

Variable	Description
AASMEV	Have you ever been told by a doctor or other health professional that you had asthma?
AASSMERYR	During the past 12 months have you had to visit an emergency room or urgent care center because of asthma?
AASSMYR	During the past 12 months have you had an episode of asthma, or an asthma attack?
AASSTILL	Do you still have asthma?
ACINERV	During the past 30 days, how often did you feel nervous?
ACIRSTLS_A	[Restless or fidgety] During the past 30 days, how often did you feel...
ACIRSTLS_B	[Hopeless] During the past 30 days, how often did you feel...
ACIRSTLS_C	[That everything was an effort] During the past 30 days, how often did you feel...
ACISAD	During the past 30 days, how often did you feel so sad that nothing could cheer you up?
ACIWITHLS	During the past 30 days, how often did you feel worthless?
AGE	Respondent age
AGE4	Age - 4 Categories
AGE7	Age - 7 Categories
ANX_1	How often do you feel worried, nervous, or anxious?
ANX_2	Do you take prescription medication for these feelings?
ANX_3	Thinking about the last time you felt worried, nervous, or anxious, how would you describe the level of these feelings?
A_CHPAIN6M	In the PAST 6 MONTHS, how often did you have pain?
A_ECIGEV_A	Have you ever used an e-cigarette or other electronic vaping product, even one time, in your entire life?
A_PAINLMT6	Over the PAST 6 MONTHS, how often did pain limit your life or work activities?
A_PHQA	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQB	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQC	[Trouble falling or staying asleep, or sleeping too much] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQD	[Feeling tired or having little energy] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQE	[Poor appetite or overeating] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQF	[Feeling bad about yourself – or that you are a failure or have let yourself or your family

Variable	Description
A_PHQG	down] Over the last 2 weeks, how often have you been bothered by any of the following problems? [Trouble concentrating on things, such as reading the newspaper or watching television] Over the last 2 weeks, how often have you been bothered by any of the following problems?
A_PHQH	[Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual] Over the last 2 weeks, how often have you been bothered by any of the following problems
A_PHQIMP	Altogether, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
A_PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?
A_PROBE33_1	[Sometimes the feelings can be so intense that I cannot get out of bed.] Which of the following statements, if any, describe your feelings of being sad or depressed?
A_PROBE33_2	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being sad or depressed?
A_PROBE33_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?
A_PROBE33_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?
A_PROBE33_5	[I have been told by a medical professional that I have depression.] Which of the following statements, if any, describe your feelings of being sad or depressed?
A_PROBE33_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being sad or depressed?
B_ECIGEV_A	Have you ever used an e-cigarette or other electronic vaping product, even one time, in your entire life ?
B_GADA	[Feeling nervous, anxious or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADB	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADC	[Worrying too much about different things] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADD	[Trouble relaxing] Over the last 2 weeks, how

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	often have you been bothered by the following problems?
B_GADE	[Being so restless that it is hard to sit still] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADF	[Becoming easily annoyed or irritable] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADG	[Feeling afraid as if something awful might happen] Over the last 2 weeks, how often have you been bothered by the following problems?
B_GADIMP	Altogether, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
B_PAINLMT3	Over the PAST 3 MONTHS, how often did pain limit your life or work activities?
B_PAIN_2	In the PAST 3 MONTHS, how often did you have pain?
B_PHSTAT	Would you say your health in general is very good, good, fair, bad, or very bad?
B_PROBE34_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
B_PROBE34_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
B_PROBE34_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
B_PROBE34_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being nervous or anxious?
B_PROBE34_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
B_PROBE34_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being nervous or anxious?
CHLEV	Have you ever been told by a doctor or other health professional that you had high cholesterol?
CHLMDNW2	Are you now taking any medication prescribed by a doctor to help lower your cholesterol?
CHLYR	During the past 12 months, have you had high cholesterol?
CaseId	Case ID
DEP_1	How often do you feel depressed?
DEP_2	Do you take prescription medication for

Variable	Description
DEP_3	depression? Thinking about the last time you felt depressed, how depressed did you feel?
DIBAGE_A	[INSERT_DIBAGEA] - Dynamic Question Text Stored in INSERT_DIBAGEA
DIBEV_A	[INSERT_DIBEVA] - Dynamic Question Text Stored in INSERT_DIBEVA
DIBINS_A	Insulin can be taken by shot or pump. Are you now taking insulin?
DIBPILL_A	Are you now taking diabetic pills to lower your blood sugar?
DIBTYPE_A	According to your doctor or other health professional, what type of diabetes do you have? Is it type 1, type 2, or some other type?
DOV_OPIOID	DATA ONLY VARIABLE: OPIOID USE STATUS BASED ON OPIOID1 (HIS) and OPIOID2 (NSDUH) Questions
EDUC	Education (Highest Degree Received)
EDUC4	4-level education
EMPLOY	Current Employment Status
GENDER	Respondent gender
GESDIB_A	Has a doctor or other health professional ever told you that you had gestational diabetes, a type of diabetes that occurs only during pregnancy?
HH01	Number of HH members age 0-1
HH1317	Number of HH members age 13-17
HH18OV	Number of HH members age 18+
HH25	Number of HH members age 2-5
HH612	Number of HH members age 6-12
HHSIZE	Household size (including children)
HOME_TYPE	Type of building of panelists' residence
HOUSING	Home Ownership
HYPDIF_A	Were you told on two or more different visits that you had hypertension, also called high blood pressure?
HYPEV	Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?
HYPMED2	Are you now taking any medicine prescribed by a doctor for your high blood pressure?
HYPYR	During the past 12 months, have you had hypertension, also called high blood pressure?
INCOME	Household Income
INJURY1	DURING THE PAST 3 MONTHS, did you have any injuries due to repetitive strain?
INJURY12	DURING THE PAST 3 MONTHS, [INSERT_INJURY12] a result of a fall or falling?
INJURY13	DURING THE PAST 3 MONTHS, [INSERT_INJURY12] a result of a collision involving a motor vehicle?
INJURY2	[INSERT_INJURY2] DURING THE PAST 3 MONTHS, did you have an accident or an injury where any part of your body was hurt?
INJURY3	Were any of these injuries serious enough to limit your usual activities for at least 24

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INJURY4	hours after the injury occurred? Were any of these injuries serious enough that you missed at least one day of work or school?
INJURY5	DURING THE PAST 3 MONTHS, how many times did these accidents or injury events occur?
INJURY6_A	[working at a job or business?] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INJURY6_B	[at school, taking classes, or doing schoolwork?] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INJURY6_C	[playing sports or exercising, including walking, biking, or running for exercise? (Please also include recreational sports such as skating, skiing, tennis, golf, bowling, or fishing).] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INJURY6_D	[doing household activities, such as housework, cooking, home maintenance, or yardwork?] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INJURY6_E	[doing leisure activities, such as hobbies, volunteer work, socializing, watching TV, or relaxing?] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INJURY6_F	[walking to get some place outside your home?] DURING THE PAST 3 MONTHS, did [INSERT_INJURY6] occur while you were:
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home
MARITAL	Marital Status
METRO	Metropolitan area flag
MODLNGNO_NUM	About how long do you do these light or moderate leisure-time physical activities each time?
MODLNGNO_UNIT	About how long do you do these light or moderate leisure-time physical activities each time?
MODNO_NUM	How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?
MODNO_UNIT	How often do you do light or moderate leisure time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?
NEWLUNG	Have you ever been told by a doctor or other health professional that you have Chronic Obstructive Pulmonary Disease, COPD, emphysema, or chronic bronchitis?
OPIOID1	During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?

Variable	Description
OPIOID1_2	During the past 12 months, have you taken any opioid pain relievers prescribed by a doctor, dentist, or other health professional?
OPIOID1_2_TIME	Time on Screen (in seconds) for OPIOID1_2
OPIOID1_TIME	Time on Screen (in seconds) for OPIOID1
OPIOID2_1	[Vicodin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_10	[Oxycodone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_11	[Ultram] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_12	[Ultram ER] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_13	[Ultracet] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_14	[Tramadol (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_15	[Extended-release tramadol (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_17	[Codeine pills (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_18	[Avinza] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_19	[Kadian] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_1_TIME	Time on Screen (in seconds) for OPIOID2 - First Screen
OPIOID2_2	[Lortab] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of

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OPIOID2_20	these pain relievers have you used? [MS Contin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_21	[Morphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_22	[Extended-release morphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_23	[Duragesic] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_24	[Fentora] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_25	[Fentanyl (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_26	[Suboxone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_27	[Buprenorphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_28	[Buprenorphine plus naloxone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_29	[Opana] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_1	[Vicodin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_10	[Oxycodone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_11	[Ultram] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_12	[Ultram ER] Please look at the names and

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OPIOID2_2_13	pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_13	[Ultracet] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_14	[Tramadol (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_15	[Extended-release tramadol (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_17	[Codeine pills (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_18	[Avinza] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_19	[Kadian] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_1_TIME	Time on Screen (in seconds) for OPIOID2_2 - First Screen
OPIOID2_2_2	[Lortab] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_20	[MS Contin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_21	[Morphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_22	[Extended-release morphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_23	[Duragesic] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?

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OPIOID2_2_24	[Fentora] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_25	[Fentanyl (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_26	[Suboxone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_27	[Buprenorphine (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_28	[Buprenorphine plus naloxone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_29	[Opana] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_2_TIME	Time on Screen (in seconds) for OPIOID2_2 - Second Screen
OPIOID2_2_3	[Norco] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_30	[Opana ER] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_31	[Oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_32	[Extended-release oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_33	[Demerol] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_34	[Dilaudid or hydromorphone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_35	[Exalgo or extended-release hydromorphone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain

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OPIOID2_2_36	relievers have you used? [Methadone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_3_TIME	Time on Screen (in seconds) for OPIOID2_2 - Third Screen
OPIOID2_2_4	[Zohydro ER] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_4_TIME	Time on Screen (in seconds) for OPIOID2_2 - Fourth Screen
OPIOID2_2_5	[Hydrocodone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_6	[OxyContin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_7	[Percocet] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_8	[Percodan] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_9	[Roxicodone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_SKP_FIRST	[SKIPPED ON WEB - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?

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OPIOID2_2_SKP_FOURTH	[SKIPPED ON WEB - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_SKP_SECOND	[SKIPPED ON WEB - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_SKP_THIRD	[SKIPPED ON WEB - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_2_TIME	Time on Screen (in seconds) for OPIOID2 - Second Screen
OPIOID2_3	[Norco] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_30	[Opana ER] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_31	[Oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_32	[Extended-release oxymorphone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_33	[Demerol] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_34	[Dilaudid or hydromorphone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_35	[Exalgo or extended-release hydromorphone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_36	[Methadone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_3_TIME	Time on Screen (in seconds) for OPIOID2 - Third Screen
OPIOID2_4	[Zohydro ER] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of

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OPIOID2_4_TIME	these pain relievers have you used? Time on Screen (in seconds) for OPIOID2 - Fourth Screen
OPIOID2_5	[Hydrocodone (generic)] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_6	[OxyContin] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_7	[Percocet] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_8	[Percodan] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_9	[Roxicodone] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_1	[Vicodin] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_10	[Oxycodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_11	[Ultram] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_12	[Ultram ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_13	[Ultracet] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_14	[Tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_15	[Extended-release tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_17	[Codeine pills (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_18	[Avinza] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_19	[Kadian] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_1_TIME	Time on Screen (in seconds) for OPIOID2_MOD - First Screen
OPIOID2_MOD_2	[Lortab] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_20	[MS Contin] In the past 12 months, which, if

Variable	Description
OPIOID2_MOD_21	any, of these pain relievers have you used? [Morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_22	[Extended-release morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_23	[Duragesic] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_24	[Fentora] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_25	[Fentanyl (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_26	[Suboxone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_27	[Buprenorphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_28	[Buprenorphine plus naloxone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_29	[Opana] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_1	[Vicodin] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_10	[Oxycodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_11	[Ultram] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_12	[Ultram ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_13	[Ultracet] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_14	[Tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_15	[Extended-release tramadol (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_16	[Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_17	[Codeine pills (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_18	[Avinza] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_19	[Kadian] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_1_TIME	Time on Screen (in seconds) for OPIOID2_MOD_2 - First Screen
OPIOID2_MOD_2_2	[Lortab] In the past 12 months, which, if any, of these pain relievers have you used?

Variable	Description
OPIOID2_MOD_2_20	[MS Contin] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_21	[Morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_22	[Extended-release morphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_23	[Duragesic] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_24	[Fentora] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_25	[Fentanyl (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_26	[Suboxone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_27	[Buprenorphine (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_28	[Buprenorphine plus naloxone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_29	[Opana] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_2_TIME	Time on Screen (in seconds) for OPIOID2_MOD_2 - Second Screen
OPIOID2_MOD_2_3	[Norco] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_30	[Opana ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_31	[Oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_32	[Extended-release oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_33	[Demerol] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_34	[Dilaudid or hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_35	[Exalgo or extended-release hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_36	[Methadone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_3_TIME	Time on Screen (in seconds) for OPIOID2_MOD_2 - Third Screen
OPIOID2_MOD_2_4	[Zohydro ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_4_TIME	Time on Screen (in seconds) for OPIOID2_MOD_2 - Fourth Screen
OPIOID2_MOD_2_5	[Hydrocodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?

Variable	Description
OPIOID2_MOD_2_6	[OxyContin] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_7	[Percocet] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_8	[Percodan] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_9	[Roxicodone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_SKP_FIRST	[SKIPPED ON WEB - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_SKP_FOURTH	[SKIPPED ON WEB - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_SKP_SECOND	[SKIPPED ON WEB - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_SKP_THIRD	[SKIPPED ON WEB - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_2_TIME	Time on Screen (in seconds) for OPIOID2_MOD - Second Screen
OPIOID2_MOD_3	[Norco] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_30	[Opana ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_31	[Oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_32	[Extended-release oxymorphone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_33	[Demerol] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_34	[Dilaudid or hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_35	[Exalgo or extended-release hydromorphone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_36	[Methadone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_3_TIME	Time on Screen (in seconds) for OPIOID2_MOD - Third Screen

Variable	Description
OPIOID2_MOD_4	[Zohydro ER] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_4_TIME	Time on Screen (in seconds) for OPIOID2_MOD - Fourth Screen
OPIOID2_MOD_5	[Hydrocodone (generic)] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_6	[OxyContin] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_7	[Percocet] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_8	[Percodan] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_9	[Roxicodone] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_SKP_FIRST	[SKIPPED ON WEB - FIRST SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_SKP_FOURTH	[SKIPPED ON WEB - FOURTH SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_SKP_SECOND	[SKIPPED ON WEB - SECOND SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_MOD_SKP_THIRD	[SKIPPED ON WEB - THIRD SCREEN] In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_NONE_FIRST	[NONE OF THESE - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_NONE_FOURTH	[NONE OF THESE - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_NONE_SECOND	[NONE OF THESE - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_NONE_THIRD	[NONE OF THESE - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if

Variable	Description
OPIOID2_SKP_FIRST	any, of these pain relievers have you used? [SKIPPED ON WEB - FIRST SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_SKP_FOURTH	[SKIPPED ON WEB - FOURTH SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_SKP_SECOND	[SKIPPED ON WEB - SECOND SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID2_SKP_THIRD	[SKIPPED ON WEB - THIRD SCREEN] Please look at the names and pictures of the pain relievers shown below... In the past 12 months, which, if any, of these pain relievers have you used?
OPIOID3	[INSERT_2_OPIOID3] - Dynamic Question Text Stored in INSERT_2_OPIOID3
OPIOID3_TIME	Time on Screen (in seconds) for OPIOID3
OPIOID4	[INSERT_OPIOID4] - Dynamic Question Text Stored in INSERT_OPIOID4
OPIOID4_TIME	Time on Screen (in seconds) for OPIOID4
OPIOID5	[INSERT_OPIOID5] - Dynamic Question Text Stored in INSERT_OPIOID5
OPIOID5_TIME	Time on Screen (in seconds) for OPIOID5
OPIOID6_1	[To relieve physical pain] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_2	[To relax or relieve tension] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_3	[To increase or decrease the effect(s) of some other drug] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_4	[To feel good or get high] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_5	[To help with my sleep] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_6	[To help me with my feelings or emotions] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_7	[Because I am 'hooked' or I have to have them] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_8	[For a suicide attempt or suicidal thoughts] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_9	[Because of peer pressure, friends, or trying to feel cool] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6
OPIOID6_SKP	[SKIPPED ON WEB] [INSERT_OPIOID6] - Dynamic Question Text Stored in INSERT_OPIOID6

Variable	Description
OPIOID6_TIME	Time on Screen (in seconds) for OPIOID6
PAIN_4	Thinking about the last time you had pain, how much pain did you have?
PHONESERVICE	Telephone service for the household
PREDIB_A	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?
PROBE13_1	[COPD] Which condition were you told you had?
PROBE13_2	[Emphysema] Which condition were you told you had?
PROBE13_3	[Chronic Bronchitis] Which condition were you told you had?
PROBE13_4	[Bronchitis] Which condition were you told you had?
PROBE13_5	[Something else, please specify:] Which condition were you told you had?
PROBE13_SKP	[SKIPPED ON WEB] Which condition were you told you had?
PROBE14	Thinking about the most recent time you had symptoms of Chronic Obstructive Pulmonary Disease, COPD, emphysema, or chronic bronchitis, how long did the symptoms last?
PROBE17_1	[It is constantly present] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_10	[My pain is minor and infrequent] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_2	[Sometimes I'm in a lot of pain and sometimes it's not so bad] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_3	[Sometimes it's unbearable and excruciating] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_4	[When I get my mind on other things, I'm not aware of the pain] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_5	[It is occasional and does not last] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_6	[Medication can take my pain away completely] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_7	[My pain is because of my current or past work] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_8	[My pain is because of exercise] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE17_9	[My pain was caused by a recent injury or infection] Which of the following statements,

Variable	Description
PROBE17_SKP	if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE18_A	[SKIPPED ON WEB] Which of the following statements, if any, describe your pain in the PAST [INSERT_PROBE17] MONTHS?
PROBE18_B	[I'm not sure what an opioid is] Please select the statements, if any, that apply to you:
PROBE18_C	[I have never taken an opioid pain killer in my life] Please select the statements, if any, that apply to you:
PROBE18_D	[I don't like to take pills; I'm not a pill person] Please select the statements, if any, that apply to you:
PROBE18_E	[I have pain that requires me to take opioid pain killers] Please select the statements, if any, that apply to you:
PROBE18_F	[I use opioid pain relievers responsibly] Please select the statements, if any, that apply to you:
PROBE18_G	[I'm addicted, or used to be addicted to opioids] Please select the statements, if any, that apply to you:
PROBE18_H	[I understand the harm opioids can cause] Please select the statements, if any, that apply to you:
PROBE18_I	[I have heard about the opioid crisis in the news] Please select the statements, if any, that apply to you:
PROBE18_J	[I know someone who has been hurt by opioid pain killers] Please select the statements, if any, that apply to you:
PROBE18_SKP	[I have only taken opioid pills briefly to help recover from an injury or medical procedure] Please select the statements, if any, that apply to you:
PROBE18_TIME	[SKIPPED ON WEB] Please select the statements, if any, that apply to you:
PROBE19_1	Time on Screen (in seconds) for PROBE18
PROBE19_2	[A vape with cannabis, THC, or CBD oil] What counts as an e-cigarette?
PROBE19_3	[A vape with nicotine or other flavored oil] What counts as an e-cigarette?
PROBE19_4	[A hookah-pen or e-hookah] What counts as an e-cigarette?
PROBE19_5	[An e-vaporizer] What counts as an e-cigarette?
PROBE19_6	[A tobacco cigarette or cigar] What counts as an e-cigarette?
PROBE19_SKP	[A marijuana cigarette] What counts as an e-cigarette?
PROBE1_A	[SKIPPED ON WEB] What counts as an e-cigarette?
PROBE1_A	[Your diet and nutrition] When you answered the previous question about your health, what did you think of?

Variable	Description
PROBE1_B	[Your exercise habits] When you answered the previous question about your health, what did you think of?
PROBE1_C	[Your smoking or drinking habits] When you answered the previous question about your health, what did you think of?
PROBE1_D	[Your health problems or conditions] When you answered the previous question about your health, what did you think of?
PROBE1_E	[Your lack of health problems or conditions] When you answered the previous question about your health, what did you think of?
PROBE1_F	[The amount of pain that you have] When you answered the previous question about your health, what did you think of?
PROBE1_G	[Your ability to do daily activities without assistance] When you answered the previous question about your health, what did you think of?
PROBE1_H	[The amount of sleep you get] When you answered the previous question about your health, what did you think of?
PROBE1_I	[Your mental or emotional health] When you answered the previous question about your health, what did you think of?
PROBE1_SKP	[SKIPPED ON WEB] When you answered the previous question about your health, what did you think of?
PROBE20_1_A	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_H	[Cycling, swimming, or other aerobic

Variable	Description
PROBE20_1_I	exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_J	[Playing a sport, please specify which sport: [TEXTBOX]] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_K	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_SKP	[SKIPPED ON WEB] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_1_TIME	Time on Screen (in seconds) for PROBE20_1
PROBE20_2A	[Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2H	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2J	[Playing a sport, please specify which sport:] Which of the following types of physical

Variable	Description
PROBE20_2K	activity, if any, did you include when you answered the previous question? [Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE20_2_TIME PROBE21_1_1	Time on Screen (in seconds) for PROBE20_2 [Running or jogging] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_10	[Playing a sport, please specify which sport:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_11	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_2	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_3	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_4	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_5	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_6	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_7	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_8	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_9	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_1_TIME PROBE21_1_skp	Time on Screen (in seconds) for PROBE21_1 [SKIPPED ON WEB] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2A	[Running or jogging] Which of the following types of physical activity, if any, did you

Variable	Description
	include when you answered the previous question?
PROBE21_2B	[Hiking] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2C	[Walking as part of your job] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2D	[Walking outside of work] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2E	[Yardwork or cleaning your home] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2F	[Working out with exercise equipment] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2G	[Lifting weights] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2H	[Cycling, swimming, or other aerobic exercises] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2I	[Yoga or stretching] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2J	[Playing a sport, please specify which sport:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2K	[Other, please specify:] Which of the following types of physical activity, if any, did you include when you answered the previous question?
PROBE21_2_TIME	Time on Screen (in seconds) for PROBE21_2
PROBE22_1_1	[Running or jogging] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_10	[Playing a sport, please specify which sport:] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_11	[Other, please specify:] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_2	[Hiking] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_3	[Walking as part of your job] In the last

Variable	Description
PROBE22_1_4	week, did you do any of the following things for 20 or more minutes at once? [Walking outside of work] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_5	[Yardwork or cleaning your home] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_6	[Working out with exercise equipment] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_7	[Lifting weights] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_8	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_9	[Yoga or stretching] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_SKP	[SKIPPED ON WEB] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_1_TIME	Time on Screen (in seconds) for PROBE22_1
PROBE22_2A	[Running or jogging] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2B	[Hiking] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2C	[Walking as part of your job] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2D	[Walking outside of work] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2E	[Yardwork or cleaning your home] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2F	[Working out with exercise equipment] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2G	[Lifting weights] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2H	[Cycling, swimming, or other aerobic exercises] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2I	[Yoga or stretching] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2J	[Playing a sport, please specify which sport:] In the last week, did you do any of the following things for 20 or more minutes at

Variable	Description
PROBE22_2K	once? [Other, please specify:] In the last week, did you do any of the following things for 20 or more minutes at once?
PROBE22_2_TIME	Time on Screen (in seconds) for PROBE22_2
PROBE29_1	[Sometimes the feelings can be so intense that I cannot get out of bed] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE29_2	[The feelings sometimes interfere with my life, and I wish that I did not have them] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE29_3	[I get over the feelings quickly] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE29_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE29_5	[I have been told by a medical professional that I have depression] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE29_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being sad or depressed?
PROBE2_A	[I have a healthy diet] Please rate your agreement with the following statements:
PROBE2_B	[I get enough exercise] Please rate your agreement with the following statements:
PROBE2_C	[I drink more alcohol than I should] Please rate your agreement with the following statements:
PROBE2_D	[I smoke more than I should] Please rate your agreement with the following statements:
PROBE2_E	[I'm satisfied with my sleep] Please rate your agreement with the following statements:
PROBE2_F	[I don't have any major health problems or medical conditions] Please rate your agreement with the following statements:
PROBE2_G	[I frequently experience pain] Please rate your agreement with the following statements:
PROBE2_H	[I'm able to perform my daily activities independently] Please rate your agreement with the following statements:
PROBE2_I	[My thoughts or emotions sometimes cause me problems] Please rate your agreement with the following statements:
PROBE30_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE30_2	[These are positive feelings that help me to

Variable	Description
PROBE30_3	accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious? [The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE30_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE30_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE30_SKP	[SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being nervous or anxious?
PROBE31	Would you consider everything being an effort a good thing or a bad thing?
PROBE32	How concerned are you about feeling as if everything is an effort?
PROBE9	How did you define hypertension?
P_GROUP	DATA ONLY VARIABLE: Preload for A and B Groups Experiment
P_IMAGEEXP	DATA ONLY VARIABLE: Preload for NSDUH Item with Images or Text-only
P_OPIOIDEXP	DATA ONLY VARIABLE: Preload for HIS Item First or NSDUH Item First
P_PROBEEEXP	DATA ONLY VARIABLE: Preload for Multi-punch and Forced-choice Grid Experiment
QUAL	DATA-ONLY VARIABLE: QUAL
RACETHNICITY	Combined Race/Ethnicity
REGION4	4-level region
REGION9	9-level region
RX12M_A	At any time in the PAST 12 MONTHS, did you take prescription medication?
SMKEV	Have you smoked at least 100 cigarettes in your entire life?
SMKNOW	Do you now smoke cigarettes every day, some days, or not at all?
STATE	State
STRNGNO_NUM	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?
STRNGNO_UNIT	How often do you do leisure time physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics?
SURV_MODE	Survey interview mode (online or phone)
VIGLNGNO_NUM	About how long do you do these vigorous leisure-time physical activities each time?
VIGLNGNO_UNIT	About how long do you do these vigorous leisure-time physical activities each time?

Variable	Description
VIGNO_NUM	How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?
VIGNO_UNIT	How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?
WEIGHT	Post-stratification weights - 18+ general population (N=2,646)
samp_strat	Sample stratum