

A1SA1

RATE PRESENT HEALTH

Question: Using a scale from 0 to 10 where 0 means "the worst possible health" and 10 means "the best possible health," how would you rate your health these days?

Value	Label	Frequency
0	WORST	11
10	BEST	469
97	DONT KNOW	0
98	REFUSED/MISSING	31
99	INAPP	0

Range of valid values: 0 - 10

Valid	Invalid	Min	Max
480	6628	0	10

A1SA2

RATE HEALTH TEN YEARS AGO

Question: Looking back ten years ago, how would you rate your health at that time using the same 0 to 10 scale?

Value	Label	Frequency
0	WORST	11
10	BEST	1452
97	DONT KNOW	0
98	REFUSED/MISSING	24
99	INAPP	0

Range of valid values: 0 - 10

Valid	Invalid	Min	Max
1463	5645	0	10

A1SHLTCH

CHANGE IN HEALTH STATUS

Range of valid values: -10 - 10

Valid	Invalid	Min	Max	Mean	StdDev
6292	816	-10	10	-0.743	1.831

A1SA3

EXPECTED HEALTH TEN YEARS FROM NOW

Question: Looking ahead ten years into the future, what do you expect your health will be like at that time?

Value	Label	Frequency
0	WORST	57
10	BEST	429

Value	Label	Frequency
97	DONT KNOW	0
98	REFUSED/MISSING	50
99	INAPP	0

Range of valid values: 0 - 10

Valid	Invalid	Min	Max
486	6622	0	10

A1SHLTEX

CHANGE IN HEALTH EXPECTATIONS

Range of valid values: -10 - 10

Valid	Invalid	Min	Max	Mean	StdDev
6284	824	-10	10	-0.378	1.545

A1SA4

RATE PRESENT CONTROL OVER HEALTH

Question: Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your health these days?

Value	Label	Frequency
0	NONE	27
10	VERY MUCH	1096
97	DONT KNOW	0
98	REFUSED/MISSING	33
99	INAPP	0

Range of valid values: 0 - 10

Valid	Invalid	Min	Max
1123	5985	0	10

A1SA5

RATE EFFORT PUT ON HEALTH

Question: Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your health these days?

Value	Label	Frequency
0	NONE	26
10	VERY MUCH	908
97	DONT KNOW	0
98	REFUSED/MISSING	32
99	INAPP	0

Range of valid values: 0 - 10

Valid	Invalid	Min	Max
934	6174	0	10

A1SA6A

ENERGY LEVEL COMPARE 5YRS AGO

Question: How would you rate yourself today compared to five years ago on the following - ENERGY LEVEL?

Value	Label	Frequency
1	BETTER NOW	962
2	NO CHANGE	2813
3	WORSE NOW	2512
7	DONT KNOW	0
8	REFUSED/MISSING	38
9	INAPP	0

Range of valid values: 1 - 3

Valid	Invalid	Min	Max
6287	821	1	3

A1SA6B

PHYSICAL FITNESS COMPARE 5YRS AGO

Question: How would you rate yourself today compared to five years ago on the following - PHYSICAL FITNESS?

Value	Label	Frequency
1	BETTER NOW	1083
2	NO CHANGE	2575
3	WORSE NOW	2604
7	DONT KNOW	0
8	REFUSED/MISSING	63
9	INAPP	0

Range of valid values: 1 - 3

Valid	Invalid	Min	Max
6262	846	1	3

A1SA6C

PHYSIQUE / FIGURE COMPARE 5YRS AGO

Question: How would you rate yourself today compared to five years ago on the following - PHYSIQUE/ FIGURE?

Value	Label	Frequency
1	BETTER NOW	1022
2	NO CHANGE	2562
3	WORSE NOW	2676
7	DONT KNOW	0
8	REFUSED/MISSING	65
9	INAPP	0

Range of valid values: 1 - 3

Valid	Invalid	Min	Max
6260	848	1	3

A1SA6D

WEIGHT COMPARE 5YRS AGO

Question: How would you rate yourself today compared to five years ago on the following - WEIGHT?

Value	Label	Frequency
1	BETTER NOW	1108
2	NO CHANGE	2625
3	WORSE NOW	2537
7	DONT KNOW	0
8	REFUSED/MISSING	55
9	INAPP	0

Range of valid values: 1 - 3

Valid	Invalid	Min	Max
6270	838	1	3

A1SA7A

HEALTH DEPENDS ON THINGS I DO

Question: Please indicate how much you agree or disagree with the following statements by circling the appropriate number - KEEPING HEALTHY DEPENDS ON THINGS THAT I CAN DO.

Value	Label	Frequency
1	AGREE STRONGLY	3565
2	AGREE SOMEWHAT	2216
3	AGREE A LITTLE	239
4	DONT KNOW	57
5	DISAGREE A LITTLE	44
6	DISAGREE SOMEWHAT	80
7	DISAGREE STRONGLY	58
8	REFUSED/MISSING	66
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6259	849	1	7

A1SA7B

REDUCE HEART ATTACK RISK

Question: Please indicate how much you agree or disagree with the following statements by circling the appropriate number - THERE ARE CERTAIN THINGS I CAN DO FOR MYSELF TO REDUCE THE RISK OF A HEART ATTACK

Value	Label	Frequency
1	AGREE STRONGLY	4593

Value	Label	Frequency
2	AGREE SOMEWHAT	1375
3	AGREE A LITTLE	160
4	DONT KNOW	34
5	DISAGREE A LITTLE	17
6	DISAGREE SOMEWHAT	37
7	DISAGREE STRONGLY	55
8	REFUSED/MISSING	54
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6271	837	1	7

A1SA7C

REDUCE CANCER RISK

Please indicate how much you agree or disagree with the following statements by circling the appropriate number - THERE ARE CERTAIN THINGS I CAN DO FOR MYSELF TO REDUCE THE RISK OF GETTING CANCER.

Value	Label	Frequency
1	AGREE STRONGLY	2350
2	AGREE SOMEWHAT	2362
3	AGREE A LITTLE	790
4	DONT KNOW	386
5	DISAGREE A LITTLE	107
6	DISAGREE SOMEWHAT	148
7	DISAGREE STRONGLY	114
8	REFUSED/MISSING	68
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6257	851	1	7

A1SA7D

WORK HARD TO STAY HEALTHY

Please indicate how much you agree or disagree with the following statements by circling the appropriate number - I WORK HARD AT TRYING TO STAY HEALTHY.

Value	Label	Frequency
1	AGREE STRONGLY	1464
2	AGREE SOMEWHAT	2540
3	AGREE A LITTLE	1503
4	DONT KNOW	56
5	DISAGREE A LITTLE	342
6	DISAGREE SOMEWHAT	230

Value	Label	Frequency
7	DISAGREE STRONGLY	89
8	REFUSED/MISSING	101
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6224	884	1	7

A1SA7E

GETTING BETTER IN DR HANDS

Question: Please indicate how much you agree or disagree with the following statements by circling the appropriate number - WHEN I AM SICK, GETTING BETTER IS IN THE DOCTOR'S HANDS.

Value	Label	Frequency
1	AGREE STRONGLY	277
2	AGREE SOMEWHAT	1590
3	AGREE A LITTLE	1128
4	DONT KNOW	147
5	DISAGREE A LITTLE	740
6	DISAGREE SOMEWHAT	1504
7	DISAGREE STRONGLY	853
8	REFUSED/MISSING	86
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6239	869	1	7

A1SA7F

DIFFICULT FIND GOOD MEDICAL CARE

Question: Please indicate how much you agree or disagree with the following statements by circling the appropriate number - IT IS DIFFICULT FOR ME TO GET GOOD MEDICAL CARE.

Value	Label	Frequency
1	AGREE STRONGLY	332
2	AGREE SOMEWHAT	710
3	AGREE A LITTLE	658
4	DONT KNOW	278
5	DISAGREE A LITTLE	495
6	DISAGREE SOMEWHAT	1292
7	DISAGREE STRONGLY	2484
8	REFUSED/MISSING	76
9	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6249	859	1	7

A1SHLOCS

SELF RESPECT

Value	Label	Frequency
9	NOT CALCULATED	0
99	NOT CALCULATED	39

Valid	Invalid
0	7108

A1SHLOCO

OTHERS RESPECT

Value	Label	Frequency
9	NOT CALCULATED	0
99	NOT CALCULATED	45

Valid	Invalid
0	7108

A1SA8A

AWARE OF BODY

Question: Please indicate the degree to which each of the following statements is true of you in general - I AM OFTEN AWARE OF VARIOUS THINGS HAPPENING WITHIN MY BODY.

Value	Label	Frequency
1	NOT AT ALL TRUE	239
2	A LITTLE BIT TRUE	1452
3	MODERATELY TRUE	3072
4	EXTREMELY TRUE	1498
7	DONT KNOW	0
8	REFUSED/MISSING	64
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6261	847	1	4

A1SA8B

SUDDEN NOISES BOTHER ME

Question: Please indicate the degree to which each of the following statements is true of you in general - SUDDEN LOUD NOISES REALLY BOTHER ME.

Value	Label	Frequency
1	NOT AT ALL TRUE	1575

Value	Label	Frequency
2	A LITTLE BIT TRUE	2431
3	MODERATELY TRUE	1438
4	EXTREMELY TRUE	813
7	DONT KNOW	0
8	REFUSED/MISSING	68
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6257	851	1	4

A1SA8C

HATE BEING TOO HOT OR COLD

Question: Please indicate the degree to which each of the following statements is true of you in general - I HATE TO BE TOO HOT OR TOO COLD.

Value	Label	Frequency
1	NOT AT ALL TRUE	485
2	A LITTLE BIT TRUE	1896
3	MODERATELY TRUE	2176
4	EXTREMELY TRUE	1712
7	DONT KNOW	0
8	REFUSED/MISSING	56
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6269	839	1	4

A1SA8D

QUICK SENSE OF HUNGER

Question: Please indicate the degree to which each of the following statements is true of you in general - I AM QUICK TO SENSE HUNGER CONTRACTIONS IN MY STOMACH.

Value	Label	Frequency
1	NOT AT ALL TRUE	826
2	A LITTLE BIT TRUE	2265
3	MODERATELY TRUE	2093
4	EXTREMELY TRUE	1095
7	DONT KNOW	0
8	REFUSED/MISSING	46
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6279	829	1	4

A1SA8E

LOW TOLERANCE FOR PAIN

Question: Please indicate the degree to which each of the following statements is true of you in general - I HAVE A LOW TOLERANCE FOR PAIN.

Value	Label	Frequency
1	NOT AT ALL TRUE	2344
2	A LITTLE BIT TRUE	2072
3	MODERATELY TRUE	1364
4	EXTREMELY TRUE	498
7	DONT KNOW	0
8	REFUSED/MISSING	47
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6278	830	1	4

A1SAMOLI

AMPLIFICATION

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	0
9	NOT CALCULATED	26

Valid	Invalid
0	7108

A1SA9A

ASTHMA, BRONCHITIS, OR EMPHYSEMA

Question: In the past twelve months, have you experienced or been treated for any of the following - ASTHMA, BRONCHITIS, OR EMPHYSEMA? (Check all that apply.)

Value	Label	Frequency
1	YES	772
2	NO	5519
7	DONT KNOW	0
8	REFUSED/MISSING	34
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6291	817	1	2

A1SA9B

TUBERCULOSIS

Question: In the past twelve months, have you experienced or been treated for any of the following - TUBERCULOSIS? (Check all that apply.)

Value	Label	Frequency
1	YES	15
2	NO	6265
7	DONT KNOW	0
8	REFUSED/MISSING	45
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6280	828	1	2

A1SA9C

OTHER LUNG PROBLEMS

Question: In the past twelve months, have you experienced or been treated for any of the following - OTHER LUNG PROBLEMS? (Check all that apply.)

Value	Label	Frequency
1	YES	224
2	NO	6046
7	DONT KNOW	0
8	REFUSED/MISSING	55
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6270	838	1	2

A1SA9D

BONE OR JOINT DISEASES

Question: In the past twelve months, have you experienced or been treated for any of the following - ARTHRITIS, RHEUMATISM, OR OTHER BONE OR JOINT DISEASES? (Check all that apply.)

Value	Label	Frequency
1	YES	1226
2	NO	5049
7	DONT KNOW	0
8	REFUSED/MISSING	50
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6275	833	1	2

A1SA9E

SCIATICA, LUMBAGO, RECUR BACKACHE

Question: In the past twelve months, have you experienced or been treated for any of the following - SCIATICA, LUMBAGO, OR RECURRING BACKACHE? (Check all that apply.)

Value	Label	Frequency
1	YES	1222
2	NO	5046
7	DONT KNOW	0
8	REFUSED/MISSING	57
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6268	840	1	2

A1SA9F

PERSISTENT SKIN TROUBLE

Question: In the past twelve months, have you experienced or been treated for any of the following - PERSISTENT SKIN TROUBLE (E.G. ECZEMA)? (Check all that apply.)

Value	Label	Frequency
1	YES	632
2	NO	5656
7	DONT KNOW	0
8	REFUSED/MISSING	37
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6288	820	1	2

A1SA9G

THYROID DISEASE

Question: In the past twelve months, have you experienced or been treated for any of the following - THYROID DISEASE? (Check all that apply.)

Value	Label	Frequency
1	YES	274
2	NO	6005
7	DONT KNOW	0
8	REFUSED/MISSING	46
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6279	829	1	2

A1SA9H

HAY FEVER

Question: In the past twelve months, have you experienced or been treated for any of the following - HAY FEVER? (Check all that apply.)

Value	Label	Frequency
1	YES	1008
2	NO	5278
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6286	822	1	2

A1SA9I

RECURRING STOMACH TROUBLE

Question: In the past twelve months, have you experienced or been treated for any of the following - RECURRING STOMACH TROUBLE, INDIGESTION, OR DIARRHEA? (Check all that apply.)

Value	Label	Frequency
1	YES	1232
2	NO	5054
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6286	822	1	2

A1SA9J

URINARY OR BLADDER PROBLEMS

Question: In the past twelve months, have you experienced or been treated for any of the following - URINARY OR BLADDER PROBLEMS? (Check all that apply.)

Value	Label	Frequency
1	YES	785
2	NO	5484
7	DONT KNOW	0
8	REFUSED/MISSING	56
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6269	839	1	2

A1SA9K

BEING CONSTIPATED

Question: In the past twelve months, have you experienced or been treated for any of the following - BEING CONSTIPATED ALL OR MOST OF THE TIME? (Check all that apply.)

Value	Label	Frequency
1	YES	364
2	NO	5922
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6286	822	1	2

A1SA9L

GALL BLADDER TROUBLE

Question: In the past twelve months, have you experienced or been treated for any of the following - GALL BLADDER TROUBLE? (Check all that apply.)

Value	Label	Frequency
1	YES	146
2	NO	6149
7	DONT KNOW	0
8	REFUSED/MISSING	30
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6295	813	1	2

A1SA9M

PERSISTENT FOOT TROUBLE

Question: In the past twelve months, have you experienced or been treated for any of the following - PERSISTENT FOOT TROUBLE (E.G. BUNIONS, INGROWN TOENAILS)? (Check all that apply.)

Value	Label	Frequency
1	YES	735
2	NO	5554
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6289	819	1	2

A1SA9N

VARICOSE VEINS REQUIRING TREATMENT

Question: In the past twelve months, have you experienced or been treated for any of the following - TROUBLE WITH VARICOSE VEINS REQUIRING MEDICAL TREATMENT? (Check all that apply.)

Value	Label	Frequency
1	YES	78
2	NO	6214
7	DONT KNOW	0
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6292	816	1	2

A1SA9O

AIDS OR HIV INFECTION

Question: In the past twelve months, have you experienced or been treated for any of the following - AIDS OR HIV INFECTION? (Check all that apply.)

Value	Label	Frequency
1	YES	15
2	NO	6284
7	DONT KNOW	0
8	REFUSED/MISSING	26
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6299	809	1	2

A1SA9P

AUTOIMMUNE DISORDERS

Question: In the past twelve months, have you experienced or been treated for any of the following - LUPUS OR OTHER AUTOIMMUNE DISEASE? (Check all that apply.)

Value	Label	Frequency
1	YES	68
2	NO	6221
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6289	819	1	2

A1SA9Q

TROUBLE WITH YOUR GUMS OR MOUTH

Question: In the past twelve months, have you experienced or been treated for any of the following - PERSISTENT TROUBLE WITH YOUR GUMS OR MOUTH? (Check all that apply.)

Value	Label	Frequency
1	YES	445
2	NO	5841
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6286	822	1	2

A1SA9R

PERSISTENT TROUBLE WITH YOUR TEETH

Question: In the past twelve months, have you experienced or been treated for any of the following - PERSISTENT TROUBLE WITH YOUR TEETH? (Check all that apply.)

Value	Label	Frequency
1	YES	576
2	NO	5704
7	DONT KNOW	0
8	REFUSED/MISSING	45
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6280	828	1	2

A1SA9S

HIGH BLOOD PRESSURE

Question: In the past twelve months, have you experienced or been treated for any of the following - HIGH BLOOD PRESSURE OR HYPERTENSION? (Check all that apply.)

Value	Label	Frequency
1	YES	1108
2	NO	5183
7	DONT KNOW	0
8	REFUSED/MISSING	34
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6291	817	1	2

A1SA9T

EMOTIONAL DISORDER

Question: In the past twelve months, have you experienced or been treated for any of the following - ANXIETY, DEPRESSION, OR SOME OTHER EMOTIONAL DISORDER? (Check all that apply.)

Value	Label	Frequency
1	YES	1178
2	NO	5096
7	DONT KNOW	0
8	REFUSED/MISSING	51
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6274	834	1	2

A1SA9U

ALCOHOL OR DRUG PROBLEMS

Question: In the past twelve months, have you experienced or been treated for any of the following - ALCOHOL OR DRUG PROBLEMS? (Check all that apply.)

Value	Label	Frequency
1	YES	161
2	NO	6137
7	DONT KNOW	0
8	REFUSED/MISSING	27
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6298	810	1	2

A1SA9V

MIGRAINE HEADACHES

Question: In the past twelve months, have you experienced or been treated for any of the following - MIGRAINE HEADACHES? (Check all that apply.)

Value	Label	Frequency
1	YES	634
2	NO	5662
7	DONT KNOW	0
8	REFUSED/MISSING	29
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6296	812	1	2

A1SA9W

CHRONIC SLEEPING PROBLEMS

Question: In the past twelve months, have you experienced or been treated for any of the following - CHRONIC SLEEPING PROBLEMS? (Check all that apply.)

Value	Label	Frequency
1	YES	755
2	NO	5533
7	DONT KNOW	0
8	REFUSED/MISSING	37
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6288	820	1	2

A1SA9X

DIABETES OR HIGH BLOOD SUGAR

Question: In the past twelve months, have you experienced or been treated for any of the following - DIABETES OR HIGH BLOOD SUGAR? (Check all that apply.)

Value	Label	Frequency
1	YES	322
2	NO	5971
7	DONT KNOW	0
8	REFUSED/MISSING	32
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6293	815	1	2

A1SA9Y

NEUROLOGICAL DISORDERS

Question: In the past twelve months, have you experienced or been treated for any of the following - MULTIPLE SCLEROSIS, EPILEPSY, OR OTHER NEUROLOGICAL DISORDERS? (Check all that apply.)

Value	Label	Frequency
1	YES	107
2	NO	6177
7	DONT KNOW	0
8	REFUSED/MISSING	41
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6284	824	1	2

A1SA9Z

STROKE

Question: In the past twelve months, have you experienced or been treated for any of the following - STROKE? (Check all that apply.)

Value	Label	Frequency
1	YES	45
2	NO	6250
7	DONT KNOW	0
8	REFUSED/MISSING	30
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6295	813	1	2

A1SA9AA

ULCER

Question: In the past twelve months, have you experienced or been treated for any of the following - ULCER? (Check all that apply.)

Value	Label	Frequency
1	YES	238
2	NO	6054
7	DONT KNOW	0
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6292	816	1	2

A1SA9BB

HERNIA OR RUPTURE

Question: In the past twelve months, have you experienced or been treated for any of the following - HERNIA OR RUPTURE? (Check all that apply.)

Value	Label	Frequency
1	YES	176
2	NO	6114
7	DONT KNOW	0
8	REFUSED/MISSING	35
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6290	818	1	2

A1SA9CC

PILES OR HEMORRHOIDS

Question: In the past twelve months, have you experienced or been treated for any of the following - PILES OR HEMORRHOIDS? (Check all that apply.)

Value	Label	Frequency
1	YES	685
2	NO	5608
7	DONT KNOW	0
8	REFUSED/MISSING	32
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6293	815	1	2

A1SCHRON

SUM OF CHRONIC CONDITIONS

Range of valid values: 0 - 27

Valid	Invalid	Min	Max	Mean	StdDev
6308	800	0	27	2.414	2.513

A1SCHROX

HAVING ANY CHRONIC CONDITIONS

Value	Label	Frequency
0	NO	0
1	YES	0
9	NOT CALCULATED	0

Valid	Invalid
0	7108

A1SA10A

RX FOR HYPERTENSION

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - HYPERTENSION?

Value	Label	Frequency
1	YES	772
2	NO	5512
7	DONT KNOW	0
8	REFUSED/MISSING	41
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6284	824	1	2

A1SA10B

RX FOR DIABETES

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - DIABETES?

Value	Label	Frequency
1	YES	240
2	NO	6040
7	DONT KNOW	0
8	REFUSED/MISSING	45
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6280	828	1	2

A1SA10C

RX FOR HIGH CHOLESTEROL

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - HIGH CHOLESTEROL?

Value	Label	Frequency
1	YES	333
2	NO	5943
7	DONT KNOW	0
8	REFUSED/MISSING	49
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6276	832	1	2

A1SA10D

RX FOR A HEART CONDITION

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - A HEART CONDITION?

Value	Label	Frequency
1	YES	349
2	NO	5928
7	DONT KNOW	0
8	REFUSED/MISSING	48
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6277	831	1	2

A1SA10E

RX FOR LUNG PROBLEMS

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - LUNG PROBLEMS?

Value	Label	Frequency
1	YES	224
2	NO	6056
7	DONT KNOW	0
8	REFUSED/MISSING	45
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6280	828	1	2

A1SA10F

RX FOR ULCERS

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - ULCERS?

Value	Label	Frequency
1	YES	201
2	NO	6085
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6286	822	1	2

A1SA10G

RX FOR ARTHRITIS

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - ARTHRITIS?

Value	Label	Frequency
1	YES	542
2	NO	5743
7	DONT KNOW	0
8	REFUSED/MISSING	40
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6285	823	1	2

A1SA10H

RX FOR HORMONE REPLACEMENT

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - HORMONE REPLACEMENT, SUCH AS ESTROGEN?

Value	Label	Frequency
1	YES	703
2	NO	5574
7	DONT KNOW	0
8	REFUSED/MISSING	48
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6277	831	1	2

A1SA10I

RX FOR BIRTH CONTROL

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - BIRTH CONTROL?

Value	Label	Frequency
1	YES	305
2	NO	5960
7	DONT KNOW	0
8	REFUSED/MISSING	60
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6265	843	1	2

A1SA10J

RX FOR HEADACHES

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - HEADACHES?

Value	Label	Frequency
1	YES	795
2	NO	5478
7	DONT KNOW	0
8	REFUSED/MISSING	52
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6273	835	1	2

A1SA10K

RX FOR NERVES, ANXIETY, OR DEPRES

Question: During the past 30 days have you taken prescription medicine for any of the following conditions - NEBES, ANXIETY, OR DEPRESSION?

Value	Label	Frequency
1	YES	616
2	NO	5667
7	DONT KNOW	0
8	REFUSED/MISSING	42
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6283	825	1	2

A1SRXMED

NUMBERS KINDS OF RX MEDICINE TAKING (30 DAYS)

Valid	Invalid	Mean	StdDev
0	7108	0	0

A1SRXMEX

TOOK ANY RX MEDICINE (30 DAYS)

Value	Label	Frequency
0	NO	0
1	YES	0
9	NOT CALCULATED (Due to missing data)	0

Valid	Invalid
0	7108

A1SA11A

MULTI-VITAMINS

Question: Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week --MULTI-VITAMINS?

Value	Label	Frequency
1	YES	2381
2	NO	3818

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	126
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6199	909	1	2

A1SA11B

VITAMIN C

Question: Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week --VITAMIN C?

Value	Label	Frequency
1	YES	1575
2	NO	4547
7	DONT KNOW	0
8	REFUSED/MISSING	203
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6122	986	1	2

A1SA11C

IRON

Question: Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week --IRON?

Value	Label	Frequency
1	YES	699
2	NO	5288
7	DONT KNOW	0
8	REFUSED/MISSING	338
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
5987	1121	1	2

A1SA11D

CALCIUM

Question: Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week --CALCIUM?

Value	Label	Frequency
1	YES	1245
2	NO	4810

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	270
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6055	1053	1	2

A1SA11E

OTHERS

Question: Please indicate whether you take any of the following vitamin or mineral supplements regularly -- that is, at least a couple of times a week --OTHERS?

Value	Label	Frequency
1	YES	1352
2	NO	4528
7	DONT KNOW	0
8	REFUSED/MISSING	445
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
5880	1228	1	2

A1SVITAM

USE ANY VITAMINS

Value	Label	Frequency
1	YES	3036
2	NO	3234
9	NOT CALCULATED	55

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6270	838	1	2

A1SA12A

HEADACHES

Question: During the past 30 days, how often have you experienced each of the following? HEADACHES

Value	Label	Frequency
1	ALMOST EVERYT DAY	195
2	SEVERAL TIMES A WEEK	550
3	ONCE A WEEK	586
4	SEVERAL TIMES A MONTH	1181
5	ONCE A MONTH	1892
6	NOT AT ALL	1861

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	60
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6265	843	1	6

A1SA12B

LOWER BACK ACHES

Question: During the past 30 days, how often have you experienced each of the following? LOWER BACK ACHES

Value	Label	Frequency
1	ALMOST EVERYT DAY	484
2	SEVERAL TIMES A WEEK	486
3	ONCE A WEEK	333
4	SEVERAL TIMES A MONTH	928
5	ONCE A MONTH	1404
6	NOT AT ALL	2617
7	DONT KNOW	0
8	REFUSED/MISSING	73
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6252	856	1	6

A1SA12C

SWEATING A LOT

Question: During the past 30 days, how often have you experienced each of the following? SWEATING A LOT

Value	Label	Frequency
1	ALMOST EVERYT DAY	407
2	SEVERAL TIMES A WEEK	484
3	ONCE A WEEK	161
4	SEVERAL TIMES A MONTH	473
5	ONCE A MONTH	474
6	NOT AT ALL	4241
7	DONT KNOW	0
8	REFUSED/MISSING	85
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6240	868	1	6

A1SA12D

IRRITABILITY

Question: During the past 30 days, how often have you experienced each of the following? IRRITABILITY

Value	Label	Frequency
1	ALMOST EVERYT DAY	178
2	SEVERAL TIMES A WEEK	475
3	ONCE A WEEK	449
4	SEVERAL TIMES A MONTH	1183
5	ONCE A MONTH	1357
6	NOT AT ALL	2575
7	DONT KNOW	0
8	REFUSED/MISSING	108
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6217	891	1	6

A1SA12E

HOT FLUSHES OR FLASHES

Question: During the past 30 days, how often have you experienced each of the following? HOT FLUSHES OR FLASHES

Value	Label	Frequency
1	ALMOST EVERYT DAY	178
2	SEVERAL TIMES A WEEK	184
3	ONCE A WEEK	91
4	SEVERAL TIMES A MONTH	321
5	ONCE A MONTH	399
6	NOT AT ALL	5049
7	DONT KNOW	0
8	REFUSED/MISSING	103
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6222	886	1	6

A1SA12F

ACHES OR STIFFNESS IN JOINTS

Question: During the past 30 days, how often have you experienced each of the following? ACHES OR STIFFNESS IN JOINTS

Value	Label	Frequency
1	ALMOST EVERYT DAY	825

Value	Label	Frequency
2	SEVERAL TIMES A WEEK	712
3	ONCE A WEEK	297
4	SEVERAL TIMES A MONTH	1038
5	ONCE A MONTH	873
6	NOT AT ALL	2479
7	DONT KNOW	0
8	REFUSED/MISSING	101
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6224	884	1	6

A1SA12G

TROUBLE SLEEPING

Question: During the past 30 days, how often have you experienced each of the following? TROUBLE GETTING TO SLEEP OR STAYING ASLEEP

Value	Label	Frequency
1	ALMOST EVERYT DAY	426
2	SEVERAL TIMES A WEEK	668
3	ONCE A WEEK	328
4	SEVERAL TIMES A MONTH	951
5	ONCE A MONTH	938
6	NOT AT ALL	2940
7	DONT KNOW	0
8	REFUSED/MISSING	74
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6251	857	1	6

A1SA12H

LEAKING URINE

Question: During the past 30 days, how often have you experienced each of the following? LEAKING URINE

Value	Label	Frequency
1	ALMOST EVERYT DAY	226
2	SEVERAL TIMES A WEEK	200
3	ONCE A WEEK	93
4	SEVERAL TIMES A MONTH	288
5	ONCE A MONTH	276
6	NOT AT ALL	5172
7	DONT KNOW	0

Value	Label	Frequency
8	REFUSED/MISSING	70
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6255	853	1	6

A1SA12I

DISCOMFORT DURING INTERCOURSE

Question: During the past 30 days, how often have you experienced each of the following? PAIN OR DISCOMFORT DURING INTERCOURSE

Value	Label	Frequency
1	ALMOST EVERYT DAY	26
2	SEVERAL TIMES A WEEK	23
3	ONCE A WEEK	40
4	SEVERAL TIMES A MONTH	148
5	ONCE A MONTH	209
6	NOT AT ALL	5721
7	DONT KNOW	0
8	REFUSED/MISSING	158
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6167	941	1	6

A1SSYMPT

SYMPTOMS OF HEADACHES ETC

Range of valid values: 0 - 45

Valid	Invalid	Min	Max	Mean	StdDev
6299	809	0	45	9.347	7.331

A1SA13A

FEEL SO SAD

Question: During the past 30 days, how much of the time did you feel...SO SAD NOTHING COULD CHEER YOU UP?

Value	Label	Frequency
1	ALL THE TIME	25
2	MOST OF THE TIME	100
3	SOME OF THE TIME	475

Value	Label	Frequency
4	A LITTLE OF THE TIME	1269
5	NONE OF THE TIME	4417
7	DONT KNOW	0
8	REFUSED/MISSING	39
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6286	822	1	5

A1SA13B

FEEL NERVOUS

Question: During the past 30 days, how much of the time did you feel...NERVOUS?

Value	Label	Frequency
1	ALL THE TIME	47
2	MOST OF THE TIME	203
3	SOME OF THE TIME	1027
4	A LITTLE OF THE TIME	2276
5	NONE OF THE TIME	2735
7	DONT KNOW	0
8	REFUSED/MISSING	37
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6288	820	1	5

A1SA13C

FEEL RESTLESS OR FIDGETY

Question: During the past 30 days, how much of the time did you feel...RESTLESS OR FIDGETY?

Value	Label	Frequency
1	ALL THE TIME	52
2	MOST OF THE TIME	189
3	SOME OF THE TIME	1012
4	A LITTLE OF THE TIME	2056
5	NONE OF THE TIME	2966
7	DONT KNOW	0
8	REFUSED/MISSING	50
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6275	833	1	5

A1SA13D

FEEL HOPELESS

Question: During the past 30 days, how much of the time did you feel...HOPELESS?

Value	Label	Frequency
1	ALL THE TIME	36
2	MOST OF THE TIME	91
3	SOME OF THE TIME	336
4	A LITTLE OF THE TIME	781
5	NONE OF THE TIME	5029
7	DONT KNOW	0
8	REFUSED/MISSING	52
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6273	835	1	5

A1SA13E

THAT EVERYTHING WAS AN EFFORT?

Question: During the past 30 days, how much of the time did you feel...THAT EVERYTHING WAS AN EFFORT?

Value	Label	Frequency
1	ALL THE TIME	78
2	MOST OF THE TIME	218
3	SOME OF THE TIME	655
4	A LITTLE OF THE TIME	1675
5	NONE OF THE TIME	3651
7	DONT KNOW	0
8	REFUSED/MISSING	48
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6277	831	1	5

A1SA13F

FEEL WORTHLESS

Question: During the past 30 days, how much of the time did you feel...WORTHLESS?

Value	Label	Frequency
1	ALL THE TIME	42
2	MOST OF THE TIME	92
3	SOME OF THE TIME	333
4	A LITTLE OF THE TIME	776
5	NONE OF THE TIME	5046

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6289	819	1	5

A1SNEGAF

BADMOOD - NEGATIVE AFFECT

Range of valid values: 1 - 5

Valid	Invalid	Min	Max	Mean	StdDev
6299	809	1	5	1.546	0.7

A1SA14

FEELING BAD USUAL OR NOT

Question: Compared to a typical month for you, how much more often than usual or less often than usual did you hve the feeling listed above in [QA13] during the past 30 days, A lot more often than usual, somewhat more often than usual, A little more often than usual, About the same as usual, A little less often than usual, somewhat less often than usual, or A lot less often than usual?

Value	Label	Frequency
1	A LOT MORE OFTEN THAN USUAL	185
2	SOMEWHAT MORE OFTEN THAN USUAL	323
3	A LITTLE MORE OFTEN THAN USUAL	657
4	ABOUT THE SAME AS USUAL	4300
5	A LITTLE LESS OFTEN THAN USUAL	286
6	SOMEWHAT LESS OFTEN THAN USUAL	176
7	A LOT LESS OFTEN THAN USUAL	196
97	DONT KNOW	0
98	REFUSED/MISSING	202
99	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6123	985	1	7

A1SA15A

FEEL CHEERFUL

Question: During the past 30 days, how much of the time did you feel...CHEERFUL?

Value	Label	Frequency
1	ALL THE TIME	268
2	MOST OF THE TIME	3784

Value	Label	Frequency
3	SOME OF THE TIME	1794
4	A LITTLE OF THE TIME	400
5	NONE OF THE TIME	46
7	DONT KNOW	0
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6292	816	1	5

A1SA15B

FEEL IN GOOD SPIRITS

Question: During the past 30 days, how much of the time did you feel...IN GOOD SPIRITS?

Value	Label	Frequency
1	ALL THE TIME	392
2	MOST OF THE TIME	4061
3	SOME OF THE TIME	1432
4	A LITTLE OF THE TIME	372
5	NONE OF THE TIME	36
7	DONT KNOW	0
8	REFUSED/MISSING	32
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6293	815	1	5

A1SA15C

FEEL EXTREMELY HAPPY

Question: During the past 30 days, how much of the time did you feel...EXTREMELY HAPPY?

Value	Label	Frequency
1	ALL THE TIME	176
2	MOST OF THE TIME	1685
3	SOME OF THE TIME	2455
4	A LITTLE OF THE TIME	1497
5	NONE OF THE TIME	472
7	DONT KNOW	0
8	REFUSED/MISSING	40
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6285	823	1	5

A1SA15D

FEEL CALM AND PEACEFUL

Question: During the past 30 days, how much of the time did you feel...CALM AND PEACEFUL?

Value	Label	Frequency
1	ALL THE TIME	392
2	MOST OF THE TIME	2963
3	SOME OF THE TIME	1902
4	A LITTLE OF THE TIME	842
5	NONE OF THE TIME	180
7	DONT KNOW	0
8	REFUSED/MISSING	46
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6279	829	1	5

A1SA15E

FEEL SATISFIED

Question: During the past 30 days, how much of the time did you feel...SATISFIED?

Value	Label	Frequency
1	ALL THE TIME	450
2	MOST OF THE TIME	3147
3	SOME OF THE TIME	1621
4	A LITTLE OF THE TIME	840
5	NONE OF THE TIME	232
7	DONT KNOW	0
8	REFUSED/MISSING	35
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6290	818	1	5

A1SA15F

FEEL FULL OF LIFE

Question: During the past 30 days, how much of the time did you feel...FULL OF LIFE?

Value	Label	Frequency
1	ALL THE TIME	499
2	MOST OF THE TIME	2450
3	SOME OF THE TIME	1983
4	A LITTLE OF THE TIME	963
5	NONE OF THE TIME	395

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	35
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6290	818	1	5

A1SPOSAF

GOODMOOD - POSITIVE AFFECT

Range of valid values: 1 - 5

Valid	Invalid	Min	Max	Mean	StdDev
6306	802	1	5	3.436	0.8

A1SA16

FEEL GOOD USUAL OR NOT

Question: Compared to a typical month for you, how much more often than usual or less often than usual did you hve the feeling listed above in [QA15] during the past 30 days, A lot more often than usual, somewhat more often than usual, A little more often than usual, About the same as usual, A little less often than usual, somewhat less often than usual, or A lot less often than usual?

Value	Label	Frequency
1	A LOT MORE OFTEN THAN USUAL	184
2	SOMEWHAT MORE OFTEN THAN USUAL	428
3	A LITTLE MORE OFTEN THAN USUAL	842
4	ABOUT THE SAME AS USUAL	3990
5	A LITTLE LESS OFTEN THAN USUAL	491
6	SOMEWHAT LESS OFTEN THAN USUAL	147
7	A LOT LESS OFTEN THAN USUAL	88
97	DONT KNOW	0
98	REFUSED/MISSING	155
99	INAPP	0

Range of valid values: 1 - 7

Valid	Invalid	Min	Max
6170	938	1	7

A1SA17A

LIMIT LIFTING OR CARRYING GROCERIES

Question: How much does your health limit you in doing each of the following - LIFTING OR CARRYING GROCERIES?

Value	Label	Frequency
1	A LOT	308

Value	Label	Frequency
2	SOME	517
3	A LITTLE	582
4	NOT AT ALL	4894
7	DONT KNOW	0
8	REFUSED/MISSING	24
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6301	807	1	4

A1SA17B

LIMIT BATHING OR DRESSING YOURSELF

Question: How much does your health limit you in doing each of the following - BATHING OR DRESSING YOURSELF

Value	Label	Frequency
1	A LOT	108
2	SOME	115
3	A LITTLE	274
4	NOT AT ALL	5802
7	DONT KNOW	0
8	REFUSED/MISSING	26
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6299	809	1	4

A1SA17C

LIMIT CLIMBING STAIRS

Question: How much does your health limit you in doing each of the following - CLIMBING SEVERAL FLIGHTS OF STAIRS?

Value	Label	Frequency
1	A LOT	445
2	SOME	434
3	A LITTLE	1062
4	NOT AT ALL	4355
7	DONT KNOW	0
8	REFUSED/MISSING	29
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6296	812	1	4

A1SA17D

LIMIT BENDING, KNEELING, STOOPING

Question: How much does your health limit you in doing each of the following - BENDING, KNEELING, OR STOOPING?

Value	Label	Frequency
1	A LOT	438
2	SOME	577
3	A LITTLE	1227
4	NOT AT ALL	4050
7	DONT KNOW	0
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6292	816	1	4

A1SA17E

LIMIT WALKING MORE THAN A MILE

Question: How much does your health limit you in doing each of the following - WALKING MORE THAN A MILE?

Value	Label	Frequency
1	A LOT	508
2	SOME	450
3	A LITTLE	885
4	NOT AT ALL	4447
7	DONT KNOW	0
8	REFUSED/MISSING	35
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6290	818	1	4

A1SA17F

LIMIT WALKING SEVERAL BLOCKS

Question: How much does your health limit you in doing each of the following - WALKING SEVERAL BLOCKS?

Value	Label	Frequency
1	A LOT	329
2	SOME	367
3	A LITTLE	652
4	NOT AT ALL	4942
7	DONT KNOW	0
8	REFUSED/MISSING	35

Value	Label	Frequency
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6290	818	1	4

A1SA17G

LIMIT WALKING ONE BLOCK

Question: How much does your health limit you in doing each of the following - WALKING ONE BLOCK?

Value	Label	Frequency
1	A LOT	172
2	SOME	251
3	A LITTLE	305
4	NOT AT ALL	5561
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6289	819	1	4

A1SA17H

LIMIT VIGOROUS PHY ACTIVITY

Question: How much does your health limit you in doing each of the following - VIGOROUS ACTIVITY (E.G., RUNNING, LIFTING HEAVY OBJECTS)?

Value	Label	Frequency
1	A LOT	1120
2	SOME	989
3	A LITTLE	1633
4	NOT AT ALL	2548
7	DONT KNOW	0
8	REFUSED/MISSING	35
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6290	818	1	4

A1SA17I

LIMIT MODERATE PHY ACTIVITY

Question: How much does your health limit you in doing each of the following - MODERATE ACTIVITY (E.G., BOWLING, VACUUMING)?

Value	Label	Frequency
1	A LOT	302

Value	Label	Frequency
2	SOME	501
3	A LITTLE	767
4	NOT AT ALL	4719
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 4

Valid	Invalid	Min	Max
6289	819	1	4

A1SBADL

BASIC ACTIVITY OF DAILY LIVING

Range of valid values: 1 - 4

Valid	Invalid	Min	Max	Mean	StdDev
6308	800	1	4	1.193	0.539

A1SIADL

INTERMED ACIVITY OF DAILY LIVING

Range of valid values: 1 - 4

Valid	Invalid	Min	Max	Mean	StdDev
6312	796	1	4	1.526	0.839

A1SA18

SUMMER VIGOROUS ACTIVITY

Question: During the summer, how often do you engage in VIGOROUS physical activity (for example, running or lifting heavy objects) long enough to work up a sweat?

Value	Label	Frequency
1	SEVERAL TIMES A WEEK OR MORE	2546
2	ABOUT ONCE A WEEK	1011
3	SEVERAL TIMES A MONTH	876
4	ABOUT ONCE A MONTH	461
5	LESS THAN ONCE A MONTH	572
6	NEVER	825
7	DONT KNOW	0
8	REFUSED/MISSING	34
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6291	817	1	6

A1SA19

WINTER VIGOROUS ACTIVITY

Question: What about during the winter -- how often do you engage in VIGOROUS physical activity long enough to work up a sweat?

Value	Label	Frequency
1	SEVERAL TIMES A WEEK OR MORE	1857
2	ABOUT ONCE A WEEK	1033
3	SEVERAL TIMES A MONTH	965
4	ABOUT ONCE A MONTH	754
5	LESS THAN ONCE A MONTH	776
6	NEVER	911
7	DONT KNOW	0
8	REFUSED/MISSING	29
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6296	812	1	6

A1SVIGOR

TIMES/MONTH VIGOROUS ACTIVITY

Range of valid values: 0 - 14

Valid	Invalid	Min	Max	Mean	StdDev
6282	826	0	14	6.117	5.458

A1SA20

SUMMER MODERATE PHY ACTIVITY

Question: During the summer, how often do you engage in MODERATE physical activity (for example, bowling or using a vacuum cleaner)?

Value	Label	Frequency
1	SEVERAL TIMES A WEEK OR MORE	3842
2	ABOUT ONCE A WEEK	1386
3	SEVERAL TIMES A MONTH	633
4	ABOUT ONCE A MONTH	169
5	LESS THAN ONCE A MONTH	100
6	NEVER	165
7	DONT KNOW	0
8	REFUSED/MISSING	30
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6295	813	1	6

A1SA21

WINTER MODERATE PHY ACTIVITY

Question: What about during the winter -- how often do you engage in MODERATE physical activity?

Value	Label	Frequency
1	SEVERAL TIMES A WEEK OR MORE	3387
2	ABOUT ONCE A WEEK	1528
3	SEVERAL TIMES A MONTH	772
4	ABOUT ONCE A MONTH	275
5	LESS THAN ONCE A MONTH	138
6	NEVER	195
7	DONT KNOW	0
8	REFUSED/MISSING	30
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6295	813	1	6

A1SMODER

TIMES/MONTH MODERATE ACTIVITY

Range of valid values: 0 - 14

Valid	Invalid	Min	Max	Mean	StdDev
6287	821	0	14	9.345	5.122

A1SA22A

SHRT BREATH WALKING UPHILL

Question: Do you get short of breath in the following situations - WHEN HURRYING ON GROUND LEVEL OR WALKING UP A SLIGHT HILL?

Value	Label	Frequency
1	YES	2115
2	NO	4169
7	DONT KNOW	0
8	REFUSED/MISSING	41
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6284	824	1	2

A1SA22B

SHRT BREATH WALK OTHER LEVEL GRND

Question: Do you get short of breath in the following situations - WHEN WALKING WITH OTHER PEOPLE YOUR AGE ON LEVEL GROUND?

Value	Label	Frequency
1	YES	542
2	NO	5705
7	DONT KNOW	0
8	REFUSED/MISSING	78
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6247	861	1	2

A1SA22C

SHRT BREATH WALK OWN LEVEL GRND

Question: Do you get short of breath in the following situations - WHEN WALKING AT YOUR OWN PACE ON LEVEL GROUND?

Value	Label	Frequency
1	YES	225
2	NO	6026
7	DONT KNOW	0
8	REFUSED/MISSING	74
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6251	857	1	2

A1SA22D

SHRT BREATH WASHING OR DRESSING

Question: Do you get short of breath in the following situations - WHEN WASHING OR DRESSING?

Value	Label	Frequency
1	YES	161
2	NO	6098
7	DONT KNOW	0
8	REFUSED/MISSING	66
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6259	849	1	2

A1SDYSPN

CHEST PAIN NOT MEET ANGINA CRITERIA

Value	Label	Frequency
0	NO DYSPNEA	4181
4	HIGHEST DYSPNEA	85
9	NOT CALCULATED	29

Range of valid values: 0 - 4

Valid	Invalid	Min	Max
4266	2842	0	4

A1SA23

OF INCHES - WAIST

Pre-question: The next questions are about body measurements. We have enclosed a tape measure to help you. It is yours to keep. The information will be more accurate if you follow these suggestions: Make measurements while standing. Avoid measuring over clothing (even thin clothing can add a 1/4 inch). Try to record answers to the nearest quarter (1/4) inch. Use the diagram on the right as a guide.

Question: What is your waist size--that is, how many inches around is your waist? Please measure at the level of your navel.

Value	Label	Frequency
97	DONT KNOW	0
98	REFUSED/MISSING	408
99	INAPP	0

Valid	Invalid
0	7108

A1SA24

OF INCHES - HIP

Question: What is your hip size--that is, how many inches do your hips measure at the widest point? Measure at the widest point between your waist and your thighs.

Value	Label	Frequency
97	DONT KNOW	0
98	REFUSED/MISSING	494
99	INAPP	0

Valid	Invalid
0	7108

A1SWSTHI

WAIST TO HIP RATIO

Range of valid values: 0 - 1

Valid	Invalid	Min	Max	Mean	StdDev
5776	1332	0	1	0.999	0.019

A1SA25

OF INCHES - HEIGHT

Question: How tall are you?

Value	Label	Frequency
997	DONT KNOW	0
998	REFUSED/MISSING	210
999	INAPP	0

Valid	Invalid
0	7108

A1SA26

WEIGHT GENERAL EVALUATION

Question: Which of the following do you consider yourself?

Value	Label	Frequency
1	VERY OVERWEIGHT	772
2	SOMEWHAT OVERWEIGHT	3198
3	ABOUT THE RIGHT WEIGHT	1860
4	SOMEWHAT UNDERWEIGHT	262
5	VERY UNDERWEIGHT	28
7	DONT KNOW	0
8	REFUSED/MISSING	205
9	INAPP	0

Range of valid values: 1 - 5

Valid	Invalid	Min	Max
6120	988	1	5

A1SA27

WEIGHT IN POUNDS

Question: How much do you currently weigh?

Range of valid values: 63 - 415

Valid	Invalid	Min	Max	Mean	StdDev
6187	921	63	415	172.033	39.487

A1SBMI

BODY MASS INDEX

Range of valid values: 9 - 64

Valid	Invalid	Min	Max	Mean	StdDev
6053	1055	9	64	26.665	5.292

A1SA28

WEIGHT ONE YEAR AGO

Question: How much did you weigh one year ago? (your best estimate is fine.)

Range of valid values: 58 - 385

Valid	Invalid	Min	Max	Mean	StdDev
6204	904	58	385	170.793	39.896

A1SA29

WEIGHT WHEN 21 YEARS OLD

Question: About how much did you weigh when you were 21 years old ? (your best estimate is fine.)

Range of valid values: 55 - 325

Valid	Invalid	Min	Max	Mean	StdDev
6232	876	55	325	145.615	31.133

A1SA30A

LOSE 10 LBS DUE TO ILLNESS

Question: During the past 12 months, did you...LOSE 10 POUNDS OR MORE BECAUSE OF ILLNESS OR HEALTH PROBLEMS?

Value	Label	Frequency
1	YES	369
2	NO	5693
7	DONT KNOW	0
8	REFUSED/MISSING	263
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6062	1046	1	2

A1SA30B

LOSE 10 LBS DUE TO LIFESTYLE

Question: During the past 12 months, did you...LOSE 10 POUNDS OR MORE BY DIET, EXERCISE OR CHANGE OF LIFESTYLE?

Value	Label	Frequency
1	YES	1318
2	NO	4806

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	201
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6124	984	1	2

A1SA30C

LOSE 10 LBS FOR OTHER REASON

Question: During the past 12 months, did you...LOSE 10 POUNDS OR MORE FOR OTHER REASONS?
(PLEASE SPECIFY)

Value	Label	Frequency
1	YES	339
2	NO	5572
7	DONT KNOW	0
8	REFUSED/MISSING	414
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
5911	1197	1	2

A1SA31

TIME LOST 10+ POUNDS

Question: During your lifetime, about how many times have you lost 10 pounds or more (excluding women after childbirth)?

Range of valid values: 0 - 500

Valid	Invalid	Min	Max	Mean	StdDev
6049	1059	0	500	4.038	11.911

A1SA32

OPERATION WITH ANESTHESIA

Question: Have you ever in your life had an operation or major procedure that required any type of anesthesia (including local anesthesia, general anesthesia, dental anesthesia, etc.)?

Value	Label	Frequency
1	YES	4653
2	NO	770
7	DONT KNOW	0
8	REFUSED/MISSING	902
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
5423	1685	1	2

Forward: IF a1sa32 = NO OR DK, GO TO a1sa33.

A1SA32A

YEAR OF OPERATION W/ ANEST

Question: In what year did this happen (most recently)?

Range of valid values: 28 - 96

Valid	Invalid	Min	Max	Mean	StdDev
5335	1773	28	96	85.739	10.562

Backward: IF a1sa32 = NO OR DK

A1SA33

TIMES HOSPITALIZED OVERNIGHT

Question: How many separate times in the past 12 months have you been hospitalized overnight?

Range of valid values: 0 - 10

Valid	Invalid	Min	Max	Mean	StdDev
6165	943	0	10	0.152	0.571

Forward: IF a1sa33 = 0, DK, or REFUSED, GO TO a1sa34

A1SA33A

NIGHTS IN HOSPITAL

Question: How many nights did you stay in a hospital -- altogether -- in the past 12 months?

Range of valid values: 0 - 90

Valid	Invalid	Min	Max	Mean	StdDev
642	6466	0	90	2.756	9.567

Backward: IF a1sa33 = 0, DK, REFUSED

A1SA34

PLACE FOR MEDICAL CARE

Question: Do you have one particular place where you usually get medical care?

Value	Label	Frequency
1	YES	5090
2	NO	1206
7	DONT KNOW	0
8	REFUSED/MISSING	29
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6296	812	1	2

A1SA35

ONE DOCTOR SEEN FOR MEDICAL CARE

Question: Do you have one particular doctor who you usually see?

Value	Label	Frequency
1	YES	4682
2	NO	1611
7	DONT KNOW	0
8	REFUSED/MISSING	32
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6293	815	1	2

A1SA36A

SAW DOCTOR FOR ROUTINE CARE

Question: Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (If none, please enter "0".) - A DOCTOR, HOSPITAL OR CLINIC FOR A ROUTINE PHYSICAL CHECK-UP OR GYNECOLOGICAL EXAM.

Range of valid values: 0 - 48

Valid	Invalid	Min	Max	Mean	StdDev
6154	954	0	48	1.513	2.538

A1SA36B

SAW DENTIST OR OPTICIAN

Question: Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (If none, please enter "0".) - A DENTIST OR OPTICIAN FOR A ROUTINE CHECK-UP OR EXAM.

Range of valid values: 0 - 25

Valid	Invalid	Min	Max	Mean	StdDev
6136	972	0	25	1.36	1.354

A1SA36C

SAW DOCTOR FOR URGENT CARE

Question: Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took

someone else to be examined. (If none, please enter "0".) - A DOCTOR, EMERGENCY ROOM, OR CLINIC FOR URGENT CARE TREATMENT.

Range of valid values: 0 - 112

Valid	Invalid	Min	Max	Mean	StdDev
6127	981	0	112	0.63	2.529

A1SA36D

SAW DOC FOR SCHEDULED TREATMENT

Question: Please indicate how many times you saw each of the following doctors in the past 12 months about your physical health. Include only visits regarding your own physical health, not visits when you took someone else to be examined. (If none, please enter "0".) - A DOCTOR, HOSPITAL, CLINIC, ORTHODONTIST OR OPHTHALMOLOGIST FOR SCHEDULED TREATMENT OR SURGERY.

Range of valid values: 0 - 50

Valid	Invalid	Min	Max	Mean	StdDev
6091	1017	0	50	0.967	3.011

A1SUSEMD

VISIT PHYSICIANS

Range of valid values: 0 - 112

Valid	Invalid	Min	Max	Mean	StdDev
6227	881	0	112	3.06	5.229

A1SA37A

SAW PSYCHIATRIST

Question: Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took some one else regarding their problems. (If none, please enter "0".) - A PSYCHIATRIST.

Range of valid values: 0 - 104

Valid	Invalid	Min	Max	Mean	StdDev
6159	949	0	104	0.306	2.729

A1SA37B

SAW GENERAL DOCTOR

Question: Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took some one else regarding

their problems. (If none, please enter "0".) - A GENERAL PRACTITIONER OR OTHER MEDICAL DOCTOR.

Range of valid values: 0 - 65

Valid	Invalid	Min	Max	Mean	StdDev
6155	953	0	65	0.572	2.164

A1SA37C

SAW PSYCHOLOGIST

Question: Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took some one else regarding their problems. (If none, please enter "0".) - A PSYCHOLOGIST, PROFESSIONAL COUNSELOR, MARRIAGE THERAPIST OR SOCIAL WORKER.

Range of valid values: 0 - 300

Valid	Invalid	Min	Max	Mean	StdDev
6172	936	0	300	0.953	6.545

A1SA37D

SAW SPIRITUAL ADVISOR

Question: Please indicate how many times you saw each of the following professionals in the past 12 months about a problem with your emotional or mental health or about personal problems, such as problems with marriage, alcohol or drugs, or job stress. Include both individual visits and group sessions regarding your own problems, but not visits when you took some one else regarding their problems. (If none, please enter "0".) - A MINISTER, PRIEST, RABBI OR OTHER SPIRITUAL ADVISOR.

Range of valid values: 0 - 365

Valid	Invalid	Min	Max	Mean	StdDev
6154	954	0	365	0.313	6.794

A1SUSEMH

VISIT PSYCHIATRISTS ETC.

Range of valid values: 0 - 365

Valid	Invalid	Min	Max	Mean	StdDev
6204	904	0	365	2.131	10.76

A1SA38A

ATTEND SUBST ABUSE GRP

Pre-question: The next questions are about self-help groups, by which we mean groups organized and run by people who get together on the basis of a common experience or goal to mutually help or

support one another. (Groups organized and led by doctors, psychologists, social workers, or other professionals do NOT qualify as self-help groups.)

Please indicate whether you ever attended a meeting of one of these self-help groups at any time in your life. For each group you ever attended, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY).

Value	Label	Frequency
1	YES	402
2	NO	5720
7	DONT KNOW	0
8	REFUSED/MISSING	203
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6122	986	1	2

Forward: IF a1sa38a = NO, GO TO a1sa38b

A1SA38AY

AGE ATTENDED SUBST ABUSE GRP

Question: If yes, age you first attended - GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY).

Range of valid values: 8 - 67

Valid	Invalid	Min	Max	Mean	StdDev
370	6738	8	67	10.065	26.958

Backward: IF a1sa38a = NO

A1SA38AZ

TIMES ATTEND SUBST ABUSE GRP

Question: Number of times attended in the past 12 months - GROUPS FOR PEOPLE WITH SUBSTANCE PROBLEMS (SUCH AS ALCOHOLICS ANONYMOUS OR RATIONAL RECOVERY).

Range of valid values: 0 - 580

Valid	Invalid	Min	Max	Mean	StdDev
489	6619	0	580	4.542	59.651

Backward: IF a1sa38a = NO

A1SA38B

ATTEND EMOTIONAL PROBS

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12

months, enter "0".) - GROUPS FOR PEOPLE WITH EMOTIONAL PROBLEMS (SUCH AS GROW, THE MANIC DEPRESSIVE AND DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS).

Value	Label	Frequency
1	YES	82
2	NO	6024
7	DONT KNOW	0
8	REFUSED/MISSING	219
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6106	1002	1	2

Forward: IF a1sa38b = NO, GO TO a1sa38c

A1SA38BY

AGE ATTENDED EMOTIONAL PROBS

If yes, age you first attended - GROUPS FOR PEOPLE WITH EMOTIONAL PROBLEMS (SUCH

Question: AS GROW, THE MANIC DEPRESSIVE AND DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS).

Range of valid values: 16 - 65

Valid	Invalid	Min	Max	Mean	StdDev
73	7035	16	65	2.125	35.693

Backward: IF a1sa38b = NO

A1SA38BZ

TIMES ATTEND EMOTIONAL PROBS

Number of times attended in the past 12 months - GROUPS FOR PEOPLE WITH EMOTIONAL

Question: PROBLEMS (SUCH AS GROW, THE MANIC DEPRESSIVE AND DEPRESSIVE ASSOCIATION, OR EMOTIONS ANONYMOUS).

Range of valid values: 0 - 32

Valid	Invalid	Min	Max	Mean	StdDev
191	6917	0	32	0.107	4.494

Backward: IF a1sa38b = NO

A1SA38C

ATTEND EATING PROBLEMS

Please indicate whether you ever attended one of these meetings and if so, indicate the age you

Question: first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR PEOPLE WITH EATING PROBLEMS.

Value	Label	Frequency
1	YES	295
2	NO	5795
7	DONT KNOW	0

Value	Label	Frequency
8	REFUSED/MISSING	235
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6090	1018	1	2

Forward: IF a1sa38c = NO, GO TO a1sa38d

A1SA38CY

AGE ATTENDED EATING PROBLEMS

Question: If yes, age you first attended - GROUPS FOR PEOPLE WITH EATING PROBLEMS.

Range of valid values: 12 - 65

Valid	Invalid	Min	Max	Mean	StdDev
257	6851	12	65	7.576	29.862

Backward: IF a1sa38c = NO

A1SA38CZ

TIMES ATTEND EATING PROBLEMS

Question: Number of times attended in the past 12 months - GROUPS FOR PEOPLE WITH EATING PROBLEMS.

Range of valid values: 0 - 52

Valid	Invalid	Min	Max	Mean	StdDev
378	6730	0	52	0.811	7.522

Backward: IF a1sa38c = NO

A1SA38D

ATTEND DEATH OF LOVED ONE

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW).

Value	Label	Frequency
1	YES	125
2	NO	5978
7	DONT KNOW	0
8	REFUSED/MISSING	222
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6103	1005	1	2

Forward: IF a1sa38d = NO, GO TO a1sa38e

A1SA38DY

AGE ATTENDED DEATH OF LOVED ONE

Question: If yes, age you first attended - GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW).

Range of valid values: 16 - 74

Valid	Invalid	Min	Max	Mean	StdDev
102	7006	16	74	4.492	43.614

Backward: IF a1sa38d = NO

A1SA38DZ

TIMES ATTEND DEATH OF LOVED ONE

Question: Number of times attended in the past 12 months - GROUPS FOR DEALING WITH THE DEATH OF A LOVED ONE (SUCH AS THE COMPASSIONATE FRIENDS OR WIDOW TO WIDOW).

Range of valid values: 0 - 24

Valid	Invalid	Min	Max	Mean	StdDev
215	6893	0	24	0.054	2.519

Backward: IF a1sa38d = NO

A1SA38E

ATTEND LIFE TRANSITION

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR THE EMPTY NESTERS).

Value	Label	Frequency
1	YES	99
2	NO	5995
7	DONT KNOW	0
8	REFUSED/MISSING	231
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6094	1014	1	2

Forward: IF a1sa38e = NO, GO TO a1sa38f

A1SA38EY

AGE ATTENDED LIFE TRANSITION

Question: If yes, age you first attended - GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR THE EMPTY NESTERS).

Range of valid values: 10 - 59

Valid	Invalid	Min	Max	Mean	StdDev
85	7023	10	59	3.533	36.25

Backward: IF a1sa38e = NO

A1SA38EZ

TIMES ATTEND LIFE TRANSITION

Question: Number of times attended in the past 12 months - GROUPS FOR PEOPLE MAKING OTHER LIFE TRANSITIONS (SUCH AS PARENTS WITHOUT PARTNERS OR THE EMPTY NESTERS).

Range of valid values: 0 - 50

Valid	Invalid	Min	Max	Mean	StdDev
205	6903	0	50	0.045	3.708

Backward: IF a1sa38e = NO

A1SA38F

ATTEND GRPS FOR SURVIVORS

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE).

Value	Label	Frequency
1	YES	135
2	NO	5964
7	DONT KNOW	0
8	REFUSED/MISSING	226
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6099	1009	1	2

Forward: IF a1sa38f = NO, GO TO a1sa38g

A1SA38FY

AGE ATTENDED GRPS FOR SURVIVORS

Question: If yes, age you first attended - GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE).

Range of valid values: 15 - 65

Valid	Invalid	Min	Max	Mean	StdDev
115	6993	15	65	3.641	32.875

Backward: IF a1sa38f = NO

A1SA38FZ

TIMES ATTEND GRPS FOR SURVIVORS

Question: Number of times attended in the past 12 months - GROUPS FOR SURVIVORS (SUCH AS ADULT CHILDREN OF ALCOHOLICS OR SURVIVORS OF CHILDHOOD SEXUAL ABUSE).

Range of valid values: 0 - 45

Valid	Invalid	Min	Max	Mean	StdDev
242	6866	0	45	0.308	5.45

Backward: IF a1sa38f = NO

A1SA38G

ATTEND PHYSICAL DISAB

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS).

Value	Label	Frequency
1	YES	61
2	NO	6037
7	DONT KNOW	0
8	REFUSED/MISSING	227
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6098	1010	1	2

Forward: IF a1sa38g = NO, GO TO a1sa38h

A1SA38GY

AGE ATTENDED PHYSICAL DISAB

Question: If yes, age you first attended - GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS).

Range of valid values: 19 - 67

Valid	Invalid	Min	Max	Mean	StdDev
47	7061	19	67	1.161	42.246

Backward: IF a1sa38g = NO

A1SA38GZ

TIMES ATTEND PHYSICAL DISAB

Question: Number of times attended in the past 12 months - GROUPS FOR PEOPLE WITH PHYSICAL DISABILITIES OR ILLNESSES (SUCH AS LIVING WITH CANCER OR LIVING WITH AIDS).

Range of valid values: 0 - 20

Valid	Invalid	Min	Max	Mean	StdDev
166	6942	0	20	0.065	2.79

Backward: IF a1sa38g = NO

A1SA38H

ATTEND PARENT SUPPORT

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS).

Value	Label	Frequency
1	YES	81
2	NO	6011
7	DONT KNOW	0
8	REFUSED/MISSING	233
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6092	1016	1	2

Forward: IF a1sa38h = NO, GO TO a1sa38i

A1SA38HY

AGE ATTENDED PARENT SUPPORT

Question: If yes, age you first attended - PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS).

Range of valid values: 24 - 57

Valid	Invalid	Min	Max	Mean	StdDev
67	7041	24	57	1.601	39.566

Backward: IF a1sa38h = NO

A1SA38HZ

TIMES ATTEND PARENT SUPPORT

Question: Number of times attended in the past 12 months - PARENT SUPPORT GROUPS (SUCH AS TOUGHLOVE OR PARENTS ANONYMOUS).

Range of valid values: 0 - 30

Valid	Invalid	Min	Max	Mean	StdDev
189	6919	0	30	0.056	2.856

Backward: IF a1sa38h = NO

A1SA38I

ATTEND FAMILY PHYSICAL

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER).

Value	Label	Frequency
1	YES	36
2	NO	6061
7	DONT KNOW	0
8	REFUSED/MISSING	228
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6097	1011	1	2

Forward: IF a1sa38i = NO, GO TO a1sa38j

A1SA38IY

AGE ATTENDED FAMILY PHYSICAL

Question: If yes, age you first attended - GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER).

Range of valid values: 22 - 67

Valid	Invalid	Min	Max	Mean	StdDev
23	7085	22	67	0.363	44.115

Backward: IF a1sa38i = NO

A1SA38IZ

TIMES ATTEND FAMILY PHYSICAL

Question: Number of times attended in the past 12 months - GROUPS FOR THE FAMILIES OF PEOPLE WITH A PHYSICAL ILLNESS (SUCH AS THE CANDLELIGHTERS OR FAMILIES OF CHILDREN WITH CANCER).

Range of valid values: 0 - 7

Valid	Invalid	Min	Max	Mean	StdDev
148	6960	0	7	0.006	0.79

Backward: IF a1sa38i = NO

A1SA38J

ATTEND FAMILY EMOT SUBST

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR

SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON).

Value	Label	Frequency
1	YES	220
2	NO	5871
7	DONT KNOW	0
8	REFUSED/MISSING	234
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6091	1017	1	2

Forward: IF a1sa38j = NO, GO TO a1sa38k

A1SA38JY

AGE ATTENDED FAMILY EMOT SUBST

Question: If yes, age you first attended - GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON).

Range of valid values: 8 - 69

Valid	Invalid	Min	Max	Mean	StdDev
194	6914	8	69	4.042	36.605

Backward: IF a1sa38j = NO

A1SA38JZ

TIMES ATTEND FAMILY EMOT SUBST

Question: Number of times attended in the past 12 months - GROUPS FOR THE FAMILIES OF PEOPLE WITH EMOTIONAL OR SUBSTANCE PROBLEMS (SUCH AS THE NATIONAL ALLIANCE FOR THE MENTALLY ILL OR AL ANON).

Range of valid values: 0 - 250

Valid	Invalid	Min	Max	Mean	StdDev
311	6797	0	250	0.587	18.169

Backward: IF a1sa38j = NO

A1SA38K

ATTEND OTHER GRP

Question: Please indicate whether you ever attended one of these meetings and if so, indicate the age you first attended and how many times you attended in the past 12 months. (If none in the past 12 months, enter "0".) - ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP. [Please enter the name[s] of the group[s].]

Value	Label	Frequency
1	YES	329
2	NO	5500

Value	Label	Frequency
7	DONT KNOW	0
8	REFUSED/MISSING	496
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
5829	1279	1	2

Forward: IF a1sa38k = NO, GO TO a1sa39a

A1SA38KY

AGE ATTENDED OTHER GRP

Question: If yes, age you first attended - ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP. (Please enter the name[s] of the group[s].)

Range of valid values: 1 - 70

Valid	Invalid	Min	Max	Mean	StdDev
267	6841	1	70	12.579	29.544

Backward: IF a1sa38k = NO

A1SA38KZ

TIMES ATTEND OTHER GRP

Question: Number of times attended in the past 12 months - ANY OTHER SELF-HELP GROUP, MUTUAL HELP GROUP, OR SUPPORT GROUP. (Please enter the name[s] of the group[s].)

Range of valid values: 0 - 365

Valid	Invalid	Min	Max	Mean	StdDev
390	6718	0	365	3.194	22.345

Backward: IF a1sa38k = NO

A1SA39A

ACUPUNCTURE USED

Question: Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - ACUPUNCTURE.

Value	Label	Frequency
1	YES	81
2	NO	6198
7	DONT KNOW	0
8	REFUSED/MISSING	46
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6279	829	1	2

A1SA39B

BIOFEEDBACK USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - BIOFEEDBACK.

Value	Label	Frequency
1	YES	48
2	NO	6224
7	DONT KNOW	0
8	REFUSED/MISSING	53
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6272	836	1	2

A1SA39C

CHIROPRACTIC USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - CHIROPRACTIC.

Value	Label	Frequency
1	YES	759
2	NO	5523
7	DONT KNOW	0
8	REFUSED/MISSING	43
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6282	826	1	2

A1SA39D

ENERGY HEALING USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - ENERGY HEALING.

Value	Label	Frequency
1	YES	91
2	NO	6180
7	DONT KNOW	0
8	REFUSED/MISSING	54
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6271	837	1	2

A1SA39E

EXERCISE OR MOVEMENT THERAPY USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - EXERCISE OR MOVEMENT THERAPY.

Value	Label	Frequency
1	YES	1113
2	NO	5162
7	DONT KNOW	0
8	REFUSED/MISSING	50
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6275	833	1	2

A1SA39F

HERBAL THERAPY USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - HERBAL THERAPY.

Value	Label	Frequency
1	YES	318
2	NO	5951
7	DONT KNOW	0
8	REFUSED/MISSING	56
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6269	839	1	2

A1SA39G

HIGH DOSE MEGA-VITAMINS USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - HIGH DOSE MEGA-VITAMINS.

Value	Label	Frequency
1	YES	293
2	NO	5976
7	DONT KNOW	0
8	REFUSED/MISSING	56

Value	Label	Frequency
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6269	839	1	2

A1SA39H

HOMEOPATHY USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - HOMEOPATHY.

Value	Label	Frequency
1	YES	145
2	NO	6105
7	DONT KNOW	0
8	REFUSED/MISSING	75
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6250	858	1	2

A1SA39I

HYPNOSIS USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - HYPNOSIS.

Value	Label	Frequency
1	YES	78
2	NO	6198
7	DONT KNOW	0
8	REFUSED/MISSING	49
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6276	832	1	2

A1SA39J

IMAGERY TECHNIQUES USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - IMAGERY TECHNIQUES.

Value	Label	Frequency
1	YES	195

Value	Label	Frequency
2	NO	6075
7	DONT KNOW	0
8	REFUSED/MISSING	55
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6270	838	1	2

A1SA39K

MESSAGE THERAPY USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - MESSAGE THERAPY.

Value	Label	Frequency
1	YES	538
2	NO	5725
7	DONT KNOW	0
8	REFUSED/MISSING	62
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6263	845	1	2

A1SA39L

SPIRITUAL PRACTICES USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness -PRAYER OR OTHER SPIRITUAL PRACTICES .

Value	Label	Frequency
1	YES	1903
2	NO	4360
7	DONT KNOW	0
8	REFUSED/MISSING	62
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6263	845	1	2

A1SA39M

MEDITATION TECHNIQUES USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - RELAXATION OR MEDITATION TECHNIQUES.

Value	Label	Frequency
1	YES	843
2	NO	5430
7	DONT KNOW	0
8	REFUSED/MISSING	52
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6273	835	1	2

A1SA39N

SPECIAL DIETS USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - SPECIAL DIETS.

Value	Label	Frequency
1	YES	688
2	NO	5591
7	DONT KNOW	0
8	REFUSED/MISSING	46
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6279	829	1	2

A1SA39O

SPIRITUAL HEALING BY OTHERS USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - SPIRITUAL HEALING BY OTHERS.

Value	Label	Frequency
1	YES	206
2	NO	6060
7	DONT KNOW	0
8	REFUSED/MISSING	59
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6266	842	1	2

A1SA39P

OTHER NON-TRADIT THERAPY USED

Have you used any of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness - ANY OTHER NON-TRADITIONAL REMEDY OR THERPY (SPECIFY).

Value	Label	Frequency
1	YES	143
2	NO	6008
7	DONT KNOW	0
8	REFUSED/MISSING	174
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6151	957	1	2

A1SALTER

ALT DRUGS USED

Value	Label	Frequency
1	YES	3275
2	NO	3019
9	NOT CALCULATED	31

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6294	814	1	2

A1SA40A

SEDATIVES USED

The next questions are about the use of drugs or medications on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed.

With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - SEDATIVES, INCLUDING EITHER BARBITURATES OR SLEEPING PILLS ON YOUR OWN (E.G. SECONAL, HALCION, METHAQUALONE)? (Check all that apply.)

Value	Label	Frequency
1	YES	156
2	NO	6136
7	DONT KNOW	0

Value	Label	Frequency
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6292	816	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40B

NERVE PILLS USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - TRANQUILIZERS OR "NERVE PILLS" ON YOUR OWN (E.G. LIBRIUM, VALIUM, ATIVAN, XANAX)? (Check all that apply.)

Value	Label	Frequency
1	YES	193
2	NO	6096
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6289	819	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40C

STIMULANTS USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - AMPHETAMINES OR OTHER STIMULANTS ON YOUR OWN (E.G. METHAMPHETAMINE, PRELUDIN, DEXEDRINE, RITALIN, "SPEED")? (Check all that apply.)

Value	Label	Frequency
1	YES	68
2	NO	6210
7	DONT KNOW	0
8	REFUSED/MISSING	47
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6278	830	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40D

PRESCRIPTION PAINKILLERS USED

With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS ON YOUR OWN
Question: (NOTE: THIS DOES NOT INCLUDE NORMAL USE OF ASPIRIN, TYLENOL WITHOUT CODEINE, ETC., BUT DOES INCLUDE USE OF TYLENOL WITH CODEINE AND OTHER PRESCRIBED PAINKILLERS LIKE DEMEROL, DARVON, AND PERCODAN)? (Check all that apply.)

Value	Label	Frequency
1	YES	359
2	NO	5929
7	DONT KNOW	0
8	REFUSED/MISSING	37
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6288	820	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40E

DRUGS TO TREAT DEPRESSION USED

With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - PROZAC OR OTHER SIMILAR PRESCRIPTION MEDICATIONS TO TREAT DEPRESSION ON YOUR OWN? (Check all that apply.)
Question:

Value	Label	Frequency
1	YES	60
2	NO	6207
7	DONT KNOW	0
8	REFUSED/MISSING	58
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6267	841	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40F

INHALANTS TO FEEL GOOD USED

With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - INHALANTS THAT YOU SNIFF OR BREATHE TO GET HIGH OR TO FEEL GOOD (E.G. AMYL NITRATE, FREON, NITROUS OXIDE ("WHIPPETS"), GASOLINE, SPRAY PAINT)? (Check all that apply.)
Question:

Value	Label	Frequency
1	YES	23

Value	Label	Frequency
2	NO	6269
7	DONT KNOW	0
8	REFUSED/MISSING	33
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6292	816	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40G

MARIJUANA OR HASHISH USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - MARIJUANA OR HASHISH? (Check all that apply.)

Value	Label	Frequency
1	YES	403
2	NO	5881
7	DONT KNOW	0
8	REFUSED/MISSING	41
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6284	824	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40H

COCAINE OR CRACK USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - COCAINE, CRACK OR FREE BASE? (Check all that apply.)

Value	Label	Frequency
1	YES	73
2	NO	6215
7	DONT KNOW	0
8	REFUSED/MISSING	37
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6288	820	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40I

LSD OR OTHER HALLUCINOGENS USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - LSD OR OTHER HALLUCINOGENS (E.G. PCP, ANGEL DUST, PEYOTE, ECSTASY (MDMA), Mescaline)? (Check all that apply.)

Value	Label	Frequency
1	YES	34
2	NO	6255
7	DONT KNOW	0
8	REFUSED/MISSING	36
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6289	819	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA40J

HEROIN USED

Question: With this definition in mind, did you ever use any of the following substances on your own during the past 12 months - HEROIN? (Check all that apply.)

Value	Label	Frequency
1	YES	10
2	NO	6277
7	DONT KNOW	0
8	REFUSED/MISSING	38
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6287	821	1	2

Forward: IF ANY a1sa40a THROUGH a1sa40j =YES, GO TO a1sa41. IF a1sa40a THROUGH a1sa40j = NO, GO TO a1sa44a.

A1SA41

LARGER AMOUNTS THAN INTENDED

Question: During the past 12 months, how many times did you use much larger amounts of any of these substances than you intended to when you began, or used them for a longer period of time than you intended to?

Value	Label	Frequency
1	NEVER	544
2	ONCE OR TWICE	117
3	3 TO 5 TIMES	53

Value	Label	Frequency
4	6 TO 10 TIMES	25
5	11 TO 20 TIMES	17
6	MORE THAN 20 TIMES	47
7	DONT KNOW	0
8	REFUSED/MISSING	137
9	INAPP	5385

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
803	6305	1	6

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA42

DRUGS EFFECT AT WORK / SCHOOL

Question: In the past 12 months, how many times have you been under the effects of any of these substances or suffering their after effects while at work or school, or while taking care of children?

Value	Label	Frequency
1	NEVER	625
2	ONCE OR TWICE	75
3	3 TO 5 TIMES	21
4	6 TO 10 TIMES	23
5	11 TO 20 TIMES	12
6	MORE THAN 20 TIMES	44
7	DONT KNOW	0
8	REFUSED/MISSING	140
9	INAPP	5385

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
800	6308	1	6

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA43A

SUBST INCREASE CHANCE TO GET HURT

Question: When answering these questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. Please check "Yes" even if your answer is for only one of the substances and not all of them - WERE YOU UNDER THE EFFECTS OF ANY OF THESE SUBSTANCES OR FEELING THEIR AFTER-EFFECTS IN A SITUATION WHICH INCREASED YOUR CHANCES OF GETTING HURT, LIKE WHEN DRIVING A CAR OR BOAT, USING KNIVES OR GUNS OR MACHINERY, CROSSING AGAINST TRAFFIC, CLIMBING OR SWIMMING?

Value	Label	Frequency
1	YES	177
2	NO	644
7	DONT KNOW	0

Value	Label	Frequency
8	REFUSED/MISSING	119
9	INAPP	5385

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
821	6287	1	2

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA43B

SUBST EMOTIONAL PROBLEMS

Question: When answering these questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. Please check "Yes" even if your answer is for only one of the substances and not all of them - DID YOU HAVE ANY EMOTIONAL OR PSYCHOLOGICAL PROBLEMS FROM USING ANY OF THESE SUBSTANCES, SUCH AS FEELING UNINTERESTED IN THINGS, FEELING DEPRESSED, SUSPICIOUS OF PEOPLE, PARANOID, OR HAVING STRANGE IDEAS?

Value	Label	Frequency
1	YES	138
2	NO	682
7	DONT KNOW	0
8	REFUSED/MISSING	120
9	INAPP	5385

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
820	6288	1	2

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA43C

SUBST STRONG DESIRE TO USE

Question: When answering these questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. Please check "Yes" even if your answer is for only one of the substances and not all of them - DID YOU HAVE SUCH A STRONG DESIRE OR URGE TO USE ANY OF THESE SUBSTANCES THAT YOU COULD NOT RESIST IT OR COULD NOT THINK OF ANYTHING ELSE?

Value	Label	Frequency
1	YES	61
2	NO	756
7	DONT KNOW	0
8	REFUSED/MISSING	123
9	INAPP	5385

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
817	6291	1	2

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA43D

SUBST LOTS OF TIME USING

When answering these questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. Please check "Yes" even if your answer is for only one of

Question: the substances and not all of them - DID YOU HAVE A PERIOD OF A MONTH OR MORE WHEN YOU SPENT A GREAT DEAL OF TIME USING ANY OF THESE SUBSTANCES OR GETTING OVER ANY OF THEIR EFFECTS?

Value	Label	Frequency
1	YES	73
2	NO	745
7	DONT KNOW	0
8	REFUSED/MISSING	122
9	INAPP	5385

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
818	6290	1	2

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA43E

SUBST HAD TO USE MORE

When answering these questions, please keep in mind all of the substances listed in Question A40 that you have used in the past 12 months. Please check "Yes" even if your answer is for only one

Question: of the substances and not all of them - DID YOU FIND THAT YOU HAD TO USE MORE OF ANY OF THESE SUBSTANCES THAN USUAL TO GET THE SAME EFFECT OR THAT THE SAME AMOUNT HAD LESS EFFECT ON YOU THAN BEFORE?

Value	Label	Frequency
1	YES	100
2	NO	719
7	DONT KNOW	0
8	REFUSED/MISSING	121
9	INAPP	5385

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
819	6289	1	2

Backward: (a1sa40a THROUGH a1sa40j = NO)

A1SA44A

ALCOHOL INCREASE CHANCE TO GET HURT

Question: During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol - DID YOU UNDER THE EFFECTS OF ALCOHOL OR FEELING ITS AFTER

EFFECTS IN A SITUATION WHICH INCREASED YOUR CHANCES OF GETTING HURT - SUCH AS WHEN DRIVING A CAR OR BOAT, OR USING KNIVES OR GUNS OR MACHINERY?

Value	Label	Frequency
1	YES	670
2	NO	5568
7	DONT KNOW	0
8	REFUSED/MISSING	87
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6238	870	1	2

A1SA44B

ALCOHOL EMOTIONAL PROBLEMS

Question: During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol - DID YOU HAVE ANY EMOTIONAL OR PSYCHOLOGICAL PROBLEMS FROM USING ALCOHOL, SUCH AS FEELING DEPRESSED, BEING SUSPICIOUS OF PEOPLE, OR HAVING STRANGE IDEAS?

Value	Label	Frequency
1	YES	205
2	NO	6032
7	DONT KNOW	0
8	REFUSED/MISSING	88
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6237	871	1	2

A1SA44C

ALCOHOL STRONG DESIRE TO USE

Question: During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol - DID YOU HAVE SUCH A STRONG DESIRE OR URGE TO USE ALCOHOL THAT YOU COULD NOT RESIST IT OR COULD NOT THINK OF ANYTHING ELSE?

Value	Label	Frequency
1	YES	156
2	NO	6076
7	DONT KNOW	0
8	REFUSED/MISSING	93
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6232	876	1	2

A1SA44D

ALCOHOL LOTS OF TIME USING

Question: During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol - DID YOU HAVE A PERIOD OF A MONTH OR MORE WHEN YOU SPENT A GREAT DEAL OF TIME USING ALCOHOL OR GETTING OVER ITS EFFECTS?

Value	Label	Frequency
1	YES	180
2	NO	6053
7	DONT KNOW	0
8	REFUSED/MISSING	92
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6233	875	1	2

A1SA44E

ALCOHOL HAD TO USE MORE

Question: During the past 12 months, did you have any of the following problems while drinking or because of drinking alcohol - DID YOU FIND THAT YOU HAD TO USE MORE ALCOHOL THAN USUAL TO GET THE SAME EFFECT OR THAT THE SAME AMOUNT HAD LESS EFFECT ON YOU THAN BEFORE?

Value	Label	Frequency
1	YES	174
2	NO	6052
7	DONT KNOW	0
8	REFUSED/MISSING	99
9	INAPP	0

Range of valid values: 1 - 2

Valid	Invalid	Min	Max
6226	882	1	2

A1SA45

ALCOHOL USE LARGER AMOUNTS

Question: During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?

Value	Label	Frequency
1	NEVER	4737
2	ONCE OR TWICE	957
3	3 TO 5 TIMES	288
4	6 TO 10 TIMES	113
5	11 TO 20 TIMES	65

Value	Label	Frequency
6	MORE THAN 20 TIMES	75
7	DONT KNOW	0
8	REFUSED/MISSING	90
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6235	873	1	6

A1SA46

ALCOHOL EFFECTS AT WORK / SCHOOL

Question: In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?

Value	Label	Frequency
1	NEVER	5750
2	ONCE OR TWICE	312
3	3 TO 5 TIMES	76
4	6 TO 10 TIMES	39
5	11 TO 20 TIMES	25
6	MORE THAN 20 TIMES	36
7	DONT KNOW	0
8	REFUSED/MISSING	87
9	INAPP	0

Range of valid values: 1 - 6

Valid	Invalid	Min	Max
6238	870	1	6