


Data Dictionary Codebook

10/23/2023 9:57am

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

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																																	
Instrument: NIMHD MCDDRC Common Data Elements (CDE) (nimhd_mcddrc_common_data_elements_cde)  Enabled as survey																																				
Active languages - Data Entry: en, es Survey: en, es																																				
1	record_id	Record ID	text																																	
2	ethnicity	Are you of Hispanic, Latino, Latina, or Spanish origin? <i>(Adapted from PhenX - ethnicity protocol [PX010502]/LOINC: 94158-3)</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> Custom alignment: LV	0	No, NOT of Hispanic, Latino, Latina, or Spanish origin	1	Yes, of Hispanic, Latino, Latina, or Spanish origin	-88	Prefer not to answer																											
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3	ethnicity_hispanic 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) <i>(Adapted from: https://worldpopulationreview.com/country-rankings/hispanic-countries)</i>	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> </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
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4	ethnicity_other Show the field ONLY if: [ethnicity_hispanic(90)] = '1'	If other, please specify.	text Custom alignment: LV																																					
5	race	<p>What is your race? (Check all that apply)</p> <p><i>(Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowserClient.html#/search?publicId=2529090&version=1.0)</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>race__1</td> <td>American Indian or Alaska Native: (A person having origins in any of the original peoples of North, Central, and South America. For example: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guarani, Guna people, Mapuche, Maya, Music, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)</td> </tr> </table>	1	race__1	American Indian or Alaska Native: (A person having origins in any of the original peoples of North, Central, and South America. For example: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guarani, Guna people, Mapuche, Maya, Music, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)																																		
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				Western Sahara, Morocco, Algeria, Tunisia, Libya, Somalia, Djibouti, Eritrea, Sudan, Egypt, Palestine, Israel, Lebanon, Syria, Jordan, Saudi Arabia, Yemen, Oman, United Arab Emirates, Qatar, Bahrain, Kuwait, Iraq, Turkey, Cyprus, Iran, Afghanistan, Turkmenistan, Uzbekistan, Kazakhstan, Kyrgyzstan, Tajikistan, etc.)										
	6	race__6	White: (People of European heritage. For example: Sweden, Denmark, Netherlands, United Kingdom, Republic of Ireland, Russia, Ukraine, Poland, Czechoslovakia, Germany, Switzerland, Belgium, Italy, Spain, Portugal, France, Greece, etc.)											
	7	race__7	Some other race											
	-88	race__88	Prefer not to answer											
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	6	race_otr Show the field ONLY if: [race(6)] = '1'	You selected "some other race". Please list here: (Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)	text, Required Custom alignment: LV										
	7	sex_assigned_at_birth	What was your biological sex assigned at birth? (Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])	radio, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Intersex</td></tr> <tr><td>66</td><td>None of these describe me</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	Male	1	Female	2	Intersex	66	None of these describe me	-88	Prefer not to answer
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	8	sex_assigned_at_birth	How would you describe yourself?	text, Required										

	th_o_2 Show the field ONLY if: [sex_assigned_at_birth] = '66'	<i>(Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])</i>	Custom alignment: LV																		
9	gender_identity_term	What terms best express how you describe your gender identity? (Check all that apply) <i>(Adapted from Protocol - Gender Identity [PX011801])</i>	checkbox, Required <table border="1"> <tr> <td>0</td> <td>gender_identity_term__0</td> <td>Man</td> </tr> <tr> <td>1</td> <td>gender_identity_term__1</td> <td>Woman</td> </tr> <tr> <td>2</td> <td>gender_identity_term__2</td> <td>Non-binary</td> </tr> <tr> <td>3</td> <td>gender_identity_term__3</td> <td>Transgender</td> </tr> <tr> <td>66</td> <td>gender_identity_term__66</td> <td>None of these describe me</td> </tr> <tr> <td>-88</td> <td>gender_identity_term__88</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88	0	gender_identity_term__0	Man	1	gender_identity_term__1	Woman	2	gender_identity_term__2	Non-binary	3	gender_identity_term__3	Transgender	66	gender_identity_term__66	None of these describe me	-88	gender_identity_term__88	Prefer not to answer
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66	gender_identity_term__66	None of these describe me																			
-88	gender_identity_term__88	Prefer not to answer																			
10	gender_identity_description_o Show the field ONLY if: [gender_identity_term(66)] = '1'	How would you describe yourself? <i>(Adapted from Protocol - Gender Identity [PX011801])</i>	text, Required Custom alignment: LV																		
11	sexual_orientation_identity	Which of the following best represents how you think of yourself? <i>(Adapted from PhenX Protocol - Sexual Orientation [PX011701])</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>Gay</td> </tr> <tr> <td>1</td> <td>Lesbian</td> </tr> <tr> <td>2</td> <td>Straight; that is, not gay or lesbian</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> Custom alignment: LV	0	Gay	1	Lesbian	2	Straight; that is, not gay or lesbian	3	Bisexual	66	None of these describe me	-88	Prefer not to answer						
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12	sexual_orientation_description_o Show the field ONLY if: [sexual_orientation_identity] = '66'	How would you describe yourself? <i>(Adapted from PhenX Protocol - Sexual Orientation [PX011701])</i>	text, Required Custom alignment: LV																		
13	age_in_years	How old are you? (in years)? <i>(Adapted from PhenX Protocol - Current Age [PX010101])</i>	text (integer, Min: 0, Max: 130) Custom alignment: LV																		
14	age_in_years_no_response Show the field ONLY if: [age_in_years] = ''	How old are you? (in years)? <i>(Adapted from PhenX Protocol - Current Age [PX010101])</i>	radio, Required <table border="1"> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV	-88	Prefer not to answer																
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15	geocoded_residential_address	[Please collect the residential address (or at least ZIP code) for geocoding but this will NOT be sent to the RCC. In near future, the projects will be able to obtain de-identified neighborhood SDOH variables based on geocoded residential addresses / ZIP code and send the de-id neighborhood SDOH data to the RCC.]	descriptive Field Annotation: @HIDDEN										
16	fi_12_mos_instruction	<p>Each project is required to select at least 1 of the 5 main food domain items. -----</p> <p>----- The 6th item of the scale [fi_change_diet_frequency] is a question that branches from 1 of the required 5 main items.If yes, is selected for the question [fi_12_mos_change_diet], "In the last 12 months, did you/you or other adults in your household ever cut the size of your meal or skip meals because there wasn't enough money for food?"then you can offer the follow-up question [fi_change_diet_frequency], "How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months? -----</p> <p>---- Again, only 1 of the 5 main items is REQUIRED, however, the entire scale is available.</p>	descriptive Field Annotation: @HIDDEN										
17	fi_12_mos_intro	These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.Please select whether the statement was often true, sometimes true, or never true for you or your household.	descriptive										
18	fi_12_mos_food_money_freq	<p>"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1" data-bbox="1057 1371 1365 1623"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Often true	2	Sometimes true	3	Never true	-77	Don't know	-88	Prefer not to answer
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19	fi_12_mos_afford_balanced_meals	<p>"(I/we) couldn't afford to eat balanced meals."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1" data-bbox="1057 1743 1365 1896"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> </table>	1	Often true	2	Sometimes true	3	Never true				
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20	fi_12_mos_change_diet	<p>In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> <p><i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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21	fi_change_diet_frequency	<p>How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?</p> <p><i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p> <p>Show the field ONLY if: [fi_12_mos_change_diet] = '1'</p>	<p>radio, Required</p> <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> <p>Custom alignment: LV</p>	1	Almost every month	2	Some months but not every month	3	Only 1 or 2 months	-77	Don't know	-88	Prefer not to answer
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22	fi_12_mos_eat_less	<p>In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?</p> <p><i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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23	fi_12_mos_hungry	<p>In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?</p> <p><i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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24	fi_12_mos_end_of_module_alert	[End of Six-Item Food Security Module]	<p>descriptive</p> <p>Field Annotation: @HIDDEN</p>										
25	edu_att_individual_highest_grade	<p>What is the highest grade or level of school you have completed or the highest degree you have received?</p> <p><i>(Adapted from PhenX Protocol - Educational Attainment - Individual [PX011002])</i></p>	<p>radio, Required</p> <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> </table>	0	Never attended/Kindergarten Only	1	1st grade	2	2nd grade				
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26	health_literacy_medical_forms	How confident are you filling out medical forms by yourself? <i>(Adapted from PhenX Protocol - Health Literacy [PX270401] / LOINC 95870-2)</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Extremely</td></tr> <tr><td>2</td><td>Quite a bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A little bit</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table> <p>Custom alignment: LV</p>	1	Extremely	2	Quite a bit	3	Somewhat	4	A little bit	5	Not at all																																	
1	Extremely																																													
2	Quite a bit																																													
3	Somewhat																																													
4	A little bit																																													
5	Not at all																																													
27	ann_fam_income_description	The next block of questions make up the PhenX set of income questions.	<p>descriptive</p> <p>Field Annotation: @HIDDEN</p>																																											

			(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)																																									
28	ann_fam_inc_instructions		<p>The next questions are about your total family income in 2022 BEFORE TAXES.</p> <p>Income is important in analyzing the health information we collect.</p> <p>For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group.</p> <p>Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.</p>	descriptive																																								
29	ann_family_inc_household		<p>How many people currently live in the household?</p> <p><i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></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> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> </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	15	15	16	16	17	17	18	18	19	19	20	20
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30	ann_family_inc_desc_ript	When answering this next question, please remember to include your income PLUS the income of all family members living in this household.		descriptive								
31	ann_family_inc_addl_instr	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 Field Annotation: @HIDDEN								
32	ann_family_inc_total_last_yr	What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year? <i>(Adapted from PhenX - Annual Family Income [PX011102])</i>		text (number, Min: 0, Max: 1000000)								
33	ann_family_inc_total_last_yr_enc Show the field ONLY if: [ann_family_inc_total_last_yr] = ""	<i>(Adapted from PhenX - Annual Family Income [PX011102])</i>		radio <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	-77	Don't know	-88	Prefer not to answer				
-77	Don't know											
-88	Prefer not to answer											
34	poverty_250	250% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2) 2022 FPG</i>		calc Calculation: $2.50 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN								
35	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? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>		radio <table border="1"> <tr> <td>1</td> <td>Less than [poverty_250]</td> </tr> <tr> <td>2</td> <td>[poverty_250] or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than [poverty_250]	2	[poverty_250] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_250]											
2	[poverty_250] or more											
-77	Don't know											
-88	Prefer not to answer											
36	poverty_138	138% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>		calc Calculation: $1.38 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN								

37	<p>ann_family_inc_total_thld_138</p> <p>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'</p>	<p>Was your total family income from all sources less than [poverty_138] or [poverty_138] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Less than [poverty_138]</td> </tr> <tr> <td>2</td> <td>[poverty_138] or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than [poverty_138]	2	[poverty_138] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_138]										
2	[poverty_138] or more										
-77	Don't know										
-88	Prefer not to answer										
38	<p>poverty_100</p>	<p>100% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>calc Calculation: $1.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN</p>								
39	<p>ann_family_inc_total_thld_100</p> <p>Show the field ONLY if: [ann_family_inc_total_thld_138]=1</p>	<p>Was your total family income from all sources less than [poverty_100] or [poverty_100] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Less than [poverty_100]</td> </tr> <tr> <td>2</td> <td>[poverty_100] or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than [poverty_100]	2	[poverty_100] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_100]										
2	[poverty_100] or more										
-77	Don't know										
-88	Prefer not to answer										
40	<p>poverty_200</p>	<p>200% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>calc Calculation: $2.00 * (13590 + (4720 * ([ann_family_inc_household]-1)))$ Field Annotation: @HIDDEN</p>								
41	<p>ann_family_inc_total_thld_200</p> <p>Show the field ONLY if: [ann_family_inc_total_thld_138]=2</p>	<p>Was your total family income from all sources less than [poverty_200] or [poverty_200] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<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]										
2	[poverty_200] or more										
-77	Don't know										
-88	Prefer not to answer										
42	<p>annual_family_income_total_75</p> <p>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')</p>	<p>Was your total family income from all sources less than \$75,000 or \$75,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<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										
43	<p>annual_family_income_total_100</p> <p>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' AN</p>	<p>Was your total family income from all sources less than \$100,000 or \$100,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<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
1	Less than \$100,000										
2	\$100,000 or more										
-77	Don't know										
-88	Prefer not to answer										

		D [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'									
44	poverty_400	400% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	calc Calculation: 4.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
45	ann_family_inc_total_thld_400 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')	Was your total family income from all sources less than [poverty_400] or [poverty_400] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	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
1	Less than [poverty_400]										
2	[poverty_400] or more										
-77	Don't know										
-88	Prefer not to answer										
46	annual_family_income_total_150 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_fa	Was your total family income from all sources less than \$150,000 or \$150,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	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
1	Less than \$150,000										
2	\$150,000 or more										
-77	Don't know										
-88	Prefer not to answer										

	<p>mily_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_inc_household] >= '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '4') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '5')</p>		
<p>47</p>	<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_</p>	<p>[End of PhenX Income Qxs]</p>	<p>descriptive Field Annotation: @HIDDEN</p>

		<p>household] = '1') OR ([annual_family_income_total_100] = '1' AND [annual_family_inc_household] = '2') OR ([annual_family_income_total_100] = '1' AND [annual_family_inc_household] = '5') OR ([annual_family_income_total_100] = '1' AND [annual_family_inc_household] = '6') OR [annual_family_income_total_100] = '-77' OR [annual_family_income_total_100] = '-88' OR ([annual_family_inc_total_thld_400] = '1' AND [annual_family_inc_household] < '8') OR ([annual_family_inc_total_thld_400] = '2' AND [annual_family_inc_household] = '1') OR ([annual_family_inc_total_thld_400] = '2' AND [annual_family_inc_household] = '2') OR ([annual_family_inc_total_thld_400] = '2' AND [annual_family_inc_household] = '3') OR ([annual_family_inc_total_thld_400] = '2' AND [annual_family_inc_household] >= '6') OR [annual_family_inc_total_thld_400] = '-77' OR [annual_family_inc_total_thld_400] = '-88'</p>				
48	<p>alt_to_phenx_income_qxs_descript</p>	<p>The next question is an alternative version to the PhenX income qxs.</p> <p>Use the version that you think will work best for your population.</p> <p>(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/details/guidelines-2023.pdf)</p>	<p>descriptive, Required Field Annotation: @HIDDEN</p>			
49	<p>ann_fam_inc_2022fgcats</p>	<p>What is your best estimate of the total income of all family members from all sources, before</p>	<p>radio, Required</p> <table border="1" data-bbox="1042 1848 1560 1925"> <tr> <td data-bbox="1042 1848 1105 1925">1</td> <td data-bbox="1105 1848 1560 1925">less than \$13,590 (\$1,133/mo or</td> </tr> </table>	1	less than \$13,590 (\$1,133/mo or	
1	less than \$13,590 (\$1,133/mo or					

taxes, in the last calendar year?

(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; <https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowserClient.html#search?publicId=2738624&version=1.0>; <https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5973c02ed39e77696/guidelines-2023.pdf>)

	\$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

				Custom alignment: LV																		
50	current_employment_status	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>(Adapted from PhenX Protocol - Current Employment Status [PX011301])</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Working now</td></tr> <tr><td>2</td><td>Only temporarily laid off, sick leave, or maternity leave</td></tr> <tr><td>3</td><td>Looking for work, unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, Permanently or temporarily</td></tr> <tr><td>6</td><td>Keeping house</td></tr> <tr><td>7</td><td>Student</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> <tr><td>90</td><td>Other (specify):</td></tr> </table>	1	Working now	2	Only temporarily laid off, sick leave, or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, Permanently or temporarily	6	Keeping house	7	Student	-88	Prefer not to answer	90	Other (specify):
1	Working now																					
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-88	Prefer not to answer																					
90	Other (specify):																					
				Custom alignment: LV																		
51	cur_employ_stat_specify Show the field ONLY if: [current_employment_status] = '90'	If Other, please specify. <i>(Adapted from PhenX Protocol - Current Employment Status [PX011301])</i>	text, Required	Custom alignment: LV																		
52	ahc_hrsn_st_suppl_edu_q15	Do you speak a language other than English at home? <i>(Adapted from 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												
1	Yes																					
0	No																					
-88	Prefer not to answer																					
				Custom alignment: LV																		
53	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>(Adapted from PhenX Protocol - English Proficiency [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																					
				Custom alignment: LV																		
54	acs_hlth_svcs_last_seen_doctor	About how long has it been since you last saw a doctor or other health care professional about your health?	radio, Required	<table border="1"> <tr><td>0</td><td>Never</td></tr> </table>	0	Never																
0	Never																					

			(Adapted from PhenX Protocol - Access to Health Services [PX270101])	<table border="1"> <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> <p>Custom alignment: LV</p>	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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6	10 years ago or more																			
-77	Don't know																			
-88	Prefer not to answer																			
55	acs_hlth_svcs_usual_place_hc	Is there a place that you USUALLY go to if you are sick and need health care? (Adapted from PhenX Protocol - Access to Health Services [PX270101])	radio, Required	<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> <p>Custom alignment: LV</p>	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																			
56	acs_hlth_svcs_hc_most_often	<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>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>Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.</p> <p>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</p>	checkbox, Required	<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>Urgent care center, clinic in a drug store or grocery store</td> </tr> <tr> <td>3</td> <td>acs_hlth_svcs_hc_most_often__3</td> <td>Emergency room</td> </tr> <tr> <td>4</td> <td>acs_hlth_svcs_hc_most_often__4</td> <td>VA Medical Center or VA outpatient</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	Urgent care center, clinic in a drug store or grocery store	3	acs_hlth_svcs_hc_most_often__3	Emergency room	4	acs_hlth_svcs_hc_most_often__4	VA Medical Center or VA outpatient				
1	acs_hlth_svcs_hc_most_often__1	A doctor's office or health center																		
2	acs_hlth_svcs_hc_most_often__2	Urgent care center, clinic in a drug store or grocery store																		
3	acs_hlth_svcs_hc_most_often__3	Emergency room																		
4	acs_hlth_svcs_hc_most_often__4	VA Medical Center or VA outpatient																		

				<table border="1"> <tr> <td>5</td> <td>acs_hlth_svcs_hc_most_ofTEN__5</td> <td>Some other place</td> </tr> <tr> <td>6</td> <td>acs_hlth_svcs_hc_most_ofTEN__6</td> <td>Don't go to a place often</td> </tr> <tr> <td>-77</td> <td>acs_hlth_svcs_hc_most_ofTEN__77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>acs_hlth_svcs_hc_most_ofTEN__88</td> <td>Prefer to answer</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88</p>	5	acs_hlth_svcs_hc_most_ofTEN__5	Some other place	6	acs_hlth_svcs_hc_most_ofTEN__6	Don't go to a place often	-77	acs_hlth_svcs_hc_most_ofTEN__77	Don't know	-88	acs_hlth_svcs_hc_most_ofTEN__88	Prefer to answer
5	acs_hlth_svcs_hc_most_ofTEN__5	Some other place														
6	acs_hlth_svcs_hc_most_ofTEN__6	Don't go to a place often														
-77	acs_hlth_svcs_hc_most_ofTEN__77	Don't know														
-88	acs_hlth_svcs_hc_most_ofTEN__88	Prefer to answer														
57	<p>acs_hlth_svcs_hc_most_ofTEN_o</p> <p>Show the field ONLY if: [acs_hlth_svcs_hc_most_ofTEN(5)] = "1"</p>	<p>If Some other place, please specify. <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>text, Required Custom alignment: LV</p>													
58	<p>acs_hlth_svcs_past_12_mos_uc</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>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>This is different from a hospital emergency room.</p> <p>[Enter 96 if number of times is 96 or more] <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>text (integer, Min: 0, Max: 96) Custom alignment: LV</p>													
59	<p>acs_hlth_svcs_past_12_mos_uc_dk</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] = "</p>	<p><i>(Adapted from PhenX Protocol - Access to Health Services [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> <p>Custom alignment: LV</p>	-77	Don't know	-88	Prefer not to answer									
-77	Don't know															
-88	Prefer not to answer															
60	<p>acs_hlth_svcs_past_12_mos_uc_v</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] >= 40</p>	<p>This is an unusually large number. Did you visit an urgent care center or clinic in a drug store or grocery store about your health more than 40 times in the past 12 months? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></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> </table>	1	Yes	0	No	-77	Don't know							
1	Yes															
0	No															
-77	Don't know															

				<table border="1"> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-88	Prefer not to answer					
-88	Prefer not to answer										
61	acs_hlth_svcs_past_12_mos_er	<p>During the past 12 months, how many times have you gone to a hospital emergency room about your health?</p> <p>This includes emergency room visits that resulted in a hospital admission.</p> <p>[Enter 96 if number of times is 96 or more] <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>text (integer, Min: 0, Max: 96) Custom alignment: LV</p>								
62	acs_hlth_svcs_past_12_mos_er_dk	<p><i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_er] = ""</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> <p>Custom alignment: LV</p>	-77	Don't know	-88	Prefer not to answer				
-77	Don't know										
-88	Prefer not to answer										
63	acs_hlth_svcs_past_12_mos_er_v	<p>This is an unusually large number. Did you visit a hospital emergency room about your health more than 40 times in the past 12 months? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_er] >= 40</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> <p>Custom alignment: LV</p>	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										
64	acs_hlth_svcs_delayed_mc	<p>During the past 12 months, have you DELAYED getting medical care because of the cost? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <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	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										
65	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? (Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])</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										
66	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</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										

			names, insert] [or insert program name]						
67	hlth_ins_coverage_medicaid	Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. You may know this type of coverage as [if the respondent is in a state with state-specific names insert program name].	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered								
2	Not Covered								
3	Not Sure								
68	hlth_ins_coverage_medicare	Medicare, for people 65 and older, or people with certain disabilities	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered								
2	Not Covered								
3	Not Sure								
69	hlth_ins_coverage_military	TRICARE or other military health care, including VA health care.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered								
2	Not Covered								
3	Not Sure								
70	hlth_ins_coverage_indian	Indian Health Service	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered								
2	Not Covered								
3	Not Sure								
71	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								
72	hlth_ins_coverage_nocoverage Show the field ONLY if: [hlth_ins_coverage_employer] <> '1' and [hlth_ins_coverage_purchased] <> '1' and [hlth_ins_coverage_medicare] <> '1' and [hlth_ins_coverage_medicaid] <> '1' and [hlth_ins_coverage_military] <> '1' and [hlth_ins_coverage_indian] <> '1' and [hlth_ins_coverage_other] <> '1'	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>(Adapted from PhenX Protocol - Health Insurance Coverage [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> Custom alignment: LV	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								
73	hlth_ins_coverage_fadcd Show the field ONLY if: [hlth_ins_coverage_nocoverage]	What type of health insurance do you have? <i>(Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])</i>	text Custom alignment: LV						

		overage] = '2' or [hlth_in s_coverage_other] = '1'																	
74	cls_description	Which of the following best describes your current living situation? (Select ONE only) <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) 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> <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> <p>Custom alignment: LV</p>	1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet	2	Live in a household with other people	3	Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)	4	Live in a facility such as a nursing home which provides meals and 24-hour nursing care	5	Temporarily staying with a relative or friend	6	Temporarily staying in a shelter or homeless	90	Other (please specify)	-88	Prefer not to answer
1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet																		
2	Live in a household with other people																		
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5	Temporarily staying with a relative or friend																		
6	Temporarily staying in a shelter or homeless																		
90	Other (please specify)																		
-88	Prefer not to answer																		
75	cls_description_other	If Other, please specify <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)</i> Show the field ONLY if: [cls_description] = '90'	text, Required Custom alignment: LV																
76	cls_trouble_paying_food	Section Header: <i>In the past 3 months, did you have trouble paying for any of the following? (Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q3 and NIMHD&NINR SchARe DSOH CDEs)</i> Food	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
77	cls_trouble_paying_housing	Housing	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
78	cls_trouble_paying_heat_electric	Heat and electricity	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																		
0	No																		
-88	Prefer not to answer																		
79	cls_trouble_paying_medical	Medical needs	radio (Matrix), Required <table border="1"> <tr> <td></td> <td></td> </tr> </table>																

				<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
80	<code>cls_trouble_paying_transport</code>	Transportation		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
81	<code>cls_trouble_paying_childcare</code>	Childcare		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
82	<code>cls_trouble_paying_debts</code>	Debts		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
83	<code>trouble_paying_phone</code>	Phone (mobile/cell or landline)		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
84	<code>trouble_paying_internet</code>	Internet Access (Wi-Fi or Broadband)		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
85	<code>cls_trouble_paying_none</code>	None of the above		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
86	<code>cls_trouble_paying_o</code>	Something other than what is listed above (please write in) { <code>cls_other_text</code> }		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
87	<code>cls_other_text</code> Show the field ONLY if: <code>[cls_trouble_paying_o] = '1'</code>	If Other, please specify		text						
88	<code>cls_lack_of_transpo</code>	Section Header: <i>Has lack of transportation... (Adapted from Kaiser Permanente Your Current Life Situation (KP</i>		radio (Matrix), Required <table border="1"> <tr><td> </td><td> </td></tr> </table>						

		rt_m_appts	<p><i>YCLS (shorter form) Q5)</i></p> <p>Kept you from medical appointments or from getting medications?</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																			
89		cls_lack_of_transpo rt_m_adl	<p>Kept you from doing things needed for daily living?</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																			
90		cls_lack_of_transpo rt_m_prob	<p>Been a problem for you?</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																			
91		cls_relationship_st atus	<p>What is your current marital/relationship status?</p> <p>(Select ONE only) <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q10)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Married/domestic partner</td></tr> <tr><td>2</td><td>Living with a partner in a committed relationship</td></tr> <tr><td>3</td><td>In a serious or committed relationship, but not living together</td></tr> <tr><td>4</td><td>Single</td></tr> <tr><td>5</td><td>Separated</td></tr> <tr><td>6</td><td>Divorced</td></tr> <tr><td>7</td><td>Widowed</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	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	Married/domestic partner																			
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4	Single																			
5	Separated																			
6	Divorced																			
7	Widowed																			
-88	Prefer not to answer																			
92		cls_hard_get_medica tion	<p>How hard is it for you to get your medications and medical supplies when you need them?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q14)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Not at all hard</td></tr> <tr><td>2</td><td>Somewhat hard</td></tr> <tr><td>3</td><td>Very hard</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Not at all hard	2	Somewhat hard	3	Very hard	-88	Prefer not to answer								
1	Not at all hard																			
2	Somewhat hard																			
3	Very hard																			
-88	Prefer not to answer																			
93		cls_need_help_to_re ad	<p>How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q7 (SILS); LOINC 93157-6)</i></p>	<p>radio, Required</p> <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> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always						
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-88	Prefer not to answer																		
94	cls_lonely	<p>How often do you feel lonely or isolated from those around you? <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q10)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Rarely</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Often</td> </tr> <tr> <td>5</td> <td>Always</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefer not to answer				
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2	Rarely																		
3	Sometimes																		
4	Often																		
5	Always																		
-88	Prefer not to answer																		
95	cls_social_connection	<p>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>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q11)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Less than once a week</td> </tr> <tr> <td>2</td> <td>1-2 days a week</td> </tr> <tr> <td>3</td> <td>3-4 days a week</td> </tr> <tr> <td>4</td> <td>5 or more days a week</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Less than once a week	2	1-2 days a week	3	3-4 days a week	4	5 or more days a week	-88	Prefer not to answer						
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3	3-4 days a week																		
4	5 or more days a week																		
-88	Prefer not to answer																		
96	ahc_hrsn_st_suppl_fcs_q13	<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? <i>(Adapted from CMS AHS HRSN Item 13; LOINC: 96781-0)</i></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> <p>Custom alignment: LV</p>	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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4	I need a lot more help																		
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97	ahc_hrsn_st_suppl_s_u_q19 Show the field ONLY if: [sex_assigned_at_birth] = '2' or [sex_assigned_at_birth] = '66' or [sex_assigned_at_birth] = '-88'	<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. <i>(Adapted from CMS AHS HRSN Item 19; 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>1.5</td> <td>More than once or twice, but less than monthly</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>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily	-77	Don't know	-88	Prefer not to answer
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98	<p>ahc_hrsn_st_suppl_s u_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. <i>(Adapted from CMS AHS HRSN Item 19M; LOINC 68517-2)</i></p>	<p>Custom alignment: LV</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>1.5</td><td>More than once or twice, but less than monthly</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>-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>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily	-77	Don't know	-88	Prefer not to answer
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99	<p>ahc_hrsn_st_suppl_s u_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>(Adapted from 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>1.5</td><td>More than once or twice, but less than monthly</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>-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>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily	-77	Don't know	-88	Prefer not to answer
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4	Daily or Almost Daily																		
-77	Don't know																		
-88	Prefer not to answer																		
100	<p>path_lifetime_tobac co_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 <i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0;</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer								
1	Yes																		
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-88	Prefer not to answer																		

101	<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><i>PATHJ</i></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><i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATHJ)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer						
1	Yes																
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-88	Prefer not to answer																
102	<p>path_tobacco_use_30_days</p> <p>Show the field ONLY if: [path_tobacco_use_last_year] = '1' or [path_tobacco_use_last_year] = '-77' or [path_tobacco_use_last_year] = '-88'</p>	<p>In the past 30 days, have you used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, 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><i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATHJ)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <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	Yes	0	No	-77	Don't know	-88	Prefer not to answer						
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-77	Don't know																
-88	Prefer not to answer																
103	<p>path_tobacco_use_times_30_days</p> <p>Show the field ONLY if: [path_tobacco_use_30_days] = '1' or [path_tobacco_use_30_days] = '-77'</p>	<p>On how many of the past 30 days, did you use a Tobacco or Vape Product? 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,</p>	<p>dropdown, 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> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6
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(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATHJ)

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30	30

Custom alignment: LV

104 **ahc_hrsn_st_suppl_p
a_q17**

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)?

(Adapted from CMS AHS HRSN Item 17; LOINC: 89555-7)

radio, Required

0	0
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2	2
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4	4
5	5
6	6
7	7

			Custom alignment: LV																				
105	ahc_hrsn_st_suppl_p a_q18 Show the field ONLY if: [ahc_hrsn_st_suppl_pa_q17] <> '0'	In the last 30 days, on average, how many minutes did you usually spend exercising at this level on one of those days? <i>(Adapted from 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> Custom alignment: LV	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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5	50																						
6	60																						
7	90																						
8	120																						
9	150 or greater																						
106	ahc_hrsn_st_suppl_m h_q23b	Over the past 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless? <i>(Adapted from 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> Custom alignment: LV	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day	-88	Prefer not to answer										
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107	ahc_hrsn_st_suppl_m h_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>(Adapted from CMS AHS HRSN Item 24; LOINC 93038-8)</i>	radio, Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much	-88	Prefer not to answer								
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3	Quite a bit																						
4	Very much																						
-88	Prefer not to answer																						
108	disability_mental	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.03; CMS AHS HRSN Item 25; LOINC 69858-9)</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer												
1	Yes																						
0	No																						
-77	Don't know																						
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109	disability_errands	<p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?</p> <p><i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.06; CMS AHS HRSN Item 26; LOINC 69861-3)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <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	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														
110	global_03	<p>In general, how would you rate your physical health?</p> <p><i>(Adapted from PROMIS Global03; LOINC: 61579-9)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>5</td><td>Excellent</td></tr> <tr><td>4</td><td>Very Good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>2</td><td>Fair</td></tr> <tr><td>1</td><td>Poor</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	5	Excellent	4	Very Good	3	Good	2	Fair	1	Poor	-88	Prefer not to answer
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1	Poor														
-88	Prefer not to answer														
111	comorbid_descript	<p>Comorbidity Index (CI) (Charlson et al 1987)</p> <p>Do NOT use this version for study participant responses; this version is only for chart / electronic health record abstraction.</p> <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)</p> <p>Journal of Diseases Homepage: http://www.sciencedirect.com/science/journal/00219681</p> <p>Additional information:</p> <p>SCORING - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545968/</p>	<p>descriptive Field Annotation: @HIDDEN</p>												
112	comorbid	<p>Comorbidity (Choose all that are present)</p> <p><i>(Adapted from Comorbidity Index (CI) (Charlson et al 1987))</i></p>	<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</td></tr> </table>	1	comorbid__1	Myocardial infarct	2	comorbid__2	Congestive heart failure	3	comorbid__3	Peripheral vascular disease	4	comorbid__4	Cerebrovascular
1	comorbid__1	Myocardial infarct													
2	comorbid__2	Congestive heart failure													
3	comorbid__3	Peripheral vascular disease													
4	comorbid__4	Cerebrovascular													

				<table border="1"> <tr> <td></td> <td></td> <td>disease (except hemiplegia)</td> </tr> <tr> <td>5</td> <td>comorbid__5</td> <td>Dementia</td> </tr> <tr> <td>6</td> <td>comorbid__6</td> <td>Chronic pulmonary disease</td> </tr> <tr> <td>7</td> <td>comorbid__7</td> <td>Connective tissue disease</td> </tr> <tr> <td>8</td> <td>comorbid__8</td> <td>Ulcer disease</td> </tr> <tr> <td>9</td> <td>comorbid__9</td> <td>Mild liver disease</td> </tr> <tr> <td>10</td> <td>comorbid__10</td> <td>Diabetes (without complications)</td> </tr> <tr> <td>11</td> <td>comorbid__11</td> <td>Diabetes with end organ damage</td> </tr> <tr> <td>12</td> <td>comorbid__12</td> <td>Hemiplegia</td> </tr> <tr> <td>13</td> <td>comorbid__13</td> <td>Moderate or severe renal disease</td> </tr> <tr> <td>14</td> <td>comorbid__14</td> <td>Solid tumor (non metastatic)</td> </tr> <tr> <td>15</td> <td>comorbid__15</td> <td>Leukemia</td> </tr> <tr> <td>16</td> <td>comorbid__16</td> <td>Lymphoma, Multiple myeloma</td> </tr> <tr> <td>17</td> <td>comorbid__17</td> <td>Moderate or severe liver disease</td> </tr> <tr> <td>18</td> <td>comorbid__18</td> <td>Metastatic solid tumor</td> </tr> <tr> <td>19</td> <td>comorbid__19</td> <td>AIDS</td> </tr> <tr> <td>0</td> <td>comorbid__0</td> <td>None of the above</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=0</p>			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
		disease (except hemiplegia)																																																					
5	comorbid__5	Dementia																																																					
6	comorbid__6	Chronic pulmonary disease																																																					
7	comorbid__7	Connective tissue disease																																																					
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9	comorbid__9	Mild liver disease																																																					
10	comorbid__10	Diabetes (without complications)																																																					
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19	comorbid__19	AIDS																																																					
0	comorbid__0	None of the above																																																					
113	cci_total_sc	<p>Total points: <i>(Adapted from Comorbidity Index (CI) (Charlson et al 1987))</i></p>	<p>calc 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</p>																																																				

				<p>([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>
114	scq_descript	<p>Adapted from Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index</p> <p>https://pubmed.ncbi.nlm.nih.gov/12687505/</p> <p>Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess</p>	<p>descriptive</p> <p>Field Annotation: @HIDDEN</p>	

			comorbidity for clinical and health services research. Arthritis Rheum. 2003 Apr 15;49(2):156-63. doi: 10.1002/art.10993. PMID: 12687505.					
115	scq_instructions		<p>Instructions:</p> <p>The following is a list of common problems. Please indicate if you currently have the problem.</p> <p>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>	descriptive				
116	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							
117	scq_heart		Heart disease	<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							
118	scq_hbp		High blood pressure	<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							
119	scq_lung		Lung disease	<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</p>	1	Yes	0	No
1	Yes							
0	No							

				2003]				
120	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
121	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
122	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
123	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
124	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
125	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
126	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							

127	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						
128	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						
129	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						
130	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						
131	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						
132	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
133	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> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						

134	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						
135	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						
136	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						
137	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						
138	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						
139	scq_trtmt_blood Show the field ONLY if: [scq_blood] = '1'	Anemia or other blood 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						
140	scq_trtmt_cancer Show the field ONLY if: [scq_cancer] = '1'	Cancer	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						
141	scq_trtmt_depressio	Depression	radio (Matrix)				

	n Show the field ONLY if: [scq_depression] = '1'		<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
142	scq_trtmt_osteoarthrit ritis Show the field ONLY if: [scq_osteoarthritis] = '1'	Osteoarthritis, degenerative arthritis	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
143	scq_trtmt_backpain Show the field ONLY if: [scq_backpain] = '1'	Back pain	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
144	scq_trtmt_ra Show the field ONLY if: [scq_ra] = '1'	Rheumatoid arthritis	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
145	scq_trtmt_other Show the field ONLY if: [scq_other] = '1'	Are you receiving treatment for [scq_other_text]?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
146	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	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
147	scq_limit_heart Show the field ONLY if: [scq_heart] = '1'	Heart disease	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
148	scq_limit_hbp	High blood pressure	<p>radio (Matrix)</p> <table border="1"> <tr><td></td><td></td></tr> </table>				

		Show the field ONLY if: [scq_hbp] = '1'		<table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
149	scq_limit_lung	Lung disease Show the field ONLY if: [scq_lung] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
150	scq_limit_diabetes	Diabetes Show the field ONLY if: [scq_diabetes] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
151	scq_limit_stomach	Ulcer or stomach disease Show the field ONLY if: [scq_stomach] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
152	scq_limit_kidney	Kidney disease Show the field ONLY if: [scq_kidney] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
153	scq_limit_liver	Liver disease Show the field ONLY if: [scq_liver] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
154	scq_limit_blood	Anemia or blood disease Show the field ONLY if: [scq_blood] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
155	scq_limit_cancer	Cancer		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes							

		Show the field ONLY if: [scq_cancer] = '1'		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No				
0	No									
156	scq_limit_depression	Depression Show the field ONLY if: [scq_depression] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No		
1	Yes									
0	No									
157	scq_limit_osteoarthritis	Osteoarthritis, degenerative arthritis Show the field ONLY if: [scq_osteoarthritis] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No		
1	Yes									
0	No									
158	scq_limit_backpain	Back pain Show the field ONLY if: [scq_backpain] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No		
1	Yes									
0	No									
159	scq_limit_ra	Rheumatoid arthritis Show the field ONLY if: [scq_ra] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No		
1	Yes									
0	No									
160	scq_limit_other	Does [scq_other_text] limit your activities? Show the field ONLY if: [scq_other] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No		
1	Yes									
0	No									
161	scq_other_text	Please write in any other medical problems that you have. Show the field ONLY if: [scq_other] = '1'		<p>notes</p> <p>Custom alignment: LV</p>						
162	birthplace	Section Header: <i>HIGH VALUE OPTIONAL ITEMS</i> Where were you born? <i>(Adapted from PhenX Protocol - Birthplace [PX010201])</i>		<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>In the United States</td> </tr> <tr> <td>1</td> <td>In a U.S. Territory</td> </tr> <tr> <td>2</td> <td>Outside the United States</td> </tr> </table>	0	In the United States	1	In a U.S. Territory	2	Outside the United States
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
				Custom alignment: LV
163	birthplace_location_in_us Show the field ONLY if: [birthplace] = '0'	Please select the name of the state where you were born. <i>(Adapted from PhenX Protocol - Birthplace [PX010201])</i>	dropdown, Required	
			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)	
			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)	

				<table border="1"> <tr><td>33</td><td>New York (NY)</td></tr> <tr><td>34</td><td>North Carolina (NC)</td></tr> <tr><td>35</td><td>North Dakota (ND)</td></tr> <tr><td>36</td><td>Ohio (OH)</td></tr> <tr><td>37</td><td>Oklahoma (OK)</td></tr> <tr><td>38</td><td>Oregon (OR)</td></tr> <tr><td>39</td><td>Pennsylvania (PA)</td></tr> <tr><td>40</td><td>Rhode Island (RI)</td></tr> <tr><td>41</td><td>South Carolina (SC)</td></tr> <tr><td>42</td><td>South Dakota (SD)</td></tr> <tr><td>43</td><td>Tennessee (TN)</td></tr> <tr><td>44</td><td>Texas (TX)</td></tr> <tr><td>45</td><td>Utah (UT)</td></tr> <tr><td>46</td><td>Vermont (VT)</td></tr> <tr><td>47</td><td>Virginia (VA)</td></tr> <tr><td>48</td><td>Washington (WA)</td></tr> <tr><td>49</td><td>West Virginia (WV)</td></tr> <tr><td>50</td><td>Wisconsin (WI)</td></tr> <tr><td>51</td><td>Wyoming (WY)</td></tr> </table> <p>Custom alignment: LV</p>	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)
33	New York (NY)																																									
34	North Carolina (NC)																																									
35	North Dakota (ND)																																									
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51	Wyoming (WY)																																									
164	<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. <i>(Adapted from PhenX Protocol - Birthplace [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> <p>Custom alignment: LV</p>	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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2	Guam (GU)																																									
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4	Puerto Rico (PR)																																									
5	Virgin Islands (VI)																																									
6	United States Minor Outlying Islands (UM)																																									
165	<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. <i>(Adapted from PhenX Protocol - Birthplace [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> </table>	1	Afghanistan	2	Albania	3	Algeria	4	Andorra	5	Angola																													
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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
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}

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

				<table border="1"> <tr><td>184</td><td>Ukraine</td></tr> <tr><td>185</td><td>United Arab Emirates</td></tr> <tr><td>186</td><td>United Kingdom</td></tr> <tr><td>187</td><td>Uruguay</td></tr> <tr><td>188</td><td>Uzbekistan</td></tr> <tr><td>189</td><td>Vanuatu</td></tr> <tr><td>190</td><td>Vatican City</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>Zimbabwe</td></tr> <tr><td>196</td><td>Other</td></tr> </table> <p>Custom alignment: LV</p>	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
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																													
166	birthplace_foreign_country_o Show the field ONLY if: [birthplace_foreign_country] = '196'	If other, please explain <i>(Adapted from PhenX Protocol - Birthplace [PX010201])</i>	text, Required Custom alignment: LV																											
167	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>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q9)</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-88	Prefer not to answer																					
1	Yes																													
0	No																													
-88	Prefer not to answer																													
168	cls_ip_violence_specify Show the field ONLY if: [cls_interpersonal_violence] = '1'	If Yes, please specify <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q9 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> <p>Custom alignment: LV</p>	1	Current spouse/partner	2	Former spouse/partner	3	Caregiver	4	Someone else	-88	Prefer not to answer																	
1	Current spouse/partner																													
2	Former spouse/partner																													
3	Caregiver																													
4	Someone else																													
-88	Prefer not to answer																													
169	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>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q14)</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																					
1	Yes																													
0	No																													
-88	Prefer not to answer																													

				Custom alignment: LV
170	brfss_marijuana_m21_01	<p>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)?</p> <p><i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-brfss-questionnaire-1-19-2022-508.pdf)</i></p>	radio, Required	
			0	None
			1	1
			2	2
			3	3
			4	4
			5	5
			6	6
			7	7
			8	8
			9	9
			10	10
			11	11
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			15	15
			16	16
			17	17
			18	18
			19	19
			20	20
			21	21
			22	22
			23	23
			24	24
			25	25
			26	26
			27	27
			28	28
			29	29
			30	30
			-77	Don't know/not sure
			-88	Prefer not to answer


				Custom alignment: LV												
171	ahc_hrsn_st_suppl_s u_q21	How many times in the past year have you used prescription drugs for non-medical reasons? <i>(Adapted from CMS AHS HRSN Item 21; LOINC 95530-2)</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer	Custom alignment: LV
0	Never															
1	Once or Twice															
2	Monthly															
3	Weekly															
4	Daily or Almost Daily															
-88	Prefer not to answer															
172	ahc_hrsn_st_suppl_s u_q22	How many times in the past year have you used illegal drugs? <i>(Adapted from CMS AHS HRSN Item 22; LOINC 68524-8)</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer	Custom alignment: LV
0	Never															
1	Once or Twice															
2	Monthly															
3	Weekly															
4	Daily or Almost Daily															
-88	Prefer not to answer															
173	perceived_discrim_q x	Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? <i>(Adapted from PhenX Protocol - Disparate Health Care Quality [PX280101])</i>	radio <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	Custom alignment: LV				
1	Yes															
0	No															
-77	Don't know															
-88	Prefer not to answer															
174	disability_deaf	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.01)</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	Custom alignment: LV				
1	Yes															
0	No															
-77	Don't know															
-88	Prefer not to answer															
175	disability_blind	Are you blind or do you have serious difficulty seeing, even when wearing glasses? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.02)</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															

				Custom alignment: LV												
176	disability_walking	Do you have serious difficulty walking or climbing stairs? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.04)</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> <p>Custom alignment: LV</p>	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															
177	disability_dressing	Do you have difficulty dressing or bathing? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.05)</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> <p>Custom alignment: LV</p>	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															
178	disability_communicate	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? Would you say... <i>(Adapted from Item: COM_SS in The Washington Group Short Set on Functioning (WG-SS))</i>	radio, Required	<table border="1"> <tr><td>1</td><td>No difficulty</td></tr> <tr><td>2</td><td>Some difficulty</td></tr> <tr><td>3</td><td>A lot of difficulty</td></tr> <tr><td>4</td><td>Cannot do 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> <p>Custom alignment: LV</p>	1	No difficulty	2	Some difficulty	3	A lot of difficulty	4	Cannot do at all	-77	Don't know	-88	Prefer not to answer
1	No difficulty															
2	Some difficulty															
3	A lot of difficulty															
4	Cannot do at all															
-77	Don't know															
-88	Prefer not to answer															
179	nimhd_mcdsrc_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						
0	Incomplete															
1	Unverified															
2	Complete															

Instrument: SFTP Survey Data Request (sftp_survey_data_request)  **Enabled as survey**

Active languages - Data Entry: None | Survey: None

180	hello_designated_member	<p>Hello [R01 project] designated members,</p> <p>Below you will find a link that you can use in order to upload your most recent CDE for the study.</p> <p>If you have any questions, then contact Kathy Lanier at kathy.lanier@ucsf.edu.</p> <p>Thanks,</p>	text
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			RCC-RCDM Unit							
181	<code>cde_data_submission</code>	Please upload your most recent CDE data.		file, Required						
182	<code>sftp_survey_data_request_complete</code>	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
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: API Sync Survey Data Request (<code>api_sync_survey_data_request</code>)  Enabled as survey										
Active languages - Data Entry: None Survey: None										
183	<code>hello_designated_member_v2</code>	<p>Hello [R01 project] designated members,</p> <p>You have selected to transfer CDE data via the API Sync External Module.</p> <p>Below you will enter your API token and REDCap url from the REDCap project where your CDE data is stored.</p> <p>If you have any questions, then contact Kathy Lanier at kathy.lanier@ucsf.edu.</p> <p>Thanks, RCC-RCDM Unit</p>		text						
184	<code>cde_data_submission_v2</code>	API Token		text, Required, Identifier						
185	<code>redcap_url</code>	REDCap URL		text, Required						
186	<code>api_sync_survey_data_request_complete</code>	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
0	Incomplete									
1	Unverified									
2	Complete									