

Data Dictionary Codebook

10/18/2022 9:13am

Languages	
ID	Display Name
en	<input checked="" type="checkbox"/> English (default)
es	<input type="checkbox"/> Spanish

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																																																																					
Instrument: NIMHD MCDDRC Common Data Elements (CDE) (nimhd_mcddrc_common_data_elements_cde) Enabled as survey Active languages - Data Entry: en, es Survey: en, es																																																																								
1	record_id	Record ID	text																																																																					
2	ethnicity	Are you of Hispanic, Latino, Latina, or Spanish origin? <i>PX011901</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>No, NOT of Hispanic, Latino, Latina, or Spanish origin</td> </tr> <tr> <td>1</td> <td>Yes, of Hispanic, Latino, Latina, or Spanish origin</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	0	No, NOT of Hispanic, Latino, Latina, or Spanish origin	1	Yes, of Hispanic, Latino, Latina, or Spanish origin	-88	Prefer not to answer																																																															
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3	ethnicity_hispanic <i>Show the field ONLY if: [ethnicity] = '1'</i>	If you selected, Yes, of Hispanic, Latino, or Spanish origin, What part of Latin America, or Spain, are you from? (Check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>ethnicity_hispanic__1</td><td>Argentina</td></tr> <tr><td>2</td><td>ethnicity_hispanic__2</td><td>Bolivia</td></tr> <tr><td>3</td><td>ethnicity_hispanic__3</td><td>Chile</td></tr> <tr><td>4</td><td>ethnicity_hispanic__4</td><td>Colombia</td></tr> <tr><td>5</td><td>ethnicity_hispanic__5</td><td>Costa Rica</td></tr> <tr><td>6</td><td>ethnicity_hispanic__6</td><td>Cuba</td></tr> <tr><td>7</td><td>ethnicity_hispanic__7</td><td>Dominican Republic</td></tr> <tr><td>8</td><td>ethnicity_hispanic__8</td><td>Ecuador</td></tr> <tr><td>9</td><td>ethnicity_hispanic__9</td><td>El Salvador</td></tr> <tr><td>10</td><td>ethnicity_hispanic__10</td><td>Equatorial Guinea</td></tr> <tr><td>11</td><td>ethnicity_hispanic__11</td><td>Guatemala</td></tr> <tr><td>12</td><td>ethnicity_hispanic__12</td><td>Honduras</td></tr> <tr><td>13</td><td>ethnicity_hispanic__13</td><td>Mexico</td></tr> <tr><td>14</td><td>ethnicity_hispanic__14</td><td>Nicaragua</td></tr> <tr><td>15</td><td>ethnicity_hispanic__15</td><td>Panama</td></tr> <tr><td>16</td><td>ethnicity_hispanic__16</td><td>Paraguay</td></tr> <tr><td>17</td><td>ethnicity_hispanic__17</td><td>Peru</td></tr> <tr><td>18</td><td>ethnicity_hispanic__18</td><td>Puerto Rico</td></tr> <tr><td>19</td><td>ethnicity_hispanic__19</td><td>Spain</td></tr> <tr><td>20</td><td>ethnicity_hispanic__20</td><td>Uruguay</td></tr> <tr><td>21</td><td>ethnicity_hispanic__21</td><td>Venezuela</td></tr> <tr><td>90</td><td>ethnicity_hispanic__90</td><td>Other</td></tr> <tr><td>-88</td><td>ethnicity_hispanic__88</td><td>Prefer not to answer</td></tr> </table>	1	ethnicity_hispanic__1	Argentina	2	ethnicity_hispanic__2	Bolivia	3	ethnicity_hispanic__3	Chile	4	ethnicity_hispanic__4	Colombia	5	ethnicity_hispanic__5	Costa Rica	6	ethnicity_hispanic__6	Cuba	7	ethnicity_hispanic__7	Dominican Republic	8	ethnicity_hispanic__8	Ecuador	9	ethnicity_hispanic__9	El Salvador	10	ethnicity_hispanic__10	Equatorial Guinea	11	ethnicity_hispanic__11	Guatemala	12	ethnicity_hispanic__12	Honduras	13	ethnicity_hispanic__13	Mexico	14	ethnicity_hispanic__14	Nicaragua	15	ethnicity_hispanic__15	Panama	16	ethnicity_hispanic__16	Paraguay	17	ethnicity_hispanic__17	Peru	18	ethnicity_hispanic__18	Puerto Rico	19	ethnicity_hispanic__19	Spain	20	ethnicity_hispanic__20	Uruguay	21	ethnicity_hispanic__21	Venezuela	90	ethnicity_hispanic__90	Other	-88	ethnicity_hispanic__88	Prefer not to answer
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4	ethnicity_other Show the field ONLY if: [ethnicity_hispanic(90)] = '1'	If other, please specify.		text																						
5	race	What is your race? (Check all that apply) <i>PX011901</i>	checkbox, Required																							
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				-88 race___88 Prefer not to answer																		
				Field Annotation: @NONEOFTHEABOVE=-88																		
6	race_otr Show the field ONLY if: [race(6)] = '1'	You selected "some other race". Please list here: <i>PX011901</i>		text, Required																		
7	sex_assigned_at_birth	What was your biological sex assigned at birth? <i>PX011601</i>		radio, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Intersex</td></tr> <tr><td>66</td><td>None of these describe me</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Male	1	Female	2	Intersex	66	None of these describe me	-88	Prefer not to answer								
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8	sex_assigned_at_birth_o_2 Show the field ONLY if: [sex_assigned_at_birth] = '66'	How would you describe yourself? <i>PX011601</i>		text, Required																		
9	gender_identity_term	What terms best express how you describe your gender identity? (Check all that apply) <i>PX011801</i>		checkbox, Required <table border="1"> <tr><td>0</td><td>gender_identity_term__0</td><td>Man</td></tr> <tr><td>1</td><td>gender_identity_term__1</td><td>Woman</td></tr> <tr><td>2</td><td>gender_identity_term__2</td><td>Non-binary</td></tr> <tr><td>3</td><td>gender_identity_term__3</td><td>Transgender</td></tr> <tr><td>66</td><td>gender_identity_term__66</td><td>None of these describe me</td></tr> <tr><td>-88</td><td>gender_identity_term__88</td><td>Prefer not to answer</td></tr> </table>	0	gender_identity_term__0	Man	1	gender_identity_term__1	Woman	2	gender_identity_term__2	Non-binary	3	gender_identity_term__3	Transgender	66	gender_identity_term__66	None of these describe me	-88	gender_identity_term__88	Prefer not to answer
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-88	gender_identity_term__88	Prefer not to answer																				
				Field Annotation: @NONEOFTHEABOVE=-88																		
10	gender_identity_description_o Show the field ONLY if: [gender_identity_term(66)] = '1'	How would you describe yourself? <i>PX011801</i>		text, Required																		
11	sexual_orientation_identity	Which of the following best represents how you think of yourself? <i>PX011701</i>		radio, Required <table border="1"> <tr><td>0</td><td>Gay</td></tr> <tr><td>1</td><td>Lesbian</td></tr> <tr><td>2</td><td>Straight; that is, not gay or lesbian, etc.</td></tr> <tr><td>3</td><td>Bisexual</td></tr> <tr><td>66</td><td>None of these describe me</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Gay	1	Lesbian	2	Straight; that is, not gay or lesbian, etc.	3	Bisexual	66	None of these describe me	-88	Prefer not to answer						
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12	sexual_orientation_description_o Show the field ONLY if: [sexual_orientation_identity] = '66'	How would you describe yourself? <i>PX011701</i>		text, Required																		
13	age_in_years	How old are you? (in years?) <i>PX010101</i>		text (integer, Min: 0, Max: 130)																		
14	age_in_years_no_response Show the field ONLY if:	How old are you? (in years?) <i>PX010101</i>		radio, Required <table border="1"> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	-88	Prefer not to answer																
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		[age_in_years] = "												
15	geocoded_residential_address	[Please collect the residential address (or at least ZIP code) for geocoding but this will NOT be sent to the RCC. In near future, the projects will be able to obtain de-identified neighborhood SDOH variables based on geocoded residential addresses / ZIP code and send the de-id neighborhood SDOH data to the RCC.]		descriptive										
16	fi_12_mos_food_money_freq	Section Header: <i>I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 12 months.</i> "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>PX270301</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Often true	2	Sometimes true	3	Never true	-77	Don't know	-88	Prefer not to answer
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17	fi_12_mos_afford_balanced_meals	"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>PX270301</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Often true	2	Sometimes true	3	Never true	-77	Don't know	-88	Prefer not to answer
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3	Never true													
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18	fi_12_mos_change_diet	In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? <i>PX270301</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
1	Yes													
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19	food_insecurity_change_diet_frequency	How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months? <i>PX270301</i> Show the field ONLY if: [fi_12_mos_food_money_freq]='1' or [fi_12_mos_food_money_freq]='2' or [fi_12_mos_afford_balanced_meals]='1' or [fi_12_mos_afford_balanced_meals]='2' or [fi_12_mos_change_diet]='1'	radio, Required	<table border="1"> <tr><td>1</td><td>Almost every month</td></tr> <tr><td>2</td><td>Some months but not every month</td></tr> <tr><td>3</td><td>Only 1 or 2 months</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Almost every month	2	Some months but not every month	3	Only 1 or 2 months	-77	Don't know	-88	Prefer not to answer
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20	fi_12_mos_eat_less	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? <i>PX270301</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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21	fi_12_mos_hungry	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? <i>PX270301</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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22	edu_att_individual_highest_grade	What is the highest grade or level of school you have completed or the highest degree you have received? <i>PX011002</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Never attended/Kindergarten Only</td></tr> <tr><td>1</td><td>1st grade</td></tr> </table>	0	Never attended/Kindergarten Only	1	1st grade						
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23	health_literacy_medical_forms	How confident are you filling out medical forms by yourself? <i>PX270401 / LOINC 95870-2</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Extremely</td></tr> <tr><td>2</td><td>Quite a bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A little bit</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Extremely	2	Quite a bit	3	Somewhat	4	A little bit	5	Not at all																																			
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24	ann_fam_inc_instructions	<p>Section Header: <i>[The next block of questions make up the PhenX set of income questions. Following that set, there is an alternative version that is only one question. Use the version that you think will work best for your population.]</i></p> <p>The next questions are about your total family income in [last calendar year in 4-digit format] BEFORE TAXES.</p> <p>Income is important in analyzing the health information we collect.</p> <p>For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group.</p> <p>Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.</p>	descriptive																																													
25	ann_family_inc_household	How many people currently live in the household? <i>PX011102</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	1	1	2	2																																									
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26	ann_family_inc_descript	When answering this next question, please remember to include your income PLUS the income of all family members living in this household. Enter '999995' if the reported income is \$999,995 or greater. If income is 0-999 1. (unusually low) or 250001-999995 (unusually high), make corrections if necessary. Do not read to respondent.	descriptive																																					
27	ann_family_inc_total_last_yr	What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year? <i>PX011102</i>	text (number, Min: 0, Max: 1000000)																																					
28	ann_family_inc_total_last_yr_enc Show the field ONLY if: [ann_family_inc_total_last_yr] = ""	<i>PX011102</i>	radio <table border="1"> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	-77	Don't know	-88	Prefer not to answer																																	
-77	Don't know																																							
-88	Prefer not to answer																																							
29	poverty_250	250% of poverty threshold <i>2022 FPG</i>	calc Calculation: $2.50 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN																																					
30	ann_family_inc_total_threshold_250 Show the field ONLY if: [ann_family_inc_total_last_yr] <=1000 OR [ann_family_inc_total_last_yr] >=250000 OR ([ann_family_inc_total_last_yr] = " AND [ann_family_inc_total_last_yr_enc] = '-77') OR ([ann_family_inc_total_last_yr] = " AND [ann_family_inc_total_last_yr_enc] = '-88')	Was your total family income from all sources less than [poverty_250] or [poverty_250] or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_250]</td></tr> <tr><td>2</td><td>[poverty_250] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_250]	2	[poverty_250] or more	-77	Don't know	-88	Prefer not to answer																													
1	Less than [poverty_250]																																							
2	[poverty_250] or more																																							
-77	Don't know																																							
-88	Prefer not to answer																																							

31	poverty_138	138% of poverty threshold	calc Calculation: $1.38 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN								
32	ann_family_inc_total_thld_138 Show the field ONLY if: [ann_family_inc_total_thld_250] = '1' OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88'	Was your total family income from all sources less than [poverty_138] or [poverty_138] or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_138]</td></tr> <tr><td>2</td><td>[poverty_138] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_138]	2	[poverty_138] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_138]										
2	[poverty_138] or more										
-77	Don't know										
-88	Prefer not to answer										
33	poverty_100	100% of poverty threshold	calc Calculation: $1.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN								
34	ann_family_inc_total_thld_100 Show the field ONLY if: [ann_family_inc_total_thld_138]=1	Was your total family income from all sources less than [poverty_100] or [poverty_100] or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_100]</td></tr> <tr><td>2</td><td>[poverty_100] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_100]	2	[poverty_100] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_100]										
2	[poverty_100] or more										
-77	Don't know										
-88	Prefer not to answer										
35	poverty_200	200% of poverty threshold <i>PX011102</i>	calc Calculation: $2.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN								
36	ann_family_inc_total_thld_200 Show the field ONLY if: [ann_family_inc_total_thld_138]=2	Was your total family income from all sources less than [poverty_200] or [poverty_200] or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_200]</td></tr> <tr><td>2</td><td>[poverty_200] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_200]	2	[poverty_200] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_200]										
2	[poverty_200] or more										
-77	Don't know										
-88	Prefer not to answer										
37	annual_family_income_total_75 Show the field ONLY if: ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='1') OR ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='2')	Was your total family income from all sources less than \$75,000 or \$75,000 or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than \$75,000</td></tr> <tr><td>2</td><td>\$75,000 or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than \$75,000	2	\$75,000 or more	-77	Don't know	-88	Prefer not to answer
1	Less than \$75,000										
2	\$75,000 or more										
-77	Don't know										
-88	Prefer not to answer										
38	annual_family_income_total_100 Show the field ONLY if: ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '5') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_75] = '2'	Was your total family income from all sources less than \$100,000 or \$100,000 or more? <i>PX011102</i>	radio <table border="1"> <tr><td>1</td><td>Less than \$100,000</td></tr> <tr><td>2</td><td>\$100,000 or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than \$100,000	2	\$100,000 or more	-77	Don't know	-88	Prefer not to answer
1	Less than \$100,000										
2	\$100,000 or more										
-77	Don't know										
-88	Prefer not to answer										
39	poverty_400	400% of poverty threshold	calc Calculation: $4.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))$								

			Field Annotation: @HIDDEN								
40	<p>ann_family_inc_total_thld_400</p> <p>Show the field ONLY if: ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = 4) OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] >= 7) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '3') OR ([annual_family_income_total_100] = '2' AND ([ann_family_inc_household] = '5' or [ann_family_inc_household] = '6')) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '3') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '6')</p>	<p>Was your total family income from all sources less than [poverty_400] or [poverty_400] or more? PX011102</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Less than [poverty_400]</td> </tr> <tr> <td>2</td> <td>[poverty_400] or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than [poverty_400]	2	[poverty_400] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_400]										
2	[poverty_400] or more										
-77	Don't know										
-88	Prefer not to answer										
41	<p>annual_family_income_total_150</p> <p>Show the field ONLY if: ([annual_family_income_total_100]=2 and ([ann_family_inc_household]=1 or [ann_family_inc_household]=2 or [ann_family_inc_household]=3)) or ([ann_family_inc_total_thld_400] =1 and [ann_family_inc_household]>=8) or ([ann_family_income_total_thld_400]=2 and ([ann_family_inc_household]=5 or [ann_family_inc_household]=6)) OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '2') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] >= '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '4') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '5')</p>	<p>Was your total family income from all sources less than \$150,000 or \$150,000 or more? PX011102</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Less than \$150,000</td> </tr> <tr> <td>2</td> <td>\$150,000 or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than \$150,000	2	\$150,000 or more	-77	Don't know	-88	Prefer not to answer
1	Less than \$150,000										
2	\$150,000 or more										
-77	Don't know										
-88	Prefer not to answer										
42	<p>ann_fam_inc_end_of_qxs</p> <p>Show the field ONLY if: [ann_family_inc_total_last_yr]</p>	<p>[End of PhenX Income Qxs]</p>	<p>descriptive</p>								

		> 1000 AND [ann_family_inc_total_last_yr] < 250000 OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88' OR [ann_family_inc_total_thld_138] = '-77' OR [ann_family_inc_total_thld_138] = '-88' OR [ann_family_inc_total_thld_100] <> " OR [ann_family_inc_total_thld_200] <> " OR [annual_family_income_total_75] = '-77' OR [annual_family_income_total_75] = '-88' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '2') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_100] = '-77' OR [annual_family_income_total_100] = '-88' OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] < '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '1') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '2') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] >= '6') OR [ann_family_inc_total_thld_400] = '-77' OR [ann_family_inc_total_thld_400] = '-88'																	
43	ann_fam_inc_alt_version	[Alternative version of income question using categories based on 2022 Federal Poverty Guidelines]	descriptive																
44	ann_fam_inc_2022fpgcats	What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year?	<table border="1"> <tr> <td colspan="2">radio, Required</td> </tr> <tr> <td>1</td> <td>less than \$13,590 (\$1,133/mo or \$261/wk)</td> </tr> <tr> <td>2</td> <td>\$13,590 (\$1,133/mo or \$261/wk) to \$18,309 (\$1,525/mo or \$351/wk)</td> </tr> <tr> <td>3</td> <td>\$18,310 (\$1,526/mo or \$352/wk) to \$23,029 (\$1,918/mo or \$442/wk)</td> </tr> <tr> <td>4</td> <td>\$23,030 (\$1,919/mo or \$443/wk) to \$27,749 (\$2,312/mo or \$533/wk)</td> </tr> <tr> <td>5</td> <td>\$27,750 (\$2,313/mo or \$534/wk) to \$32,469 (\$2,705/mo or \$623/wk)</td> </tr> <tr> <td>6</td> <td>\$32,470 (\$2,706/mo or \$624/wk) to \$37,189 (\$3,098/mo or \$714/wk)</td> </tr> <tr> <td>7</td> <td>\$37,190 (\$3,099/mo or \$715/wk) to \$41,909 (\$3,492/mo or \$805/wk)</td> </tr> </table>	radio, Required		1	less than \$13,590 (\$1,133/mo or \$261/wk)	2	\$13,590 (\$1,133/mo or \$261/wk) to \$18,309 (\$1,525/mo or \$351/wk)	3	\$18,310 (\$1,526/mo or \$352/wk) to \$23,029 (\$1,918/mo or \$442/wk)	4	\$23,030 (\$1,919/mo or \$443/wk) to \$27,749 (\$2,312/mo or \$533/wk)	5	\$27,750 (\$2,313/mo or \$534/wk) to \$32,469 (\$2,705/mo or \$623/wk)	6	\$32,470 (\$2,706/mo or \$624/wk) to \$37,189 (\$3,098/mo or \$714/wk)	7	\$37,190 (\$3,099/mo or \$715/wk) to \$41,909 (\$3,492/mo or \$805/wk)
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				<table border="1"> <tr><td>8</td><td>\$41,910 (\$3,493/mo or \$806/wk) to \$46,629 (\$3,885/mo or \$896/wk)</td></tr> <tr><td>9</td><td>\$46,630 (\$3,886/mo or \$897/wk) to \$51,349 (\$4,278/mo or \$987/wk)</td></tr> <tr><td>10</td><td>\$51,350 (\$4,279/mo or \$988/wk) to \$56,069 (\$4,672/mo or \$1,077/wk)</td></tr> <tr><td>11</td><td>\$56,070 (\$4,673/mo or \$1,078/wk) to \$60,789 (\$5,065/mo or \$1,168/wk)</td></tr> <tr><td>12</td><td>\$60,790 (\$5,066/mo or \$1,169/wk) to \$65,509 (\$5,458/mo or \$1,259/wk)</td></tr> <tr><td>13</td><td>\$65,510 (\$5,459/mo or \$1,260/wk) to \$70,229 (\$5,852/mo or \$1,350/wk)</td></tr> <tr><td>14</td><td>\$70,230 (\$5,853/mo or \$1,351/wk) to \$74,949 (\$6,245/mo or \$1,440/wk)</td></tr> <tr><td>15</td><td>\$74,950 (\$6,246/mo or \$1,441/wk) to \$79,669 (\$6,638/mo or \$1,531/wk)</td></tr> <tr><td>16</td><td>\$79,670 (\$6,639/mo or \$1,532/wk) to \$84,389 (\$7,032/mo or \$1,622/wk)</td></tr> <tr><td>17</td><td>\$84,390 (\$7,033/mo or \$1,623/wk) to \$89,109 (\$7,425/mo or \$1,713/wk)</td></tr> <tr><td>18</td><td>\$89,110 (\$7,426/mo or \$1,714/wk) to \$93,829 (\$7,818/mo or \$1,803/wk)</td></tr> <tr><td>19</td><td>\$93,830 (\$7,819/mo or \$1,804/wk) to \$98,549 (\$8,212/mo or \$1,894/wk)</td></tr> <tr><td>20</td><td>\$98,550 (\$8,213/mo or \$1,895/wk) to \$103,269 (\$8,605/mo or \$1,985/wk)</td></tr> <tr><td>21</td><td>more than \$103,269 (\$8,605/mo or \$1,985/wk)</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	8	\$41,910 (\$3,493/mo or \$806/wk) to \$46,629 (\$3,885/mo or \$896/wk)	9	\$46,630 (\$3,886/mo or \$897/wk) to \$51,349 (\$4,278/mo or \$987/wk)	10	\$51,350 (\$4,279/mo or \$988/wk) to \$56,069 (\$4,672/mo or \$1,077/wk)	11	\$56,070 (\$4,673/mo or \$1,078/wk) to \$60,789 (\$5,065/mo or \$1,168/wk)	12	\$60,790 (\$5,066/mo or \$1,169/wk) to \$65,509 (\$5,458/mo or \$1,259/wk)	13	\$65,510 (\$5,459/mo or \$1,260/wk) to \$70,229 (\$5,852/mo or \$1,350/wk)	14	\$70,230 (\$5,853/mo or \$1,351/wk) to \$74,949 (\$6,245/mo or \$1,440/wk)	15	\$74,950 (\$6,246/mo or \$1,441/wk) to \$79,669 (\$6,638/mo or \$1,531/wk)	16	\$79,670 (\$6,639/mo or \$1,532/wk) to \$84,389 (\$7,032/mo or \$1,622/wk)	17	\$84,390 (\$7,033/mo or \$1,623/wk) to \$89,109 (\$7,425/mo or \$1,713/wk)	18	\$89,110 (\$7,426/mo or \$1,714/wk) to \$93,829 (\$7,818/mo or \$1,803/wk)	19	\$93,830 (\$7,819/mo or \$1,804/wk) to \$98,549 (\$8,212/mo or \$1,894/wk)	20	\$98,550 (\$8,213/mo or \$1,895/wk) to \$103,269 (\$8,605/mo or \$1,985/wk)	21	more than \$103,269 (\$8,605/mo or \$1,985/wk)	-77	Don't know	-88	Prefer not to answer
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-88	Prefer not to answer																																			
45	<p>current_employment_status</p>	<p>We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else?</p> <p><i>PX011301</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Working now</td></tr> <tr><td>2</td><td>Only temporarily laid off, sick leave, or maternity leave</td></tr> <tr><td>3</td><td>Looking for work, unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, Permanently or temporarily</td></tr> <tr><td>6</td><td>Keeping house</td></tr> <tr><td>7</td><td>Student</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> <tr><td>90</td><td>Other (specify):</td></tr> </table>	1	Working now	2	Only temporarily laid off, sick leave, or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, Permanently or temporarily	6	Keeping house	7	Student	-88	Prefer not to answer	90	Other (specify):															
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90	Other (specify):																																			
46	<p>cur_employ_stat_specify</p> <p>Show the field ONLY if: [current_employment_status] = '90'</p>	<p>If Other, please specify.</p> <p><i>PX011301</i></p>	<p>text, Required</p>																																	
47	<p>ahc_hrsn_st_suppl_edu_q15</p>	<p>Do you speak a language other than English at home?</p> <p><i>CMS AHS HRSN Item #15/LOINC: 97027-7</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			

				-88	Prefer not to answer	
48	<p>english_proficiency_speak_engl</p> <p>Show the field ONLY if: [ahc_hrsn_st_suppl_edu_q15] = '1'</p>	<p>Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English...?</p> <p>PX270201</p>	radio, Required	1	Very well	
				2	Well	
				3	Not well	
				4	Not at all	
				-77	Don't know	
				-88	Prefer not to answer	
49	<p>acs_hlth_svcs_last_seen_doctor</p>	<p>About how long has it been since you last saw a doctor or other health care professional about your health?</p> <p>PX270101</p>	radio, Required	0	Never	
				1	Within the past year (anytime less than 12 months ago)	
				2	Within the last 2 years (1 year but less than 2 years ago)	
				3	Within the last 3 years (2 years but less than 3 years ago)	
				4	Within the last 5 years (3 years but less than 5 years ago)	
				5	Within the last 10 years (5 years but less than 10 years ago)	
				6	10 years ago or more	
				-77	Don't know	
				-88	Prefer not to answer	
50	<p>acs_hlth_svcs_usual_place_hc</p>	<p>Is there a place that you USUALLY go to if you are sick and need health care?</p> <p>PX270101</p>	radio, Required	1	Yes	
				2	There is NO place	
				3	There is MORE THAN ONE place	
				-77	Don't know	
				-88	Prefer not to answer	
51	<p>acs_hlth_svcs_hc_most_often</p> <p>Show the field ONLY if: [acs_hlth_svcs_usual_place_hc]='1' OR [acs_hlth_svcs_usual_place_hc]='3' OR [acs_hlth_svcs_usual_place_hc]='-77' OR [acs_hlth_svcs_usual_place_hc]='-88'</p>	<p>What kind of place is it/do you go to most often - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place?</p> <p>Read if necessary: A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file.</p> <p>Read if necessary: Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.</p> <p>PX270101</p>	checkbox, Required	1	acs_hlth_svcs_hc_most_often__1	A doctor's office or health center
				2	acs_hlth_svcs_hc_most_often__2	Walk-in clinic, urgent care center, or retail clinic in a pharmacy or grocery store
				3	acs_hlth_svcs_hc_most_often__3	Emergency room
				4	acs_hlth_svcs_hc_most_often__4	A VA Medical Center or VA

					<table border="1"> <tr> <td></td> <td></td> <td>outpatient clinic</td> </tr> <tr> <td>5</td> <td>acs_hlth_svcs_hc_most_often__5</td> <td>Some other place</td> </tr> <tr> <td>6</td> <td>acs_hlth_svcs_hc_most_often__6</td> <td>Does not go to one place most often</td> </tr> <tr> <td>-77</td> <td>acs_hlth_svcs_hc_most_often__77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>acs_hlth_svcs_hc_most_often__88</td> <td>Prefer not to answer</td> </tr> </table>			outpatient clinic	5	acs_hlth_svcs_hc_most_often__5	Some other place	6	acs_hlth_svcs_hc_most_often__6	Does not go to one place most often	-77	acs_hlth_svcs_hc_most_often__77	Don't know	-88	acs_hlth_svcs_hc_most_often__88	Prefer not to answer
		outpatient clinic																		
5	acs_hlth_svcs_hc_most_often__5	Some other place																		
6	acs_hlth_svcs_hc_most_often__6	Does not go to one place most often																		
-77	acs_hlth_svcs_hc_most_often__77	Don't know																		
-88	acs_hlth_svcs_hc_most_often__88	Prefer not to answer																		
					Field Annotation: @NONEOFTHEABOVE=-88															
52	<p>acs_hlth_svcs_hc_most_often_o</p> <p>Show the field ONLY if: [acs_hlth_svcs_hc_most_often(5)] = "1"</p>	<p>If Some other place, please specify.</p> <p>PX011301</p>			text, Required															
53	<p>acs_hlth_svcs_past_12_mos_uc</p> <p>Show the field ONLY if: [acs_hlth_svcs_usual_place_hc] <> ""</p>	<p>During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about your health?</p> <p>[If a research staff administers the questionnaire: Read if necessary: Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.</p> <p>Read if necessary: This is different from a hospital emergency room.]</p> <p>Enter 96 if number of times is 96 or more.</p> <p>PX270101</p>			text (integer, Min: 0, Max: 96)															
54	<p>acs_hlth_svcs_past_12_mos_uc_en</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] = ""</p>	<p>PX270101</p>			<p>radio, Required</p> <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	-77	Don't know	-88	Prefer not to answer											
-77	Don't know																			
-88	Prefer not to answer																			
55	<p>acs_hlth_svcs_past_12_mos_uc_v</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] > 40 and [acs_hlth_svcs_past_12_mos_uc] < 97</p>	<p>Just to verify:</p> <p>Are you are saying that you have been to an urgent care center or a clinic in a drug store or grocery store about your health more than [access_health_services_past_12_months_urgent_care] times during the past 12 months?</p> <p>PX270101</p>			<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																			
0	No																			
56	<p>acs_hlth_svcs_past_12_mos_er</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] > 0 AND [acs_hlth_svcs_past_12_mos_uc] < 40 OR [acs_hlth_svcs_past_12_mos_uc] = "-77" OR [acs_hlth_svcs_past_12_mos_uc] = "-88" OR [acs_hlth_svcs_past_12_mos_uc_v] = "1" OR [acs_hlth_svcs_past_12_mos_uc] = "1"</p>	<p>During the past 12 months, how many times have you gone to a hospital emergency room about your health?</p> <p>[If a research staff administers the questionnaire: Read if necessary: This includes emergency room visits that resulted in a hospital admission.]</p> <p>Enter 96 if number of times is 96 or more.</p> <p>PX270101</p>			text (integer, Min: 0, Max: 96)															

	mos_uc_en] = "-77" OR [acs_hlth_svcs_past_12_mos_uc_en] = "-88"										
57	acs_hlth_svcs_past_12_mos_er_en Show the field ONLY if: [acs_hlth_svcs_past_12_mos_er] = ""	PX270101	radio <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	-77	Don't know	-88	Prefer not to answer				
-77	Don't know										
-88	Prefer not to answer										
58	acs_hlth_svcs_past_12_mos_er_v Show the field ONLY if: [acs_hlth_svcs_past_12_mos_er] > 40 and [acs_hlth_svcs_past_12_mos_er] < 97	Just to verify: Are you are saying that you have been to an emergency room about your health more than [access_health_services_past_12_months_emergency_room] times during the past 12 months. PX270101	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
59	acs_hlth_svcs_delayed_mos_er_c	During the past 12 months, have you DELAYED getting medical care because of the cost? PX270101	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
1	Yes										
0	No										
-77	Don't know										
-88	Prefer not to answer										
60	hlth_ins_coverage_employer	Section Header: <i>Are you currently covered by any of the following types of health insurance or health coverage plans?</i> Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
61	hlth_ins_coverage_purchased	Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov [if the respondent is in a state with state-specific names, insert] [or insert program name]	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
62	hlth_ins_coverage_medicare	Medicare, for people 65 and older, or people with certain disabilities	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
63	hlth_ins_coverage_medicicaid	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. You may know this type of coverage as [if the respondent is in a state with state-specific names insert program name].	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
64	hlth_ins_coverage_military	TRICARE or other military health care, including VA health care.	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
65	hlth_ins_coverage_indian	Indian Health Service	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> <tr> <td>3</td> <td>Not Sure</td> </tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered										
2	Not Covered										
3	Not Sure										
66	hlth_ins_coverage_other	Any Other type of health insurance coverage or health coverage plan?	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> <tr> <td>2</td> <td>Not Covered</td> </tr> </table>	1	Covered	2	Not Covered				
1	Covered										
2	Not Covered										

				3 Not Sure															
67	<p>hlth_ins_coverage_nocoverage</p> <p>Show the field ONLY if: [hlth_ins_coverage_employer] <> '1' and [hlth_ins_coverage_purchased] <> '1' and [hlth_ins_coverage_medicare] <> '1' and [hlth_ins_coverage_medicaid] <> '1' and [hlth_ins_coverage_military] <> '1' and [hlth_ins_coverage_indian] <> '1' and [hlth_ins_coverage_other] <> '1'</p>	<p>Does this mean you currently have no health insurance or health coverage plan? In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.</p> <p>PX011502</p>	<p>radio, Identifier</p> <table border="1"> <tr> <td>1</td> <td>I do NOT have health insurance</td> </tr> <tr> <td>2</td> <td>I HAVE some kind of health insurance</td> </tr> </table>	1	I do NOT have health insurance	2	I HAVE some kind of health insurance												
1	I do NOT have health insurance																		
2	I HAVE some kind of health insurance																		
68	<p>hlth_ins_coverage_fladd</p> <p>Show the field ONLY if: [hlth_ins_coverage_nocoverage] = '2' or [hlth_ins_coverage_other] = '1'</p>	<p>What type of health insurance do you have?</p> <p>PX011502</p>	<p>text</p>																
69	<p>cls_decription</p>	<p>Which of the following best describes your current living situation?</p> <p>(Select ONE only)</p> <p>KP YCLS Q1</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet</td> </tr> <tr> <td>2</td> <td>Live in a household with other people</td> </tr> <tr> <td>3</td> <td>Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)</td> </tr> <tr> <td>4</td> <td>Live in a facility such as a nursing home which provides meals and 24-hour nursing care</td> </tr> <tr> <td>5</td> <td>Temporarily staying with a relative or friend</td> </tr> <tr> <td>6</td> <td>Temporarily staying in a shelter or homeless</td> </tr> <tr> <td>90</td> <td>Other (please specify)</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet	2	Live in a household with other people	3	Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)	4	Live in a facility such as a nursing home which provides meals and 24-hour nursing care	5	Temporarily staying with a relative or friend	6	Temporarily staying in a shelter or homeless	90	Other (please specify)	-88	Prefer not to answer
1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet																		
2	Live in a household with other people																		
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4	Live in a facility such as a nursing home which provides meals and 24-hour nursing care																		
5	Temporarily staying with a relative or friend																		
6	Temporarily staying in a shelter or homeless																		
90	Other (please specify)																		
-88	Prefer not to answer																		
70	<p>cls_description_other</p> <p>Show the field ONLY if: [cls_decription] = '90'</p>	<p>If Other, please specify</p> <p>KP YCLS Q1</p>	<p>text, Required</p> <p>Custom alignment: LV</p>																
71	<p>cls_trouble_paying_food</p>	<p>Section Header: <i>In the past 3 months, did you have trouble paying for any of the following?</i></p> <p>Food</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
72	<p>cls_trouble_paying_housing</p>	<p>Housing</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
73	<p>cls_trouble_paying_heat_electric</p>	<p>Heat and electricity</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
74	<p>cls_trouble_paying_medical</p>	<p>Medical needs</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>																

				<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
75	cls_trouble_paying_transport	Transportation		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
76	cls_trouble_paying_childcare	Childcare		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
77	cls_trouble_paying_debts	Debts		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
78	cls_trouble_paying_none	None of the above		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
79	cls_trouble_paying_o	Something other than what is listed above (please write in) {cls_other_text}		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
80	cls_other_text Show the field ONLY if: [cls_trouble_paying_o] = '1'	If Other, please specify		text						
81	cls_lack_of_transport_m_appts	Section Header: <i>Has lack of transportation...</i> Kept you from medical appointments or from getting medications?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
82	cls_lack_of_transport_m_adl	Kept you from doing things needed for daily living?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
83	cls_lack_of_transport_m_prob	Been a problem for you?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
84	cls_relationship_status	What is your current marital/relationship status? (Select ONE only) <i>KP YCLS Q10</i>		radio, Required <table border="1"> <tr><td>1</td><td>Married/domestic partner</td></tr> <tr><td>2</td><td>Living with a partner in a committed relationship</td></tr> <tr><td>3</td><td>In a serious or committed relationship, but not living together</td></tr> </table>	1	Married/domestic partner	2	Living with a partner in a committed relationship	3	In a serious or committed relationship, but not living together
1	Married/domestic partner									
2	Living with a partner in a committed relationship									
3	In a serious or committed relationship, but not living together									

				<table border="1"> <tr><td>4</td><td>Single</td></tr> <tr><td>5</td><td>Separated</td></tr> <tr><td>6</td><td>Divorced</td></tr> <tr><td>7</td><td>Widowed</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	4	Single	5	Separated	6	Divorced	7	Widowed	-88	Prefer not to answer		
4	Single															
5	Separated															
6	Divorced															
7	Widowed															
-88	Prefer not to answer															
85	cls_hard_get_medication	How hard is it for you to get your medications and medical supplies when you need them? <i>KP YCLS Q14</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Not at all hard</td></tr> <tr><td>2</td><td>Somewhat hard</td></tr> <tr><td>3</td><td>Very hard</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Not at all hard	2	Somewhat hard	3	Very hard	-88	Prefer not to answer				
1	Not at all hard															
2	Somewhat hard															
3	Very hard															
-88	Prefer not to answer															
86	cls_need_help_to_read	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? <i>KP YCLS Q16 (SILS) / LOINC 93157-6</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefer not to answer
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
-88	Prefer not to answer															
87	cls_lonely	How often do you feel lonely or isolated from those around you? <i>KP YCLS Q19</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefer not to answer
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
-88	Prefer not to answer															
88	cls_social_connection	How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church or club meetings) <i>KP YCLS Q20</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>1-2 days a week</td></tr> <tr><td>3</td><td>3-4 days a week</td></tr> <tr><td>4</td><td>5 or more days a week</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than once a week	2	1-2 days a week	3	3-4 days a week	4	5 or more days a week	-88	Prefer not to answer		
1	Less than once a week															
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3	3-4 days a week															
4	5 or more days a week															
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89	ahc_hrsn_st_suppl_fcs_q13	If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need? <i>CMS AHS HRSN Item 13/LOINC: 96781-0</i>	radio, Required	<table border="1"> <tr><td>1</td><td>I don't need any help</td></tr> <tr><td>2</td><td>I get all the help I need</td></tr> <tr><td>3</td><td>I could use a little more help</td></tr> <tr><td>4</td><td>I need a lot more help</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	I don't need any help	2	I get all the help I need	3	I could use a little more help	4	I need a lot more help	-88	Prefer not to answer		
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90	ahc_hrsn_st_suppl_su_q19 Show the field ONLY if: [sex_assigned_at_birth] = '2' or [sex_assigned_at_birth] = '66' or [sex_assigned_at_birth] = '-88'	How many times in the past 12 months have you had 5 or more alcoholic drinks in a day (males) or 4 or more alcoholic drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits. <i>CMS AHS HRSN Item 19/LOINC 68517-2</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer
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4	Daily or Almost Daily															
-88	Prefer not to answer															

91	<p>ahc_hrsn_st_suppl_su_q1_9_male</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '0'</p>	<p>How many times in the past 12 months have you had 5 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.</p> <p><i>CMS AHS HRSN Item 19M/LOINC 68517-2</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer
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92	<p>ahc_hrsn_st_suppl_su_q1_9_female</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '1'</p>	<p>How many times in the past 12 months have you had 4 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.</p> <p><i>CMS AHS HRSN Item 19F/LOINC 68517-2</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer
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93	<p>path_lifetime_tobacco_use</p>	<p>In your lifetime, have you ever used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, e-hookah, hookah pens, shisha pen; Smokeless Tobacco Products, such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
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94	<p>path_tobacco_use_last_year</p> <p>Show the field ONLY if: [path_lifetime_tobacco_use] = '1' or [path_lifetime_tobacco_use] = '-77' or [path_lifetime_tobacco_use] = '-88'</p>	<p>In the past 12 months, have you ever used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
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95	<p>path_tobacco_use_30_days</p> <p>Show the field ONLY if: [path_tobacco_use_last_year] = '1' or [path_tobacco_use_last_year] = '-77' or [path_tobacco_use_last_year] = '-88'</p>	<p>In the past 30 days, have you used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
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-77	Don't know														
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96	<p>path_tobacco_use_times_</p>	<p>On how many of the past 30 days, did you use a Tobacco</p>	<p>dropdown, Required</p>												

	<p>30_days</p> <p>Show the field ONLY if: [path_tobacco_use_30_days] = '1' or [path_tobacco_use_30_days] = '-77'</p>	<p>or Vape Product? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, blunts, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p>	<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> <tr><td>28</td><td>28</td></tr> <tr><td>29</td><td>29</td></tr> <tr><td>30</td><td>30</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30
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97	<p>ahc_hrsn_st_suppl_pa_q17</p>	<p>In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)?</p> <p><i>CMS AHS HRSN Item 17/LOINC: 89555-7</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7																																														
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98	<p>ahc_hrsn_st_suppl_pa_q18</p> <p>Show the field ONLY if: [ahc_hrsn_st_suppl_pa_q17] <</p>	<p>On average, how many minutes did you usually spend exercising at this level on one of those days?</p> <p><i>CMS AHS HRSN Item 18/LOINC: 68516-4</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> </table>	0	0	1	10																																																										
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6	60																			
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8	120																			
9	150 or greater																			
99	ahc_hrsn_st_suppl_mh_q23b	Over the past 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless? <i>CMS AHS HRSN Item 23B/LOINC 44255-8</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day	-88	Prefer not to answer						
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100	ahc_hrsn_st_suppl_mh_q24	Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days? <i>CMS AHS HRSN Item 24/LOINC 93038-8</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much	-88	Prefer not to answer				
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101	ahc_hrsn_st_suppl_d_q25	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <i>CMS AHS HRSN Item 25/LOINC 69858-9</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: [age]>=15</p>	1	Yes	0	No	-88	Prefer not to answer										
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102	ahc_hrsn_st_suppl_d_q26	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <i>CMS AHS HRSN Item 26/LOINC 69861-3</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Field Annotation: [age]>=15</p>	1	Yes	0	No	-88	Prefer not to answer										
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103	global_03	In general, how would you rate your physical health? <i>PROMIS Global03/LOINC: 61579-9</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very Good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor	-88	Prefer not to answer				
1	Excellent																			
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104	comorbid	Section Header: <i>[Comorbidity Index (CI) (Charlson et al 1987) Do NOT use this version for study participant responses; this version is only for chart / electronic health record abstraction.]</i> Comorbidity (Choose all that are present) <i>[Charlson et al 1987]</i>	checkbox, Required	<table border="1"> <tr><td>1</td><td>comorbid__1</td><td>Myocardial infarct</td></tr> <tr><td>2</td><td>comorbid__2</td><td>Congestive heart failure</td></tr> <tr><td>3</td><td>comorbid__3</td><td>Peripheral vascular disease</td></tr> </table>	1	comorbid__1	Myocardial infarct	2	comorbid__2	Congestive heart failure	3	comorbid__3	Peripheral vascular disease							
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19	comorbid__19	AIDS																																																					
0	comorbid__0	None of the above																																																					
105	cci_total_sc	Total points:	<p>calc</p> <p>Calculation: if ([age_in_years] = 50, 1, 0) + if ([age_in_years] = 51, 1, 0) + if ([age_in_years] = 52, 1, 0) + if ([age_in_years] = 53, 1, 0) + if ([age_in_years] = 54, 1, 0) + if ([age_in_years] = 55, 1, 0) + if ([age_in_years] = 56, 1, 0) + if ([age_in_years] = 57, 1, 0) + if ([age_in_years] = 58, 1, 0) + if ([age_in_years] = 59, 1, 0) + if ([age_in_years] = 60, 2, 0) + if ([age_in_years] = 61, 2, 0) + if ([age_in_years] = 62, 2, 0) + if ([age_in_years] = 63, 2, 0) + if ([age_in_years] = 64, 2, 0) + if ([age_in_years] = 65, 2, 0) + if ([age_in_years] = 66, 2, 0) + if ([age_in_years] = 67, 2, 0) + if ([age_in_years] = 68, 2, 0) + if ([age_in_years] = 69, 2, 0) + if ([age_in_years] = 70, 3, 0) + if ([age_in_years] = 71, 3, 0) + if ([age_in_years] = 72, 3, 0) + if ([age_in_years] = 73, 3, 0) + if ([age_in_years] = 74, 3, 0) + if ([age_in_years] = 75, 3, 0) + if ([age_in_years] = 76, 3, 0) + if ([age_in_years] = 77, 3, 0) + if ([age_in_years] = 78, 3, 0) + if ([age_in_years] = 79, 3, 0) + if ([age_in_years] = 80, 4, 0) + if ([age_in_years] = 81, 4, 0) + if ([age_in_years] = 82, 4, 0) + if ([age_in_years] = 83, 4, 0) + if ([age_in_years] = 84, 4, 0) + if ([age_in_years] = 85, 4, 0) + if ([age_in_years] = 86, 4, 0) + if ([age_in_years] = 87, 4, 0) + if ([age_in_years] = 88, 4, 0) + if ([age_in_years] = 89, 4, 0) + if ([age_in_years] = 90, 5, 0) + if ([age_in_years] = 91, 5, 0) + if ([age_in_years] = 92, 5, 0) + if ([age_in_years] = 93, 5, 0) + if ([age_in_years] = 94, 5, 0) + if ([age_in_years] = 95, 5, 0) + if ([age_in_years] = 96, 5, 0) + if ([age_in_years] = 97, 5, 0) + if ([age_in_years] = 98, 5, 0) + if ([age_in_years] = 99, 5, 0) + if ([comorbid(1)] = 1, 1, 0) + if ([comorbid(2)]</p>																																																				

				<p>=1, 1, 0) + if ([comorbid(3)] =1, 1, 0) + if ([comorbid(4)] =1, 1, 0) + if ([comorbid(5)] =1, 1, 0) + if ([comorbid(6)] =1, 1, 0) + if ([comorbid(7)] =1, 1, 0) + if ([comorbid(8)] =1, 1, 0) + if ([comorbid(9)] =1, 1, 0) + if ([comorbid(10)] =1, 1, 0) + if ([comorbid(11)] =1, 2, 0) + if ([comorbid(12)] =1, 2, 0) + if ([comorbid(13)] =1, 2, 0) + if ([comorbid(14)] =1, 2, 0) + if ([comorbid(15)] =1, 2, 0) + if ([comorbid(16)] =1, 2, 0) + if ([comorbid(17)] =1, 3, 0) + if ([comorbid(18)] =1, 6, 0) + if ([comorbid(19)] =1, 6, 0)</p> <p>Field Annotation: @HIDDEN</p>			
106	ci_pub_info	<p>This article was published in Journal of Chronic Diseases, Vol. 40(5), Charlson ME, Pompei P, Ales KL, MacKenzie CR, A new method of classifying prognostic comorbidity in longitudinal studies: development and validation, 373-383, (c) Elsevier (1987)Journal of Diseases Homepage http://www.sciencedirect.com/science/journal/00219681Additional information:SCORING - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545968/</p>	<p>descriptive</p>				
107	scq_instructions	<p>Section Header: <i>[Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index (Sangha, ...,Katz et al 2003)]</i></p> <p>Instructions:</p> <p>The following is a list of common problems. Please indicate if you currently have the problem. Also, indicate all medical conditions that are not listed under "other medical problems".</p> <p>If you do have the problem, then you will be asked if you receive medications or some other type of treatment for the problem.</p> <p>If you have the problem, next you will be asked if the problem limits any of your activities.</p>	<p>descriptive</p>				
108	scq_covid19	<p>Section Header: <i>Do you have the problem?</i></p> <p>COVID-19 (SARS-Cov2) -- ever tested positive</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
109	scq_heart	<p>Heart disease</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
110	scq_hbp	<p>High blood pressure</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
111	scq_lung	<p>Lung disease</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
112	scq_diabetes	<p>Diabetes</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						

				Field Annotation: [Sangha, et al, ...,Katz 2003]				
113	scq_stomach	Ulcer or stomach disease	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
114	scq_kidney	Kidney disease	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
115	scq_liver	Liver disease	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
116	scq_blood	Anemia or other blood disease	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
117	scq_cancer	Cancer	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
118	scq_depression	Depression	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
119	scq_osteoarthritis	Osteoarthritis, degenerative arthritis	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
120	scq_backpain	Back pain	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
121	scq_ra	Rheumatoid arthritis	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No	Field Annotation: [Sangha, et al, ...,Katz 2003]
1	Yes							
0	No							
122	scq_other	Other medical problems (please write in) {scq_other_text}	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td></td><td></td></tr> </table>	1	Yes			
1	Yes							

				<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No	
0	No						
123	<p>scq_trtmt_covid19</p> <p>Show the field ONLY if: [scq_covid19] = '1'</p>	<p>Section Header: <i>Do you receive treatment for it?</i></p> <p>COVID-19 -- ever received treatment</p>	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
124	<p>scq_trtmt_heart</p> <p>Show the field ONLY if: [scq_heart] = '1'</p>	Heart disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
125	<p>scq_trtmt_hbp</p> <p>Show the field ONLY if: [scq_hbp] = '1'</p>	High blood pressure	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
126	<p>scq_trtmt_lung</p> <p>Show the field ONLY if: [scq_lung] = '1'</p>	Lung Disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
127	<p>scq_trtmt_diabetes</p> <p>Show the field ONLY if: [scq_diabetes] = '1'</p>	Diabetes	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
128	<p>scq_trtmt_stomach</p> <p>Show the field ONLY if: [scq_stomach] = '1'</p>	Ulcer or stomach disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
129	<p>scq_trtmt_kidney</p> <p>Show the field ONLY if: [scq_kidney] = '1'</p>	Kidney disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
130	<p>scq_trtmt_liver</p> <p>Show the field ONLY if: [scq_liver] = '1'</p>	Liver disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
131	<p>scq_trtmt_blood</p> <p>Show the field ONLY if: [scq_blood] = '1'</p>	Anemia or other blood disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
132	<p>scq_trtmt_cancer</p> <p>Show the field ONLY if:</p>	Cancer	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes						

	[scq_cancer] = '1'		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No		
0	No						
133	<p>scq_trtmt_depression</p> <p>Show the field ONLY if: [scq_depression] = '1'</p>	Depression	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
134	<p>scq_trtmt_osteoarthriti s</p> <p>Show the field ONLY if: [scq_osteoarthritis] = '1'</p>	Osteoarthritis, degenerative arthritis	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
135	<p>scq_trtmt_backpain</p> <p>Show the field ONLY if: [scq_backpain] = '1'</p>	Back pain	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
136	<p>scq_trtmt_ra</p> <p>Show the field ONLY if: [scq_ra] = '1'</p>	Rheumatoid arthritis	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
137	<p>scq_trtmt_other</p> <p>Show the field ONLY if: [scq_other] = '1'</p>	Are you receiving treatment for [scq_other_text]?	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
138	<p>scq_limit_covid19</p> <p>Show the field ONLY if: [scq_covid19] = '1'</p>	<p>Section Header: <i>Does it limit your activities?</i></p> <p>COVID-19 -- ever limited your activities</p>	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
139	<p>scq_limit_heart</p> <p>Show the field ONLY if: [scq_heart] = '1'</p>	Heart disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
140	<p>scq_limit_hbp</p> <p>Show the field ONLY if: [scq_hbp] = '1'</p>	High blood pressure	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
141	<p>scq_limit_lung</p> <p>Show the field ONLY if: [scq_lung] = '1'</p>	Lung disease	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
142	<p>scq_limit_diabetes</p>	Diabetes	<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes						

		Show the field ONLY if: [scq_diabetes] = '1'		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No		
0	No							
143	scq_limit_stomach	Ulcer or stomach disease Show the field ONLY if: [scq_stomach] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
144	scq_limit_kidney	Kidney disease Show the field ONLY if: [scq_kidney] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
145	scq_limit_liver	Liver disease Show the field ONLY if: [scq_liver] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
146	scq_limit_blood	Anemia or blood disease Show the field ONLY if: [scq_blood] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
147	scq_limit_cancer	Cancer Show the field ONLY if: [scq_cancer] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
148	scq_limit_depression	Depression Show the field ONLY if: [scq_depression] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
149	scq_limit_osteoarthritis	Osteoarthritis, degenerative arthritis Show the field ONLY if: [scq_osteoarthritis] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
150	scq_limit_backpain	Back pain Show the field ONLY if: [scq_backpain] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
151	scq_limit_ra	Rheumatoid arthritis Show the field ONLY if: [scq_ra] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
152	scq_limit_other	Does [scq_other_text] limit your activities?		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes							
0	No							

		Show the field ONLY if: [scq_other] = '1'		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No																																																								
1	Yes																																																															
0	No																																																															
153	scq_other_text	Show the field ONLY if: [scq_other] = '1'	Please write in any other medical problems that you have. <i>[Sangha, et al, ...,Katz 2003]</i>	notes																																																												
154	birthplace		Section Header: <i>HIGH VALUE OPTIONAL ITEMS</i> Where were you born? <i>PX010201</i>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>In the United States</td> </tr> <tr> <td>1</td> <td>In a U.S. Territory</td> </tr> <tr> <td>2</td> <td>Outside the United States</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	0	In the United States	1	In a U.S. Territory	2	Outside the United States	-77	Don't know	-88	Prefer not to answer																																																		
0	In the United States																																																															
1	In a U.S. Territory																																																															
2	Outside the United States																																																															
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156	<p>birthplace_location_in_us_terr</p> <p>Show the field ONLY if: [birthplace] = '1'</p>	<p>Please select the name of the U.S. Territory where you were born.</p> <p><i>PX010201</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>American Samoa (AS)</td></tr> <tr><td>2</td><td>Guam (GU)</td></tr> <tr><td>3</td><td>Northern Mariana Islands (MP)</td></tr> <tr><td>4</td><td>Puerto Rico (PR)</td></tr> <tr><td>5</td><td>Virgin Islands (VI)</td></tr> <tr><td>6</td><td>United States Minor Outlying Islands (UM)</td></tr> </table>	1	American Samoa (AS)	2	Guam (GU)	3	Northern Mariana Islands (MP)	4	Puerto Rico (PR)	5	Virgin Islands (VI)	6	United States Minor Outlying Islands (UM)																														
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157	<p>birthplace_foreign_country</p> <p>Show the field ONLY if: [birthplace] = '2'</p>	<p>Please select the name of the foreign country where you were born.</p> <p><i>PX010201</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua & Deps</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> </table>	1	Afghanistan	2	Albania	3	Algeria	4	Andorra	5	Angola	6	Antigua & Deps	7	Argentina	8	Armenia	9	Australia	10	Austria	11	Azerbaijan	12	Bahamas	13	Bahrain	14	Bangladesh	15	Barbados												
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25	Brunei
26	Bulgaria
27	Burkina
28	Burundi
29	Cambodia
30	Cameroon
31	Canada
32	Cape Verde
33	Central African Rep
34	Chad
35	Chile
36	China
37	Colombia
38	Comoros
39	Congo
40	Congo {Democratic Rep}
41	Costa Rica
42	Croatia
43	Cuba
44	Cyprus
45	Czech Republic
46	Denmark
47	Djibouti
48	Dominica
49	Dominican Republic
50	East Timor
51	Ecuador
52	Egypt
53	El Salvador
54	Equatorial Guinea
55	Eritrea
56	Estonia
57	Ethiopia
58	Fiji

59	Finland
60	France
61	Gabon
62	Gambia
63	Georgia
64	Germany
65	Ghana
66	Greece
67	Grenada
68	Guatemala
69	Guinea
70	Guinea-Bissau
71	Guyana
72	Haiti
73	Honduras
74	Hungary
75	Iceland
76	India
77	Indonesia
78	Iran
79	Iraq
80	Ireland {Republic}
81	Israel
82	Italy
83	Ivory Coast
84	Jamaica
85	Japan
86	Jordan
87	Kazakhstan
88	Kenya
89	Kiribati
90	Korea North
91	Korea South
92	Kosovo
93	Kuwait
94	Kyrgyzstan
95	Laos
96	Latvia
97	Lebanon
98	Lesotho
99	Liberia
100	Libya
101	Liechtenstein
102	Lithuania

103	Luxembourg
104	Macedonia
105	Madagascar
106	Malawi
107	Malaysia
108	Maldives
109	Mali
110	Malta
111	Marshall Islands
112	Mauritania
113	Mauritius
114	Mexico
115	Micronesia
116	Moldova
117	Monaco
118	Mongolia
119	Montenegro
120	Morocco
121	Mozambique
122	Myanmar (Burma)
123	Namibia
124	Nauru
125	Nepal
126	Netherlands
127	New Zealand
128	Nicaragua
129	Niger
130	Nigeria
131	Norway
132	Oman
133	Pakistan
134	Palau
135	Panama
136	Papua New Guinea
137	Paraguay
138	Peru
139	Philippines
140	Poland
141	Portugal
142	Qatar
143	Romania
144	Russian Federation
145	Rwanda

146	St Kitts & Nevis
147	St Lucia
148	Saint Vincent & the Grenadines
149	Samoa
150	San Marino
151	Sao Tome & Principe
152	Saudi Arabia
153	Senegal
154	Serbia
155	Seychelles
156	Sierra Leone
157	Singapore
158	Slovakia
159	Slovenia
160	Solomon Islands
161	Somalia
162	South Africa
163	South Sudan
164	Spain
165	Sri Lanka
166	Sudan
167	Suriname
168	Swaziland
169	Sweden
170	Switzerland
171	Syria
172	Taiwan
173	Tajikistan
174	Tanzania
175	Thailand
176	Togo
177	Tonga
178	Trinidad & Tobago
179	Tunisia
180	Turkey
181	Turkmenistan
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183	Uganda
184	Ukraine
185	United Arab Emirates
186	United Kingdom
187	Uruguay
188	Uzbekistan
189	Vanuatu

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158	birthplace_foreign_country_o Show the field ONLY if: [birthplace_foreign_country] = '196'	If other, please explain <i>PX010201</i>	text, Required															
159	cls_interpersonal_violence	In the past 12 months, have you been physically or emotionally hurt or felt threatened by a current or former spouse/partner, a caregiver, or someone else you know? <i>KP YCLS Q18</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer									
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160	cls_ip_violence_specify Show the field ONLY if: [cls_interpersonal_violence] = '1'	If Yes, please specify <i>KP YCLS Q18 Yes</i>	radio, Required <table border="1"> <tr><td>1</td><td>Current spouse/partner</td></tr> <tr><td>2</td><td>Former spouse/partner</td></tr> <tr><td>3</td><td>Caregiver</td></tr> <tr><td>4</td><td>Someone else</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Current spouse/partner	2	Former spouse/partner	3	Caregiver	4	Someone else	-88	Prefer not to answer					
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161	cls_financial_abuse	Has a spouse/partner, family member, or friend ever been financially abusive towards you? That is, stolen money from you, not paid back a loan, etc? <i>KP YCLS Q23</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer									
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162	ahc_hrsn_st_suppl_su_q21	How many times in the past year have you used prescription drugs for non-medical reasons? <i>CMS AHS HRSN Item 21/LOINC 95530-2</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer			
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163	ahc_hrsn_st_suppl_su_q22	How many times in the past year have you used illegal drugs? <i>CMS AHS HRSN Item 22/LOINC 68524-8</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer			
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164	perceived_discrim_qx	Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? <i>PX280101</i>	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
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165	nimhd_mcddrc_common_data_elements_cde_complete	Section Header: <i>Form Status</i> Complete?	dropdown	<table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
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