

Data Dictionary Codebook

01/12/2023 10:21am

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

#	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, vi Survey: en, es, vi																																																									
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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		<i>[es]</i> ¿Es usted de origen hispano, latino o español? <i>PX011901</i>	<table border="1"> <tr> <td>0</td> <td>No, NO soy de origen hispano, latino o espa&ntildeol</td> </tr> <tr> <td>1</td> <td>S&iacute;, soy de origen hispano, latino o espa&ntildeol</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	0	No, NO soy de origen hispano, latino o español	1	Sí, soy de origen hispano, latino o español	-88	Prefiero no contestar																																																
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3	ethnicity_hispanic Show the field ONLY if: [ethnicity] = '1'	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> </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
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		[es] Si seleccionó: Sí, soy de origen hispano, latino o español, ¿con cuáles categorías se identifica? (Seleccione todo lo que corresponda)																																																																																						
4	<p>ethnicity_other</p> <p>Show the field ONLY if: [ethnicity_hispanic(90)] = '1'</p>	If other, please specify.	text																																																																																					
		[es] Otros, por favor especifique.																																																																																						
5	<p>race</p>	<p>What is your race? (Check all that apply)</p> <p>PX011901</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>race__1</td> <td>American Indian or Alaska Native: (People of indigenous or aboriginal North, Central, or South American heritage. For example: Maya, Aztec, Blackfeet Tribe, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, Miskito, Mapuche, Pipil, etc.)</td> </tr> <tr> <td>2</td> <td>race__2</td> <td>Asian: (People of East, South, or Southeast Asian heritage. For</td> </tr> </table>	1	race__1	American Indian or Alaska Native: (People of indigenous or aboriginal North, Central, or South American heritage. For example: Maya, Aztec, Blackfeet Tribe, Navajo Nation, Native Village of Barrow (Utqiagvik) Inupiat Traditional Government, Nome Eskimo Community, Miskito, Mapuche, Pipil, etc.)	2	race__2	Asian: (People of East, South, or Southeast Asian heritage. For																																																																															
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		example: China, Mongolia, North Korea, South Korea, Japan, Taiwan, Sri Lanka, Bangladesh, India, Afghanistan, Pakistan, Bhutan, Nepal, The Maldives, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar Philippines, Singapore, Thailand, Timor Leste, Vietnam)
3	race__3	Black or African American: (People of Black African heritage. For example: African American, Angolan, Cameroonian, Congolese, Ethiopian, Jamaican, Ghanaian, Haitian, Ivorian, Kenyan, Liberian, Malagasy, Nigerian, Senegalese, South African, Ugandan, Zambian, Zimbabwean, etc.)
4	race__4	Native Hawaiian or Other Pacific Islander: (People of Hawaiian or other Pacific Islander heritage. For example: Native Hawaiian, Chamorro, Chuukese, Fijian, Marshallese, Palauan, Samoan, Tahitian, Tongan, etc.)
5	race__5	White: (People of European, North African, or Middle Eastern heritage. For example: Sweden, Denmark, Netherlands, United Kingdom, Republic of Ireland, Russia, Ukraine, Poland, Czechoslovakia, Germany, Switzerland, Belgium, Italy, Spain, Portugal, France, Morocco, Algeria, Tunisia, Egypt, Libya, Sudan, Iran, Iraq, Kuwait, United Arab Emirates, Qatar, Saudi Arabia, Yemen, Oman, Bahrain, Israel, Jordan, Palestine, Lebanon, Syria, etc.)
6	race__6	Some other race
-88	race__88	Prefer not to answer
Field Annotation: @NONEOFTHEABOVE=-88		
[es]	¿Cuál es su raza? (Marque todo lo que corresponda) <i>PX011901</i>	
1	race__1	Nativo estadounidense o de Alaska: (Personas de ascendencia indítegena o aborigen del Norte, Centro o Sudamérica. Por ejemplo: maya, azteca, tribu Blackfeet, nación Navajo, pueblo nativo de Barrow (Utqiaġvik), gobierno tradicional inupiat, comunidad esquimal de Nome, miskito, mapuche, pipil, etc...)
2	race__2	Asiático: (Personas de ascendencia asiática oriental, meridional o sudoriental. Por ejemplo: China, Mongolia, Corea del Norte, Corea del Sur, Japón, Taiwán, Sri Lanka, Bangladesh, India, Afganistán, Pakistán, Bután, Nepal, Maldivas, Brunei, Camboya , Indonesia, Laos, Malasia, Myanmar Filipinas,

						Singapur, Tailandia, Timor Leste, Vietnam)
				3	race__3	Negro o afroestadounidense: (Personas de ascendencia africana negra. Por ejemplo: afroamericanos, angoleños, cameruneses, congoleños, etíacute;opes, jamaicanos, ghaneses, haitianos, marfileños, kenianos, liberianos, malgaches, nigerianos, senegaleses, sudafricanos, ugandeses, zambianos, zimbabuenses, etc.)
				4	race__4	Nativo de Hawai o de otras islas del Pacíutefico: (Personas de ascendencia hawaiana o de otras islas del Pacíutefico. Por ejemplo: nativos hawaianos, chamorros, chuukeses, fijianos, marshaleses, palauanos, samoanos, tahitianos, tonganos, etc.)
				5	race__5	Blanco (Personas de ascendencia europea, norteafricana o del Medio Oriente. Por ejemplo: Suecia, Dinamarca, Paícuteses Bajos, Reino Unido, República de Irlanda, Rusia, Ucrania, Polonia, Checoslovaquia, Alemania, Suiza, Bélrica, Italia, España, Portugal, Francia , Marruecos, Argelia, Túnez, Egipto, Libia, Sudàn, Iràn, Irak, Kuwait, Emiratos &Arabes Unidos, Qatar, Arabia Saudita, Yemen, Omàn, Bahrein, Israel, Jordania, Palestina, Líbano, Siria, etc.)
				6	race__6	Otra raza
				-88	race__88	Prefiero no contestar
6	race_otr	You selected "some other race". Please list here: <i>PX011901</i>		text, Required		
		Show the field ONLY if: [race(6)] = '1'				
		[es] Si es de alguna otra raza, especifique. <i>PX011901</i>				
7	sex_assigned_at_birth	What was your biological sex assigned at birth? <i>PX011601</i>		radio, Required		
				0	Male	
				1	Female	
				2	Intersex	
				66	None of these describe me	
				-88	Prefer not to answer	
		[es] ÉCuàl fue el sexo biològico que se le asignò al nacer? <i>PX011601</i>		0	Masculino	
				1	Femenino	
				2	Intersexual	
				66	Ninguna de las opciones anteriores me describe	
				-88	Prefiero no contestar	

8	<p>sex_assigned_at_birth_o_2</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '66'</p>	<p>How would you describe yourself? <i>PX011601</i></p>	text, Required																																				
		<p>[es] ¿Usted cómo se describiría? <i>PX011601</i></p>																																					
9	<p>gender_identity_term</p>	<p>What terms best express how you describe your gender identity? (Check all that apply) <i>PX011801</i></p>	<p>checkbox, Required</p> <table border="1" data-bbox="1049 344 1544 642"> <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> <p>Field Annotation: @NONEOFTHEABOVE=-88</p> <table border="1" data-bbox="1049 711 1544 1068"> <tr><td>0</td><td>gender_identity_term__0</td><td>Hombre</td></tr> <tr><td>1</td><td>gender_identity_term__1</td><td>Mujer</td></tr> <tr><td>2</td><td>gender_identity_term__2</td><td>No binario</td></tr> <tr><td>3</td><td>gender_identity_term__3</td><td>Transgénero</td></tr> <tr><td>66</td><td>gender_identity_term__66</td><td>Ninguna de las opciones anteriores me describe</td></tr> <tr><td>-88</td><td>gender_identity_term__88</td><td>Prefiero no contestar</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	0	gender_identity_term__0	Hombre	1	gender_identity_term__1	Mujer	2	gender_identity_term__2	No binario	3	gender_identity_term__3	Transgénero	66	gender_identity_term__66	Ninguna de las opciones anteriores me describe	-88	gender_identity_term__88	Prefiero no contestar
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		<p>[es] ¿Qué términos expresan mejor la manera en que describe su identidad de género? (Marque todo lo que corresponda) <i>PX011801</i></p>																																					
10	<p>gender_identity_description_o</p> <p>Show the field ONLY if: [gender_identity_term(66)] = '1'</p>	<p>How would you describe yourself? <i>PX011801</i></p>	text, Required																																				
		<p>[es] ¿Usted cómo se describiría? <i>PX011801</i></p>																																					
11	<p>sexual_orientation_identity</p>	<p>Which of the following best represents how you think of yourself? <i>PX011701</i></p>	<p>radio, Required</p> <table border="1" data-bbox="1049 1341 1463 1587"> <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> <table border="1" data-bbox="1049 1598 1544 1871"> <tr><td>0</td><td>Gay</td></tr> <tr><td>1</td><td>Lesbiana</td></tr> <tr><td>2</td><td>Heterosexual; es decir, no gay ni lesbiana, etc...</td></tr> <tr><td>3</td><td>Bisexual</td></tr> <tr><td>66</td><td>Ninguna de las opciones anteriores me describe</td></tr> <tr><td>-88</td><td>Prefiero no contestar.</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	0	Gay	1	Lesbiana	2	Heterosexual; es decir, no gay ni lesbiana, etc...	3	Bisexual	66	Ninguna de las opciones anteriores me describe	-88	Prefiero no contestar.												
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		<p>[es] ¿Cuál de las siguientes opciones representa mejor la idea que tiene de usted? <i>PX011701</i></p>																																					
12	<p>sexual_orientation_desc</p>	<p>How would you describe yourself?</p>	text, Required																																				

	option_o Show the field ONLY if: [sexual_orientation_identity] = '66'	PX011701	
		[es] ¿Usted cómo se describiría? PX011701	
13	age_in_years	How old are you? (in years)? PX010101	text (integer, Min: 0, Max: 130)
		[es] ¿Cuántos años tiene? (en años) ???	
14	age_in_years_no_response Show the field ONLY if: [age_in_years] = "	How old are you? (in years)? PX010101	radio, Required -88 Prefer not to answer
		[es] ¿Cuántos años tiene? (en años) PX010101	-88 Prefiero no contestar
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.] [es] ???	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? PX270301	radio, Required 1 Often true 2 Sometimes true 3 Never true -77 Don't know -88 Prefer not to answer
		[es] Section Header: <i>Ahora le voy a leer algunas declaraciones que las personas han hecho sobre situaciones alimentarias. Para cada uno, favor de indicar si ha ocurrido FRECUENTEMENTE, A VECES, o NUNCA (a Ud. / en su hogar) en los últimos 12 meses.</i> La comida que (compré / compramos) no rindió lo suficiente, y (no tenía / no teníamos) dinero para comprar más." (Para Ud. / En su hogar), ¿ésto ocurrió frecuentemente, a veces, o nunca en los últimos 12 meses? PX270301	1 Frecuentemente 2 A veces 3 Nunca -77 no sé -88 Prefiero no contestar
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? PX270301	radio, Required 1 Often true 2 Sometimes true 3 Never true -77 Don't know -88 Prefer not to answer
		[es] "(No tenía / No teníamos) recursos suficientes para comer comida variada y nutritiva." (Para Ud. / En su hogar), ¿ésto ocurrió frecuentemente, a veces, o nunca en los últimos 12 meses? PX270301	1 Frecuentemente 2 A veces 3 Nunca -77 no sé -88 Prefiero no contestar
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	radio, Required 1 Yes

		because there wasn't enough money for food? <i>PX270301</i>	<table border="1"> <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>	0	No	-77	Don't know	-88	Prefer not to answer				
0	No												
-77	Don't know												
-88	Prefer not to answer												
		[es] En los últimos 12 meses, ¿(Ud. / Ud. u otro adulto del hogar) redujo alguna vez la cantidad de sus comidas o dejó de desayunar, almorzar o cenar porque le faltaba dinero para alimentos? <i>PX270301</i>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar		
1	Sí												
0	No												
-77	no sé												
-88	Prefiero no contestar												
19	food_insecurity_change_diet_frequency 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'	How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months? <i>PX270301</i>	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
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												
		[es] ¿Con qué frecuencia sucedió esto? Casi todos los meses, algunos meses pero no todos, o solamente en 1 ó 2 meses? <i>PX270301</i>	<table border="1"> <tr><td>1</td><td>Casi todos los meses</td></tr> <tr><td>2</td><td>Algunos meses pero no todos</td></tr> <tr><td>3</td><td>Solamente en 1 ó 2 meses</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Casi todos los meses	2	Algunos meses pero no todos	3	Solamente en 1 ó 2 meses	-77	no sé	-88	Prefiero no contestar
1	Casi todos los meses												
2	Algunos meses pero no todos												
3	Solamente en 1 ó 2 meses												
-77	no sé												
-88	Prefiero no contestar												
20	fi_12_mos_eat_less Show the field ONLY if: [fi_12_mos_change_diet]='1'	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		
1	Yes												
0	No												
-77	Don't know												
-88	Prefer not to answer												
		[es] En los últimos 12 meses, ¿comió Ud. alguna vez menos de lo que pensaba que debía comer porque le faltaba dinero para alimentos? <i>PX270301</i>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar		
1	Sí												
0	No												
-77	no sé												
-88	Prefiero no contestar												
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		
1	Yes												
0	No												
-77	Don't know												
-88	Prefer not to answer												
		[es] En los últimos 12 meses, ¿Tuvo Ud. hambre alguna vez pero no comió porque le faltaba dinero para alimentos? <i>PX270301</i>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar		
1	Sí												
0	No												
-77	no sé												
-88	Prefiero no contestar												
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> <tr><td>2</td><td>2nd grade</td></tr> <tr><td>3</td><td>3rd grade</td></tr> </table>	0	Never attended/Kindergarten Only	1	1st grade	2	2nd grade	3	3rd grade		
0	Never attended/Kindergarten Only												
1	1st grade												
2	2nd grade												
3	3rd grade												

4	4th grade
5	5th grade
6	6th grade
7	7th grade
8	8th grade
9	9th grade
10	10th grade
11	11th grade
12	12th grade, No diploma
13	High School graduate
14	GED or equivalent
15	Some college, No degree
16	Associate degree: Occupational, Technical, or Vocational program
17	Associate degree: Academic program
18	Bachelor's degree (Example: BA, AB, BS, BBA)
19	Master's Degree (Example: MA, MS, MEng, MEd, MBA, MDiv)
20	Professional School Degree (Example: MD, DDS, DVM, JD)
21	Doctoral Degree (Example: PhD, EdD, DDiv)
-77	Don't know
-88	Prefer not to answer

[es] ¿Cuál es el grado o nivel de estudios más alto que ha completado o el título más alto que ha recibido?
PX011002

0	Nunca asistí a la escuela / solo fui al Kindergarten
1	1.º grado
2	2.º grado
3	3.º grado
4	4.º grado
5	5.º grado
6	6.º grado
7	7.º grado
8	8.º grado
9	9.º grado
10	10.º grado
11	11.º grado
12	12.º grado, sin diploma
13	Grado de secundaria (High School)
14	Examen GED o equivalente
15	Algunos estudios universitarios, sin título
16	Título de asociado: Programa ocupacional, técnico o profesional
17	Título de asociado: Programa académico
18	Licenciatura o título de educación superior de 4 años (por ejemplo; BA, AB, BS, BBA)
19	Máster (por ejemplo: MA, MS, MEng, MEd, MBA,

				<table border="1"> <tr> <td></td> <td>MDiv)</td> </tr> <tr> <td>20</td> <td>Título de Escuela Profesional (por ejemplo: MD, DDS, DVM, JD)</td> </tr> <tr> <td>21</td> <td>Doctorado (por ejemplo: PhD, EdD, DDiv)</td> </tr> <tr> <td>-77</td> <td>No sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>		MDiv)	20	Título de Escuela Profesional (por ejemplo: MD, DDS, DVM, JD)	21	Doctorado (por ejemplo: PhD, EdD, DDiv)	-77	No sé	-88	Prefiero no contestar																	
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-77	No sé																														
-88	Prefiero no contestar																														
23	health_literacy_medical_forms	<p>How confident are you filling out medical forms by yourself? PX270401 / LOINC 95870-2</p>	<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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		<p>[es] ¿Qué tan seguro se siente al completar los formularios médicos por sí mismo? PX270401 / LOINC 95870-2</p>	<table border="1"> <tr><td>1</td><td>Extremadamente</td></tr> <tr><td>2</td><td>Bastante</td></tr> <tr><td>3</td><td>Más o menos</td></tr> <tr><td>4</td><td>Un poco</td></tr> <tr><td>5</td><td>nada</td></tr> </table>	1	Extremadamente	2	Bastante	3	Más o menos	4	Un poco	5	nada																		
1	Extremadamente																														
2	Bastante																														
3	Más o menos																														
4	Un poco																														
5	nada																														
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>	<p>descriptive</p>																												
		<p>[es] Section Header: ??? ???</p>																													
25	ann_family_inc_household	<p>How many people currently live in the household? PX011102</p>	<p>radio, Required</p> <table border="1"> <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> </table>	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
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				15 15
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		[es] ¿Cuántas personas viven actualmente en su hogar? PX011102		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
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	
		[es] Al contestar la siguiente pregunta, recuerde incluir su ingreso MÁS el ingreso de todos los miembros de la familia que viven en este hogar. Ingrese '999995' si el ingreso informado es de \$999,995 o más. Si el ingreso es 0-999 1. (inusualmente bajo) o 250001-999995 (inusualmente alto), haga las correcciones necesarias. Do not read to respondent.		
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? PX011102	text (number, Min: 0, Max: 1000000)	
		[es] ¿Cuál es su mejor estimado del ingreso total de todos los miembros de la familia de todas las fuentes, antes de impuestos, que recibió en el último año calendario? PX011102		

28	ann_family_inc_total_last_yr_enc Show the field ONLY if: [ann_family_inc_total_last_yr] = ""	PX011102	radio -77 Don't know -88 Prefer not to answer
	[es]	??? PX011102	-77 no sé -88 Prefiero no contestar
29	poverty_250	250% of poverty threshold 2022 FPG	calc Calculation: 2.50 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN
	[es]	250% of poverty threshold 2022 FPG	
30	ann_family_inc_total_thld_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? PX011102	radio 1 Less than [poverty_250] 2 [poverty_250] or more -77 Don't know -88 Prefer not to answer
	[es]	¿Fue su ingreso familiar total de todas las fuentes menos de 250% of poverty threshold o 250% of poverty threshold o más? PX011102	1 Menos de [poverty_250] 2 [poverty_250] o más -77 no sé -88 Prefiero no contestar
31	poverty_138	138% of poverty threshold	calc Calculation: 1.38 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN
	[es]	138% of poverty threshold	
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? PX011102	radio 1 Less than [poverty_138] 2 [poverty_138] or more -77 Don't know -88 Prefer not to answer
	[es]	Fue su ingreso familiar total de todas las fuentes menos de [poverty_138] o [poverty_138] o más? PX011102	1 Menos de [poverty_138] 2 [poverty_138] o más -77 no sé -88 Prefiero no contestar
33	poverty_100	100% of poverty threshold	calc Calculation: 1.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN
	[es]	100% of poverty threshold	
34	ann_family_inc_total_thld_100 Show the field ONLY if:	Was your total family income from all sources less than [poverty_100] or [poverty_100] or more? PX011102	radio 1 Less than [poverty_100] 2 [poverty_100] or more

	[ann_family_inc_total_thld_138]=1		<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										
	[es]	Fue su ingreso familiar total de todas las fuentes menos de [poverty_100] o [poverty_100] o más? <i>PX011102</i>	<table border="1"> <tr><td>1</td><td>Menos de [poverty_100]</td></tr> <tr><td>2</td><td>[poverty_100] o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de [poverty_100]	2	[poverty_100] o más	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_100]										
2	[poverty_100] o más										
-77	no sé										
-88	Prefiero no contestar										
35	poverty_200	200% of poverty threshold <i>PX011102</i>	<p>calc</p> <p>Calculation: 2.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))</p> <p>Field Annotation: @HIDDEN</p>								
	[es]	200% of poverty threshold <i>PX011102</i>									
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>	<p>radio</p> <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]										
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	[es]	Fue su ingreso familiar total de todas las fuentes menos de 200% of poverty threshold o 200% of poverty threshold o más? <i>PX011102</i>	<table border="1"> <tr><td>1</td><td>Menos de [poverty_200]</td></tr> <tr><td>2</td><td>[poverty_200] o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de [poverty_200]	2	[poverty_200] o más	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_200]										
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-88	Prefiero no contestar										
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>	<p>radio</p> <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										
	[es]	Fue su ingreso familiar total de todas las fuentes menos de \$75,000 o \$75,000 o más? <i>PX011102</i>	<table border="1"> <tr><td>1</td><td>Menos de \$75,000</td></tr> <tr><td>2</td><td>\$75,000 o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de \$75,000	2	\$75,000 o más	-77	no sé	-88	Prefiero no contestar
1	Menos de \$75,000										
2	\$75,000 o más										
-77	no sé										
-88	Prefiero no contestar										
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>	<p>radio</p> <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
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-77	Don't know										
-88	Prefer not to answer										
	[es]	Fue su ingreso familiar total de todas las fuentes menos de \$100,000 o \$100,000 o más? <i>PX011102</i>	<table border="1"> <tr><td>1</td><td>Menos de \$100,000</td></tr> <tr><td>2</td><td>\$100,000 o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> </table>	1	Menos de \$100,000	2	\$100,000 o más	-77	no sé		
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2	\$100,000 o más										
-77	no sé										

				-88	Prefiero no contestar								
39	poverty_400	400% of poverty threshold		calc Calculation: 4.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN									
		[es] 400% of poverty threshold											
40	ann_family_inc_total_thld_400	Was your total family income from all sources less than [poverty_400] or [poverty_400] or more? PX011102	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')	radio <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
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		[es] Fue su ingreso familiar total de todas las fuentes menos de [poverty_400] o [poverty_400] o más? PX011102		<table border="1"> <tr><td>1</td><td>Menos de [poverty_400]</td></tr> <tr><td>2</td><td>[poverty_400] o más?</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>		1	Menos de [poverty_400]	2	[poverty_400] o más?	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_400]												
2	[poverty_400] o más?												
-77	no sé												
-88	Prefiero no contestar												
41	annual_family_income_total_150	Was your total family income from all sources less than \$150,000 or \$150,000 or more? PX011102	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_inc_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_in	radio <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
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	c_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')										
	[es] Fue su ingreso familiar total de todas las fuentes menos de \$150,000 o \$150,000 o más? <i>PX011102</i>		<table border="1"> <tr> <td>1</td> <td>Menos de \$150,000</td> </tr> <tr> <td>2</td> <td>\$150,000 o más</td> </tr> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Menos de \$150,000	2	\$150,000 o más	-77	no sé	-88	Prefiero no contestar
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42	<p>ann_fam_inc_end_of_qxs</p> <p>Show the field ONLY if: [ann_family_inc_total_last_yr] > 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] = '-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'</p>	[End of PhenX Income Qxs]	descriptive								
	[es]	[End of PhenX Income Qxs]									
43	ann_fam_inc_alt_version	[Alternative version of income question using categories based on 2022 Federal Poverty Guidelines]	descriptive								

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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?	<p>radio, Required</p> <table border="1"> <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> <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>	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)	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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		[es]	¿Cuál es su mejor estimado del ingreso total de todos los miembros de la familia de todas las fuentes, antes de impuestos, que recibió en el último año calendario?	<table border="1"> <tr><td>1</td><td>Menos de \$13,590 (\$1,133 al mes o \$261 a la semana)</td></tr> <tr><td>2</td><td>De \$13,590 (\$1,133 al mes o \$261 a la semana) a \$18,309 (\$1,525 al mes o \$351 a la semana)</td></tr> <tr><td>3</td><td>De \$18,310 (\$1,526 al mes o \$352 a la semana)</td></tr> </table>	1	Menos de \$13,590 (\$1,133 al mes o \$261 a la semana)	2	De \$13,590 (\$1,133 al mes o \$261 a la semana) a \$18,309 (\$1,525 al mes o \$351 a la semana)	3	De \$18,310 (\$1,526 al mes o \$352 a la semana)																																								
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				4	De \$23,030 (\$1,919 al mes o \$443 a la semana) a \$27,749 (\$2,312 al mes o \$533 a la semana)
				5	De \$27,750 (\$2,313 al mes o \$534 a la semana) a \$32,469 (\$2,705 al mes o \$623 a la semana)
				6	De \$32,470 (\$2,706 al mes o \$624 a la semana) a \$37,189 (\$3,098 al mes o \$714 a la semana)
				7	De \$37,190 (\$3,099 al mes o \$715 a la semana) a \$41,909 (\$3,492 al mes o \$805 a la semana)
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				10	De \$51,350 (\$4,279 al mes o \$988 a la semana) a \$56,069 (\$4,672 al mes o \$1,077 a la semana)
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				12	De \$60,790 (\$5,066 al mes o \$1,169 a la semana) a \$65,509 (\$5,458 al mes o \$1,259 a la semana)
				13	De \$65,510 (\$5,459 al mes o \$1,260 a la semana) a \$70,229 (\$5,852 al mes o \$1,350 a la semana)
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				19	De \$93,830 (\$7,819 al mes o \$1,804 a la semana) a \$98,549 (\$8,212 al mes o \$1,894 a la semana)
				20	De \$98,550 (\$8,213 al mes o \$1,895 a la semana) a \$103,269 (\$8,605 al mes o \$1,985 a la semana)
				21	más de \$103,269 (\$8,605 al mes o \$1,985 a la semana)
				-77	no sé
				-88	Prefiero no contestar
45	current_employment_statuses	We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else? <i>PX011301</i>			radio, Required
				1	Working now
				2	Only temporarily laid off, sick leave, or maternity leave
				3	Looking for work, unemployed

				<table border="1"> <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>	4	Retired	5	Disabled, Permanently or temporarily	6	Keeping house	7	Student	-88	Prefer not to answer	90	Other (specify):						
4	Retired																					
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		[es] Nos gustaría saber a qué se dedica: ¿está trabajando ahora, busca trabajo, está jubilado, se encarga del cuidado del hogar, es estudiante o algo más? <i>PX011301</i>		<table border="1"> <tr><td>1</td><td>Estoy trabajando</td></tr> <tr><td>2</td><td>En el momento no trabajo o tengo licencia de enfermedad o maternidad, pero solo es temporal</td></tr> <tr><td>3</td><td>Desempleado, estoy buscando trabajo</td></tr> <tr><td>4</td><td>Jubilado</td></tr> <tr><td>5</td><td>Tengo una discapacidad permanente o temporal</td></tr> <tr><td>6</td><td>Me encargo del cuidado del hogar</td></tr> <tr><td>7</td><td>Estudiante</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> <tr><td>90</td><td>Otro (especifique):</td></tr> </table>	1	Estoy trabajando	2	En el momento no trabajo o tengo licencia de enfermedad o maternidad, pero solo es temporal	3	Desempleado, estoy buscando trabajo	4	Jubilado	5	Tengo una discapacidad permanente o temporal	6	Me encargo del cuidado del hogar	7	Estudiante	-88	Prefiero no contestar	90	Otro (especifique):
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46	cur_employ_stat_specify Show the field ONLY if: [current_employment_status] = '90'	If Other, please specify. <i>PX011301</i>		text, Required																		
		[es] Otros, por favor especifique. <i>PX011301</i>																				
47	ahc_hrsn_st_suppl_edu_q15	Do you speak a language other than English at home? <i>CMS AHS HRSN Item #15/LOINC: 97027-7</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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0	No																					
-88	Prefer not to answer																					
		[es] ¿En su hogar se habla un idioma diferente al inglés? <i>CMS AHS HRSN Item #15/LOINC: 97027-7</i>		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar												
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0	No																					
-88	Prefiero no contestar																					
48	english_proficiency_speak_engl Show the field ONLY if: [ahc_hrsn_st_suppl_edu_q15] = '1'	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...? <i>PX270201</i>		radio, Required <table border="1"> <tr><td>1</td><td>Very well</td></tr> <tr><td>2</td><td>Well</td></tr> <tr><td>3</td><td>Not well</td></tr> <tr><td>4</td><td>Not at all</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	Very well	2	Well	3	Not well	4	Not at all	-77	Don't know	-88	Prefer not to answer						
1	Very well																					
2	Well																					
3	Not well																					
4	Not at all																					
-77	Don't know																					
-88	Prefer not to answer																					
		[es] Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés. ¿Diría usted que habla inglés... <i>PX270201</i>		<table border="1"> <tr><td>1</td><td>Muy bien</td></tr> <tr><td>2</td><td>Bien</td></tr> <tr><td>3</td><td>No bien</td></tr> <tr><td>4</td><td>No lo habla</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Muy bien	2	Bien	3	No bien	4	No lo habla	-77	no sé	-88	Prefiero no contestar						
1	Muy bien																					
2	Bien																					
3	No bien																					
4	No lo habla																					
-77	no sé																					
-88	Prefiero no contestar																					
49	acs_hlth_svcs_last_seen	About how long has it been since you last saw a doctor or		radio, Required																		

		<p>doctor</p>	<p>other health care professional about your health? PX270101</p>	<table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Within the past year (anytime less than 12 months ago)</td></tr> <tr><td>2</td><td>Within the last 2 years (1 year but less than 2 years ago)</td></tr> <tr><td>3</td><td>Within the last 3 years (2 years but less than 3 years ago)</td></tr> <tr><td>4</td><td>Within the last 5 years (3 years but less than 5 years ago)</td></tr> <tr><td>5</td><td>Within the last 10 years (5 years but less than 10 years ago)</td></tr> <tr><td>6</td><td>10 years ago 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>	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
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-77	Don't know																					
-88	Prefer not to answer																					
			<p>[es] Aproximadamente, ¿cuánto tiempo hace que vio a un médico u otro profesional de la salud por su salud? PX270101</p>	<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>En el último año (en menos de 12 meses)</td></tr> <tr><td>2</td><td>En los últimos 2 años (hace más de 1 año pero menos de 2 años)</td></tr> <tr><td>3</td><td>En los últimos 3 años (hace más de 2 años pero menos de 3 años)</td></tr> <tr><td>4</td><td>En los últimos 5 años (hace más de 3 años pero menos de 5 años)</td></tr> <tr><td>5</td><td>En los últimos 10 años (hace más de 5 años pero menos de 10 años)</td></tr> <tr><td>6</td><td>Hace 10 años o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nunca	1	En el último año (en menos de 12 meses)	2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)	3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)	4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)	5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)	6	Hace 10 años o más	-77	no sé	-88	Prefiero no contestar
0	Nunca																					
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5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)																					
6	Hace 10 años o más																					
-77	no sé																					
-88	Prefiero no contestar																					
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? PX270101</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>There is NO place</td></tr> <tr><td>3</td><td>There is MORE THAN ONE place</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	2	There is NO place	3	There is MORE THAN ONE place	-77	Don't know	-88	Prefer not to answer								
1	Yes																					
2	There is NO place																					
3	There is MORE THAN ONE place																					
-77	Don't know																					
-88	Prefer not to answer																					
			<p>[es] Hay algún lugar al que va USUALMENTE cuando está enfermo(a) y necesita cuidados de salud? PX270101</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>2</td><td>No hay NINGÚN lugar</td></tr> <tr><td>3</td><td>Hay MÁS DE UN lugar</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	2	No hay NINGÚN lugar	3	Hay MÁS DE UN lugar	-77	no sé	-88	Prefiero no contestar								
1	Sí																					
2	No hay NINGÚN lugar																					
3	Hay MÁS DE UN lugar																					
-77	no sé																					
-88	Prefiero no contestar																					
51		<p>acs_hlth_svcs_hc_most_of_ten</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>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>acs_hlth_svcs_hc_most_ofTEN__1</td> <td>A doctor's office or health center</td> </tr> <tr> <td>2</td> <td>acs_hlth_svcs_hc_most_ofTEN__2</td> <td>Walk-in clinic, urgent care center, or</td> </tr> </table>	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												
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																				

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.

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		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 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

[es]

¿A qué tipo de lugar va/ va con más frecuencia - a un consultorio médico o centro de salud; un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado; una sala de emergencias EN UN HOSPITAL; un centro médico o clínica para pacientes no hospitalizados del Departamento de Asuntos de Veteranos o V.A. (por sus siglas en inglés); o a algún otro lugar?

Read if necessary: Un consultorio médico o centro de salud es un lugar donde ve al mismo medico o grupo de médicos en cada visita, donde usualmente debe hacer una cita de antemano y donde está archivado su historial médico.

Read if necessary: Los centros de atención médica urgente NO EN UN HOSPITAL y las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.

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1	acs_hlth_svcs_hc_most_often__1	Un consultorio médico o centro de salud
2	acs_hlth_svcs_hc_most_often__2	Un centro de atención médica urgente NO EN UN HOSPITAL o clínica dentro de una farmacia o supermercado
3	acs_hlth_svcs_hc_most_often__3	Una sala de emergencias EN UN HOSPITAL
4	acs_hlth_svcs_hc_most_often__4	Un centro médico o clínica para pacientes no hospitalizados del Departamento de Asuntos de Veteranos o V.A.
5	acs_hlth_svcs_hc_most_often__5	Otro lugar
6	acs_hlth_svcs_hc_most_often__6	No va a un solo lugar con más frecuencia

				<table border="1"> <tr> <td>-77</td> <td>acs_hlth_svcs_hc_most_ofen___77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>acs_hlth_svcs_hc_most_ofen___88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	acs_hlth_svcs_hc_most_ofen___77	no sé	-88	acs_hlth_svcs_hc_most_ofen___88	Prefiero no contestar
-77	acs_hlth_svcs_hc_most_ofen___77	no sé								
-88	acs_hlth_svcs_hc_most_ofen___88	Prefiero no contestar								
52	<p>acs_hlth_svcs_hc_most_ofen_o</p> <p>Show the field ONLY if: [acs_hlth_svcs_hc_most_ofen(5)] = "1"</p>	<p>If Some other place, please specify. <i>PX011301</i></p>	text, Required							
		<p>[es] Si esOtro lugar, por favor especifique. <i>PX011301</i></p>								
53	<p>acs_hlth_svcs_past_12_months_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. <i>PX270101</i></p>	text (integer, Min: 0, Max: 96)							
		<p>[es] Durante los últimos 12 meses, ¿cuántas veces ha ido a un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado POR SU SALUD?</p> <p>Read if necessary: Los centros de atención médica urgente NO EN UN HOSPITAL y las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.</p> <p>Read if necessary: Este es diferente a una sala de emergencias en un hospital.</p> <p>Enter 96 if number of times is 96 or more. <i>PX270101</i></p>								
54	<p>acs_hlth_svcs_past_12_months_uc_en</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_months_uc] = ""</p>	<p><i>PX270101</i></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									
		<p>[es] ??? <i>PX270101</i></p>	<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar			
-77	no sé									
-88	Prefiero no contestar									
55	<p>acs_hlth_svcs_past_12_months_uc_v</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_months_uc] > 40 and [acs_hlth_svcs_past_12_months_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? <i>PX270101</i></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									
		<p>[es] Solo para verificar:</p>	<table border="1"> <tr> <td>1</td> <td>???</td> </tr> </table>	1	???					
1	???									

		<p>¿Está diciendo que ha estado en un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado por su salud más de [access_health_services_past_12_months_urgent_care] veces durante los últimos 12 meses?</p> <p>PX270101</p>	<table border="1"> <tr> <td>0</td> <td>???</td> </tr> </table>	0	???						
0	???										
56	<p>acs_hlth_svcs_past_12_months_er</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_months_uc] > 0 AND [acs_hlth_svcs_past_12_months_uc] < 40 OR [acs_hlth_svcs_past_12_months_uc] = "-77" OR [acs_hlth_svcs_past_12_months_uc] = "-88" OR [acs_hlth_svcs_past_12_months_uc] = "1" OR [acs_hlth_svcs_past_12_months_uc_en] = "-77" OR [acs_hlth_svcs_past_12_months_uc_en] = "-88"</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>	<p>text (integer, Min: 0, Max: 96)</p>								
		<p>[es] Durante los últimos 12 meses, ¿cuántas veces ha ido a la sala de emergencias EN UN HOSPITAL por su salud?</p> <p>If a research staff administers the questionnaire: Read if necessary: Esto incluye las visitas a la sala de emergencias en las cuales le tuvieron que hospitalizar.</p> <p>Enter 96 if number of times is 96 or more.</p> <p>PX270101</p>									
57	<p>acs_hlth_svcs_past_12_months_er_en</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_months_er] = ""</p>	<p>PX270101</p>	<p>radio</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										
		<p>[es] ???</p> <p>PX270101</p>	<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar				
-77	no sé										
-88	Prefiero no contestar										
58	<p>acs_hlth_svcs_past_12_months_er_v</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_months_er] > 40 and [acs_hlth_svcs_past_12_months_er] < 97</p>	<p>Just to verify:</p> <p>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.</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										
		<p>[es] Solo para verificar:</p> <p>¿Está diciendo que ha estado en a una sala de emergencias EN UN HOSPITAL sobre su salud más de [access_health_services_past_12_months_emergency_room] veces durante los últimos 12 meses?</p> <p>PX270101</p>	<table border="1"> <tr> <td>1</td> <td>???</td> </tr> <tr> <td>0</td> <td>???</td> </tr> </table>	1	???	0	???				
1	???										
0	???										
59	<p>acs_hlth_svcs_delayed_med_care</p>	<p>During the past 12 months, have you DELAYED getting medical care because of the cost?</p> <p>PX270101</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
1	Yes										
0	No										
-77	Don't know										
-88	Prefer not to answer										
		<p>[es] Durante los últimos 12 meses, ¿RETRASÓ en obtener atención médica debido al costo?</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No				
1	Sí										
0	No										

		PX270101		<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar		
-77	no sé									
-88	Prefiero no contestar									
60	hlth_ins_coverage_employer	<p>Section Header: <i>Are you currently covered by any of the following types of health insurance or health coverage plans?</i></p> <p>Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.</p>	<p>radio (Matrix), Required</p> <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									
		[es]	<p>Section Header: ???</p> <p>Seguro médico a través de la empresa o sindicato actual o anterior (suyo o de otro miembro de la familia). Esto incluye la cobertura COBRA.</p>	<table border="1"> <tr> <td>1</td> <td>Tengo cobertura</td> </tr> <tr> <td>2</td> <td>No tengo cobertura</td> </tr> <tr> <td>3</td> <td>No estoy seguro</td> </tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
61	hlth_ins_coverage_purchased	<p>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]</p>	<p>radio (Matrix), Required</p> <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									
		[es]	<p>Un seguro médico adquirido directamente de una compañía de seguros (por usted o por otro miembro de la familia). Esto incluye la cobertura adquirida a través de un intercambio o un mercado de seguros médicos, como HealthCare.gov [if the respondent is in a state with state-specific names, insert] [or insert program name]</p>	<table border="1"> <tr> <td>1</td> <td>Tengo cobertura</td> </tr> <tr> <td>2</td> <td>No tengo cobertura</td> </tr> <tr> <td>3</td> <td>No estoy seguro</td> </tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
62	hlth_ins_coverage_medicare	<p>Medicare, for people 65 and older, or people with certain disabilities</p>	<p>radio (Matrix), Required</p> <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									
		[es]	<p>Medicare, para personas de 65 años o más, o para personas con determinadas discapacidades.</p>	<table border="1"> <tr> <td>1</td> <td>Tengo cobertura</td> </tr> <tr> <td>2</td> <td>No tengo cobertura</td> </tr> <tr> <td>3</td> <td>No estoy seguro</td> </tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
63	hlth_ins_coverage_medicaid	<p>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].</p>	<p>radio (Matrix), Required</p> <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									
		[es]	<p>Medicaid, Asistencia Médica (MA), el Programa de Seguro Médico para Niños (CHIP), o cualquier tipo de asistencia estatal o patrocinada por el gobierno o plan basado en los ingresos o en una discapacidad. Es posible que reconozca este tipo de cobertura como [if the respondent is in a state with state-specific names insert program name].</p>	<table border="1"> <tr> <td>1</td> <td>Tengo cobertura</td> </tr> <tr> <td>2</td> <td>No tengo cobertura</td> </tr> <tr> <td>3</td> <td>No estoy seguro</td> </tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
64	hlth_ins_coverage_military	<p>TRICARE or other military health care, including VA health care.</p>	<p>radio (Matrix), Required</p> <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									
		[es]	<p>TRICARE u otra asistencia médica militar, como la asistencia médica del Departamento de Asuntos de los Veteranos (VA, por sus siglas en inglés).</p>	<table border="1"> <tr> <td>1</td> <td>Tengo cobertura</td> </tr> <tr> <td>2</td> <td>No tengo cobertura</td> </tr> <tr> <td>3</td> <td>No estoy seguro</td> </tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
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65	hlth_ins_coverage_indian	<p>Indian Health Service</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Covered</td> </tr> </table>	1	Covered					
1	Covered									

				<table border="1"> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	2	Not Covered	3	Not Sure						
2	Not Covered													
3	Not Sure													
		[es]	Servicio de salud para indígenas estadounidenses (IHS, por sus siglas en inglés).	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro				
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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> <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													
		[es]	Cualquier otro tipo de seguro médico, cobertura o plan de cobertura médica.	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro				
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67	hlth_ins_coverage_nocoverage		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. <i>PX011502</i>	radio, Identifier <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													
		[es]	¿Esto significa que en el momento no cuenta con ningún seguro médico o plan de cobertura médica? Cuando conteste a esta pregunta, no incluya los planes para un solo tipo de servicio (como, por ejemplo, los cuidados en una residencia de adultos mayores, accidentes, planificación familiar o cuidados dentales) ni los planes que solo proporcionan dinero extra cuando se está hospitalizado. <i>PX011502</i>	<table border="1"> <tr><td>1</td><td>NO tengo seguro médico</td></tr> <tr><td>2</td><td>TENGO algún tipo de seguro médico</td></tr> </table>	1	NO tengo seguro médico	2	TENGO algún tipo de seguro médico						
1	NO tengo seguro médico													
2	TENGO algún tipo de seguro médico													
68	hlth_ins_coverage_fladcd		What type of health insurance do you have? <i>PX011502</i>	text										
		[es]	¿Qué tipo de seguro médico tiene? <i>PX011502</i>											
69	cls_description		Which of the following best describes your current living situation? (Select ONE only) <i>KP YCLS Q1</i>	radio, Required <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> </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
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				<table border="1"> <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>	6	Temporarily staying in a shelter or homeless	90	Other (please specify)	-88	Prefer not to answer										
6	Temporarily staying in a shelter or homeless																			
90	Other (please specify)																			
-88	Prefer not to answer																			
		<p>[es] ¿Cuál de las siguientes opciones describe mejor su condición actual de vivienda? (Seleccione solo UNA) <i>KP YCLS Q1</i></p>		<table border="1"> <tr> <td>1</td> <td>Vivo solo en mi propia casa (casa, apartamento, condominio, remolque, etc.); puedo tener una mascota</td> </tr> <tr> <td>2</td> <td>Vivo en un hogar con otras personas</td> </tr> <tr> <td>3</td> <td>Vivo en un centro residencial donde las comidas y la ayuda doméstica son proporcionadas de manera habitual por personal remunerado (o podrían ser proporcionadas si se solicita)</td> </tr> <tr> <td>4</td> <td>Vivo en un centro, como una residencia de adultos mayores, que proporciona comidas y cuidados de enfermería las 24 horas del día</td> </tr> <tr> <td>5</td> <td>Me alojo temporalmente en casa de un familiar o amigo</td> </tr> <tr> <td>6</td> <td>Me alojo temporalmente en un centro de acogida o soy una persona sin hogar</td> </tr> <tr> <td>90</td> <td>Otro (por favor, especifique)</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Vivo solo en mi propia casa (casa, apartamento, condominio, remolque, etc.); puedo tener una mascota	2	Vivo en un hogar con otras personas	3	Vivo en un centro residencial donde las comidas y la ayuda doméstica son proporcionadas de manera habitual por personal remunerado (o podrían ser proporcionadas si se solicita)	4	Vivo en un centro, como una residencia de adultos mayores, que proporciona comidas y cuidados de enfermería las 24 horas del día	5	Me alojo temporalmente en casa de un familiar o amigo	6	Me alojo temporalmente en un centro de acogida o soy una persona sin hogar	90	Otro (por favor, especifique)	-88	Prefiero no contestar
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70	<p>cls_description_other</p> <p>Show the field ONLY if: [cls_decription] = '90'</p>	<p>If Other, please specify <i>KP YCLS Q1</i></p>		<p>text, Required Custom alignment: LV</p>																
		<p>[es] Otros, por favor especifique <i>KP YCLS Q1</i></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																			
		<p>[es] Section Header: ??? Alimentación</p>		<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar										
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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										
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0	No																			
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		<p>[es] Vivienda</p>		<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar										
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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										
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		<p>[es] Calefacción y electricidad</p>		<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No												
1	Sí																			
0	No																			

				-88	Prefiero no contestar
74	cls_trouble_paying_medical	Medical needs		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Necesidades médicas		1	Sí
				0	No
				-88	Prefiero no contestar
75	cls_trouble_paying_transport	Transportation		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Transporte		1	Sí
				0	No
				-88	Prefiero no contestar
76	cls_trouble_paying_childcare	Childcare		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Servicios de cuidado de niños		1	Sí
				0	No
				-88	Prefiero no contestar
77	cls_trouble_paying_debts	Debts		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Deudas		1	Sí
				0	No
				-88	Prefiero no contestar
78	cls_trouble_paying_none	None of the above		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Ninguna de las anteriores		1	Sí
				0	No
				-88	Prefiero no contestar
79	cls_trouble_paying_o	Something other than what is listed above (please write in) {cls_other_text}		radio (Matrix), Required	
				1	Yes
				0	No
				-88	Prefer not to answer
		[es] Something other than what is listed above (please write in) {cls_other_text}		1	Sí
				0	No

				-88	Prefiero no contestar
80	cls_other_text Show the field ONLY if: [cls_trouble_paying_o] = '1'	If Other, please specify		text	
		[es] Otros, por favor especifique			
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	
		[es] Section Header: ??? ¿Le impidió acudir a citas médicas o adquirir medicamentos?		radio (Matrix), Required	
			1	Yes	
			0	No	
			-88	Prefer not to answer	
			1	Sí	
			0	No	
			-88	Prefiero no contestar	
82	cls_lack_of_transport_m_adl	Kept you from doing things needed for daily living?		radio (Matrix), Required	
		[es] ¿Le impidió realizar actividades necesarias para la vida diaria?		radio (Matrix), Required	
			1	Yes	
			0	No	
			-88	Prefer not to answer	
			1	Sí	
			0	No	
			-88	Prefiero no contestar	
83	cls_lack_of_transport_m_prob	Been a problem for you?		radio (Matrix), Required	
		[es] ¿Ha sido un problema para ti?		radio (Matrix), Required	
			1	Yes	
			0	No	
			-88	Prefer not to answer	
			1	Sí	
			0	No	
			-88	Prefiero no contestar	
84	cls_relationship_status	What is your current marital/relationship status? (Select ONE only) <i>KP YCLS Q10</i>		radio, Required	
		[es] ¿Cuál es su estado civil o de relación actual? (Seleccione solo UNA) <i>KP YCLS Q10</i>		radio, Required	
			1	Married/domestic partner	
			2	Living with a partner in a committed relationship	
			3	In a serious or committed relationship, but not living together	
			4	Single	
			5	Separated	
			6	Divorced	
			7	Widowed	
			-88	Prefer not to answer	
			1	Está casado o tiene una pareja de hecho	
			2	Vive con su pareja en una relación estable	
			3	Tiene una relación estable o comprometida, pero no vive con su pareja	
			4	Soltero	
			5	Separado	
			6	Divorciado	

				7 Viudo												
				-88 Prefiero no contestar												
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>Prefier not to answer</td></tr> </table>	1	Not at all hard	2	Somewhat hard	3	Very hard	-88	Prefier not to answer				
1	Not at all hard															
2	Somewhat hard															
3	Very hard															
-88	Prefier not to answer															
		[es] ¿Qué tan difícil es para usted conseguir sus medicamentos y suministros médicos cuando los necesita? <i>KP YCLS Q14</i>		<table border="1"> <tr><td>1</td><td>No es para nada difícil</td></tr> <tr><td>2</td><td>Más o menos difícil</td></tr> <tr><td>3</td><td>Muy difícil</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	No es para nada difícil	2	Más o menos difícil	3	Muy difícil	-88	Prefiero no contestar				
1	No es para nada difícil															
2	Más o menos difícil															
3	Muy difícil															
-88	Prefiero no contestar															
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>Prefier not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefier not to answer
1	Never															
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3	Sometimes															
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5	Always															
-88	Prefier not to answer															
		[es] ¿Con qué frecuencia necesita que alguien le ayude a leer las instrucciones, los folletos u otro material escrito por su médico o farmacia? <i>KP YCLS Q16 (SILS) / LOINC 93157-6</i>		<table border="1"> <tr><td>1</td><td>Nunca</td></tr> <tr><td>2</td><td>Rara vez</td></tr> <tr><td>3</td><td>A veces</td></tr> <tr><td>4</td><td>A menudo</td></tr> <tr><td>5</td><td>Siempre</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Nunca	2	Rara vez	3	A veces	4	A menudo	5	Siempre	-88	Prefiero no contestar
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-88	Prefiero no contestar															
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>Prefier not to answer</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefier not to answer
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		[es] ¿Con qué frecuencia se siente solo o aislado de los que le rodean? <i>KP YCLS Q19</i>		<table border="1"> <tr><td>1</td><td>Nunca</td></tr> <tr><td>2</td><td>Rara vez</td></tr> <tr><td>3</td><td>A veces</td></tr> <tr><td>4</td><td>A menudo</td></tr> <tr><td>5</td><td>Siempre</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Nunca	2	Rara vez	3	A veces	4	A menudo	5	Siempre	-88	Prefiero no contestar
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5	Siempre															
-88	Prefiero no contestar															
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>Prefier 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	Prefier not to answer		
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-88	Prefier not to answer															

		<p>[es] ¿Con qué frecuencia se reúne o habla con las personas que le importan y a las que se siente cercano? (Por ejemplo, hablar con amigos por teléfono, visitar a sus amigos o familiares, ir a reuniones de la iglesia o del club) KP YCLS Q20</p>	<table border="1"> <tr><td>1</td><td>Menos de una vez a la semana</td></tr> <tr><td>2</td><td>1-2 días a la semana</td></tr> <tr><td>3</td><td>3-4 días a la semana</td></tr> <tr><td>4</td><td>5 o más días a la semana</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de una vez a la semana	2	1-2 días a la semana	3	3-4 días a la semana	4	5 o más días a la semana	-88	Prefiero no contestar		
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-88	Prefiero no contestar														
89	<p>ahc_hrsn_st_suppl_fcs_q13</p>	<p>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? CMS AHS HRSN Item 13/LOINC: 96781-0</p>	<p>radio, Required</p> <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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-88	Prefer not to answer														
		<p>[es] Si por alguna razón necesita ayuda con las actividades diarias como bañarse, preparar las comidas, ir de compras, gestionar las finanzas, etc., ¿puede obtener la ayuda que necesita? CMS AHS HRSN Item 13/LOINC: 96781-0</p>	<table border="1"> <tr><td>1</td><td>No me hace falta ninguna ayuda</td></tr> <tr><td>2</td><td>Recibo toda la ayuda que necesito</td></tr> <tr><td>3</td><td>Me gustaría recibir un poco más de ayuda</td></tr> <tr><td>4</td><td>Necesito mucha más ayuda</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	No me hace falta ninguna ayuda	2	Recibo toda la ayuda que necesito	3	Me gustaría recibir un poco más de ayuda	4	Necesito mucha más ayuda	-88	Prefiero no contestar		
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90	<p>ahc_hrsn_st_suppl_su_q19</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '2' or [sex_assigned_at_birth] = '66' or [sex_assigned_at_birth] = '-88'</p>	<p>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. CMS AHS HRSN Item 19/LOINC 68517-2</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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91	<p>ahc_hrsn_st_suppl_su_q19_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. CMS AHS HRSN Item 19M/LOINC 68517-2</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_q19_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. <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, 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, 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:</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</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes										
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97	ahc_hrsn_st_suppl_pa_q17	<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	ahc_hrsn_st_suppl_pa_q18 Show the field ONLY if: [ahc_hrsn_st_suppl_pa_q17] < > '0'	On average, how many minutes did you usually spend exercising at this level on one of those days? <i>CMS AHS HRSN Item 18/LOINC: 68516-4</i>	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>3</td><td>30</td></tr> <tr><td>4</td><td>40</td></tr> <tr><td>5</td><td>50</td></tr> <tr><td>6</td><td>60</td></tr> <tr><td>7</td><td>90</td></tr> <tr><td>8</td><td>120</td></tr> <tr><td>9</td><td>150 or greater</td></tr> </table>	0	0	1	10	2	20	3	30	4	40	5	50	6	60	7	90	8	120	9	150 or greater
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9	150 or greater																						
		[es] En promedio, ¿cuántos minutos suele dedicar a hacer ejercicio a este nivel en uno de esos días? <i>CMS AHS HRSN Item 18/LOINC: 68516-4</i>	<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>3</td><td>30</td></tr> <tr><td>4</td><td>40</td></tr> <tr><td>5</td><td>50</td></tr> <tr><td>6</td><td>60</td></tr> <tr><td>7</td><td>90</td></tr> <tr><td>8</td><td>120</td></tr> <tr><td>9</td><td>150 o más</td></tr> </table>	0	0	1	10	2	20	3	30	4	40	5	50	6	60	7	90	8	120	9	150 o más
0	0																						
1	10																						
2	20																						
3	30																						
4	40																						
5	50																						
6	60																						
7	90																						
8	120																						
9	150 o más																						
99	ahc_hrsn_st_suppl_mh_q23 b	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										
0	Not at all																						
1	Several days																						
2	More than half the days																						
3	Nearly every day																						
-88	Prefer not to answer																						
		[es] Durante las últimas 2 semanas, ¿con qué frecuencia ha tenido que lidiar con alguno de los siguientes problemas? Se ha sentido decaído, deprimido o sin esperanza. <i>CMS AHS HRSN Item 23B/LOINC 44255-8</i>	<table border="1"> <tr><td>0</td><td>Nada, en lo absoluto</td></tr> <tr><td>1</td><td>Varios días</td></tr> <tr><td>2</td><td>Más de la mitad de los días</td></tr> <tr><td>3</td><td>Casi todos los días</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nada, en lo absoluto	1	Varios días	2	Más de la mitad de los días	3	Casi todos los días	-88	Prefiero no contestar										
0	Nada, en lo absoluto																						
1	Varios días																						
2	Más de la mitad de los días																						
3	Casi todos los días																						
-88	Prefiero no contestar																						
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> </table>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit												
0	Not at all																						
1	A little bit																						
2	Somewhat																						
3	Quite a bit																						

				<table border="1"> <tr><td>4</td><td>Very much</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	4	Very much	-88	Prefer not to answer								
4	Very much															
-88	Prefer not to answer															
		[es] El estrés es una situación en la que una persona se siente tensa, inquieta, nerviosa o ansiosa, o no puede dormir en la noche porque su mente está preocupada todo el tiempo. ¿Siente este tipo de estrés estos días? <i>CMS AHS HRSN Item 24/LOINC 93038-8</i>		<table border="1"> <tr><td>0</td><td>Nada, en lo absoluto</td></tr> <tr><td>1</td><td>Un poco</td></tr> <tr><td>2</td><td>Más o menos</td></tr> <tr><td>3</td><td>Bastante</td></tr> <tr><td>4</td><td>Mucho</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nada, en lo absoluto	1	Un poco	2	Más o menos	3	Bastante	4	Mucho	-88	Prefiero no contestar
0	Nada, en lo absoluto															
1	Un poco															
2	Más o menos															
3	Bastante															
4	Mucho															
-88	Prefiero no contestar															
101	disability_mental	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <i>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</i>		<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>-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						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es] Debido a alguna condición física, mental o emocional, ¿se le dificulta concentrarse, recordar o tomar decisiones? <i>CMS AHS HRSN Item 25/LOINC 69858-9</i>		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
102	disability_errands	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>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</i>		<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>-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						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es] Debido a algún problema físico, mental o emocional, ¿se le dificulta realizar actividades por su cuenta, como ir al médico o hacer las compras? <i>CMS AHS HRSN Item 26/LOINC 69861-3</i>		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
103	global_03	In general, how would you rate your physical health? <i>PROMIS Global03/LOINC: 61579-9</i>		<p>radio, Required</p> <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															
2	Very Good															
3	Good															
4	Fair															
5	Poor															
-88	Prefer not to answer															
		[es] En general, ¿cómo calificaría su salud física? <i>PROMIS Global03/LOINC: 61579-9</i>		<table border="1"> <tr><td>1</td><td>Excelente</td></tr> <tr><td>2</td><td>Muy buena</td></tr> <tr><td>3</td><td>Buena</td></tr> <tr><td>4</td><td>Regular</td></tr> <tr><td>5</td><td>Mala</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Excelente	2	Muy buena	3	Buena	4	Regular	5	Mala	-88	Prefiero no contestar
1	Excelente															
2	Muy buena															
3	Buena															
4	Regular															
5	Mala															
-88	Prefiero no contestar															
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>		<p>checkbox, Required</p> <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> <tr><td>4</td><td>comorbid__4</td><td>Cerebrovascular disease</td></tr> </table>	1	comorbid__1	Myocardial infarct	2	comorbid__2	Congestive heart failure	3	comorbid__3	Peripheral vascular disease	4	comorbid__4	Cerebrovascular disease
1	comorbid__1	Myocardial infarct														
2	comorbid__2	Congestive heart failure														
3	comorbid__3	Peripheral vascular disease														
4	comorbid__4	Cerebrovascular disease														

		(except hemiplegia)
5	comorbid__5	Dementia
6	comorbid__6	Chronic pulmonary disease
7	comorbid__7	Connective tissue disease
8	comorbid__8	Ulcer disease
9	comorbid__9	Mild liver disease
10	comorbid__10	Diabetes (without complications)
11	comorbid__11	Diabetes with end organ damage
12	comorbid__12	Hemiplegia
13	comorbid__13	Moderate or severe renal disease
14	comorbid__14	Solid tumor (non metastatic)
15	comorbid__15	Leukemia
16	comorbid__16	Lymphoma, Multiple myeloma
17	comorbid__17	Moderate or severe liver disease
18	comorbid__18	Metastatic solid tumor
19	comorbid__19	AIDS
0	comorbid__0	None of the above

Field Annotation: @NONEOFTHEABOVE=0

[es] Section Header: *[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.]*

Comorbidity (Choose all that are present)
[Charlson et al 1987]

1	comorbid__1	Myocardial infarct
2	comorbid__2	Congestive heart failure
3	comorbid__3	Peripheral vascular disease
4	comorbid__4	Cerebrovascular disease (except hemiplegia)
5	comorbid__5	Dementia
6	comorbid__6	Chronic pulmonary disease
7	comorbid__7	Connective tissue disease
8	comorbid__8	Ulcer disease
9	comorbid__9	Mild liver disease
10	comorbid__10	Diabetes (without complications)
11	comorbid__11	Diabetes with end organ damage
12	comorbid__12	Hemiplegia
13	comorbid__13	Moderate or severe renal disease
14	comorbid__14	Solid tumor (non metastatic)
15	comorbid__15	Leukemia
16	comorbid__16	Lymphoma, Multiple myeloma
17	comorbid__17	Moderate or severe liver disease
18	comorbid__18	Metastatic solid tumor
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)]=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>
		[es]	Total points:	
	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>[es] 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> <p>Additional</p> <p>Additional</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>	descriptive

		<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>[es] Section Header: <i>[Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index (Sangha,...,Katz et al 2003)]</i></p> <p>Instrucciones:</p> <p>La siguiente es una lista de problemas comunes. En la primera columna indique si en el momento tiene el problema.</p> <p>De no tenerlo, pase al siguiente problema.</p> <p>Si presenta el problema, en la segunda columna indique si recibe medicamentos o algún otro tipo de tratamiento para el problema.</p> <p>Indique en la tercera columna si el problema limita alguna de sus actividades.</p> <p>Por último, indique todas las condiciones médicas que no estén enumeradas en "otros problemas médicos" al final de la página.</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						
		<p>[es] Section Header: ???</p> <p>COVID-19 (SARS-Cov2) -- alguna vez dio positivo</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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						
		<p>[es] Enfermedad cardiaca</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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						
		<p>[es] Presión arterial alta</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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>	1	Yes	0	No
1	Yes						
0	No						

				Field Annotation: [Sangha, et al, ...,Katz 2003]				
		[es]	Enfermedad pulmonar	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
112	scq_diabetes		Diabetes	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Diabetes	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
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> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Enfermedad estomacal o úlcera	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
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> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Enfermedad renal	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
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> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Enfermedad hepática	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
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> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Anemia u otra enfermedad de la sangre	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
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> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Cáncer	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		[es] Depresión	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		[es] Osteoarthritis, artritis degenerativa	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		[es] Dolor de espalda	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		[es] Artritis reumatoide	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
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>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		[es] Otros problemas médicos (por favor, escríbalos) {scq_other_text}	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
123	scq_trtmt_covid19 Show the field ONLY if: [scq_covid19] = '1'	Section Header: <i>Do you receive treatment for it?</i> COVID-19 -- ever received treatment	radio (Matrix) <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						
		[es] Section Header: ??? COVID-19 -- alguna vez recibió tratamiento	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
124	scq_trtmt_heart Show the field ONLY if: [scq_heart] = '1'	Heart disease	radio (Matrix) <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						

			[es] Enfermedad cardiaca	Field Annotation: [Sangha, et al, ...,Katz 2003] <table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
125	scq_trtmt_hbp Show the field ONLY if: [scq_hbp] = '1'		High blood pressure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Presión arterial alta	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
126	scq_trtmt_lung Show the field ONLY if: [scq_lung] = '1'		Lung Disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Enfermedad pulmonar	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
127	scq_trtmt_diabetes Show the field ONLY if: [scq_diabetes] = '1'		Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Diabetes	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
128	scq_trtmt_stomach Show the field ONLY if: [scq_stomach] = '1'		Ulcer or stomach disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Enfermedad estomacal o úlcera	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
129	scq_trtmt_kidney Show the field ONLY if: [scq_kidney] = '1'		Kidney disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Enfermedad renal	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
130	scq_trtmt_liver Show the field ONLY if: [scq_liver] = '1'		Liver disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
			[es] Enfermedad hepática	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							

131	scq_trtmt_blood Show the field ONLY if: [scq_blood] = '1'	Anemia or other blood disease	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Anemia u otra enfermedad de la sangre	1 Sí 0 No
132	scq_trtmt_cancer Show the field ONLY if: [scq_cancer] = '1'	Cancer	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Cáncer	1 Sí 0 No
133	scq_trtmt_depression Show the field ONLY if: [scq_depression] = '1'	Depression	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Depresión	1 Sí 0 No
134	scq_trtmt_osteoarthritis Show the field ONLY if: [scq_osteoarthritis] = '1'	Osteoarthritis, degenerative arthritis	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Osteoartritis, artritis degenerativa	1 Sí 0 No
135	scq_trtmt_backpain Show the field ONLY if: [scq_backpain] = '1'	Back pain	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Dolor de espalda	1 Sí 0 No
136	scq_trtmt_ra Show the field ONLY if: [scq_ra] = '1'	Rheumatoid arthritis	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Artritis reumatoide	1 Sí 0 No
137	scq_trtmt_other Show the field ONLY if: [scq_other] = '1'	Are you receiving treatment for [scq_other_text]?	radio (Matrix) 1 Yes 0 No

			[es] ¿Está recibiendo tratamiento para [scq_other_text]?	Field Annotation: [Sangha, et al, ...,Katz 2003] <table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
138	scq_limit_covid19 Show the field ONLY if: [scq_covid19] = '1'	Section Header: <i>Does it limit your activities?</i> COVID-19 -- ever limited your activities		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Section Header: ??? COVID-19 -- alguna vez limitó sus actividades		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
139	scq_limit_heart Show the field ONLY if: [scq_heart] = '1'	Heart disease		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Enfermedad cardiaca		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
140	scq_limit_hbp Show the field ONLY if: [scq_hbp] = '1'	High blood pressure		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Presión arterial alta		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
141	scq_limit_lung Show the field ONLY if: [scq_lung] = '1'	Lung disease		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Enfermedad pulmonar		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
142	scq_limit_diabetes Show the field ONLY if: [scq_diabetes] = '1'	Diabetes		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Diabetes		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
143	scq_limit_stomach Show the field ONLY if: [scq_stomach] = '1'	Ulcer or stomach disease		radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es] Enfermedad estomacal o úlcera		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							

144	scq_limit_kidney Show the field ONLY if: [scq_kidney] = '1'	Kidney disease	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Enfermedad renal	1 Sí 0 No
145	scq_limit_liver Show the field ONLY if: [scq_liver] = '1'	Liver disease	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Enfermedad hepática	1 Sí 0 No
146	scq_limit_blood Show the field ONLY if: [scq_blood] = '1'	Anemia or blood disease	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Anemia o una enfermedad de la sangre	1 Sí 0 No
147	scq_limit_cancer Show the field ONLY if: [scq_cancer] = '1'	Cancer	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Cáncer	1 Sí 0 No
148	scq_limit_depression Show the field ONLY if: [scq_depression] = '1'	Depression	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Depresión	1 Sí 0 No
149	scq_limit_osteoarthritis Show the field ONLY if: [scq_osteoarthritis] = '1'	Osteoarthritis, degenerative arthritis	radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Osteoartritis, artritis degenerativa	1 Sí 0 No
150	scq_limit_backpain Show the field ONLY if: [scq_backpain] = '1'	Back pain	radio (Matrix) 1 Yes 0 No

			[es] Dolor de espalda	Field Annotation: [Sangha, et al, ...,Katz 2003] <table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No																
1	Sí																							
0	No																							
151	scq_limit_ra Show the field ONLY if: [scq_ra] = '1'		Rheumatoid arthritis	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No																
1	Yes																							
0	No																							
			[es] Artritis reumatoide	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No																
1	Sí																							
0	No																							
152	scq_limit_other Show the field ONLY if: [scq_other] = '1'		Does [scq_other_text] limit your activities?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No																
1	Yes																							
0	No																							
			[es] ¿[scq_other_text] limita sus actividades?	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No																
1	Sí																							
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																				
			[es] Por favor, escriba cualquier otro problema médico que tenga. <i>[Sangha, et al, ...,Katz 2003]</i>																					
154	birthplace		Section Header: HIGH VALUE OPTIONAL ITEMS Where were you born? <i>PX010201</i>	radio, Required <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																							
-77	Don't know																							
-88	Prefer not to answer																							
			[es] Section Header: ??? ¿Dónde nació? <i>PX010201</i>	<table border="1"> <tr><td>0</td><td>En los Estados Unidos</td></tr> <tr><td>1</td><td>En un territorio de los Estados Unidos</td></tr> <tr><td>2</td><td>Fuera de los Estados Unidos</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	En los Estados Unidos	1	En un territorio de los Estados Unidos	2	Fuera de los Estados Unidos	-77	No sé	-88	Prefiero no contestar										
0	En los Estados Unidos																							
1	En un territorio de los Estados Unidos																							
2	Fuera de los Estados Unidos																							
-77	No sé																							
-88	Prefiero no contestar																							
155	birthplace_location_in_us Show the field ONLY if: [birthplace] = '0'		Please select the name of the state where you were born. <i>PX010201</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Alabama (AL)</td></tr> <tr><td>2</td><td>Alaska (AK)</td></tr> <tr><td>3</td><td>Arizona (AZ)</td></tr> <tr><td>4</td><td>Arkansas (AR)</td></tr> <tr><td>5</td><td>California (CA)</td></tr> <tr><td>6</td><td>Colorado (CO)</td></tr> <tr><td>7</td><td>Connecticut (CT)</td></tr> <tr><td>8</td><td>Delaware (DE)</td></tr> <tr><td>9</td><td>District of Columbia (DC)</td></tr> <tr><td>10</td><td>Florida (FL)</td></tr> </table>	1	Alabama (AL)	2	Alaska (AK)	3	Arizona (AZ)	4	Arkansas (AR)	5	California (CA)	6	Colorado (CO)	7	Connecticut (CT)	8	Delaware (DE)	9	District of Columbia (DC)	10	Florida (FL)
1	Alabama (AL)																							
2	Alaska (AK)																							
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11	Georgia (GA)
12	Hawaii (HI)
13	Idaho (ID)
14	Illinois (IL)
15	Indiana (IN)
16	Iowa (IA)
17	Kansas (KS)
18	Kentucky (KY)
19	Louisiana (LA)
20	Maine (ME)
21	Maryland (MD)
22	Massachusetts (MA)
23	Michigan (MI)
24	Minnesota (MN)
25	Mississippi (MS)
26	Missouri (MO)
27	Montana (MT)
28	Nebraska (NE)
29	Nevada (NV)
30	New Hampshire (NH)
31	New Jersey (NJ)
32	New Mexico (NM)
33	New York (NY)
34	North Carolina (NC)
35	North Dakota (ND)
36	Ohio (OH)
37	Oklahoma (OK)
38	Oregon (OR)
39	Pennsylvania (PA)
40	Rhode Island (RI)
41	South Carolina (SC)
42	South Dakota (SD)
43	Tennessee (TN)
44	Texas (TX)
45	Utah (UT)
46	Vermont (VT)
47	Virginia (VA)
48	Washington (WA)
49	West Virginia (WV)
50	Wisconsin (WI)
51	Wyoming (WY)

[es] Seleccione el estado en el que nació.
PX010201

1	Alabama (AL)
2	Alaska (AK)
3	Arizona (AZ)

4	Arkansas (AR)
5	California (CA)
6	Colorado (CO)
7	Connecticut (CT)
8	Delaware (DE)
9	Distrito de Columbia (DC)
10	Florida (FL)
11	Georgia (GA)
12	Hawái (HI)
13	Idaho (ID)
14	Illinois (IL)
15	Indiana (IN)
16	Iowa (IA)
17	Kansas (KS)
18	Kentucky (KY)
19	Luisiana (LA)
20	Maine (ME)
21	Maryland (MD)
22	Massachusetts (MA)
23	Míchigan (MI)
24	Minnesota (MN)
25	Misisipi (MS)
26	Misuri (MO)
27	Montana (MT)
28	Nebraska (NE)
29	Nevada (NV)
30	Nuevo Hampshire (NH)
31	Nueva Jersey (NJ)
32	Nuevo México (NM)
33	Nueva York (NY)
34	Carolina del Norte
35	Dakota del Norte
36	Ohio (OH)
37	Oklahoma (OK)
38	Oregón (OR)
39	Pensilvania (PA)
40	Rhode Island (RI)
41	Carolina del Sur (SC)
42	Dakota del Sur (SD)
43	Tennessee (TN)
44	Texas (TX)
45	Utah (UT)
46	Vermont (VT)
47	Virginia (VA)

				<table border="1"> <tr><td>48</td><td>Washington (WA)</td></tr> <tr><td>49</td><td>Virginia Occidental (WV)</td></tr> <tr><td>50</td><td>Wisconsin (WI)</td></tr> <tr><td>51</td><td>Wyoming (WY)</td></tr> </table>	48	Washington (WA)	49	Virginia Occidental (WV)	50	Wisconsin (WI)	51	Wyoming (WY)																																									
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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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		<p>[es] Por favor, seleccione el territorio de los EE.UU. en que nació.</p> <p><i>PX010201</i></p>	<table border="1"> <tr><td>1</td><td>Samoa estadounidense (AS)</td></tr> <tr><td>2</td><td>Guam (GU)</td></tr> <tr><td>3</td><td>Islas Marianas del Norte (MP)</td></tr> <tr><td>4</td><td>Puerto Rico (PR)</td></tr> <tr><td>5</td><td>Islas Vírgenes (VI)</td></tr> <tr><td>6</td><td>Islas Ultramarinas Menores de los Estados Unidos (UM)</td></tr> </table>	1	Samoa estadounidense (AS)	2	Guam (GU)	3	Islas Marianas del Norte (MP)	4	Puerto Rico (PR)	5	Islas Vírgenes (VI)	6	Islas Ultramarinas Menores de los Estados Unidos (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> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin</td></tr> <tr><td>20</td><td>Bhutan</td></tr> <tr><td>21</td><td>Bolivia</td></tr> <tr><td>22</td><td>Bosnia Herzegovina</td></tr> <tr><td>23</td><td>Botswana</td></tr> <tr><td>24</td><td>Brazil</td></tr> <tr><td>25</td><td>Brunei</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	16	Belarus	17	Belgium	18	Belize	19	Benin	20	Bhutan	21	Bolivia	22	Bosnia Herzegovina	23	Botswana	24	Brazil	25	Brunei
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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
182	Tuvalu
183	Uganda
184	Ukraine
185	United Arab Emirates
186	United Kingdom
187	Uruguay
188	Uzbekistan
189	Vanuatu
190	Vatican City
191	Venezuela
192	Vietnam
193	Yemen
194	Zambia
195	Zimbabwe
196	Other

[es] Por favor, seleccione el nombre del país extranjero en el que nació.
PX010201

1	Afganistán
2	Albania
3	Argelia
4	Andorra

5	Angola
6	Antigua y Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaiyán
12	Bahamas
13	Baréin
14	Bangladesh
15	Barbados
16	Bielorrusia
17	Bélgica
18	Belice
19	Benín
20	Bután
21	Bolivia
22	Bosnia-Herzegovina
23	Botswana
24	Brasil
25	Brunéi
26	Bulgaria
27	Burkina
28	Burundi
29	Camboya
30	Camerún
31	Canadá
32	Cabo Verde
33	República Centroafricana
34	Chad
35	Chile
36	China
37	Colombia
38	Comoras
39	Congo
40	Congo {República Democrática}
41	Costa Rica
42	Croacia
43	Cuba
44	Chipre
45	República Checa
46	Dinamarca
47	Yibuti
48	Dominica

49	República Dominicana
50	Timor Oriental
51	Ecuador
52	Egipto
53	El Salvador
54	Guinea Ecuatorial
55	Eritrea
56	Estonia
57	Etiopía
58	Fiji
59	Finlandia
60	Francia
61	Gabón
62	Gambia
63	Georgia
64	Alemania
65	Ghana
66	Grecia
67	Granada
68	Guatemala
69	Guinea
70	Guinea-Bisáu
71	Guyana
72	Haití
73	Honduras
74	Hungría
75	Islandia
76	India
77	Indonesia
78	Irán
79	Irak
80	República de Irlanda
81	Israel
82	Italia
83	Costa de Marfil
84	Jamaica
85	Japón
86	Jordania
87	Kazajistán
88	Kenia
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106	Malawi
107	Malasia
108	Maldivas
109	Malí
110	Malta
111	Islas Marshall
112	Mauritania
113	República de Mauricio
114	México
115	Micronesia
116	Moldavia
117	Mónaco
118	Mongolia
119	Montenegro
120	Marruecos
121	Mozambique
122	Myanmar (Birmania)
123	Namibia
124	Nauru
125	Nepal
126	Países bajos
127	Nueva Zelanda
128	Nicaragua
129	Níger
130	Nigeria
131	Noruega
132	Omán
133	Pakistán
134	Palau
135	Panamá
136	Papúa Nueva Guinea

137	Paraguay
138	Perú
139	Filipinas
140	Polonia
141	Portugal
142	Qatar
143	Romania
144	Federación de Rusia
145	Ruanda
146	San Cristóbal y Nieves
147	Santa Lucía
148	San Vicente y las Granadinas
149	Samoa
150	San Marino
151	Santo Tomé y Príncipe
152	Arabia Saudí
153	Senegal
154	Serbia
155	Seychelles
156	Sierra Leona
157	Singapur
158	Eslovaquia
159	Eslovenia
160	Islas Salomón
161	Somalia
162	Sudáfrica
163	Sudán del Sur
164	España
165	Sri Lanka
166	Sudán
167	Surinam
168	Suazilandia
169	Suecia
170	Suiza
171	Siria
172	Taiwán
173	Tayikistán
174	Tanzania
175	Tailandia
176	Togo
177	Tonga
178	Trinidad y Tobago
179	Túnez
180	Turquía

				<table border="1"> <tr><td>181</td><td>Turkmenistán</td></tr> <tr><td>182</td><td>Tuvalu</td></tr> <tr><td>183</td><td>Uganda</td></tr> <tr><td>184</td><td>Ucrania</td></tr> <tr><td>185</td><td>Emiratos Árabes Unidos</td></tr> <tr><td>186</td><td>Reino Unido</td></tr> <tr><td>187</td><td>Uruguay</td></tr> <tr><td>188</td><td>Uzbekistán</td></tr> <tr><td>189</td><td>Vanuatu</td></tr> <tr><td>190</td><td>Ciudad del Vaticano</td></tr> <tr><td>191</td><td>Venezuela</td></tr> <tr><td>192</td><td>Vietnam</td></tr> <tr><td>193</td><td>Yemen</td></tr> <tr><td>194</td><td>Zambia</td></tr> <tr><td>195</td><td>Zimbabue</td></tr> <tr><td>196</td><td>Otro</td></tr> </table>	181	Turkmenistán	182	Tuvalu	183	Uganda	184	Ucrania	185	Emiratos Árabes Unidos	186	Reino Unido	187	Uruguay	188	Uzbekistán	189	Vanuatu	190	Ciudad del Vaticano	191	Venezuela	192	Vietnam	193	Yemen	194	Zambia	195	Zimbabue	196	Otro
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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																																	
		[es] Otros, por favor especifique <i>PX010201</i>																																		
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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0	No																																			
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		[es] En los últimos 12 meses, ¿fue herido física o emocionalmente o se sintió amenazado por su cónyuge o pareja actual o anterior, por un cuidador o por otra persona conocida? <i>KP YCLS Q18</i>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar																											
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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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		[es] En caso afirmativo, por favor, especifique <i>KP YCLS Q18 Yes</i>	<table border="1"> <tr><td>1</td><td>Cónyuge/pareja actual</td></tr> <tr><td>2</td><td>Cónyuge/pareja anterior</td></tr> <tr><td>3</td><td>Cuidador</td></tr> <tr><td>4</td><td>Alguien más</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Cónyuge/pareja actual	2	Cónyuge/pareja anterior	3	Cuidador	4	Alguien más	-88	Prefiero no contestar																							
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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> </table>	1	Yes	0	No																													
1	Yes																																			
0	No																																			

					-88	Prefer not to answer
			[es] ¿Alguna vez su cónyuge o pareja, un familiar o un amigo ha sido abusivo a nivel económico hacia usted? Es decir, ¿le ha robado dinero, no le ha pagado un préstamo, etc.? <i>KP YCLS Q23</i>		1	Sí
					0	No
					-88	Prefiero no contestar
162	brfss_marijuana_m21_01		During the past 30 days, on how many of the days did you use marijuana or cannabis (including THC in a joint, blunt, pipe, vape, edible, drank it, dabbed it)? <i>BRFSS M21.01</i>		radio, Required	
					0	None
					1	1
					2	2
					3	3
					4	4
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					29	29
					30	30
					-77	Don't know/not sure
					-88	Prefer not to answer
			[es] ??? ???		0	???
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					3	???
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-88	???																																																											
163	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>	<table border="1"> <tr><td colspan="2">radio, Required</td></tr> <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>	radio, Required		0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer																																											
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		[es] En el último año, ¿cuántas veces ha utilizado medicamentos de receta para fines que no sean médicos? <i>CMS AHS HRSN Item 21/LOINC 95530-2</i>	<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>Una o dos veces</td></tr> <tr><td>2</td><td>Una vez al mes</td></tr> <tr><td>3</td><td>Una vez a la semana</td></tr> <tr><td>4</td><td>A diario o casi a diario</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nunca	1	Una o dos veces	2	Una vez al mes	3	Una vez a la semana	4	A diario o casi a diario	-88	Prefiero no contestar																																													
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-88	Prefiero no contestar																																																											
164	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>	<table border="1"> <tr><td colspan="2">radio, Required</td></tr> <tr><td>0</td><td>Never</td></tr> </table>	radio, Required		0	Never																																																					
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		<p>[es] En el último año, ¿cuántas veces ha consumido drogas ilegales? <small>CMS AHS HRSN Item 22/LOINC 68524-8</small></p>	<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>Una o dos veces</td></tr> <tr><td>2</td><td>Una vez al mes</td></tr> <tr><td>3</td><td>Una vez a la semana</td></tr> <tr><td>4</td><td>A diario o casi a diario</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nunca	1	Una o dos veces	2	Una vez al mes	3	Una vez a la semana	4	A diario o casi a diario	-88	Prefiero no contestar
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1	Una o dos veces														
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3	Una vez a la semana														
4	A diario o casi a diario														
-88	Prefiero no contestar														
165	perceived_discrim_qx	<p>Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? <small>PX280101</small></p>	<p>radio</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				
1	Yes														
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		<p>[es] ¿Hubo alguna ocasión cuando pudo haber obtenido mejor atención médica si hubiera sido de otra raza o de otro grupo étnico? <small>PX280101</small></p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar				
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166	self_report_disability	<p>Do you have difficulty with your ability to carry out daily activities, difficulty seeing even with glasses, or difficulty hearing even with a hearing aid? Examples of daily activities include: walking, climbing stairs, shopping, balancing a checkbook, bathing or dressing. <small>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</small></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								
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167	disability_dailyactivities Show the field ONLY if: [self_report_disability] = '1'	<p>Do you have a difficulty that interferes with your ability to carry out daily activities? Examples of daily activities include: walking, climbing stairs, shopping, balancing a checkbook, bathing or dressing. <small>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</small></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								
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168	disability_deaf Show the field ONLY if: [self_report_disability] = '1'	<p>Are you deaf, or do you have serious difficulty hearing? <small>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</small></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								
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169	disability_blind Show the field ONLY if: [self_report_disability] = '1'	<p>Are you blind, or do you have serious difficulty seeing, even when wearing glasses? <small>CDC Disability https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html</small></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								
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170	disability_walking Show the field ONLY if: [disability_dailyactivities] = '1'	Do you have serious difficulty walking or climbing stairs? (5 years of age or older) <i>CDC</i> <i>Disability</i> https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html		radio, 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		
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171	disability_dressing Show the field ONLY if: [disability_dailyactivities] = '1'	Do you have difficulty dressing or bathing? (5 years of age or older) <i>CDC</i> <i>Disability</i> https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html		radio, 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		
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172	nimhd_mcdrc_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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		[es] Section Header: <i>Form Status</i> Complete?		<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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