)
	Exports can be modified to reduce the standard data included (e.g., remove Lifestyle Scores)

StayWell uses XML as the standard means of transmitting structured data to its clients. This document provides a description of that XML Export Layout for participants with current health risk assessment information. The frequency and period of export is a client selection. Logic to select participants who meet some pre-defined criteria is optional at client expense.

XML NODE NAME	DESCRIPTION
	The SWINFO node is used to indicate the start of the XML document. This node will name the XML Schema
<swinfo></swinfo>	used for this XML document. (ParticipantDetail-SW.xsd)
<hrainfo></hrainfo>	The HRAINFO node contains information about the export counts and export period for the company.
<companyname></companyname>	COMPANYNAME is the name of the company whose participant data is contained in this file.
	ELIGIBLECUSTCOUNT is the count of eligibility records in the database for this company. It usually represents the number of pre-loaded eligibility records provided to StayWell by the client. For a company that only does self-registration through the online system, this count represents the number of participants who have
<eligiblecustcount></eligiblecustcount>	logged in and completed the self-registration.

<hracompletedcount></hracompletedcount>	HRACOMPLETEDCOUNT is the count of participants who have completed an HRA during this export period
	REFERRALCOUNT is the count of participants who have completed an HRA during this export period and
	meet some pre-defined criteria, such as a chronic condition of asthma. For the standard export, this count
<referralcount></referralcount>	will equal the HRACOMPLETEDCOUNT because no pre-defined criteria will limit the data selected.
1127 21110 1200 01117	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this
<periodstartdate></periodstartdate>	export file. An HRA taken during the period will be eligible for inclusion.
(I EMODSTANTDATE)	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this
<periodenddate></periodenddate>	export file. An HRA taken during the period will be eligible for inclusion.
	End of HRAINFO node
<newparticipants></newparticipants>	Begin NEWPARTICIPANTS node. This node will contain zero to many PARTICIPANT nodes.
<participant></participant>	Begin PARTICIPANT node. This node contains information for the identified participant.
CPARTICIPANT>	UNIQUEID is the identifier used to uniquely identify the participant for this company. It is always the
ALINIOLIEID:	
<uniqueid></uniqueid>	identifier from the eligibility file provided by the client.
CCAND ATE	SCANDATE is the date the HRA was completed online or the paper assessment was scored and imported in
<scandate></scandate>	StayWell systems.
<demographics></demographics>	Begin DEMOGRAPHICS node. This node provides demographic details for the participant.
<company></company>	COMPANYNAME is the name of the company this participant belongs to.
	CURCON to the COM of the contribute Make the Add to the contribute for example, and the contribute to
	SUBSSN is the SSN of the participant. Note that this is usually available for employees and usually not
<subssn></subssn>	available for non-employees because most clients only provide eligibility data for employees.
<gender></gender>	Gender of the participant: M = Male, F = Female
<dob></dob>	Date of birth of the participant: format yyyy-mm-dd
<relationship></relationship>	RELATIONSHIP node details: EE = Employee, SP = Spouse, CH = Child, OT = Other.
<firstname></firstname>	First name
<middleinitial></middleinitial>	Middle initial
<lastname></lastname>	Last name
<address></address>	Address
<city></city>	City
<state></state>	State
<zip></zip>	Zip
<phone></phone>	Home phone
<email></email>	Email address
<custom01></custom01>	Extensible data custom field 01 (Optional)
<custom02></custom02>	Extensible data custom field 02 (Optional)
<custom03></custom03>	Extensible data custom field 03 (Optional)
<custom04></custom04>	Extensible data custom field 04 (Optional)
<custom05></custom05>	Extensible data custom field 05 (Optional)
	End DEMOGRAPHICS node.
	Begin BIOMETRICS node. The BIOMETRICS node will contain the body screening values submitted with the
	survey. If the participant does not provide the information, the node will not be present. Screening values
<biometrics></biometrics>	placed in the BIOMETRICS node will not be repeated in the PARTICIPANTSURVEYDETAIL node.
<wgt></wgt>	Weight (in pounds) if provided on the HRA.
<ht-ft></ht-ft>	Height (Feet portion) if provided on the HRA.
<ht-in></ht-in>	Height (Inches portion) if provided on the HRA.
<waist></waist>	Waist measurement (inches) if provided on the HRA.
<hip></hip>	Hip measurement (inches) if provided on the HRA.
<bmi></bmi>	Body Mass Index (BMI) calculated for the participant.
<bpsys></bpsys>	Systolic blood pressure value if provided on the HRA.
<bpdia></bpdia>	Diastolic blood pressure value if provided on the HRA.
<chl></chl>	Cholesterol value if provided on the HRA.
	'
<hdl></hdl>	HDL value if provided on the HRA.
<ldl></ldl>	LDL value if provided on the HRA.
<glucose></glucose>	Glucose value if provided on the HRA.

<bodyfat></bodyfat>	Body fat % value if provided on the HRA.
<tri></tri>	Triglycerides value if provided on the HRA.
<special1></special1>	Special 1 value if provided on the HRA.
<special2></special2>	Special 2 value if provided on the HRA.
<special3></special3>	Special 3 value if provided on the HRA.
	End BIOMETRICS node.
,	Begin PARTICIPANTSCOREDETAIL node. The PARTICIPANTSCOREDETAIL node will contain the many scores
<participantscoredetail></participantscoredetail>	calculated based on guestions and answers provided on the participant's HRA.
	The WGTOVERUNDER node will be present when Weight Risk is moderate or high. O = Overweight, U =
<wgtoverunder></wgtoverunder>	Underweight. If the participant has a low Weight Risk, the node will not be present.
	The RISKSCORES node will contain the health behaviors in which the participant has low (L), moderate (M) of
<riskscores></riskscores>	high risk (H). If the participant does not have any risk score, then this node will be empty.
<alcohol></alcohol>	ALCOHOL Risk Score (H/M/L)
<back></back>	BACK Risk Score (H/M/L)
<bloodpressure></bloodpressure>	BLOOD PRESSURE Risk Score (H/M/L)
<cholesterol></cholesterol>	CHOLESTEROL Risk Score (H/M/L)
<driving></driving>	DRIVING Risk Score (H/M/L)
<eating></eating>	
	EATING Risk Score (H/M/L)
<exams></exams>	EXAMS Risk Score (H/M/L)
<exercise></exercise>	EXERCISE Risk Score (H/M/L)
<selfcare></selfcare>	SELF CARE Risk Score (H/M/L)
<smoking></smoking>	SMOKING Risk Score (H/M/L)
<stress></stress>	STRESS Risk Score (H/M/L)
<weight></weight>	WEIGHT Risk Score (H/M/L)
<wellbeing></wellbeing>	WELL BEING Risk Score (H/M/L)
	End RISKSCORES node.
	The TOP3RISKS node will contain the behaviors with the three highest risk scores. ALC = Alcohol, BC = Back Care, BP = Blood Pressure, CHL = Cholesterol, DRV = Driving, EAT = Eating, EXM = Exams, EXR = Exercise, SC
<top3risks></top3risks>	Self Care, SMK = Smoking, STR = Stress, WGT = Weight and WB = Well-Being.
<risk1></risk1>	Highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<risk2></risk2>	Second highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<risk3></risk3>	Third highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
	End TOP3RISKS node.
<lifestylescores></lifestylescores>	Begin LIFESTYLESCORES node.
<current></current>	Current Lifestyle Score (0-100). Calculated using health behavior risk scores.
<normal></normal>	Normal Lifestyle Score (0-100). This is the average score for participants of this age and gender.
	Future Lifestyle Score (0-100). This is the score the participant could achieve if all health behavior risk score
<future></future>	were low.
	End LIFESTYLESCORES node.
	End PARTICIPANTSCOREDETAIL node.
417MTIGHTMT3COMEDETAILS	End 174(116) 74(13CONEDET/ALE HOUC.
	The PARTICIPANTSURVEYDETAIL node will contain the survey questions where the participant has provided
	an answer. If the participant does not answer a particular question, then that question node will not be
	present. Some questions have multiple answers so there could be multiple answer nodes. See the included
	i i
	worksheets for a description of the possible question and answer ID tag values. (Note: Questions and
DADTICIDANTS ISSUED ET :	answers with demographic or biometric information will not be repeated since this data has already been
<participantsurveydetail></participantsurveydetail>	included in those nodes)
	The QUESTION node will contain the ID tag for one survey question the participant answered. For example,
<question></question>	'ID_ALC_Q01'.
	The ANSWER node will contain the ID tag for one survey answer provided by the participant. For example,
<answer></answer>	'ID_ALC_Q01_01'.
VAINOVV EN/	
/AIN3WEN/	Repeat ANSWER nodes as required to show all answers for the above QUESTION. Some questions have

	Repeat QUESTION and ANSWER nodes as required to show all questions and answers provided by the
	participant on the survey.
	End PARTICIPANTSURVEYDETAIL node.
	End PARTICIPANT node.
<participant></participant>	Begin PARTICIPANT node.
	Repeat PARTICIPANT nodes as required.
	End PARTICIPANT node.
	End NEWPARTICIPANT node.
	End SWINFO node.

lealthPath 5.0, 5.1, 5.2, 5.3, or 5.4 Questions and Answers				
QUESTION KEY	QUESTION TEXT	ANSWER KEY	ANSWER TEXT	VERSION
D_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_01	I don't drink alcohol	5.0 only
D ALC Q01	How often do you drink beer, wine, liguor or other alcohol?	ID ALC Q01 02	1 day a week or less	5.0 only
D ALC Q01	How often do you drink beer, wine, liquor or other alcohol?	ID ALC Q01 03	2 to 3 days a week	5.0 only
D ALC Q01	How often do you drink beer, wine, liquor or other alcohol?	ID ALC Q01 04	4 or more days a week	5.0 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		·	
O ALC Q05	wine; shot of liquor; mixed drink)	ID ALC Q05 01	I don't drink alcohol	5.0 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_02	1 drink	5.0 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_03	2 drinks	5.0 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_04	3 to 4 drinks	5.0 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_05	5 or more drinks	5.0 only
D_ALC_Q06	Do you drink alcoholic beverages of any kind?	ID_ALC_Q06_01	Yes	5.0, 5.1, 5.2 only
D_ALC_Q06	Do you drink alcoholic beverages of any kind?	ID_ALC_Q06_02	No	5.0, 5.1, 5.2 only
D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_01	I don't drink alcohol	5.3, 5.4 only
D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_02	1 day a week or less	5.3, 5.4 only
D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_03	2 days a week	5.3, 5.4 only
D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_04	3 days a week	5.3, 5.4 only
D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_05	4 or more days a week	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_01	I don't drink alcohol	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_02	1 drink	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_03	2 drinks	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_04	3 drinks	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_05	4 drinks	5.3, 5.4 only
	On days you drink alcohol, how many drinks do you normally have? (1 drink-bottle/can of beer; glass of			
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_06	5 or more drinks	5.3, 5.4 only
D_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_01	Yes	
D_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_02	No	
D_BIRTHDATE	What is your date of birth ?	ID_BIRTHDATE_01		
	Have you had the following exams and immunizations? (Select one answer for each)Blood			
D_BP_Q04	pressure checked in the last 2 years	ID_BP_Q04_01	Yes	
	Have you had the following exams and immunizations? (Select one answer for each)Blood			
D_BP_Q04	pressure checked in the last 2 years	ID_BP_Q04_02	No	
D CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 01	Arthritis	

D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_02	Osteoporosis
D CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 03	Asthma
D_CC_Q20	Thas a doctor ever said that you have any of these chronic health conditions: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ID_CC_Q20_03	Hay fever or other
ID CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 04	seasonal allergy
:			3,
			Lung disease (chronic
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_05	bronchitis or emphysema)
			Cancer (except skin
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_06	cancer)
		ID 00 005 07	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_07	Skin cancer
ID CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_08	Diabetes - Type 1
ID_CC_Q20	Thas a doctor ever said that you have any of these chronic health conditions: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ID_CC_Q20_00	Diabetes - Type 1
			Diabetes - Type 2 (or,
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_09	don't know type I have)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_10	High blood pressure
			High / unhealthy
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_11	cholesterol
			Chronic heartburn
			(gastroesophageal reflux
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_12	disease, GERD)
ID CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 13	Congestive heart failure
	Тамин		
			Heart disease (coronary
			artery disease, angina or
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_14	heart attack)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_15	Lower back pain
ID CC 036	Hos a deater are said that you have any of the acceptant health and distance of the all all the town by (7).	ID CC 03C 1C	Migraine or chronic
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_16	severe headaches
ID CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 17	Depression
.5_00_420	This is discountered that you have any or these contains contained in the contain that apply 1 4 5	15_00_020_17	pepression.
ID CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 18	Chronic insomnia
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_19	Other chronic condition
			Visited an emergency
	Have you done either of the following in the last 12 months because of a health condition you		room or urgent care
D_CC_Q27	checked in the question above? (Check all that apply)	ID_CC_Q27_01	center
D 00 037	Have you done either of the following in the last 12 months because of a health condition you	ID 66 027 02	O complete to complete to the
D_CC_Q27	checked in the question above? (Check all that apply)	ID_CC_Q27_02	Overnight hospital stay

					•
ID_CC_Q28	Do you have an ongoing problem with back pain serious enough to interfere with your daily activities?	ID_CC_Q28_01	Yes	New 5.4 - new text	Same ID tag as 53
					ŭ
ID CC Q28	Do you have an ongoing problem with back pain serious enough to interfere with your daily activities?	ID CC Q28 05	No	New 5.4 - new text	
:	, , , ,				
	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your				
ID_CC_Q28	daily activities? (Check all that apply)	ID_CC_Q28_01	Back pain	5.3 Only	Same ID tag as 51
	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your		Wrist pain, tingling, or		
ID_CC_Q28	daily activities? (Check all that apply)	ID_CC_Q28_02	numbness	5.0-5.3 Only	
	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your				
ID_CC_Q28	daily activities? (Check all that apply)	ID_CC_Q28_03	Neck pain	5.0-5.3 Only	
	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your				
ID_CC_Q28	daily activities? (Check all that apply)	ID_CC_Q28_04	Eye strain	5.0-5.3 Only	
ID_CHL_Q02	Cholesterol checked in the last 5 years	ID_CHL_Q02_01	Yes		4
ID_CHL_Q02	Cholesterol checked in the last 5 years	ID_CHL_Q02_02	No		4
ID_DRV_Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID_DRV_Q02_01	Quite often		4
ID_DRV_Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID_DRV_Q02_02	Sometimes		
ID DRY 003	How often de very (D) deint and deine (D), or eide with a deiner who were how had too much to deint?	ID DDV 003 03	Never		
ID_DRV_Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID_DRV_Q02_03	Never		4
ID DRV Q12	How often do you wear a cost helts (Do when you drive or ride in a meter web into	ID DBV 013 01	Always or almost always		
ID_DRV_Q12 ID_DRV_Q12	How often do you wear a seat belt when you drive or ride in a motor vehicle? How often do you wear a seat belt when you drive or ride in a motor vehicle?	ID_DRV_Q12_01 ID_DRV_Q12_02	Always or almost always Sometimes		╡
ID DRV Q12	How often do you wear a seat belt when you drive or ride in a motor vehicle?	ID DRV Q12_02	Almost never		-
10_01,4_d15	now often do you wear a sosseat beits por when you unive of flue in a filotor vehicle:	15_DITV_Q12_03	, amost nevel		1
	Think of the foods that are a part of your normal diet. About how many servings of each of the				
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td><td></td>				
	target=" blank">here for information on serving sizes. Then, select your one best estimate for each				
ID EAT Q26	type of food. Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID EAT Q26 01	Less than 1 serving		
_ ::_===	The state of the s	_=:::_======			1
	Think of the foods that are a part of your normal diet. About how many servings of each of the				
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td><td></td>				
	target="_blank">here for information on serving sizes. Then, select your one best estimate for each				
ID_EAT_Q26	type of food.)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_02	1 serving		
_					

				1
	Think of the foods that are a part of your normal diet. About how many servings of each of the			
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td>			
	target=" blank">here for information on serving sizes. Then, select your one best estimate for each			
ID EAT Q26	type of food. Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID EAT Q26 03	2 servings	
10_E/11_Q20	type of rood. Yar juriole grain roods like whole wheat bread, whole wheat pasta, oddined of brown nee	IB_E/11_Q20_03	2 Servings	
	Think of the foods that are a part of your normal diet. About how many servings of each of the			
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td>			
	target="_blank">here for information on serving sizes. Then, select your one best estimate for each			
ID EAT Q26	type of food.)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID EAT Q26 04	3 servings	
			J	
	Think of the foods that are a part of your normal diet. About how many servings of each of the			
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td>			
	target="_blank">here for information on serving sizes. Then, select your one best estimate for each			
ID_EAT_Q26	type of food.)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_05	4 servings	
	Think of the foods that are a part of your normal diet. About how many servings of each of the			
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td>			
	target="_blank">here for information on serving sizes. Then, select your one best estimate for each			
ID_EAT_Q26	type of food.)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_06	5 servings	
	Think of the foods that are a part of your normal diet. About how many servings of each of the			
	following types of foods do you eat in a normal day ? (Click <a <="" href="foodgroup.htm" td=""><td></td><td></td><td></td>			
	target="_blank">here for information on serving sizes. Then, select your one best estimate for each			
ID_EAT_Q26	type of food.)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_07	6 or more servings	
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_01	Less than 1 serving	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_02	1 serving	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_03	2 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_04	3 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_05	4 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_06	5 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_07	6 or more servings	5.0-5.3 Only
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_01	Less than 1 serving	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_02	1 serving	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_03	2 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_04	3 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_05	4 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_06	5 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses Low-fat or non-fat dairy foods	ID_EAT_Q28_07 ID_EAT_Q29_01	6 or more servings	F 0 F 2 Only
ID_EAT_Q29 ID_EAT_Q29	Low-fat or non-fat dairy foods Low-fat or non-fat dairy foods	ID_EAT_Q29_01 ID_EAT_Q29_02	Less than 1 serving 1 serving	5.0-5.3 Only 5.0-5.3 Only
ID EAT Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_02 ID_EAT_Q29_03	2 servings	5.0-5.3 Only
ID EAT Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_03	3 servings	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_04	4 servings	5.0-5.3 Only
ID EAT Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_05	5 servings	5.0-5.3 Only
ID EAT Q29	Low-fat or non-fat dairy foods	ID EAT Q29 07	6 or more servings	5.0-5.3 Only
ID_EAT_Q29	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q29_07	Less than 1 serving	3.0 3.3 Only
ID EAT Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID EAT Q30 02	1 serving	1
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_02	2 servings	
ID EAT Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID EAT Q30 04	3 servings	1
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID EAT Q30 05	4 servings	
ID EAT Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID EAT Q30 06	5 servings	
ID EAT Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID EAT Q30 07	6 or more servings	
ID EAT Q31	Vegetables (including juices)	ID EAT Q31 01	Less than 1 serving	1
ID EAT Q31	Vegetables (including juices)	ID_EAT_Q31_02	1 serving	
ID EAT Q31	Vegetables (including juices)	ID EAT Q31 03	2 servings	
ID EAT Q31	Vegetables (including juices)	ID EAT Q31 04	3 servings	

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ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_05	4 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_06	5 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_07	6 or more servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_01	Less than 1 serving	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_02	1 serving	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_03	2 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_04	3 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_05	4 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_06	5 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_07	6 or more servings	
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_01	Less than 1 serving	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_02	1 serving	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_03	2 servings	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_04	3 servings	5.0-5.3 Only
ID EAT Q33	Poultry, fish, or eggs	ID EAT Q33 05	4 servings	5.0-5.3 Only
ID EAT Q33	Poultry, fish, or eggs	ID EAT Q33 06	5 servings	5.0-5.3 Only
ID EAT Q33	Poultry, fish, or eggs	ID EAT Q33 07	6 or more servings	5.0-5.3 Only
ID EAT Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 01	Less than 1 serving	,
ID EAT Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 02	1 serving	
ID EAT Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 03	2 servings	
ID EAT Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 04	3 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 05	4 servings	
ID EAT Q34	Red meats like beef, pork, or lunch meats	ID EAT Q34 06	5 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_00	6 or more servings	
ID_EAT_Q34 ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q34_07	Less than 1 serving	
ID_EAT_Q35	Cookies, cake, or pastries Cookies, cake, or pastries	ID_EAT_Q35_01	1 serving	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_02	2 servings	
ID_EAT_Q35 ID_EAT_Q35		ID_EAT_Q35_03		
	Cookies, cake, or pastries		3 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_05	4 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_06	5 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_07	6 or more servings	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_01	Eat a vegetarian diet	
			Take calcium	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_02	supplements daily	5.0-5.3 Only
			Eat mostly fresh or non-	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_03	processed foods	5.0-5.3 Only
			Avoid fried and high-fat	
			foods, including high-fat	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_04	snacks	5.0-5.3 Only
			Use mainly plant oils for	
			cooking, especially	
			canola, olive, or soybean	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_05	oil	5.0-5.3 Only
			Eat one or more servings	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_06	of fish per week	
			Limit sugary beverages	
			and foods with added	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? (Check all that apply)	ID_EAT_Q36_07	sugars	New 5.4 - Response
ID EXM Q05	Stool exam (fecal occult blood test) in the last year	ID EXM Q05 01	Yes	
ID_EXM_Q05	Stool exam (lecal occult blood test) in the last year	ID EXM Q05 02	No	
ID_EXM_Q05	Stool exams/B> (breast X-ray) in the last 2 years	ID_EXM_Q05_02	Yes	
ID_EXM_Q06		ID_EXM_Q06_01	No	
ID_EAIVI_QUB	Mammogram (breast X-ray) in the last 2 years	ID_EXIVI_QU6_02	INU	

ID 57/14 000	D. Den J.D. Leaking the leak constraint the leak 2 constraint in 2 constraints.	ID EVAN 000 04	lv	
ID_EXM_Q08	Pap test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_01	Yes	
ID_EXM_Q08	Pap test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_02	No	
ID_EXM_Q09	Are you currently pregnant ?	ID_EXM_Q09_01	Yes	
ID_EXM_Q09	Are you currently pregnant ?	ID_EXM_Q09_02	No 	
ID_EXM_Q15	Flu immunization in the last year	ID_EXM_Q15_01	Yes	
ID_EXM_Q15	Flu immunization in the last year	ID_EXM_Q15_02	No	
	Sigmoidoscopy in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in			
ID_EXM_Q20	rectum)	ID_EXM_Q20_01	Yes	
	Sigmoidoscopy in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in			
ID_EXM_Q20	rectum)	ID_EXM_Q20_02	No	
ID_EXM_Q21	Tetanus-diphtheria booster in the last 10 years	ID_EXM_Q21_01	Yes	
ID_EXM_Q21	Tetanus-diphtheria booster in the last 10 years	ID_EXM_Q21_02	No	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_01	None	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID EXR Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID EXR Q15 02	1 day	
			1	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID EXR Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID EXR Q15 03	2 days	
ID_EXIT_Q15	Impactate pacely, darients, mowing (past mover), slow eyemis, sortain and sort for roots.	ID_EXIT_Q15_05	2 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	· · · · · · · · · · · · · · · · · · ·			
ID EVD O15	physical activity? Combine the times you spend on all activities during the day. Examples include walking	ID EVD 01E 04	2 days	
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_04	3 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_05	4 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_06	5 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_07	6 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID EXR Q15 08	7 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?		,	
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID EXR Q16	machine.	ID EXR Q16 01	None	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID EXR Q16	machine.	ID EXR Q16 02	1 day	
ID_EXIV_Q10	How many days per week do you participate in 20 minutes or more of vigorous exercise ?	ID_EVIV_C(10_05	ı uay	
	, , , , , , , , , , , , , , , , , , , ,			
ID 51/2 046	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing	ID 51/2 0:11 11		
ID_EXR_Q16	machine.	ID_EXR_Q16_03	2 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID EXR Q16	machine.	ID_EXR_Q16_04	3 days	

	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID_EXR_Q16	machine.	ID_EXR_Q16_05	4 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID_EXR_Q16	machine.	ID_EXR_Q16_06	5 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID_EXR_Q16	machine.	ID_EXR_Q16_07	6 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
ID_EXR_Q16	machine.	ID_EXR_Q16_08	7 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups	i,		
ID_EXR_Q17	or using weight training equipment?	ID_EXR_Q17_01	None	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups	i,		
ID_EXR_Q17	or using weight training equipment?	ID_EXR_Q17_02	1 day	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups	i,		
ID_EXR_Q17	or using weight training equipment?	ID_EXR_Q17_03	2 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups	,		
ID_EXR_Q17	or using weight training equipment?	ID_EXR_Q17_04	3 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups	i,		
ID_EXR_Q17	or using weight training equipment?	ID_EXR_Q17_05	4 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups			
ID_EXR_Q17	or using weight training equipment?	ID EXR Q17 06	5 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups		/ -	
ID EXR Q17	or using weight training equipment?	ID EXR Q17 07	6 days	
	How many days per week do you do strength-building exercises such as curl-ups, push-ups		, .	
ID EXR Q17	or using weight training equipment?	ID EXR Q17 08	7 days	
	How many days per week do you do stretching exercises to improve your flexibility?		1 20/0	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_01	None	
15_1.11_410	How many days per week do you do stretching exercises to improve your flexibility?	15_2/11_Q10_01	110110	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 02	1 day	
	How many days per week do you do stretching exercises to improve your flexibility?		,	
ID EXR Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 03	2 days	
15_1.11_410	How many days per week do you do stretching exercises to improve your flexibility?	IB_EX.II_Q10_00	2 days	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 04	3 days	
10_12/11_010	How many days per week do you do stretching exercises to improve your flexibility?	ID_EXIT_Q10_04	5 days	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 05	4 days	
ID_LXN_Q18	How many days per week do you do stretching exercises to improve your flexibility?	ID_LXI_Q18_03	4 uays	
ID EXR Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 06	5 days	
ID_LXN_Q18	How many days per week do you do stretching exercises to improve your flexibility?	ID_LXI_Q18_00	Juays	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID EXR Q18 07	6 days	
ID_EXK_Q18	How many days per week do you do stretching exercises to improve your flexibility?	ID_EXK_Q16_U/	6 uays	
ID EVD 010		ID EVD 010 00	7 days	
ID_EXR_Q18	Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_08	7 days	
ID_EXR_Q19	Do you have a physical condition that limits your ability to get enough exercise?	ID_EXR_Q19_01	Yes	
ID_EXR_Q19	Do you have a physical condition that limits your ability to get enough exercise?	ID_EXR_Q19_02	No	
ID 511 016	Do you take these safety precautions in your daily life? (Select one answer for each) Have working	ID FIL 016 01	Vee	5 0 5 2 Oak
ID_FH_Q16	smoke detectors in your home	ID_FH_Q16_01	Yes	5.0-5.3 Only
ID 511 046	Do you take these safety precautions in your daily life? (Select one answer for each) Have working	ID FIL 046 03	N.	5 0 5 2 Ovl
ID_FH_Q16	smoke detectors in your home	ID_FH_Q16_02	No	5.0-5.3 Only
ID 511 046	Do you take these safety precautions in your daily life? (Select one answer for each) Have working	10 FU 040 00		50500
ID_FH_Q16	smoke detectors in your home	ID_FH_Q16_03	Does not apply	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_01	Yes	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_02	No	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_03	Does not apply	5.0-5.3 Only
ID_FH_Q18	Have working fire extinguishers in your home	ID_FH_Q18_01	Yes	5.0-5.3 Only
ID FH Q18	Have working fire extinguishers in your home	ID_FH_Q18_02	No	5.0-5.3 Only

ID EU OAG		ID 511 040 00		505001
ID_FH_Q18	Have working fire extinguishers in your home	ID_FH_Q18_03	Does not apply	5.0-5.3 Only
ID_FH_Q19 ID_FH_Q19	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors	ID_FH_Q19_01 ID_FH_Q19_02	Yes No	5.0-5.3 Only 5.0-5.3 Only
	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors			<u>'</u>
ID_FH_Q19	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors	ID_FH_Q19_03	Does not apply	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_01	Yes	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_02	No	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_03	Does not apply	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_01	Yes	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_02	No	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_03	Does not apply	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_01	Yes	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_02	No	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_03	Does not apply	5.0-5.3 Only
ID_GENDER	What is your gender ?	ID_FEMALE	Female	
ID_GENDER	What is your gender ?	ID_MALE	Male	
	When you have health problems like those above, do you have information at home that you use to decide			
ID_HEALTH_INFO	when it's important to call or visit a health professional?	ID_HEALTH_INFO_01	Yes	5.0-5.3 Only
	When you have health problems like those above, do you have information at home that you use to decide			
ID_HEALTH_INFO	when it's important to call or visit a health professional?	ID_HEALTH_INFO_02	No	5.0-5.3 Only
ID_HEIGHT_FT	What is your height ?	ID_HEIGHT_FT_01	Feet :	
ID_HEIGHT_IN		ID_HEIGHT_IN_01	Inches:	
ID_JOB	Which one category best describes your job function? (Select only one)	ID_JOB_01	Manager	
			Professional/Non-	
ID_JOB	Which one category best describes your job function? (Select only one)	ID_JOB_02	Manager	
ID_JOB	Which one category best describes your job function? (Select only one)	ID_JOB_03	Sales	
ID JOB	Which one category best describes your job function? (Select only one)	ID JOB 04	Technician	
ID JOB	Which one category best describes your job function? (Select only one)	ID JOB 05	Clerical/Office	
_			Laborer/Production	
			(including services and	
ID JOB	Which one category best describes your job function? (Select only one)	ID JOB 06	crafts)	
ID JOB	Which one category best describes your job function? (Select only one)	ID JOB 07	Homemaker/Student	
ID JOB	Which one category best describes your job function? (Select only one)	ID JOB 08	Retired	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID LC Q06	months?	ID LC Q06 01	None	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_02	1 day	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID LC Q06	months?	ID LC Q06 03	2 days	
15_20_400	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	15_20_400_05	2 44/5	
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID LC Q06	months?	ID LC Q06 04	3 days	
15_20_000	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	15_10_000_04	Juays	+
	don't work outside the home, how many days were you unable to do your usual activities in the last 12	1		
ID LC Q06	months?	ID LC Q06 05	4 days	
15_20_000	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	15_10_000_03	- uays	1
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID LC Q06 06	5 days	
ID_LC_QUB	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	ID_LC_Q00_00	J udys	
ID 16 006	don't work outside the home, how many days were you unable to do your usual activities in the last 12	ID 16 006 07	C days	
ID_LC_Q06	months?	ID_LC_Q06_07	6 days	-
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12	LD 10 005 55		
ID_LC_Q06	months?	ID_LC_Q06_08	7 days	

		T.		
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_09	8 days	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_10	9 days	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_11	10 days	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_12	11-15 days	
	How many days did you miss from your job because of illness or injury in the last 12 months ? If you			
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_13	16-20 days	
:	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	: _	,	
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID_LC_Q06	months?	ID_LC_Q06_14	21-30 days	
.5_25_400	How many days did you miss from your job because of illness or injury in the last 12 months ? If you	.5_25_000_14	22 33 4473	
	don't work outside the home, how many days were you unable to do your usual activities in the last 12			
ID 10 006	months?	ID LC Q06 15	21 or more days	
ID_LC_Q06	monuts:	ID_LC_Q06_13	31 or more days	
	Mhot are your place for making the following lifestyle about 2 (DV/Calest and consumpting each life you've		No plane to make this	
ID 10 007	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've	ID 16 007 04	No plans to make this	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_01	change	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Plan to start in next 6	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_02	months	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Plan to start in next 30	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_03	days	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Started doing it in last 6	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_04	months	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Made this change over 6	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID LC Q07 05	months ago	
			No plans to make this	
ID LC Q08	Lose weight	ID LC Q08 01	change	
:		: _	Plan to start in next 6	
ID_LC_Q08	Lose weight	ID LC Q08 02	months	
			Plan to start in next 30	
ID_LC_Q08	Lose weight	ID_LC_Q08_03	days	
.5_26_Q66	esse weight	.b_20_Q00_00	Started doing it in last 6	
ID_LC_Q08	Lose weight	ID_LC_Q08_04	months	
ID_EC_Q08	Lose weight	ID_LC_Q00_04	Made this change over 6	
ID 1C 008	Localusieht	ID IC 000 0E		
ID_LC_Q08	Lose weight	ID_LC_Q08_05	months ago	
ID 1C 000	Cot many quantity	ID 1.C 000 04	No plans to make this	
ID_LC_Q09	Get more exercise	ID_LC_Q09_01	change	
ID 16 000	Cotton and an artist of the control	ID 16 006 02	Plan to start in next 6	
ID_LC_Q09	Get more exercise	ID_LC_Q09_02	months	
			Plan to start in next 30	
ID_LC_Q09	Get more exercise	ID_LC_Q09_03	days	
			Started doing it in last 6	
ID_LC_Q09	Get more exercise	ID_LC_Q09_04	months	
			Made this change over 6	
	Get more exercise	ID_LC_Q09_05	months ago	

			No plans to make this	
ID LC Q10	Quit smoking/tobacco use	ID_LC_Q10_01	change	
<u>15_16_Q10</u>	Quit smoking/cobacco ase	ID_EC_Q10_01	Plan to start in next 6	
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_02	months	
10_10_010	Quit smoking/tobacco use	ID_LC_Q10_02	Plan to start in next 30	
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_03	days	
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_03	Started doing it in last 6	
ID 16 010	Outh analysis (Ashanas use	ID IC 010 04		
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_04	months	
15 16 010	Outh and the Make and and	ID 16 040 05	Made this change over 6	
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_05	months ago	
			No plans to make this	
ID_LC_Q11	Handle stress better	ID_LC_Q11_01	change	
			Plan to start in next 6	
ID_LC_Q11	Handle stress better	ID_LC_Q11_02	months	
			Plan to start in next 30	
ID_LC_Q11	Handle stress better	ID_LC_Q11_03	days	
			Started doing it in last 6	
ID_LC_Q11	Handle stress better	ID_LC_Q11_04	months	
			Made this change over 6	
ID_LC_Q11	Handle stress better	ID_LC_Q11_05	months ago	
			No plans to make this	
ID LC Q12	Act to reduce back pain	ID LC Q12 01	change	5.0-5.3 Only
	·		Plan to start in next 6	,
ID LC Q12	Act to reduce back pain	ID LC Q12 02	months	5.0-5.3 Only
			Plan to start in next 30	
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_03	days	5.0-5.3 Only
15_16_Q12	Act to reduce buck pain	ID_EC_Q12_03	Started doing it in last 6	5.0 5.5 Omy
ID LC Q12	Act to reduce back pain	ID LC Q12 04	months	5.0-5.3 Only
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_04		5.0-5.5 Offig
ID 16 013	And the state of the foreign	ID 10 042 05	Made this change over 6	E 0 E 2 O
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_05	months ago	5.0-5.3 Only
			No plans to make this	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_01	change	5.0-5.3 Only
			Plan to start in next 6	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_02	months	5.0-5.3 Only
			Plan to start in next 30	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_03	days	5.0-5.3 Only
			Started doing it in last 6	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_04	months	5.0-5.3 Only
			Made this change over 6	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_05	months ago	5.0-5.3 Only
			No plans to make this	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_01	change	5.0-5.3 Only
			Plan to start in next 6	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_02	months	5.0-5.3 Only
			Plan to start in next 30	,
ID LC Q14	Lower my cholesterol	ID LC Q14 03	days	5.0-5.3 Only
10_10_414	ewer my choicean	ID_LC_Q14_03	Started doing it in last 6	5.0 5.5 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_04	months	5.0-5.3 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_04		3.0-3.3 Only
ID 16 014	Lower my chalectoral	ID IC 014 05	Made this change over 6	E O E 2 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_05	months ago	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID_LC_Q15_01	Eat a healthier diet	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID_LC_Q15_02	Lose weight	5.0-5.3 Only

			Quit smoking / tobacco	
ID LC Q15	Which of those lifestule showers are consumering atout for you be usely of the 2 cost of the tour life and the cost of the cos	ID 10 015 04	use	E 0 E 2 Only
ID_LC_Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID_LC_Q15_04	use	5.0-5.3 Only
ID LC Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID IC 015 05	Handle stress better	5.0-5.3 Only
ID_LC_Q13	which of these mestyle changes are servery important for you to makes/62? sea(check all that appry)s/62	ID_LC_Q15_05	Hallule Stress better	5.0-5.5 Offig
ID LC Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID IC 015 06	Act to reduce back pain	5.0-5.3 Only
ID_LC_Q13	which of these mestyle changes are subvery important for you to makes/bz: subscineta an that appry/sbz	ID_LC_Q13_00	Act to reduce back pair	3.0-3.3 Only
ID LC Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID IC 015 07	Lower my blood pressure	5 0 5 2 Only
ID_CC_Q13	which of these mestyle changes are subvery important for you to makes/b/: subscineta an that appry/s/b/	ID_EC_Q13_07	Lower my blood pressure	3.0-3.3 Offig
ID LC Q15	Which of these lifestyle changes are very important for you to make ? (Check all that apply)	ID IC 015 08	Lower my cholesterol	5.0-5.3 Only
10_10_413	Which of these lifestyle changes are you very important for you can make ? (Check all that	ID_EC_Q15_00	Lower my endesteror	3.0 3.3 Only
ID LC Q16	apply]	ID LC Q16 01	Eat a healthier diet	5.0-5.3 Only
15_16_Q10	Which of these lifestyle changes are you very confident you can make ? (Check all that	ID_EC_Q10_01	Edit difficultifier diet	3.0 3.3 Only
ID LC Q16	apply)	ID LC Q16 02	Lose weight	5.0-5.3 Only
15_16_Q10	Which of these lifestyle changes are you very confident you can make ? (Check all that	ID_EC_Q10_02	Lose Weight	3.0 3.3 Omy
ID LC Q16	apply)	ID LC Q16 03	Get more exercise	5.0-5.3 Only
15_25_Q15	Which of these lifestyle changes are you very confident you can make ? (Check all that	.b_cc_q10_c5	Quit smoking / tobacco	5.0 5.5 5,
ID LC Q16	apply)	ID LC Q16 04	use	5.0-5.3 Only
15_25_415	Which of these lifestyle changes are you very confident you can make ? (Check all that	15_20_410_01	430	5.0 5.5 5,
ID LC Q16	apply)	ID LC Q16 05	Handle stress better	5.0-5.3 Only
	Which of these lifestyle changes are you very confident you can make ? (Check all that			
ID LC Q16	apply)	ID LC Q16 06	Act to reduce back pain	5.0-5.3 Only
	Which of these lifestyle changes are you very confident you can make ? (Check all that			
ID LC Q16	apply)	ID LC Q16 07	Lower my blood pressure	5.0-5.3 Only
	Which of these lifestyle changes are you very confident you can make ? (Check all that		, , , , , , , , , , , , , , , , , , , ,	,
ID_LC_Q16	apply)	ID_LC_Q16_08	Lower my cholesterol	5.0-5.3 Only
			Not sure it will improve	·
ID LC Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID LC Q17 01	my health	5.0-5.3 Only
			Not sure it's worth the	,
ID LC Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_02	effort	5.0-5.3 Only
:			Don't know how to go	·
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_03	about it	5.0-5.3 Only
:				,
ID LC Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID LC Q17 04	Don't have enough time	5.0-5.3 Only
ID LC Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID LC Q17 05	Frequent travel	5.0-5.3 Only
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_06	Eating out frequently	5.0-5.3 Only
			Changing work / personal	
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_07	schedule	5.0-5.3 Only
			Lack of support from	
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_08	family / friends	5.0-5.3 Only
			Difficulty staying	
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_09	committed	5.0-5.3 Only
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_10	Giving in to temptations	5.0-5.3 Only
			Slipping up when I'm	
ID_LC_Q17	What are your major barriers to making lifestyle changes? (Check all that apply)	ID_LC_Q17_11	under stress	5.0-5.3 Only
	How many of the following medicines are you taking on a daily or regular basis? (Select one answer for			1
ID_MC_Q05	each) Non-prescription medications	ID_MC_Q05_01	None	
	How many of the following medicines are you taking on a daily or regular basis? (Select one answer for			1
ID_MC_Q05	each) Non-prescription medications	ID_MC_Q05_02	One	
	How many of the following medicines are you taking on a daily or regular basis? (Select one answer for			1
ID_MC_Q05	each) Non-prescription medications	ID_MC_Q05_03	Two or more	ļ
ID_MC_Q06	Prescription medications	ID_MC_Q06_01	None	
ID_MC_Q06	Prescription medications	ID_MC_Q06_02	One	ļ
ID_MC_Q06	Prescription medications	ID_MC_Q06_03	Two or more	<u> </u>

ID MC Q07	Herbal remedies	ID MC Q07 01	None	
ID MC Q07	Herbal remedies	ID_MC_Q07_02	One	
ID MC Q07	Herbal remedies	ID MC Q07_03	Two or more	
. <u></u>	Over the past month how many times did you skip taking 1 or more of your prescription	15_1116_467_65	TWO OF MIGIC	
ID MC Q11	medications?	ID MC Q11 01	Never	HP 5.2 only
<u> </u>	Over the past month how many times did you skip taking 1 or more of your prescription	15_1110_411_01	110101	5.2 6y
ID MC Q11	medications?	ID MC Q11 02	1 time	HP 5.2 only
	Over the past month how many times did you skip taking 1 or more of your prescription			
ID_MC_Q11	medications?	ID_MC_Q11_03	2 times	HP 5.2 only
_ '-'	Over the past month how many times did you skip taking 1 or more of your prescription			,
ID_MC_Q11	medications?	ID MC Q11 04	3 or more times	HP 5.2 only
			I did not have any	
	Over the past month how many times did you skip taking 1 or more of your prescription		prescription medications	
ID MC Q11	medications?	ID MC Q11 05	during this time	HP 5.2 only
ID NAME FIRST	Enter your first initial .	ID NAME FIRST 01	during this time	TH 5.2 OHLY
ID NAME LAST	Enter your last mame .	ID NAME LAST 01		
10_14/14/12_0131	Effect your sounds frame you.	ID_IV/IVIE_D/DI_OI	Yes, I would like a	
			personalized booklet of	
	Once you click "Finish and View Results" you will see instant online results. You may review and print your		my online results	
	results at any time by returning to this site. If you do not have access to a printer and would like a		mailed to my	Customized by client -
ID PRINT Q01	personalized booklet of your online results mailed to your home , check yes below.	ID PRINT Q01 01	home.	1
ID_PKINT_Q01 ID_SCR_BODYFAT	Enter your body fat %:	ID_PKINT_Q01_01 ID_SCR_BODYFAT_01	Homeyb>.	online only
ID_SCR_BODTFAT	Diastolic (number on bottom, the smaller of the two numbers) :	ID_SCR_BODTFAT_01		
ID_3CK_BP_DIA	blastonic Sectioning of bottom, the smaller of the two numbers/s/be.	ID_3CK_BP_DIA_01		
ID CCD DD CVC	Extraction Debta description (D. Catalia De Grands and the boson of the traction bank and	ID CCD DD CVC 04		
ID_SCR_BP_SYS	Enter your blood pressure .Systolic (number on top, the larger of the two numbers) :	ID_SCR_BP_SYS_01		
ID_SCR_CHOL	Enter your total cholesterol (mg/dL):	ID_SCR_CHOL_01		
ID CCD FACTING	What was a second facility of the control of the co	ID COD FACTING FACTING	2 F+i 2 h	
ID_SCR_FASTING	What was your fasting status?		Fasting 8 hours or more	
ID_SCR_FASTING	What was your fasting status?	ID_SCR_FASTING_NON-	Non-fasting	
ID_SCR_GLUCOSE	Enter your glucose (mg/dL):	ID_SCR_GLUCOSE_01		
ID_SCR_HDL	Enter your HDL cholesterol (mg/dL):	ID_SCR_HDL_01		
ID_SCR_HIP	Enter your hip size (Inches):	ID_SCR_HIP_01		
ID_SCR_LDL	Enter your LDL cholesterol (mg/dL):	ID_SCR_LDL_01		
ID_SCR_SPECIAL1	Special #1:	ID_SCR_SPECIAL1_01		
ID_SCR_SPECIAL2	Special #2:	ID_SCR_SPECIAL2_01		
ID_SCR_SPECIAL3	Special #3:	ID_SCR_SPECIAL3_01		
ID_SCR_TRI	Enter your triglycerides (mg/dL):	ID_SCR_TRI_01		
ID_SCR_WAIST	Enter your waist size (Inches):	ID_SCR_WAIST_01		
15 66 664	Do you know what steps to take at home to treat the following health problems? (Check all you could	15 50 004 04		
ID_SC_Q01	treat)	ID_SC_Q01_01	Back pain	5.0-5.3 Only
15 66 664	Do you know what steps to take at home to treat the following health problems? (Check all you could	15 50 004 00	0.11.75	
ID_SC_Q01	treat)	ID_SC_Q01_02	Colds/flu	5.0-5.3 Only
15 66 664	Do you know what steps to take at home to treat the following health problems? (Check all you could	15 50 004 00	0 /0	
ID_SC_Q01	treat)	ID_SC_Q01_03	Constipation/Diarrhea	5.0-5.3 Only
15 66 664	Do you know what steps to take at home to treat the following health problems? (Check all you could	15 50 004 04		
ID_SC_Q01	treat)	ID_SC_Q01_04	Headaches	5.0-5.3 Only
	Do you know what steps to take at home to treat the following health problems? (Check all you could	15 50 004 05		
ID_SC_Q01	treat)	ID_SC_Q01_05	Indigestion	5.0-5.3 Only
ID 66 004	Do you know what steps to take at home to treat the following health problems? (Check all you could	ID 50 004 05	Dealess	5.0.5.2.0.th
ID_SC_Q01	treat)	ID_SC_Q01_06	Rashes	5.0-5.3 Only
	Do you know what steps to take at home to treat the following health problems? (Check all you could	10.00.004.00	6 11 1	505001
ID_SC_Q01	treat)	ID_SC_Q01_07	Sore throats	5.0-5.3 Only
	Do you know what steps to take at home to treat the following health problems? (Check all you could	10.00.004.00		505001
ID_SC_Q01	treat)	ID_SC_Q01_08	Sprains	5.0-5.3 Only
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_01	Excellent	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_02	Very good	1

ID SC Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_03	Good	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_3C_Q02_03	Fair	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_04	Poor	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_05	Very poor	5.0-5.3 Only
ID_SC_Q02	On average /B>, how many hours of sleep do you get daily?	ID_3C_Q02_00 ID_SLP_Q01_01	5 or fewer hours	3.0-3.3 Office
ID_SLP_Q01	On average, how many hours of sleep do you get daily?	ID_SLP_Q01_01	6 hours	
ID_SLP_Q01		ID_SLP_Q01_02	7 hours	
ID_SLP_Q01	On average , how many hours of sleep do you get daily?	ID_SLP_Q01_03	8 hours	
ID_SLP_Q01	On average , how many hours of sleep do you get daily?	ID_SLP_Q01_04	9 hours	
	On average , how many hours of sleep do you get daily?			
ID_SLP_Q01	On average /B>On average /B>On the description of sleep do you get daily?	ID_SLP_Q01_06	10 or more hours	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_01	Almost never	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_02	Sometimes	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_03	Quite often	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_04	Almost always	
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_01	Daytime	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_02	Evening	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_03	Night	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_04	Rotating shifts	5.0-5.3 Only
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_01	I do not smoke cigarettes	
			Less than a pack (20	
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_02	cigarettes)	
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_03	One or more packs	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_01	Yes	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_02	No	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_01	Yes	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_02	No	
ID_SMK_Q14	Do you use tobacco products of any kind?	ID_SMK_Q14_01	Yes	HP 5.0, 5.1, 5.2 only
ID_SMK_Q14	Do you use tobacco products of any kind?	ID SMK Q14 02	No	HP 5.0, 5.1, 5.2 only
	Which one of these statements best describes your use of tobacco products (Including cigarettes,		I am currently using	
ID SMK Q15	cigars, a pipe or smokeless/chewing tobacco)?	ID SMK Q15 01	tobacco products	HP 5.3, 5.4 online only
	Which one of these statements best describes your use of tobacco products (Including cigarettes,		I have never used tobacco	
ID SMK Q15	cigars, a pipe or smokeless/chewing tobacco)?	ID SMK Q15 02	products	HP 5.3, 5.4 online only
			I quit using tobacco	,
	Which one of these statements best describes your use of tobacco products (Including cigarettes,		products more than a	
ID SMK Q15	cigars, a pipe or smokeless/chewing tobacco)?	ID SMK Q15 03	year ago	HP 5.3, 5.4 online only
ID_SWIK_Q15	cigars, a pipe or smokelessy chewing conaccoj:	ID_3WIK_Q13_03	year ago	111 3.3, 3.4 Offine Offiy
			I quit using tobacco	
			, -	
	Which are filled a state and be a decided as a filled as a second at 100 files and a second as 100 files as a		products less than a year	
ID 5141/ 645	Which one of these statements best describes your use of tobacco products (Including cigarettes,		ago on (Please enter the	
ID_SMK_Q15	cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_04	month and year you quit)	HP 5.3, 5.4 online only
ID_SSN	What is your Social Security Number ?	ID_SSN_01	Range: 0 - 999999999	
	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is			
ID_STR_Q03	your life?	ID_STR_Q03_01	Not at all stressful	
	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is			
ID_STR_Q03	your life?	ID_STR_Q03_02	Only slightly stressful	
	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is			
ID_STR_Q03	your life?	ID_STR_Q03_03	Somewhat stressful	
	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is			
ID_STR_Q03	your life?	ID_STR_Q03_04	Quite stressful	
	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is			
ID_STR_Q03	your life?	ID_STR_Q03_05	Extremely stressful	1
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_01	Not at all effective	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_02	Only slightly effective	
ID STR Q04	How effective are you at dealing with the stress in your life?	11D 31K QU4 U3	150mewhat effective	
ID_STR_Q04 ID_STR_Q04	How effective are you at dealing with the stress in your life? How effective are you at dealing with the stress in your life?	ID_STR_Q04_03 ID_STR_Q04_04	Somewhat effective Quite effective	

			Death of a spouse, life
	In the past year , which of the following have been major sources of stress for you? (Check all		partner or other loved
D STR Q05	that apply)	ID STR Q05 01	one
·	In the past year , which of the following have been major sources of stress for you? (Check all		Illness or injury of loved
ID_STR_Q05	that apply)	ID STR Q05 02	one
	In the past year , which of the following have been major sources of stress for you? (Check all		
ID STR Q05	that apply)	ID STR Q05 03	Personal illness / injury
.5_6.11_465	In the past year , which of the following have been major sources of stress for you? (Check all	.b_0q05_05	r crooner miress y mjery
ID_STR_Q05	that apply)	ID STR Q05 04	Care of elderly parent
15_511(_Q05	In the past year , which of the following have been major sources of stress for you? (Check all	ID_31K_Q03_04	care of clacify parent
ID STR Q05	that apply)	ID STR Q05 05	Dealing with child care
IB_311(_Q03	In the past year , which of the following have been major sources of stress for you? (Check all	ID_311(_Q03_03	Dealing with time care
ID STR Q05	that apply)	ID STR Q05 06	Divorce or separation
ID_31N_Q03	In the past year , which of the following have been major sources of stress for you? (Check all	ID_31K_Q03_00	Divorce of Separation
ID_STR_Q05	that apply)	ID STR Q05 07	Family problem
ID_3TK_Q05	In the past year , which of the following have been major sources of stress for you? (Check all	ID_31K_Q05_07	Finances / loan /
ID CTD OOF		ID CTD OOF OO	
ID_STR_Q05	that apply)	ID_STR_Q05_08	mortgage
ID CTD OOF	In the past year , which of the following have been major sources of stress for you? (Check all	ID CTD OOF OO	Land webles
ID_STR_Q05	that apply)	ID_STR_Q05_09	Legal problem
	In the past year , which of the following have been major sources of stress for you? (Check all		
ID_STR_Q05	that apply)	ID_STR_Q05_10	Job responsibilities
	In the past year , which of the following have been major sources of stress for you? (Check all		
ID_STR_Q05	that apply)	ID_STR_Q05_11	Relationships at work
	In the past year , which of the following have been major sources of stress for you? (Check all		Coping with too much to
ID_STR_Q05	that apply)	ID_STR_Q05_12	do
	In the past year , which of the following have been major sources of stress for you? (Check all		Other major source of
ID_STR_Q05	that apply)	ID_STR_Q05_13	stress
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_01	Most of the time
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_02	Sometimes
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_03	Rarely
ID_WB_Q02	Over the past two weeks , have you felt down, depressed, or hopeless?	ID_WB_Q02_01	Yes
ID_WB_Q02	Over the past two weeks , have you felt down, depressed, or hopeless?	ID_WB_Q02_02	No
	During the time you were at work in the last 12 months , how much did health problems limit you in		
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID WB Q16	from working)	ID WB Q16 01	0
	During the time you were at work in the last 12 months , how much did health problems limit you in		
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID WB Q16	from working)	ID WB Q16 02	1
	During the time you were at work in the last 12 months , how much did health problems limit you in		
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID WB Q16	from working)	ID WB Q16 03	2
ID_WB_Q10	During the time you were at work in the last 12 months , how much did health problems limit you in	ID_WB_Q10_03	2
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID WD 016		ID WD 016 04	
ID_WB_Q16	from working)	ID_WB_Q16_04	3
	During the time you were at work in the last 12 months , how much did health problems limit you in		
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID_WB_Q16	from working)	ID_WB_Q16_05	4
	During the time you were at work in the last 12 months , how much did health problems limit you in		
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how		
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me		
ID_WB_Q16	from working)	ID_WB_Q16_06	-1

		1	1	1
	During the time you were at work in the last 12 months , how much did health problems limit you in			
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how			
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me			
ID_WB_Q16	from working)	ID_WB_Q16_07	6	
	During the time you were at work in the last 12 months , how much did health problems limit you in			
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how			
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me			
ID_WB_Q16	from working)	ID_WB_Q16_08	7	
	During the time you were at work in the last 12 months , how much did health problems limit you in			
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how			
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me			
ID_WB_Q16	from working)	ID_WB_Q16_09	8	
	During the time you were at work in the last 12 months , how much did health problems limit you in			
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how			
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me			
ID WB Q16	from working)	ID WB Q16 10	g	ı
	During the time you were at work in the last 12 months , how much did health problems limit you in			
	the kind or amount of work you could do? (Select the number between 0 and 10 that best describes how			
	much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me			
ID WB Q16	from working)	ID WB Q16 11	10	
	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or			
ID WB Q17	sports leagues?	ID WB Q17 01	Once a year or less	5.0-5.3 Only
	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or			
ID WB Q17	sports leagues?	ID WB Q17 02	Several times a year	5.0-5.3 Only
10_W0_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or	ID_WD_Q17_02	Several times a year	3.0 3.3 Omy
ID WB Q17	sports leagues?	ID WB Q17 03	About once a month	5.0-5.3 Only
15_445_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or	ID_WD_Q17_03	About once a month	5.0 5.5 Omy
ID WB Q17	sports leagues?	ID WB Q17 04	2-3 times a month	5.0-5.3 Only
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or	ID_WB_Q17_04	2-3 times a month	3.0-3.3 Office
ID WB Q17	sports leagues?	ID WB Q17 05	Once a week or more	5.0-5.3 Only
ID_WB_Q17	sports leagues:	ID_WB_Q17_03	Office a week of fillore	3.0-3.3 Office
ID WB Q18	How often do you have contact with the following people, either in person or by phone? Close friends	ID WB Q18 01	Less than once a month	5.0-5.3 Only
ID_WB_Q18	now often do you have contact with the following people, either in person of by phonesciose menus	ID_WB_Q18_01	Less than once a month	5.0-5.5 Offity
ID WB Q18	How often do you have contact with the following people, either in person or by phone? Close friends	ID WB Q18 02	About once a month	5.0-5.3 Only
ID_WB_Q18	now often do you have contact with the following people, either in person of by phonesciose menus	ID_WB_Q18_02	About once a month	5.0-5.5 Offity
ID MID O19	How often do you have contact with the following people, either in person or by phone? Close friends	ID WB Q18 03	2.2 times a month	F 0 F 2 Only
ID_WB_Q18	now often do you have contact with the following people, either in person or by phonerclose mends	ID_WB_Q18_03	2-3 times a month	5.0-5.3 Only
ID MID O19	Have fixed developed another with the fall avian people with a in page 20 by the acceptance	ID WD 010 04	0	5.0-5.3 Only
ID_WB_Q18	How often do you have contact with the following people, either in person or by phone?Close friends	ID_WB_Q18_04	Once a week or more	5.0-5.3 Uniy
ID 14/D 040	Polytica and find days to	ID 14/D 040 04		5 0 5 2 Out
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_01	Less than once a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_02	About once a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_03	2-3 times a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_04	Once a week or more	
ID_WB_Q20	Over the past two weeks , have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_01	Yes	
ID_WB_Q20	Over the past two weeks , have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_02	No	
ID_WB_Q21	Do you have any disabilities that create challenges in improving your health?	ID_WB_Q21_01	Yes	New 5.4 - Removed
ID_WB_Q21	Do you have any disabilities that create challenges in improving your health?	ID_WB_Q21_02	No	New 5.4 - Removed
ID_WB_Q22	Do you have a vision impairment that requires special reading materials?	ID_WB_Q22_01	Yes	New 5.4 - Removed
ID_WB_Q22	Do you have a vision impairment that requires special reading materials?	ID_WB_Q22_02	No	New 5.4 - Removed
ID_WB_Q23	Do you have a hearing impairment that requires special equipment?	ID_WB_Q23_01	Yes	New 5.4 - Removed
ID_WB_Q23	Do you have a hearing impairment that requires special equipment?	ID_WB_Q23_02	No	New 5.4 - Removed
ID_WEIGHT	What is your weight ? (non-pregnant, without clothes)	ID_WEIGHT_01	Pounds:	
ID_WMN_Q02	Have you had breast cancer ?	ID_WMN_Q02_01	Yes	1
ID_WMN_Q02	Have you had breast cancer ?	ID_WMN_Q02_02	No	

		T	1
UESTION KEY	QUESTION TEXT	ANSWER KEY	ANSWER TEXT
_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_01	I don't drink alcohol
_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_02	1 day a week or less
D_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_03	2 to 3 days a week
D_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_04	4 or more days a week
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_01	I don't drink alcohol
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_02	1 drink
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		
D_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_03	2 drinks
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		
_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_04	3 to 4 drinks
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		
_ALC_Q05	wine; shot of liquor; mixed drink)	ID_ALC_Q05_05	5 or more drinks
_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_01	I don't drink alcohol
 D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_02	1 day a week or less
 D_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_03	2 days a week
)_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID ALC Q07 04	3 days a week
ALC Q07	How often do you drink beer, wine, liquor or other alcohol?	ID ALC Q07 05	4 or more days a week
:	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of		,
ALC Q08	wine; shot of liquor; mixed drink)	ID ALC Q08 01	I don't drink alcohol
	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of	12_7.124_444_41	
ALC Q08	wine; shot of liquor; mixed drink)	ID ALC Q08 02	1 drink
- <u>-</u>	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of	15_7126_400_02	2 0
ALC Q08	wine; shot of liquor; mixed drink)	ID ALC Q08 03	2 drinks
23,120_400	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of	15_7126_400_00	2 0
O ALC Q08	wine; shot of liquor; mixed drink)	ID ALC Q08 04	3 drinks
D_ALC_QU6	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of	ID_ALC_Q06_04	3 drilles
O ALC Q08	wine; shot of liquor; mixed drink)	ID ALC Q08 05	4 drinks
J_ALC_QU8	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of	ID_ALC_QU6_05	4 UTITIKS
ALC 000		ID ALC 000 00	F ou mouse duinte
D_ALC_Q08	wine; shot of liquor; mixed drink)	ID_ALC_Q08_06	5 or more drinks
D_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_01	Yes
D_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_02	No
)_BIRTHDATE	What is your date of birth ?	ID_BIRTHDATE_01	
	Have you had the following exams and immunizations? (Select one answer for each)Blood		
D_BP_Q04	pressure checked in the last 2 years	ID_BP_Q04_01	Yes
	Have you had the following exams and immunizations? (Select one answer for each)Blood		
D_BP_Q04	pressure checked in the last 2 years	ID_BP_Q04_02	No
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_01	Arthritis
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_02	Osteoporosis
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_03	Asthma
			Hay fever or other
)_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_04	seasonal allergy
			Lung disease (chronic
)_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_05	bronchitis or emphysema
	, and the state of		Cancer (except skin
CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 06	cancer)
:	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,
CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 07	Skin cancer
	Control of the contro		zr carreer
		I	Diabetes - Type 1

D CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 09	Diabetes - Type 2 (or, don't know type I have)
D_CC_Q20	That a doctor ever said that you have any or these chronic health conditions: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ID_CC_Q20_03	don't know type i navej
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_10	High blood pressure
			High / unhealthy
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_11	cholesterol
			Chronic heartburn (gastroesophageal reflux
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_12	disease, GERD)
5_00_410	The discontinuous and that you have any or these anome health contained.	15_00_010_11	discuse, delib,
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_13	Congestive heart failure
			Heart disease (coronary
			artery disease, angina or
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_14	heart attack)
D CC Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID CC Q26 15	Lower back pain
 ·	, , , , , , , , , , , , , , , , , , , ,		Migraine or chronic
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_16	severe headaches
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_17	Depression
D CC 03C	Here a deater area and the true, have any of these absences health and ditions 2. (D. (Chael all that and).) / (D.	ID CC 03C 10	Chronic insomnia
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_18	Chronic insomnia
D_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? (Check all that apply)	ID_CC_Q26_19	Other chronic condition
			Visited an emergency
	Have you done either of the following in the last 12 months because of a health condition you		room or urgent care
D_CC_Q27	checked in the question above? (Check all that apply) Have you done either of the following in the last 12 months because of a health condition you	ID_CC_Q27_01	center
D CC Q27	checked in the question above? (Check all that apply)	ID CC Q27 02	Overnight hospital stay
	Variable Control of the Control of t		
D_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_01	Back pain
			Wrist pain, tingling, or
D_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_02	numbness
D_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID CC Q29 03	Neck pain
			·
D_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_04	Eye strain
D CC Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID CC Q29 05	Other physical condition
D_CHL_Q02	Cholesterol checked in the last 5 years	ID_CHL_Q02_01	Yes
D_CHL_Q02	Cholesterol checked in the last 5 years	ID_CHL_Q02_02	No
D_DRV_Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID_DRV_Q02_01	Quite often
D DRV Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID DRV Q02 02	Sometimes
5_5002	The steel do you so drink and drive yor, or ride with a driver who may have had too much to drink:	.5_5/(4_002_02	Sometimes
D_DRV_Q02	How often do you drink and drive , or ride with a driver who may have had too much to drink?	ID_DRV_Q02_03	Never
ID_DRV_Q12	How often do you wear a seat belt when you drive or ride in a motor vehicle?	ID_DRV_Q12_01	Always or almost always
D_DRV_Q12	How often do you wear a seat belt when you drive or ride in a motor vehicle?	ID_DRV_Q12_02	Sometimes
D_DRV_Q12	How often do you wear a seat belt when you drive or ride in a motor vehicle?	ID_DRV_Q12_03	Almost never
	Think of the foods that are a part of your normal diet. How many servings of each of the following		
D 547 007	types of foods do you eat in a normal day ? (Select your one best estimate for each type of		
D_EAT_Q37	food.) Whole grain foods like whole-wheat bre	ID_EAT_Q37_01	Less than 1 serving

			1	_
	Think of the foods that are a part of your normal diet. How many servings of each of the following			
	types of foods do you eat in a normal day ? (Select your one best estimate for each type of			
ID_EAT_Q37	food.) Whole grain foods like whole-wheat bre	ID_EAT_Q37_02	1 serving	
	Think of the foods that are a part of your normal diet. How many servings of each of the following			
	types of foods do you eat in a normal day ? (Select your one best estimate for each type of			
D_EAT_Q37	food.) Whole grain foods like whole-wheat bre	ID_EAT_Q37_03	2 servings	
	Think of the foods that are a part of your normal diet. How many servings of each of the following			
	types of foods do you eat in a normal day ? (Select your one best estimate for each type of			
ID_EAT_Q37	food.) Whole grain foods like whole-wheat bre	ID_EAT_Q37_04	3 servings	
	Think of the foods that are a part of your normal diet. How many servings of each of the following			
	types of foods do you eat in a normal day ? (Select your one best estimate for each type of			
D_EAT_Q37	food.) Whole grain foods like whole-wheat bre	ID_EAT_Q37_05	4 servings	
	Think of the foods that are a part of your normal diet. How many servings of each of the following			
	types of foods do you eat in a normal day ? (Select your one best estimate for each type of			
D EAT Q37	food.) Whole grain foods like whole-wheat bre	ID EAT Q37 06	5 or more servings	
	Fruits and Vegetables (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;			
ID_EAT_Q38	medium piece of fruit or ¾ cup juice)	ID EAT Q38 01	Less than 1 serving	HS 5.0 onl
	Fruits and Vegetables (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;			
D_EAT_Q38	medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_02	1 serving	HS 5.0 onl
_ ::_===	Fruits and Vegetables /8> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;	55_52		0.0 0111
D EAT Q38	medium piece of fruit or ¾ cup juice)	ID EAT Q38 03	2 servings	HS 5.0 onl
<u> </u>	Fruits and Vegetables (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;	15_2,11_435_63		110 010 0111
ID EAT Q38	medium piece of fruit or % cup juice)	ID_EAT_Q38_04	3 servings	HS 5.0 onl
ID_LAT_Q30	Fruits and Vegetables (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;	ID_LAI_Q30_04	3 Servings	113 3.0 0111
D EAT Q38	medium piece of fruit or % cup juice)	ID EAT Q38 05	4 servings	HS 5.0 onl
D_LAI_Q30	Fruits and Vegetables (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens;	ID_LAI_Q30_03	4 Servings	113 3.0 0111
D EAT Q38	medium piece of fruit or % cup juice)	ID_EAT_Q38_06	5 or more servings	HS 5.0 onl
ID_LAT_Q38	, , , , ,	ID_LAT_Q36_00	3 of filore servings	113 3.0 0111
D FAT 020	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3	ID FAT 030 01	Loss than 1 coming	
D_EAT_Q39	cup nuts)	ID_EAT_Q39_01	Less than 1 serving	_
D FAT 030	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3	ID EAT 020 02	4	
D_EAT_Q39	cup nuts)	ID_EAT_Q39_02	1 serving	
	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3			
D_EAT_Q39	cup nuts)	ID_EAT_Q39_03	2 servings	
	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3			
ID_EAT_Q39	cup nuts)	ID_EAT_Q39_04	3 servings	
	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3			
D_EAT_Q39	cup nuts)	ID_EAT_Q39_05	4 servings	
	Nuts and legumes like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3			
D_EAT_Q39	cup nuts)	ID_EAT_Q39_06	5 or more servings	
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			
D_EAT_Q40	pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_01	Less than 1 serving	
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			
ID_EAT_Q40	pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_02	1 serving	
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			
D EAT Q40	pastries (1 cup milk; 11/2-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID EAT Q40 03	2 servings	
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			
D EAT Q40	pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID EAT Q40 04	3 servings	
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			1
D EAT Q40	pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID EAT Q40 05	4 servings	
<u> </u>	position (2 day mink, 1/2 2 de. processed directe, 2 3 de. of medic 2 large cookles)	.5_2/11_4-10_03	. 301411163	_
	High-fat foods like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or			
ID EAT Q40	pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID EAT Q40 06	5 or more servings	
D_LA1_Q40	Thastries (1 cup milk, 172-2 oz. processed cheese, 2-5 oz. or meat, 2 large cookies)	ID_EAT_Q40_00	or more servings	

ID_EAT_Q41	Which of the following are true of your eating habits? (Mark all that apply.)	ID_EAT_Q41_01	Eat a vegetarian diet	4
			Eat one or more servings	
ID EAT Q41	Which of the following are true of your eating habits? (Mark all that apply.)	ID EAT Q41 02	of fish per week	
ID_EAT_Q41 ID_EAT_Q42	SFruits (Serving size is medium piece of fruit or % cup juice)	ID_EAT_Q41_02 ID_EAT_Q42_01	Less than 1 serving	HS 5.1 onl
ID EAT Q42	Fruits (Serving size is medium piece of fruit or % cup juice)	ID_EAT_Q42_01	1 serving	HS 5.1 on
ID_E/(I_Q42	Fruits (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_02	2 servings	HS 5.1 onl
ID EAT Q42	Fruits (B>Fruits (B>Fruits (B) (Serving size is medium piece of fruit or ¾ cup juice)	ID EAT Q42 04	3 servings	HS 5.1 on
ID_EAT_Q42	Fruits (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_05	4 servings	HS 5.1 onl
ID_EAT_Q42	Fruits /B>Fruits (Serving size is medium piece of fruit or ¾ cup juice)	ID EAT Q42 06	5 or more servings	HS 5.1 onl
ID_EAT_Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_01	Less than 1 serving	HS 5.1 onl
ID_EAT_Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_02	1 serving	HS 5.1 onl
ID_EAT_Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¼ cup juice)	ID_EAT_Q43_03	2 servings	HS 5.1 onl
ID_EAT_Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_04	3 servings	HS 5.1 onl
ID_EAT_Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_05	4 servings	HS 5.1 onl
ID EAT Q43	Vegetables (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID EAT Q43 06	5 or more servings	HS 5.1 onl
ID EXM Q05	Stool exam (decring size is 72 day need) another the last year	ID EXM Q05 01	Yes	110 511 6111
ID EXM Q05	Stool exam (B>Stool exam (B) (fecal occult blood test) in the last year	ID EXM Q05 02	No	1
ID EXM Q06	Mammogram (breast X-ray) in the last 2 years	ID EXM Q06 01	Yes	1
ID EXM Q06	Mammogram (breast X-ray) in the last 2 years	ID EXM Q06 02	No	1
ID_EXM_Q08	Pap test in the last year (or in the last 3 years following 3 normal tests)	ID EXM Q08 01	Yes	1
ID EXM Q08	Pap /B> test in the last year (or in the last 3 years following 3 normal tests)	ID EXM Q08 02	No	1
ID EXM Q09	Are you currently pregnant ?	ID_EXM_Q09_01	Yes	1
ID EXM Q09	Are you currently pregnant ?	ID EXM Q09 02	No	1
ID EXM Q15	Flu immunization in the last year	ID EXM Q15 01	Yes	1
ID EXM Q15	Flu immunization in the last year	ID EXM Q15 02	No	1
·	Sigmoidoscopy in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in			1
ID_EXM_Q20	rectum)	ID_EXM_Q20_01	Yes	
	Sigmoidoscopy in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in			1
ID_EXM_Q20	rectum)	ID_EXM_Q20_02	No	
ID_EXM_Q21	Tetanus-diphtheria booster in the last 10 years	ID_EXM_Q21_01	Yes	1
ID_EXM_Q21	Tetanus-diphtheria booster in the last 10 years	ID_EXM_Q21_02	No	1
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_01	None	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_02	1 day	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_03	2 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_04	3 days	J
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_05	4 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
	physical activity? Combine the times you spend on all activities during the day. Examples include walking			
ID_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_06	5 days	I

	11		1	1
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
D EVD 015	physical activity? Combine the times you spend on all activities during the day. Examples include walking	ID EVD 015 07	C dave	
D_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_07	6 days	
	How many days per week do you get a total of 30 minutes or more of moderate-intensity			
S EVD 015	physical activity? Combine the times you spend on all activities during the day. Examples include walking	ID EVD 01E 00	7 days	
_EXR_Q15	(moderate pace), dancing, mowing (push mower), sl How many days per week do you participate in 20 minutes or more of vigorous exercise ?	ID_EXR_Q15_08	7 days	
EXR Q16	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID EVR 016 01	None	
D_EXR_Q16	How many days per week do you participate in 20 minutes or more of vigorous exercise ?	ID_EXR_Q16_01	None	
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
EXR Q16	machine.	ID EXR Q16 02	1 day	
_EXK_Q16	How many days per week do you participate in 20 minutes or more of vigorous exercise ?	ID_EXK_Q10_02	1 day	
EVD O16	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing	ID EVD 016 03	2 days	
_EXR_Q16	machine.	ID_EXR_Q16_03	2 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
EVD O16	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing	ID EVD O1C O4	2 days	
_EXR_Q16	machine. How many chadys nor weeks/Pa do you participate in 20 minutes or more of chavigorous eversion/Pa 2	ID_EXR_Q16_04	3 days	ĺ
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
EVD 046	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing	ID 5VD 045 05	la dance	
_EXR_Q16	machine.	ID_EXR_Q16_05	4 days	ĺ
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
5VD 046	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing	ID 51/2 046 06		
_EXR_Q16	machine.	ID_EXR_Q16_06	5 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
_EXR_Q16	machine.	ID_EXR_Q16_07	6 days	
	How many days per week do you participate in 20 minutes or more of vigorous exercise ?			
	Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing			
_EXR_Q16	machine.	ID_EXR_Q16_08	7 days	
_GENDER	What is your gender ?	ID_FEMALE	Female	
_GENDER	What is your gender ?	ID_MALE	Male	
	When you have health problems like those above, do you have information at home that you use to decide			
_HEALTH_INFO	when it's important to call or visit a health professional?	ID_HEALTH_INFO_01	Yes	
	When you have health problems like those above, do you have information at home that you use to decide			
_HEALTH_INFO	when it's important to call or visit a health professional?	ID_HEALTH_INFO_02	No	
_HEIGHT_FT	What is your height ?	ID_HEIGHT_FT_01	Feet :	1
_HEIGHT_IN		ID_HEIGHT_IN_01	Inches:	
_LANGUAGE	What language is your HRA? (English is default)	ID_LANGUAGE_SPANISH	Spanish	5.0 or 5.1
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		No plans to make this	
_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_01	change	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Plan to start in next 6	
ID_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_02	months	I
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Plan to start in next 30	
_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_03	days	I
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Started doing it in last 6	
_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_04	months	
	What are your plans for making the following lifestyle changes? (Select one answer for each. If you've		Made this change over 6	
)_LC_Q07	never needed to make the change, select 'No plans to make this change')Eat a healthier diet	ID_LC_Q07_05	months ago	1
			No plans to make this	

			Plan to start in next 6
ID_LC_Q08	Lose weight	ID_LC_Q08_02	months
ID LC Q08	Lose weight	ID LC Q08 03	Plan to start in next 30 days
			Started doing it in last 6
ID_LC_Q08	Lose weight	ID_LC_Q08_04	months
			Made this change over 6
ID_LC_Q08	Lose weight	ID_LC_Q08_05	months ago
			No plans to make this
ID_LC_Q09	Get more exercise	ID_LC_Q09_01	change
15 10 000		12.10.000.00	Plan to start in next 6
ID_LC_Q09	Get more exercise	ID_LC_Q09_02	months Plan to start in next 30
ID_LC_Q09	Get more exercise	ID_LC_Q09_03	days
ID_EC_Q03	det more exercise	10_10_003_03	Started doing it in last 6
ID_LC_Q09	Get more exercise	ID_LC_Q09_04	months
			Made this change over 6
ID_LC_Q09	Get more exercise	ID_LC_Q09_05	months ago
			No plans to make this
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_01	change
			Plan to start in next 6
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_02	months
ID 10 040	Outhorn Make and the	15 16 040 03	Plan to start in next 30
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_03	days Started doing it in last 6
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_04	months
10_10_410	Quit smoking/ tobacco use	15_16_Q10_04	Made this change over 6
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_05	months ago
:			No plans to make this
ID_LC_Q11	Handle stress better	ID_LC_Q11_01	change
			Plan to start in next 6
ID_LC_Q11	Handle stress better	ID_LC_Q11_02	months
			Plan to start in next 30
ID_LC_Q11	Handle stress better	ID_LC_Q11_03	days
ID IC 011	Handle stress better	ID IC 011 04	Started doing it in last 6
ID_LC_Q11	Handle stress better	ID_LC_Q11_04	months Made this change over 6
ID_LC_Q11	Handle stress better	ID_LC_Q11_05	months ago
		12_0_41_0	No plans to make this
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_01	change
			Plan to start in next 6
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_02	months
			Plan to start in next 30
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_03	days
		12.10.040.04	Started doing it in last 6
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_04	months
ID_LC_Q12	Act to reduce back pain	ID LC Q12 05	Made this change over 6 months ago
10_10_012	net to reduce back pairi		No plans to make this
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_01	change
:	, ,		Plan to start in next 6
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_02	months
			Plan to start in next 30
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_03	days
			Started doing it in last 6
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_04	months

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Do you know what steps to take at home to treat most minor health problems such as back pain, colds, flu, constipation, diarrhea, headaches, indigestion, rashes, sore throat and sprains?			
colds flu constinution diarrhae headaches indigestion rashes sore throat and sprains?			
coust, rid, consulpation, diarried, neadacties, margestion, rasiles, sore timoat and sprains:	ID_SC_Q03_02	No	
Do you know what steps to take at home to treat most minor health problems such as back pain,			
	ID SC 003 03	Unsure	
, , ,		Yes	
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		No	
How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_01	I do not smoke cigarettes	
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cigars, a pipe or smokeless/cnewing tobaccoj?	ID_SIVIK_Q15_02		HS 5.3. 5.4 online only
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cigars, a pipe or smokeless/cnewing tobacco)?	ID_SIVIK_Q15_03	year ago	HS 5.3, 5.4 online only
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Which are of these statements hast describes your use of «Databases products» (Da. /lacluding signature		· ·	
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sb>over the past two weeks, have you felt down, depressed, or hopeless?	חו _MR_dn5_05	INO	
Over the past two weeks , have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_01	Yes	
<r>Over the nast two weeks /R> have you been bothered by a lack of interest or pleasure in doing things?</r>	ID WB 020 02	No	
·			
	How many cigarettes do you smoke in a normal day? How many cigarettes do you smoke in a normal day? Do you:Smoke cigars or a pipe? Do you:Smoke cigars or a pipe? Use smokeless / chewing tobacco? Use smokeless / chewing tobacco? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)? What is your Social Security Numbers/B>? Stress can range from little problems to big pressures or difficulties. How stressful is your life? Stress can range from little problems to big pressures or difficulties. How stressful is your life? How effective are you at dealing with the stress in your life? How effective are you at dealing with the stress in your life? How often do you feel depressed? How often do you feel depressed? How often do you feel depressed? Over the past two weeks, have you felt down, depressed, or hopeless?	Do you normally:Get less than 7 hours of sleep per day? Do you normally:Get less than 7 hours of sleep per day? Do you normally:Get less than 7 hours of sleep per day? Feel tired during your waking hours? Feel tired during your waking hours? Do SLP_Q05_01 Feel tired during your waking hours? Do SLP_Q06_01 Work the day shift on your job? Do SLP_Q06_02 Work the day shift on your job? Do SLP_Q06_02 How many cigarettes do you smoke in a normal day? Do SMK_Q01_01 How many cigarettes do you smoke in a normal day? Do SMK_Q01_01 How many cigarettes do you smoke in a normal day? Do SMK_Q01_02 How many cigarettes do you smoke in a normal day? Do you:Smoke cigars or a pipe? Do you:Smoke cigars or a pipe? Do you.Smoke cigars or a pipe? Do you.Smoke cigars or a pipe? Do SMK_Q02_01 Use smokeless / chewing tobacco? Use smokeless / chewing tobacco? Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Do SMK_Q15_02 Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Do SMK_Q15_02 Which one of these statements best describes your use of tobacco products (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco?) Do SMK_Q15_03 Do SMK_Q15_03 Do SMK_Q15_03 Do SMK_Q15_04 Do SMK_Q15_04 Do SMK	Do you normally-Get less than 7 hours of sleep per day? Do you normally-Get less than 7 hours of sleep per day? Evel tired during your waking hours? Feel tired during your waking hours? Work the day shift on your job? Work the day shift on your job? How many cigarettes do you smoke in a normal day? How many cigarettes do you smoke in a normal day? Do SMR_Q01_01 Less than a pack (20 cigarettes) How many cigarettes do you smoke in a normal day? Do SMR_Q01_01 Less than a pack (20 cigarettes) How many cigarettes do you smoke in a normal day? Do you Smoke cigars or a pipe? Do you Smoke cig

KEY		
	New question added to	
	version 5.4	
	Question no longer used	
	in 5.4.	