Appendix 3
StayWell Standard Export File Layouts

FAQs and Special Instructions	
File frequency: based on client preference (monthly, quarterly, annual).	
Replacement files: all files will be full replacement files.	
Inclusion criteria: all intervention eligible individuals will be included.	

StayWell Standard Disease Management (DM) Export File Layout and Data Dictionary

Disease Management (DM) Export File Layout

Data Element	Header Label	Description/Values
ClientSuppliedID	CSID	Client Supplied ID (Typically SSN)
DiseaseManagementID	DMID	Disease Management ID
LifestyleManagementID	LMID	Lifestyle Management ID (NULL if DM only client)
LastName	LNAME	Last Name
FirstName	FNAME	First Name
DOB	DOB	Date of Birth: CCYYMMDD
Gender	GENDER	Gender: M = Male, F = Female
EligibleType	ETYPE	EligibleType: E = Employee, S = Spouse or Domestic Partner, D = Dependent, NULL = eligible type not available
FirstEligibleDate	FEDATE	FirstEligibleDate: CCYYMMDD
SeverityAtFirstEligibleDate	SEVFEDATE	SeverityAtFirstEligibleDate: High, Moderate, Low
RegistationDate	REGDATE	RegistationDate: CCYYMMDD (NULL if Not Registered)
SeverityAtRegistration	SEVREG	SeverityAtRegistration: High, Moderate, Low (NULL if Not Registered)
InterventionLevelAtRegistration	INTLREG	InterventionLevelAtRegistration: Mediated, Accepting Quarterly Calls (NULL if Not Registered)
FirstParticipationDate	FPDATE	EngagementDate: CCYYMMDD (NULL if Not Participating or did not participate)
SeverityAtFirstParticipation	SEVFPAR	SeverityAtEngagement: High, Moderate, Low (NULL if Not Participating or did not participate)
InterventionLevelAtFirstParticipation	INTLFPAR	InterventionLevelAtEngagement: Mediated, Accepting Quarterly Calls (NULL if Not Participating or did not participate)
CurrentEligibleStatus	CURSTATUS	CurrentEligibleStatus: Eligible, Ineligible
CurrentPrimaryCondition	CURPCON	CurrentPrimaryCondition: Asthma, Coronary Artery Disease, CHF, COPD, Diabetes, UNKNOWN DISEASE

CoMorbidAsthma	CMOA	CoMorbidAsthma: CCYYMMDD (NULL if Asthma not identified as comorbid condition)
CoMorbidCAD	CMOCAD	CoMorbidCAD: CCYYMMDD (NULL if CAD not identified as co-morbid condition)
CoMorbidCHF	CMOCHF	CoMorbidCHF: CCYYMMDD (NULL if CHF not identified as co-morbidd condition)
CoMorbidCOPD	CMOCOPD	CoMorbidCOPD: CCYYMMDD (NULL if COPD not identified as co-morbid condition)
CoMorbidDiabetes	CMOD	CoMorbidDiabetes: CCYYMMDD (NULL if Diabetes not identified as comorbid condition)
CurrentSeverity	CURSEV	CurrentSeverity: High, Moderate, Low
CurrentInterventionLevel	CURINTL	CurrentInterventionLevel: Mediated, Accepting Quarterly Calls (NULL if Not Registered)

CurrentInterventionStatus	CURINTSTATUS	CurrentInterventionStatus: Pending first intervention contact, Ongoing attempts to engage, No longer eligible (before engaged), No longer able to contact (before engaged), Declined (before engaged), Actively participating, Dormant, No longer eligible (after engaged), No longer able to contact (after engaged), Declined (after engaged) (NULL if Not Registered)
CurrentInterventionStatusDate	CURINTSTATDATE	CurrentInterventionStatusDate: CCYYMMDD (NULL if Not Registered)
TotalTouches	TTCH	TotalTouches: #
EnrollmentRelatedTouches	ENRTCH	EnrollmentRelatedTouches: #
ParticipationTouches	PTRTCH	ParticipationRelatedTouches: # (NULL if Not Participating or did not participate)

Disease Management (DM) Export Data Dictionary	
Data Element	**Description/Definition**
Identifer	
Client supplied ID	Unique identifier provided on client supplied eligibility file
Disease Management ID	Identifier maintained within StayWell databases, used for internal purposes
Lifestyle Management ID	Identifier maintained within StayWell databases, used for internal purposes
Date	
FirstEligibleDate	Date individual was first identified as eligible for a Disease Management progam (i.e., claims indicate presence of a covered condition, does not have reason for exclusion and meets severity requirements as defined by client), marked by shipment of Welcome letter
RegistrationDate	Date individual verbally commited to participation in a Disease Management program (i.e., opted in to the program)
FirstParticipationDate	Date individual successfully completed first Disease Management coaching call and intended to continue participation (e.g., scheduled subsequent call)
CurrentInterventionStatusDate	Date individual was identified as current intervention status
PrimaryCondition	
UNKNOWN DISEASE	Self reported condition, claims have not substantiated (e.g., self reported via Health Assessment, self reported via self or vendor referral)
InterventionLevel	
Mediated	More frequent coaching call schedule, optimal frequency is monthly or more often
Accepting quarterly calls	Less frequent coaching call schedule, optimal frequency is quarterly
Current eligible status	

Eligible	Individual was included on most recenly client (i.e., health plan) provided eligibility file
Ineligible	Individual was not included on most recent client (i.e., health plan) provided eligibility file, currently ineligible individuals were at some point eligible (i.e., provided on client eligibility file), but have since stopped being included on client provided eligibility files (typically indicating the individual has lost appropriate health plan coverage to be considered eligible)
CurrentInterventionStatus	
Pending first intervention contact	Individual registered for a Disease Management program, but has not completed his/her first coaching call (i.e., engaged), file date is less than or equal to 60 days post-registration, StayWell is still attempting to complete the first coaching call
Ongoing attempts to engage	Individual registered for a Disease Management program, but has not completed his/her first coaching call (i.e., engaged), file date is greater than 60 days postregistration, StayWell is still attempting to complete the first coaching call
No longer eligible (before engaged)	Individual registered for a Disease Management program but ceased being eligible before completing the first coaching call because the individual is no longer included on client eligibility files (e.g., he/she is no longer employed by the client, he/she changed health plan, etc.)
No longer able to contact (before engaged)	Individual registered for a Disease Management program and but could not be re-contacted due to outdated contact information or StayWell has stopped attempting to contact after unsuccessfully completing the maximum number of call attempts (as dictated by the client)
Declined (before engaged)	Individual registered for a Disease Management program and then requested to not be contacted prior to the first coaching call (i.e., engaging)
Actively participating	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program and continues to accept scheduled calls

Dormant	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program, but cannot be re-contacted because he/she is not responding to call attempts
No longer eligible (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program, but has ceased being eligible because he/she is no longer included on client eligibility files (e.g., he/she is no longer employed by the client, he/she changed health plan, etc.).
No longer able to contact (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program and cannot not be re-contacted due to outdated contact information or StayWell has stopped attempting to contact after unsuccessfully completing the maximum number of call attempts (as dictated by the client)
Declined (after engaged)	Individual engaged (i.e., successfully completed one or more coaching calls) in a Disease Management program and then requested to not be contacted further
Contacts	
TotalContacts	Count of all program related contacts (e.g., successfully completed coaching calls, shipment of scheduled mailings)
EnrollmentRelatedTouches	Count of all enrollment related contacts (e.g., welcome letters, welcome calls)
ParticipationTouches	Count of all program related contacts (e.g., coaching calls, educational mailings)

StayWell Standard Lifestyle Management (LM) Export File Layout and Data Dictionary

Lifestyle Management (LM) Export File Layout

Data Element	Header Label	Description/Values
ValidationDate	VDATE	Date of File Run
ClientSuppliedID	CSID	Client Supplied ID (Typically SSN)
LifeStyleManagementID	LMID	LifeStyle Management ID
DiseaseManagementID	DMID	Disease Management ID (NULL if LM only client)
LastName	LNAME	Last Name
FirstName	FNAME	First Name
DOB	DOB	Date of Birth: CCYYMMDD
Gender	GENDER	Gender: M = Male, F = Female
EligibleType	ETYPE	EligibleType: E = Employee, S = Spouse or Domestic Partner, D = Dependent
InterventionEligibleStatus	IESTAT	InterventionEligibleStatus: E = Eligible, I = Ineligible
InterventionEligibleStatusDate	IESDATE	InterventionEligibleDate: CCYYMMDD
RecommendedModality	RECMOD	RecommendedModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Eligible)
RecommendedProgram	RECPROG	RecommendedProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Eligible)
RegistationDate	REGDATE	RegistationDate: CCYYMMDD (NULL if Not Registered)
ModalityAtRegistration	REGMOD	ModalityAtRegistration: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Registered)
ProgramAtRegistration	REGPROG	ProgramAtRegistration: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Registered)
FirstParticipationDate	FPDATE	FirstParticipationDate: CCYYMMDD (NULL if Not Participating or did not participate)
ModalityAtFirstParticipation	FPMOD	ModalityAtFirstParticipation: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)
ProgramAtFirstParticipation	FPPROG	ProgramAtFirstParticipation: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
CurrentEligibleStatus	CESTAT	CurrentEligibleStatus: A = Active, D = Deactive, L = Locked out
CurrentInterventionStatus	CISTAT	CurrentInterventionStatus: ATE = Attempting to engage, NEM = Did not engage: max attempts, NEB = Did not engage: bad contact information, NED = Did not engage: discontinued (before engaged), NLE = No longer eligible (before engaged), APT = Actively participating, DAE = Discontinued (after engaged), NCE = No longer able to contact (after engaged), NEE = No longer eligible (after engaged), CMP = Completed (NULL if Not Participating or did not participate)
CurrentInterventionStatusDate	CISDATE	CurrentInterventionStatusDate: CCYYMMDD (NULL if Not Participating or did not participate)
CurrentModality	CMOD	CurrentModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)

CurrentProgram	CPROG	CurrentProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
TotalContacts	TCONT	TotalContacts: # (NULL If not participating or did not participate)
PhoneContacts	PHCONT	PhoneContacts: # (NULL if not participating or did not participate)

MailContacts	MLCONT	Mail Contacts: # (NULL if not participating or did not participate)
OnlineContacts	OLCONT	Online Contacts: # (NULL if not participating or did not participate)

Lifestyle Management (LM) Export Data Dictionary	
Data Element	**Description/Definition**
Identifer	
Client supplied ID	Unique identifier provided on client supplied eligibility file
Lifestyle Management ID	Identifier maintained within StayWell databases, used for internal purposes
Disease Management ID	Identifier maintained within StayWell databases, used for internal purposes
Date	
InterventionEligibleStatusDate	Date individual was identified as intervention eligible (i.e., Health Assessment completion date)
RegistrationDate	Date individual registered for a Lifestyle Management program
FirstParticipationDate	Date individual successfully complete his/her first Lifestyle Management intervention contact (i.e., engaged)
CurrentInterventionStatusDate	Date individual was identified as current intervention status
Eligible statuses	
InterventionEligibleStatus	Individuals LM intevention eligibility status, as determined from his/her Health Assessment responses (i.e., identification of risk)
CurrentEligibleStatus	Individuals overall LM program eligibility status, as determined by his/her inclusion (or exclusion) from client provided eligibility files
CurrentEligibleStatus	
Active	Individual was included in most recently provided/loaded client eligibility file

Deative	Individual was at one time passed on a client eligibility file, but was not included in the most recently provided/loaded file
Locked out	Individual has requested no further contact from StayWell
CurrentInterventionStatus	
Attempting to engage	Individual registered for a Lifestyle Management program, but has not completed his/her first intervention contact (i.e., engaged), StayWell is still attempting to complete the first intervention contact
Did not engage: max attempts	Individual registered for a Lifestyle Management program, but StayWell has stopped attempting to contact after unsuccessfully completing the maximum number of contact attempts (maximum attempts = 5)

Did not engage: bad contact information	Individual registered for a Lifestyle Management program and but could not be contacted due to inaccurate contact information
Did not engage: discontinued (before engaged)	Individual registered for a LIfestyle Management program, but requested to not be contacted prior to completing his/her first intervention contact (i.e., engaging)
No longer eligible (before engaged)	Individual registered for a Lifestyle Management program but ceased being eligible before completing the first intervention contact because the individual is no longer included on client eligibility files (e.g., he/she is no longer employed by the client, he/she changed health plan, etc.)
Actively participating	Individual engaged (i.e., successfully completed one or more intervention contacts) in a Lifestyle Management program and continues to accept/participate in scheduled contacts
Discontinued (after engaged)	Individual engaged (i.e., successfully completed one or more intervention contacts) in a Lifestyle Management program and then requested to not be contacted further
No longer able to contact (after engaged)	Individual engaged (i.e., successfully completed one or more intervention contacts) in a Lifestyle Management program, but cannot not be re-contacted due to outdated contact information or StayWell has stopped attempting to contact after unsuccessfully completing the maximum number of contact attempts (maximum attempts = 5))

No longer eligible (after engaged)	Individual engaged (i.e., successfully completed one or more intervention contacts) in a Lifestyle Management program, but has ceased being eligible because he/she is no longer included on client eligibility files (e.g., he/she is no longer employed by the client, he/she changed health plan, etc.).
Completed	Individual completed the minimum number of calls (standard is 3) and/or attained a program goal, received 6 mailings, or completed 6 online education modules and the online program post-assessment
Contacts	
TotalContacts	Count of all program related contacts (e.g., successfully completed coaching calls, shipment of scheduled mailings)
PhoneContacts	Count of all phone program related contacts (e.g., successfully completed coaching calls)
MailContacts	Count of all mail program related contacts (e.g., shipment of scheduled mailings)
OnlineContacts	Count of all online program related contacts (e.g., completion of online module)

StayWell Biometric Screening Export File Layout

File Specifications

1. File export format will be pipe delimited.
2. Measurements will be provided in whole values, not decimal with the exception of Special Fields (if applicable).
3. If there is no value, a blank field will supplied.
4. There will only be one record (row) per participant, and per unique ID.
5. File export will be encrypted and sent via FTP site.

Biometric Screening Export File Layout

Data Element	Header Label	Description/Values	
First Name	FNAME	First Name provided on client supplied eligibility file	
Last Name	LNAME	Last Name provided on client supplied eligibility file	
Client Supplied ID	CSID	Unique ID provided on client supplied eligibility file	
Date of Birth	DOB	Date of birth provided on client supplied eligibility file Format = YYYYMMDD	
Gender	GENDER	M = Male F = Female	
Family ID	FID	Unique ID provided on client supplied eligibility file which ties the employee back to spouse/dependents	Can be removed
Eligble type	RELATIONSHIP	E = Employee; S = Spouse; D = Dependent	Can be removed
Screening Date	SCRN DATE	Screening survey date Format = YYYYMMDD	
Glucose	GLUC	Glucose in mg/dL	
Fast type	FASTING	Y = Fasting N = Non Fasting	
Total Cholesterol	CHOL	Total Cholesterol in mg/dL	
HDL Cholesterol	HDL	High Density Lipoprotein (HDL) in mg/dL	
LDL Cholesterol	LDL	Low Density Lipoprotein (LDL) in mg/dL	
Triglycerides	TRI	Triglycerides in mg/dL	
Systolic Blood Pressure	SYS	Systolic Blood Pressure in mmHg	
Diastolic Blood Pressure	DIA	Diastolic Blood Pressure in mmHg	
Height Inches	HT IN	Height in Inches	
Weight	WEIGHT	Weight in Pounds	
Waist	WAIST	Waist in Inches	
Hip	HIP	Hip in Inches	
Body Fat	BODY FAT	Body Fat	

Special 1	SPECIAL1	Screening values as assigned by the client - can be alphanumeric or decimal	
Special 2	SPECIAL2	Screening values as assigned by the client - can be alphanumeric or decimal	
Special 3	SPECIAL3	Screening values as assigned by the client - can be alphanumeric or decimal	

Biometric File Layout

StayWell Health Risk Assessment (HRA) Export File Layout
Including HealthPath (5.0,5.1,5.2,5.3,5.4) and HealthStep (5.0,5.1,5.2,5.3,5.4) Questions and Answers

Protocol for requesting file exports per client requests:

1) Complete an export transmittal or a project request and indicate export format as defined in:
Q:\Program Management\Data Management\Tools, Templates, and Resources\IT, Data Management\Export File FormatsStayWell Standard Export_Final Apr 2010 2)
Request client submit signed file export letter for HIPAA compliance - template can be found in same folder mentioned above.
3) BAA should be in place between client and StayWell as well as client and party to receive export.
4) Preferred process for transmission of files is PGP encrypted files posted to secure FTP site.

	Export Summary Description
	StayWell provides for the complete export of Health Risk Assessment data to meet the needs of a client's business partners. **Additional costs may apply for any changes to the standard and/or collection of additional data elements.**
	The standard complete export provided by StayWell contains the following:
☑	Summary of participation counts for the export period (Total eligible, HRAs completed)
☑	Demographics (Company, SSN, Gender, DOB, Relationship, Name, Address, Phone, Email)
☑	Biometric measures (Height, Weight, Screening measurements if available)
☑	Lifestyle Scores
☑	Health Behavior Scores (Up to 13 health behavior scores H-High, M-Moderate, L-Low)
☑	Top Three Health Behaviors
	All responses to HRA questions including:
☑	Question and Answer tags (identifiers) for all answered questions (excluding demographics and biometrics). See tabs "HealthPath 5.0, 5.1, 5.2, 5.3, 5.4" or "HealthStep 5.0, 5.1, 5.2, 5.3"
☑	Additional Question responses (if available)
	The standard complete export has the following features:
☑	Exports are prepared for a client defined frequency (weekly, monthly, etc)
☑	Exports are prepared for a client defined period (date range)
☑	Exports are limited to active participants (data for inactive participants excluded)
☑	Exports are prepared as XML formated files
☑	Export files can be posted to a client defined FTP site (delivery methods are flexible)
	The complete export may have the following optional features: **(additional costs may apply)**
☐	Exports can be limited by client defined filters (e.g., extensible data code)
☐	Exports can be augmented with other calculated values (e.g., add new value)
☐	Exports can be modified to reduce the standard data included (e.g., remove Lifestyle Scores)

StayWell uses XML as the standard means of transmitting structured data to its clients. This document provides a description of that XML Export Layout for participants with current health risk assessment information. The frequency and period of export is a client selection. Logic to select participants who meet some pre-defined criteria is optional at client expense.

XML NODE NAME	DESCRIPTION

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HRA File Layout

<SWINFO>	The SWINFO node is used to indicate the start of the XML document. This node will name the XML Schema used for this XML document. (ParticipantDetail-SW.xsd)
<HRAINFO>	The HRAINFO node contains information about the export counts and export period for the company.
<COMPANYNAME>	COMPANYNAME is the name of the company whose participant data is contained in this file.
<ELIGIBLECUSTCOUNT>	ELIGIBLECUSTCOUNT is the count of eligibility records in the database for this company. It usually represents the number of pre-loaded eligibility records provided to StayWell by the client. For a company that only does self-registration through the online system, this count represents the number of participants who have logged in and completed the self-registration.

<HRACOMPLETEDCOUNT>	HRACOMPLETEDCOUNT is the count of participants who have completed an HRA during this export period.
<REFERRALCOUNT>	REFERRALCOUNT is the count of participants who have completed an HRA during this export period and meet some pre-defined criteria, such as a chronic condition of asthma. For the standard export, this count will equal the HRACOMPLETEDCOUNT because no pre-defined criteria will limit the data selected.
<PERIODSTARTDATE>	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this export file. An HRA taken during the period will be eligible for inclusion.
<PERIODENDDATE>	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this export file. An HRA taken during the period will be eligible for inclusion.
</HRAINFO>	End of HRAINFO node
<NEWPARTICIPANTS>	Begin NEWPARTICIPANTS node. This node will contain zero to many PARTICIPANT nodes.
<PARTICIPANT>	Begin PARTICIPANT node. This node contains information for the identified participant.
<UNIQUEID>	UNIQUEID is the identifier used to uniquely identify the participant for this company. It is always the identifier from the eligibility file provided by the client.
<SCANDATE>	SCANDATE is the date the HRA was completed online or the paper assessment was scored and imported into StayWell systems.
<DEMOGRAPHICS>	Begin DEMOGRAPHICS node. This node provides demographic details for the participant.
<COMPANY>	COMPANYNAME is the name of the company this participant belongs to.
<SUBSSN>	SUBSSN is the SSN of the participant. Note that this is usually available for employees and usually not available for non-employees because most clients only provide eligibility data for employees.
<GENDER>	Gender of the participant: M = Male, F = Female
<DOB>	Date of birth of the participant: format yyyy-mm-dd
<RELATIONSHIP>	RELATIONSHIP node details: EE = Employee, SP = Spouse, CH = Child, OT = Other.
<FIRSTNAME>	First name
<MIDDLEINITIAL>	Middle initial
<LASTNAME>	Last name
<ADDRESS>	Address
<CITY>	City
<STATE>	State
<ZIP>	Zip
<PHONE>	Home phone
<EMAIL>	Email address
<CUSTOM01>	Extensible data custom field 01 (Optional)
<CUSTOM02>	Extensible data custom field 02 (Optional)
<CUSTOM03>	Extensible data custom field 03 (Optional)

<CUSTOM04>	Extensible data custom field 04 (Optional)
<CUSTOM05>	Extensible data custom field 05 (Optional)
</DEMOGRAPHICS>	End DEMOGRAPHICS node.
<BIOMETRICS>	Begin BIOMETRICS node. The BIOMETRICS node will contain the body screening values submitted with the survey. If the participant does not provide the information, the node will not be present. Screening values placed in the BIOMETRICS node will not be repeated in the PARTICIPANTSURVEYDETAIL node.
<WGT>	Weight (in pounds) if provided on the HRA.
<HT-FT>	Height (Feet portion) if provided on the HRA.
<HT-IN>	Height (Inches portion) if provided on the HRA.
<WAIST>	Waist measurement (inches) if provided on the HRA.
<HIP>	Hip measurement (inches) if provided on the HRA.
<BMI>	Body Mass Index (BMI) calculated for the participant.
<BPSYS>	Systolic blood pressure value if provided on the HRA.
<BPDIA>	Diastolic blood pressure value if provided on the HRA.
<CHL>	Cholesterol value if provided on the HRA.
<HDL>	HDL value if provided on the HRA.
<LDL>	LDL value if provided on the HRA.
<GLUCOSE>	Glucose value if provided on the HRA.
<FASTING>	Fasting Indicator if provided on the HRA. Y = Fasting, N = Non-fasting.

<BODYFAT>	Body fat % value if provided on the HRA.
<TRI>	Triglycerides value if provided on the HRA.
<SPECIAL1>	Special 1 value if provided on the HRA.
<SPECIAL2>	Special 2 value if provided on the HRA.
<SPECIAL3>	Special 3 value if provided on the HRA.
</BIOMETRICS>	End BIOMETRICS node.
<PARTICIPANTSCOREDETAIL>	Begin PARTICIPANTSCOREDETAIL node. The PARTICIPANTSCOREDETAIL node will contain the many scores calculated based on questions and answers provided on the participant's HRA.
<WGTOVERUNDER>	The WGTOVERUNDER node will be present when Weight Risk is moderate or high. O = Overweight, U = Underweight. If the participant has a low Weight Risk, the node will not be present.
<RISKSCORES>	The RISKSCORES node will contain the health behaviors in which the participant has low (L), moderate (M) or high risk (H). If the participant does not have any risk score, then this node will be empty.
<ALCOHOL>	ALCOHOL Risk Score (H/M/L)
<BACK>	BACK Risk Score (H/M/L)
<BLOODPRESSURE>	BLOOD PRESSURE Risk Score (H/M/L)
<CHOLESTEROL>	CHOLESTEROL Risk Score (H/M/L)
<DRIVING>	DRIVING Risk Score (H/M/L)
<EATING>	EATING Risk Score (H/M/L)
<EXAMS>	EXAMS Risk Score (H/M/L)
<EXERCISE>	EXERCISE Risk Score (H/M/L)
<SELFCARE>	SELF CARE Risk Score (H/M/L)
<SMOKING>	SMOKING Risk Score (H/M/L)
<STRESS>	STRESS Risk Score (H/M/L)

<WEIGHT>	WEIGHT Risk Score (H/M/L)
<WELLBEING>	WELL BEING Risk Score (H/M/L)
</RISKSCORES>	End RISKSCORES node.
<TOP3RISKS>	The TOP3RISKS node will contain the behaviors with the three highest risk scores. ALC = Alcohol, BC = Back Care, BP = Blood Pressure, CHL = Cholesterol, DRV = Driving, EAT = Eating, EXM = Exams, EXR = Exercise, SC = Self Care, SMK = Smoking, STR = Stress, WGT = Weight and WB = Well-Being.
<RISK1>	Highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<RISK2>	Second highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<RISK3>	Third highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
</TOP3RISKS>	End TOP3RISKS node.
<LIFESTYLESCORES>	Begin LIFESTYLESCORES node.
<CURRENT>	Current Lifestyle Score (0-100). Calculated using health behavior risk scores.
<NORMAL>	Normal Lifestyle Score (0-100). This is the average score for participants of this age and gender.
<FUTURE>	Future Lifestyle Score (0-100). This is the score the participant could achieve if all health behavior risk scores were low.
</LIFESTYLESCORES>	End LIFESTYLESCORES node.
</PARTICIPANTSCOREDETAIL>	End PARTICIPANTSCOREDETAIL node.
<PARTICIPANTSURVEYDETAIL>	The PARTICIPANTSURVEYDETAIL node will contain the survey questions where the participant has provided an answer. If the participant does not answer a particular question, then that question node will not be present. Some questions have multiple answers so there could be multiple answer nodes. See the included worksheets for a description of the possible question and answer ID tag values. (Note: Questions and answers with demographic or biometric information will not be repeated since this data has already been included in those nodes)
<QUESTION>	The QUESTION node will contain the ID tag for one survey question the participant answered. For example, 'ID_ALC_Q01'.
<ANSWER>	The ANSWER node will contain the ID tag for one survey answer provided by the participant. For example, 'ID_ALC_Q01_01'.
….	Repeat ANSWER nodes as required to show all answers for the above QUESTION. Some questions have multiple answers.

….	Repeat QUESTION and ANSWER nodes as required to show all questions and answers provided by the participant on the survey.
</PARTICIPANTSURVEYDETAIL>	End PARTICIPANTSURVEYDETAIL node.
</PARTICIPANT>	End PARTICIPANT node.
<PARTICIPANT>	Begin PARTICIPANT node.
….	Repeat PARTICIPANT nodes as required.
</PARTICIPANT>	End PARTICIPANT node.
</NEWPARTICIPANTS>	End NEWPARTICIPANT node.
</SWINFO>	End SWINFO node.

HealthPath 5.0, 5.1, 5.2, 5.3, or 5.4 Questions and Answers				
QUESTION KEY	QUESTION TEXT	ANSWER KEY	ANSWER TEXT	VERSION
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_01	I don't drink alcohol	5.0 only

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HRA File Layout

ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_02	1 day a week or less	5.0 only
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_03	2 to 3 days a week	5.0 only
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_04	4 or more days a week	5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_01	I don't drink alcohol	5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_02	1 drink	5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_03	2 drinks	5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_04	3 to 4 drinks	5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_05	5 or more drinks	5.0 only
ID_ALC_Q06	Do you drink <B>alcoholic beverages</B> of any kind?	ID_ALC_Q06_01	Yes	5.0, 5.1, 5.2 only
ID_ALC_Q06	Do you drink <B>alcoholic beverages</B> of any kind?	ID_ALC_Q06_02	No	5.0, 5.1, 5.2 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_01	I don't drink alcohol	5.3, 5.4 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_02	1 day a week or less	5.3, 5.4 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_03	2 days a week	5.3, 5.4 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_04	3 days a week	5.3, 5.4 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_05	4 or more days a week	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_01	I don't drink alcohol	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_02	1 drink	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_03	2 drinks	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_04	3 drinks	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_05	4 drinks	5.3, 5.4 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_06	5 or more drinks	5.3, 5.4 only

ID_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_01	Yes	
ID_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_02	No	
ID_BIRTHDATE	What is your <B>date of birth</B>?	ID_BIRTHDATE_01		
ID_BP_Q04	Have you had the following exams and immunizations? <B>(Select one answer for each)</B><B>Blood pressure</B> checked in the last 2 years	ID_BP_Q04_01	Yes	
ID_BP_Q04	Have you had the following exams and immunizations? <B>(Select one answer for each)</B><B>Blood pressure</B> checked in the last 2 years	ID_BP_Q04_02	No	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_01	Arthritis	

ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_02	Osteoporosis	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_03	Asthma	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_04	Hay fever or other seasonal allergy	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_05	Lung disease (chronic bronchitis or emphysema)	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_06	Cancer (except skin cancer)	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_07	Skin cancer	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_08	Diabetes - Type 1	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_09	Diabetes - Type 2 (or, don't know type I have)	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_10	High blood pressure	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_11	High / unhealthy cholesterol	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_12	Chronic heartburn (gastroesophageal reflux disease, GERD)	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_13	Congestive heart failure	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_14	Heart disease (coronary artery disease, angina or heart attack)	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_15	Lower back pain	

ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_16	Migraine or chronic severe headaches	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_17	Depression	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_18	Chronic insomnia	
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_19	Other chronic condition	
ID_CC_Q27	Have you done either of the following in the <B>last 12 months</B> because of a health condition you checked in the question above? <B>(Check all that apply)</B>	ID_CC_Q27_01	Visited an emergency room or urgent care center	
ID_CC_Q27	Have you done either of the following in the <B>last 12 months</B> because of a health condition you checked in the question above? <B>(Check all that apply)</B>	ID_CC_Q27_02	Overnight hospital stay	

ID_CC_Q28	Do you have an ongoing problem with back pain serious enough to interfere with your daily activities?	ID_CC_Q28_01	Yes	New 5.4 - new text
ID_CC_Q28	Do you have an ongoing problem with back pain serious enough to interfere with your daily activities?	ID_CC_Q28_05	No	New 5.4 - new text
ID_CC_Q28	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your daily activities? <B>(Check all that apply)</B>	ID_CC_Q28_01	Back pain	5.3 Only
ID_CC_Q28	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your daily activities? <B>(Check all that apply)</B>	ID_CC_Q28_02	Wrist pain, tingling, or numbness	5.0-5.3 Only
ID_CC_Q28	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your daily activities? <B>(Check all that apply)</B>	ID_CC_Q28_03	Neck pain	5.0-5.3 Only
ID_CC_Q28	Do you have an ongoing problem in any of the following areas that is serious enough to interfere with your daily activities? <B>(Check all that apply)</B>	ID_CC_Q28_04	Eye strain	5.0-5.3 Only
ID_CHL_Q02	<B>Cholesterol</B> checked in the last 5 years	ID_CHL_Q02_01	Yes	
ID_CHL_Q02	<B>Cholesterol</B> checked in the last 5 years	ID_CHL_Q02_02	No	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_01	Quite often	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_02	Sometimes	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_03	Never	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_01	Always or almost always	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_02	Sometimes	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_03	Almost never	
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_01	Less than 1 serving	

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					Same ID tag as 53
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_02	1 serving		

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ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_03	2 servings	
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_04	3 servings	
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_05	4 servings	
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_06	5 servings	
ID_EAT_Q26	Think of the foods that are a part of your normal diet. About how many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Click <A href="foodgroup.htm" target="_blank">here</A> for information on serving sizes. Then, <B>select your one best estimate for each type of food.</B>)Whole grain foods like whole-wheat bread, whole-wheat pasta, oatmeal or brown rice	ID_EAT_Q26_07	6 or more servings	
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_01	Less than 1 serving	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_02	1 serving	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_03	2 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_04	3 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_05	4 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_06	5 servings	5.0-5.3 Only
ID_EAT_Q27	White bread, regular pasta, processed cereal or white rice	ID_EAT_Q27_07	6 or more servings	5.0-5.3 Only
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_01	Less than 1 serving	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_02	1 serving	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_03	2 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_04	3 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_05	4 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_06	5 servings	
ID_EAT_Q28	High-fat dairy foods like butter, whole milk, regular ice cream, some cheeses	ID_EAT_Q28_07	6 or more servings	
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_01	Less than 1 serving	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_02	1 serving	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_03	2 servings	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_04	3 servings	5.0-5.3 Only

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ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_05	4 servings	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_06	5 servings	5.0-5.3 Only
ID_EAT_Q29	Low-fat or non-fat dairy foods	ID_EAT_Q29_07	6 or more servings	5.0-5.3 Only
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_01	Less than 1 serving	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_02	1 serving	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_03	2 servings	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_04	3 servings	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_05	4 servings	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_06	5 servings	
ID_EAT_Q30	Nuts and legumes (such as beans, peas, soybeans, or other soy products)	ID_EAT_Q30_07	6 or more servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_01	Less than 1 serving	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_02	1 serving	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_03	2 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_04	3 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_05	4 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_06	5 servings	
ID_EAT_Q31	Vegetables (including juices)	ID_EAT_Q31_07	6 or more servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_01	Less than 1 serving	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_02	1 serving	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_03	2 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_04	3 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_05	4 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_06	5 servings	
ID_EAT_Q32	Fruits (including juices)	ID_EAT_Q32_07	6 or more servings	
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_01	Less than 1 serving	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_02	1 serving	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_03	2 servings	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_04	3 servings	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_05	4 servings	5.0-5.3 Only

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ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_06	5 servings	5.0-5.3 Only
ID_EAT_Q33	Poultry, fish, or eggs	ID_EAT_Q33_07	6 or more servings	5.0-5.3 Only
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_01	Less than 1 serving	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_02	1 serving	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_03	2 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_04	3 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_05	4 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_06	5 servings	
ID_EAT_Q34	Red meats like beef, pork, or lunch meats	ID_EAT_Q34_07	6 or more servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_01	Less than 1 serving	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_02	1 serving	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_03	2 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_04	3 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_05	4 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_06	5 servings	
ID_EAT_Q35	Cookies, cake, or pastries	ID_EAT_Q35_07	6 or more servings	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_01	Eat a vegetarian diet	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_02	Take calcium supplements daily	5.0-5.3 Only
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_03	Eat mostly fresh or nonprocessed foods	5.0-5.3 Only
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_04	Avoid fried and high-fat foods, including high-fat snacks	5.0-5.3 Only
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_05	Use mainly plant oils for cooking, especially canola, olive, or soybean oil	5.0-5.3 Only
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_06	Eat one or more servings of fish per week	
ID_EAT_Q36	Which of the following are true of your eating or nutritional habits? <B>(Check all that apply)</B>	ID_EAT_Q36_07	Limit sugary beverages and foods with added sugars	New 5.4 - Response

ID_EXM_Q05	<B>Stool exam</B> (fecal occult blood test) in the last year	ID_EXM_Q05_01	Yes
ID_EXM_Q05	<B>Stool exam</B> (fecal occult blood test) in the last year	ID_EXM_Q05_02	No
ID_EXM_Q06	<B>Mammogram</B> (breast X-ray) in the last 2 years	ID_EXM_Q06_01	Yes
ID_EXM_Q06	<B>Mammogram</B> (breast X-ray) in the last 2 years	ID_EXM_Q06_02	No

ID_EXM_Q08	<B>Pap</B> test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_01	Yes
ID_EXM_Q08	<B>Pap</B> test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_02	No
ID_EXM_Q09	Are you currently <B>pregnant</B>?	ID_EXM_Q09_01	Yes
ID_EXM_Q09	Are you currently <B>pregnant</B>?	ID_EXM_Q09_02	No
ID_EXM_Q15	<B>Flu</B> immunization in the last year	ID_EXM_Q15_01	Yes
ID_EXM_Q15	<B>Flu</B> immunization in the last year	ID_EXM_Q15_02	No
ID_EXM_Q20	<B>Sigmoidoscopy</B> in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in rectum)	ID_EXM_Q20_01	Yes
ID_EXM_Q20	<B>Sigmoidoscopy</B> in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in rectum)	ID_EXM_Q20_02	No
ID_EXM_Q21	<B>Tetanus-diphtheria</B> booster in the last 10 years	ID_EXM_Q21_01	Yes
ID_EXM_Q21	<B>Tetanus-diphtheria</B> booster in the last 10 years	ID_EXM_Q21_02	No
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_01	None
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_02	1 day
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_03	2 days
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_04	3 days
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_05	4 days

ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_06	5 days	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_07	6 days	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), slow cycling, softball and golf (on foot).	ID_EXR_Q15_08	7 days	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_01	None	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_02	1 day	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_03	2 days	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_04	3 days	

ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_05	4 days	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_06	5 days	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_07	6 days	
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_08	7 days	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_01	None	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_02	1 day	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_03	2 days	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_04	3 days	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_05	4 days	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_06	5 days	
ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_07	6 days	

ID_EXR_Q17	How many <B>days per week</B> do you do <B>strength-building</B> exercises such as curl-ups, push-ups, or using weight training equipment?	ID_EXR_Q17_08	7 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_01	None	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_02	1 day	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_03	2 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_04	3 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_05	4 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_06	5 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_07	6 days	
ID_EXR_Q18	How many <B>days per week</B> do you do <B>stretching</B> exercises to improve your flexibility? Examples include static stretching, yoga, Pilates, Tai Chi or Qi Gong.	ID_EXR_Q18_08	7 days	
ID_EXR_Q19	Do you have a physical condition that <B>limits</B> your ability to get enough exercise?	ID_EXR_Q19_01	Yes	
ID_EXR_Q19	Do you have a physical condition that <B>limits</B> your ability to get enough exercise?	ID_EXR_Q19_02	No	
ID_FH_Q16	Do you take these safety precautions in your daily life? <B>(Select one answer for each)</B>Have working smoke detectors in your home	ID_FH_Q16_01	Yes	5.0-5.3 Only
ID_FH_Q16	Do you take these safety precautions in your daily life? <B>(Select one answer for each)</B>Have working smoke detectors in your home	ID_FH_Q16_02	No	5.0-5.3 Only
ID_FH_Q16	Do you take these safety precautions in your daily life? <B>(Select one answer for each)</B>Have working smoke detectors in your home	ID_FH_Q16_03	Does not apply	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_01	Yes	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_02	No	5.0-5.3 Only
ID_FH_Q17	Have working carbon monoxide detectors in your home	ID_FH_Q17_03	Does not apply	5.0-5.3 Only
ID_FH_Q18	Have working fire extinguishers in your home	ID_FH_Q18_01	Yes	5.0-5.3 Only
ID_FH_Q18	Have working fire extinguishers in your home	ID_FH_Q18_02	No	5.0-5.3 Only
ID_FH_Q18	Have working fire extinguishers in your home	ID_FH_Q18_03	Does not apply	5.0-5.3 Only
ID_FH_Q19	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors	ID_FH_Q19_01	Yes	5.0-5.3 Only
ID_FH_Q19	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors	ID_FH_Q19_02	No	5.0-5.3 Only
ID_FH_Q19	Use sunscreen (SPF 15 or higher) or hat/protective clothing whenever outdoors	ID_FH_Q19_03	Does not apply	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_01	Yes	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_02	No	5.0-5.3 Only
ID_FH_Q20	Wear helmet when riding bicycle or motorcycle	ID_FH_Q20_03	Does not apply	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_01	Yes	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_02	No	5.0-5.3 Only
ID_FH_Q21	Use proper child seats in car	ID_FH_Q21_03	Does not apply	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_01	Yes	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_02	No	5.0-5.3 Only
ID_FH_Q22	Pull over to use cell phone when driving	ID_FH_Q22_03	Does not apply	5.0-5.3 Only

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ID_GENDER	What is your <B>gender</B>?	ID_FEMALE	Female	
ID_GENDER	What is your <B>gender</B>?	ID_MALE	Male	
ID_HEALTH_INFO	When you have health problems like those above, do you have information at home that you use to decide when it's important to call or visit a health professional?	ID_HEALTH_INFO_01	Yes	5.0-5.3 Only
ID_HEALTH_INFO	When you have health problems like those above, do you have information at home that you use to decide when it's important to call or visit a health professional?	ID_HEALTH_INFO_02	No	5.0-5.3 Only
ID_HEIGHT_FT	What is your <B>height</B>?	ID_HEIGHT_FT_01	Feet :	
ID_HEIGHT_IN		ID_HEIGHT_IN_01	Inches:	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_01	Manager	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_02	Professional/Non-Manager	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_03	Sales	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_04	Technician	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_05	Clerical/Office	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_06	Laborer/Production (including services and crafts)	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_07	Homemaker/Student	
ID_JOB	Which one category best describes your job function? <B>(Select only one)</B>	ID_JOB_08	Retired	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_01	None	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_02	1 day	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_03	2 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_04	3 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_05	4 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_06	5 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_07	6 days	

ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_08	7 days	

ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_09	8 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_10	9 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_11	10 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_12	11-15 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_13	16-20 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_14	21-30 days	
ID_LC_Q06	How many days did you miss from your job because of illness or injury in the <B>last 12 months</B>? If you don't work outside the home, how many days were you unable to do your usual activities in the last 12 months?	ID_LC_Q06_15	31 or more days	
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_01	No plans to make this change	
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_02	Plan to start in next 6 months	
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_03	Plan to start in next 30 days	
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_04	Started doing it in last 6 months	
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_05	Made this change over 6 months ago	
ID_LC_Q08	Lose weight	ID_LC_Q08_01	No plans to make this change	
ID_LC_Q08	Lose weight	ID_LC_Q08_02	Plan to start in next 6 months	
ID_LC_Q08	Lose weight	ID_LC_Q08_03	Plan to start in next 30 days	
ID_LC_Q08	Lose weight	ID_LC_Q08_04	Started doing it in last 6 months	
ID_LC_Q08	Lose weight	ID_LC_Q08_05	Made this change over 6 months ago	
ID_LC_Q09	Get more exercise	ID_LC_Q09_01	No plans to make this change	

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ID_LC_Q09	Get more exercise		ID_LC_Q09_02	Plan to start in next 6 months	
ID_LC_Q09	Get more exercise		ID_LC_Q09_03	Plan to start in next 30 days	
ID_LC_Q09	Get more exercise		ID_LC_Q09_04	Started doing it in last 6 months	
ID_LC_Q09	Get more exercise		ID_LC_Q09_05	Made this change over 6 months ago	
ID_LC_Q10	Quit smoking/tobacco use		ID_LC_Q10_01	No plans to make this change	
ID_LC_Q10	Quit smoking/tobacco use		ID_LC_Q10_02	Plan to start in next 6 months	
ID_LC_Q10	Quit smoking/tobacco use		ID_LC_Q10_03	Plan to start in next 30 days	
ID_LC_Q10	Quit smoking/tobacco use		ID_LC_Q10_04	Started doing it in last 6 months	
ID_LC_Q10	Quit smoking/tobacco use		ID_LC_Q10_05	Made this change over 6 months ago	
ID_LC_Q11	Handle stress better		ID_LC_Q11_01	No plans to make this change	
ID_LC_Q11	Handle stress better		ID_LC_Q11_02	Plan to start in next 6 months	
ID_LC_Q11	Handle stress better		ID_LC_Q11_03	Plan to start in next 30 days	
ID_LC_Q11	Handle stress better		ID_LC_Q11_04	Started doing it in last 6 months	
ID_LC_Q11	Handle stress better		ID_LC_Q11_05	Made this change over 6 months ago	
ID_LC_Q12	Act to reduce back pain		ID_LC_Q12_01	No plans to make this change	5.0-5.3 Only
ID_LC_Q12	Act to reduce back pain		ID_LC_Q12_02	Plan to start in next 6 months	5.0-5.3 Only
ID_LC_Q12	Act to reduce back pain		ID_LC_Q12_03	Plan to start in next 30 days	5.0-5.3 Only
ID_LC_Q12	Act to reduce back pain		ID_LC_Q12_04	Started doing it in last 6 months	5.0-5.3 Only
ID_LC_Q12	Act to reduce back pain		ID_LC_Q12_05	Made this change over 6 months ago	5.0-5.3 Only
ID_LC_Q13	Lower my blood pressure		ID_LC_Q13_01	No plans to make this change	5.0-5.3 Only
ID_LC_Q13	Lower my blood pressure		ID_LC_Q13_02	Plan to start in next 6 months	5.0-5.3 Only
ID_LC_Q13	Lower my blood pressure		ID_LC_Q13_03	Plan to start in next 30 days	5.0-5.3 Only
ID_LC_Q13	Lower my blood pressure		ID_LC_Q13_04	Started doing it in last 6 months	5.0-5.3 Only
ID_LC_Q13	Lower my blood pressure		ID_LC_Q13_05	Made this change over 6 months ago	5.0-5.3 Only

ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_01	No plans to make this change	5.0-5.3 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_02	Plan to start in next 6 months	5.0-5.3 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_03	Plan to start in next 30 days	5.0-5.3 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_04	Started doing it in last 6 months	5.0-5.3 Only
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_05	Made this change over 6 months ago	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_01	Eat a healthier diet	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_02	Lose weight	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_03	Get more exercise	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_04	Quit smoking / tobacco use	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_05	Handle stress better	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_06	Act to reduce back pain	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_07	Lower my blood pressure	5.0-5.3 Only
ID_LC_Q15	Which of these lifestyle changes are <B>very important for you to make</B>? <B>(Check all that apply)</B>	ID_LC_Q15_08	Lower my cholesterol	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_01	Eat a healthier diet	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_02	Lose weight	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_03	Get more exercise	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_04	Quit smoking / tobacco use	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_05	Handle stress better	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_06	Act to reduce back pain	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_07	Lower my blood pressure	5.0-5.3 Only
ID_LC_Q16	Which of these lifestyle changes are you <B>very confident you can make</B>? <B>(Check all that apply)</B>	ID_LC_Q16_08	Lower my cholesterol	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_01	Not sure it will improve my health	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_02	Not sure it's worth the effort	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_03	Don't know how to go about it	5.0-5.3 Only

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ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_04	Don't have enough time	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_05	Frequent travel	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_06	Eating out frequently	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_07	Changing work / personal schedule	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_08	Lack of support from family / friends	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_09	Difficulty staying committed	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_10	Giving in to temptations	5.0-5.3 Only
ID_LC_Q17	What are your <B>major barriers</B> to making lifestyle changes? <B>(Check all that apply)</B>	ID_LC_Q17_11	Slipping up when I'm under stress	5.0-5.3 Only
ID_MC_Q05	How many of the following medicines are you taking on a daily or regular basis? <B>(Select one answer for each)</B><B>Non-prescription medications</B>	ID_MC_Q05_01	None	
ID_MC_Q05	How many of the following medicines are you taking on a daily or regular basis? <B>(Select one answer for each)</B><B>Non-prescription medications</B>	ID_MC_Q05_02	One	
ID_MC_Q05	How many of the following medicines are you taking on a daily or regular basis? <B>(Select one answer for each)</B><B>Non-prescription medications</B>	ID_MC_Q05_03	Two or more	
ID_MC_Q06	<B>Prescription medications</B>	ID_MC_Q06_01	None	
ID_MC_Q06	<B>Prescription medications</B>	ID_MC_Q06_02	One	
ID_MC_Q06	<B>Prescription medications</B>	ID_MC_Q06_03	Two or more	

ID_MC_Q07	<B>Herbal remedies</B>	ID_MC_Q07_01	None	
ID_MC_Q07	<B>Herbal remedies</B>	ID_MC_Q07_02	One	
ID_MC_Q07	<B>Herbal remedies</B>	ID_MC_Q07_03	Two or more	
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_01	Never	HP 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_02	1 time	HP 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_03	2 times	HP 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_04	3 or more times	HP 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_05	I did not have any prescription medications during this time	HP 5.2 only
ID_NAME_FIRST	Enter your <B>first initial</B>.	ID_NAME_FIRST_01		
ID_NAME_LAST	Enter your <B>last name</B>.	ID_NAME_LAST_01		

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HRA File Layout

			Yes, I would like a personalized booklet of my online results <B>mailed to my home</B>.	
ID_PRINT_Q01	Once you click "Finish and View Results" you will see instant online results. You may review and print your results at any time by returning to this site. If you do not have access to a printer and would like a personalized booklet of your online results <B>mailed to your home</B>, check yes below.	ID_PRINT_Q01_01		Customized by client - online only
ID_SCR_BODYFAT	Enter your <B>body fat</B> %:	ID_SCR_BODYFAT_01		
ID_SCR_BP_DIA	Diastolic <B>(number on bottom, the smaller of the two numbers)</B>:	ID_SCR_BP_DIA_01		
ID_SCR_BP_SYS	Enter your <B>blood pressure</B>.Systolic <B>(number on top, the larger of the two numbers)</B>:	ID_SCR_BP_SYS_01		
ID_SCR_CHOL	Enter your <B>total cholesterol</B> (mg/dL):	ID_SCR_CHOL_01		
ID_SCR_FASTING	What was your fasting status?	ID_SCR_FASTING_FASTING	Fasting 8 hours or more	
ID_SCR_FASTING	What was your fasting status?	ID_SCR_FASTING_NON-	Non-fasting	
ID_SCR_GLUCOSE	Enter your <B>glucose</B> (mg/dL):	ID_SCR_GLUCOSE_01		
ID_SCR_HDL	Enter your <B>HDL</B> cholesterol (mg/dL):	ID_SCR_HDL_01		
ID_SCR_HIP	Enter your <B>hip size</B> (Inches):	ID_SCR_HIP_01		
ID_SCR_LDL	Enter your <B>LDL</B> cholesterol (mg/dL):	ID_SCR_LDL_01		
ID_SCR_SPECIAL1	Special #1:	ID_SCR_SPECIAL1_01		
ID_SCR_SPECIAL2	Special #2:	ID_SCR_SPECIAL2_01		
ID_SCR_SPECIAL3	Special #3:	ID_SCR_SPECIAL3_01		
ID_SCR_TRI	Enter your <B>triglycerides</B> (mg/dL):	ID_SCR_TRI_01		
ID_SCR_WAIST	Enter your <B>waist size</B> (Inches):	ID_SCR_WAIST_01		
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_01	Back pain	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_02	Colds/flu	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_03	Constipation/Diarrhea	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_04	Headaches	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_05	Indigestion	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_06	Rashes	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_07	Sore throats	5.0-5.3 Only
ID_SC_Q01	Do you know what steps to take at home to treat the following health problems? <B>(Check all you could treat)</B>	ID_SC_Q01_08	Sprains	5.0-5.3 Only

ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_01	Excellent	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_02	Very good	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_03	Good	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_04	Fair	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_05	Poor	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_06	Very poor	5.0-5.3 Only
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_01	5 or fewer hours	
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_02	6 hours	
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_03	7 hours	
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_04	8 hours	
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_05	9 hours	
ID_SLP_Q01	<B>On average</B>, how many hours of sleep do you get daily?	ID_SLP_Q01_06	10 or more hours	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_01	Almost never	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_02	Sometimes	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_03	Quite often	
ID_SLP_Q02	How often do you feel tired during your waking hours?	ID_SLP_Q02_04	Almost always	
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_01	Daytime	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_02	Evening	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_03	Night	5.0-5.3 Only
ID_SLP_Q03	Which shift do you normally work in your job?	ID_SLP_Q03_04	Rotating shifts	5.0-5.3 Only
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_01	I do not smoke cigarettes	
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_02	Less than a pack (20 cigarettes)	
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_03	One or more packs	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_01	Yes	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_02	No	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_01	Yes	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_02	No	
ID_SMK_Q14	Do you use <B>tobacco products</B> of any kind?	ID_SMK_Q14_01	Yes	HP 5.0, 5.1, 5.2 only

ID_SMK_Q14	Do you use <B>tobacco products</B> of any kind?	ID_SMK_Q14_02	No	HP 5.0, 5.1, 5.2 only
ID_SMK_Q15	Which one of these statements best describes your use of <B>tobacco products</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_01	I am currently using tobacco products	HP 5.3, 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of <B>tobacco products</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_02	I have never used tobacco products	HP 5.3, 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of <B>tobacco products</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_03	I quit using tobacco products more than a year ago	HP 5.3, 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of <B>tobacco products</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_04	I quit using tobacco products less than a year ago on (Please enter the month and year you quit)	HP 5.3, 5.4 online only
ID_SSN	What is your <B>Social Security Number</B>?	ID_SSN_01	Range: 0 - 999999999	
ID_STR_Q03	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?	ID_STR_Q03_01	Not at all stressful	
ID_STR_Q03	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?	ID_STR_Q03_02	Only slightly stressful	
ID_STR_Q03	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?	ID_STR_Q03_03	Somewhat stressful	
ID_STR_Q03	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?	ID_STR_Q03_04	Quite stressful	
ID_STR_Q03	Stress can range from minor annoyances to fairly major pressures, problems or difficulties. How stressful is your life?	ID_STR_Q03_05	Extremely stressful	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_01	Not at all effective	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_02	Only slightly effective	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_03	Somewhat effective	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_04	Quite effective	
ID_STR_Q04	How effective are you at dealing with the stress in your life?	ID_STR_Q04_05	Extremely effective	

ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_01	Death of a spouse, life partner or other loved one	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_02	Illness or injury of loved one	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_03	Personal illness / injury	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_04	Care of elderly parent	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_05	Dealing with child care	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_06	Divorce or separation	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_07	Family problem	

ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_08	Finances / loan / mortgage	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_09	Legal problem	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_10	Job responsibilities	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_11	Relationships at work	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_12	Coping with too much to do	
ID_STR_Q05	In the <B>past year</B>, which of the following have been major sources of stress for you? <B>(Check all that apply)</B>	ID_STR_Q05_13	Other major source of stress	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_01	Most of the time	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_02	Sometimes	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_03	Rarely	
ID_WB_Q02	<B>Over the past two weeks</B>, have you felt down, depressed, or hopeless?	ID_WB_Q02_01	Yes	
ID_WB_Q02	<B>Over the past two weeks</B>, have you felt down, depressed, or hopeless?	ID_WB_Q02_02	No	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_01	0	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_02	1	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_03	2	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_04	3	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_05	4	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_06	5	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_07	6	

ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_08	7	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_09	8	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_10	9	
ID_WB_Q16	During the time you were at work in the <B>last 12 months</B>, how much did health problems limit you in the kind or amount of work you could do? <B>(Select the number between 0 and 10 that best describes how much health problems limited your work. 0 = Did not limit my work at all, 10 = Completely prevented me from working)</B>	ID_WB_Q16_11	10	
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or sports leagues?	ID_WB_Q17_01	Once a year or less	5.0-5.3 Only
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or sports leagues?	ID_WB_Q17_02	Several times a year	5.0-5.3 Only
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or sports leagues?	ID_WB_Q17_03	About once a month	5.0-5.3 Only
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or sports leagues?	ID_WB_Q17_04	2-3 times a month	5.0-5.3 Only
ID_WB_Q17	How often do you participate in organized social groups such as clubs, civic activities, religious activities, or sports leagues?	ID_WB_Q17_05	Once a week or more	5.0-5.3 Only
ID_WB_Q18	How often do you have contact with the following people, either in person or by phone?Close friends	ID_WB_Q18_01	Less than once a month	5.0-5.3 Only
ID_WB_Q18	How often do you have contact with the following people, either in person or by phone?Close friends	ID_WB_Q18_02	About once a month	5.0-5.3 Only
ID_WB_Q18	How often do you have contact with the following people, either in person or by phone?Close friends	ID_WB_Q18_03	2-3 times a month	5.0-5.3 Only
ID_WB_Q18	How often do you have contact with the following people, either in person or by phone?Close friends	ID_WB_Q18_04	Once a week or more	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_01	Less than once a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_02	About once a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_03	2-3 times a month	5.0-5.3 Only
ID_WB_Q19	Relatives you feel close to	ID_WB_Q19_04	Once a week or more	
ID_WB_Q20	<B>Over the past two weeks</B>, have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_01	Yes	
ID_WB_Q20	<B>Over the past two weeks</B>, have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_02	No	
ID_WB_Q21	Do you have any disabilities that create challenges in improving your health?	ID_WB_Q21_01	Yes	New 5.4 - Removed
ID_WB_Q21	Do you have any disabilities that create challenges in improving your health?	ID_WB_Q21_02	No	New 5.4 - Removed
ID_WB_Q22	Do you have a vision impairment that requires special reading materials?	ID_WB_Q22_01	Yes	New 5.4 - Removed

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HRA File Layout

QUESTION KEY	QUESTION TEXT	ANSWER KEY	ANSWER TEXT	
ID_WB_Q22	Do you have a vision impairment that requires special reading materials?	ID_WB_Q22_02	No	New 5.4 - Removed
ID_WB_Q23	Do you have a hearing impairment that requires special equipment?	ID_WB_Q23_01	Yes	New 5.4 - Removed
ID_WB_Q23	Do you have a hearing impairment that requires special equipment?	ID_WB_Q23_02	No	New 5.4 - Removed
ID_WEIGHT	What is your <B>weight</B>? (non-pregnant, without clothes)	ID_WEIGHT_01	Pounds:	
ID_WMN_Q02	Have you had <B>breast cancer</B>?	ID_WMN_Q02_01	Yes	
ID_WMN_Q02	Have you had <B>breast cancer</B>?	ID_WMN_Q02_02	No	

HealthStep 5.0, 5.1, 5.2, 5.3, 5.4 Questions and Answers				
QUESTION KEY	QUESTION TEXT	ANSWER KEY	ANSWER TEXT	
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_01	I don't drink alcohol	HS 5.0 only
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_02	1 day a week or less	HS 5.0 only
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_03	2 to 3 days a week	HS 5.0 only
ID_ALC_Q01	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q01_04	4 or more days a week	HS 5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_01	I don't drink alcohol	HS 5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_02	1 drink	HS 5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_03	2 drinks	HS 5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_04	3 to 4 drinks	HS 5.0 only
ID_ALC_Q05	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q05_05	5 or more drinks	HS 5.0 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_01	I don't drink alcohol	HS 5.1 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_02	1 day a week or less	HS 5.1 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_03	2 days a week	HS 5.1 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_04	3 days a week	HS 5.1 only
ID_ALC_Q07	How often do you drink beer, wine, liquor or other alcohol?	ID_ALC_Q07_05	4 or more days a week	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_01	I don't drink alcohol	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_02	1 drink	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_03	2 drinks	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_04	3 drinks	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_05	4 drinks	HS 5.1 only
ID_ALC_Q08	On days you drink alcohol, how many drinks do you normally have? (1 drink=bottle/can of beer; glass of wine; shot of liquor; mixed drink)	ID_ALC_Q08_06	5 or more drinks	HS 5.1 only
ID_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_01	Yes	
ID_BC_Q02	Does your daily work require regular lifting?	ID_BC_Q02_02	No	

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ID_BIRTHDATE	What is your <B>date of birth</B>?	ID_BIRTHDATE_01	
ID_BP_Q04	Have you had the following exams and immunizations? <B>(Select one answer for each)</B><B>Blood pressure</B> checked in the last 2 years	ID_BP_Q04_01	Yes
ID_BP_Q04	Have you had the following exams and immunizations? <B>(Select one answer for each)</B><B>Blood pressure</B> checked in the last 2 years	ID_BP_Q04_02	No
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_01	Arthritis
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_02	Osteoporosis
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_03	Asthma
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_04	Hay fever or other seasonal allergy
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_05	Lung disease (chronic bronchitis or emphysema)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_06	Cancer (except skin cancer)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_07	Skin cancer
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_08	Diabetes - Type 1

ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_09	Diabetes - Type 2 (or, don't know type I have)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_10	High blood pressure
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_11	High / unhealthy cholesterol
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_12	Chronic heartburn (gastroesophageal reflux disease, GERD)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_13	Congestive heart failure
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_14	Heart disease (coronary artery disease, angina or heart attack)
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_15	Lower back pain
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_16	Migraine or chronic severe headaches
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_17	Depression
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_18	Chronic insomnia
ID_CC_Q26	Has a doctor ever said that you have any of these chronic health conditions? <B>(Check all that apply)</B>	ID_CC_Q26_19	Other chronic condition

ID_CC_Q27	Have you done either of the following in the <B>last 12 months</B> because of a health condition you checked in the question above? <B>(Check all that apply)</B>	ID_CC_Q27_01	Visited an emergency room or urgent care center	
ID_CC_Q27	Have you done either of the following in the <B>last 12 months</B> because of a health condition you checked in the question above? <B>(Check all that apply)</B>	ID_CC_Q27_02	Overnight hospital stay	
ID_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_01	Back pain	
ID_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_02	Wrist pain, tingling, or numbness	
ID_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_03	Neck pain	
ID_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_04	Eye strain	
ID_CC_Q29	Do any of the following problems get in the way of doing your daily activities? (Mark all that apply)	ID_CC_Q29_05	Other physical condition	
ID_CHL_Q02	<B>Cholesterol</B> checked in the last 5 years	ID_CHL_Q02_01	Yes	
ID_CHL_Q02	<B>Cholesterol</B> checked in the last 5 years	ID_CHL_Q02_02	No	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_01	Quite often	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_02	Sometimes	
ID_DRV_Q02	How often do you <B>drink and drive</B>, or ride with a driver who may have had too much to drink?	ID_DRV_Q02_03	Never	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_01	Always or almost always	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_02	Sometimes	
ID_DRV_Q12	How often do you wear a <B>seat belt</B> when you drive or ride in a motor vehicle?	ID_DRV_Q12_03	Almost never	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_01	Less than 1 serving	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_02	1 serving	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_03	2 servings	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_04	3 servings	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_05	4 servings	
ID_EAT_Q37	Think of the foods that are a part of your normal diet. How many <B>servings</B> of each of the following types of foods do you eat in a <B>normal day</B>? (Select your one best estimate for each type of food.)<B>Whole grain foods</B> like whole-wheat bre	ID_EAT_Q37_06	5 or more servings	
ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_01	Less than 1 serving	HS 5.0 only
ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_02	1 serving	HS 5.0 only

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ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_03	2 servings	HS 5.0 only
ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_04	3 servings	HS 5.0 only
ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_05	4 servings	HS 5.0 only
ID_EAT_Q38	<B>Fruits and Vegetables</B> (½ cup fresh, chopped, cooked or canned vegetables; 1 cup leafy greens; medium piece of fruit or ¾ cup juice)	ID_EAT_Q38_06	5 or more servings	HS 5.0 only
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_01	Less than 1 serving	
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_02	1 serving	
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_03	2 servings	
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_04	3 servings	
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_05	4 servings	
ID_EAT_Q39	<B>Nuts and legumes</B> like beans, peas, soybeans or other soy products (½ cup dry beans or peas; 1/3 cup nuts)	ID_EAT_Q39_06	5 or more servings	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_01	Less than 1 serving	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_02	1 serving	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_03	2 servings	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_04	3 servings	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_05	4 servings	
ID_EAT_Q40	<B>High-fat foods</B> like butter, margarine, whole milk, cheeses, red meat, lunch meat, cookies, cake, or pastries (1 cup milk; 1½-2 oz. processed cheese; 2-3 oz. of meat; 2 large cookies)	ID_EAT_Q40_06	5 or more servings	
ID_EAT_Q41	Which of the following are true of your eating habits? (Mark all that apply.)	ID_EAT_Q41_01	Eat a vegetarian diet	
ID_EAT_Q41	Which of the following are true of your eating habits? (Mark all that apply.)	ID_EAT_Q41_02	Eat one or more servings of fish per week	
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_01	Less than 1 serving	HS 5.1 only
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_02	1 serving	HS 5.1 only
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_03	2 servings	HS 5.1 only
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_04	3 servings	HS 5.1 only
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_05	4 servings	HS 5.1 only
ID_EAT_Q42	<B>Fruits</B> (Serving size is medium piece of fruit or ¾ cup juice)	ID_EAT_Q42_06	5 or more servings	HS 5.1 only

ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_01	Less than 1 serving	HS 5.1 only
ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_02	1 serving	HS 5.1 only
ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_03	2 servings	HS 5.1 only HS 5.1 only
ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_04	3 servings	HS 5.1 only
ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_05	4 servings	HS 5.1 only
ID_EAT_Q43	<B>Vegetables</B> (Serving size is ½ cup fresh, chopped, cooked or canned vegetables or ¾ cup juice)	ID_EAT_Q43_06	5 or more servings	
ID_EXM_Q05	<B>Stool exam</B> (fecal occult blood test) in the last year	ID_EXM_Q05_01	Yes	
ID_EXM_Q05	<B>Stool exam</B> (fecal occult blood test) in the last year	ID_EXM_Q05_02	No	
ID_EXM_Q06	<B>Mammogram</B> (breast X-ray) in the last 2 years	ID_EXM_Q06_01	Yes	
ID_EXM_Q06	<B>Mammogram</B> (breast X-ray) in the last 2 years	ID_EXM_Q06_02	No	
ID_EXM_Q08	<B>Pap</B> test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_01	Yes	
ID_EXM_Q08	<B>Pap</B> test in the last year (or in the last 3 years following 3 normal tests)	ID_EXM_Q08_02	No	
ID_EXM_Q09	Are you currently <B>pregnant</B>?	ID_EXM_Q09_01	Yes	
ID_EXM_Q09	Are you currently <B>pregnant</B>?	ID_EXM_Q09_02	No	
ID_EXM_Q15	<B>Flu</B> immunization in the last year	ID_EXM_Q15_01	Yes	
ID_EXM_Q15	<B>Flu</B> immunization in the last year	ID_EXM_Q15_02	No	
ID_EXM_Q20	<B>Sigmoidoscopy</B> in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in rectum)	ID_EXM_Q20_01	Yes	
ID_EXM_Q20	<B>Sigmoidoscopy</B> in the last 5 years or Colonoscopy in the last 10 years (flexible tube inserted in rectum)	ID_EXM_Q20_02	No	
ID_EXM_Q21	<B>Tetanus-diphtheria</B> booster in the last 10 years	ID_EXM_Q21_01	Yes	
ID_EXM_Q21	<B>Tetanus-diphtheria</B> booster in the last 10 years	ID_EXM_Q21_02	No	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_01	None	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_02	1 day	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_03	2 days	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_04	3 days	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_05	4 days	
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_06	5 days	

ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_07	6 days
ID_EXR_Q15	How many <B>days per week</B> do you get a total of 30 minutes or more of <B>moderate-intensity</B> physical activity? Combine the times you spend on all activities during the day. Examples include walking (moderate pace), dancing, mowing (push mower), sl	ID_EXR_Q15_08	7 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_01	None
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_02	1 day
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_03	2 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_04	3 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_05	4 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_06	5 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_07	6 days
ID_EXR_Q16	How many <B>days per week</B> do you participate in 20 minutes or more of <B>vigorous exercise</B>? Examples include brisk walking, running, fast cycling, swimming, aerobics, racquetball, stair/ski/rowing machine.	ID_EXR_Q16_08	7 days
ID_GENDER	What is your <B>gender</B>?	ID_FEMALE	Female
ID_GENDER	What is your <B>gender</B>?	ID_MALE	Male
ID_HEALTH_INFO	When you have health problems like those above, do you have information at home that you use to decide when it's important to call or visit a health professional?	ID_HEALTH_INFO_01	Yes
ID_HEALTH_INFO	When you have health problems like those above, do you have information at home that you use to decide when it's important to call or visit a health professional?	ID_HEALTH_INFO_02	No
ID_HEIGHT_FT	What is your <B>height</B>?	ID_HEIGHT_FT_01	Feet :
ID_HEIGHT_IN		ID_HEIGHT_IN_01	Inches:
ID_LANGUAGE	What language is your HRA? (English is default)	ID_LANGUAGE_SPANISH	Spanish	5.0 or 5.1
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_01	No plans to make this change
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_02	Plan to start in next 6 months
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_03	Plan to start in next 30 days

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ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_04	Started doing it in last 6 months
ID_LC_Q07	What are your plans for making the following lifestyle changes? <B>(Select one answer for each. If you've never needed to make the change, select 'No plans to make this change')</B>Eat a healthier diet	ID_LC_Q07_05	Made this change over 6 months ago
ID_LC_Q08	Lose weight	ID_LC_Q08_01	No plans to make this change
ID_LC_Q08	Lose weight	ID_LC_Q08_02	Plan to start in next 6 months
ID_LC_Q08	Lose weight	ID_LC_Q08_03	Plan to start in next 30 days
ID_LC_Q08	Lose weight	ID_LC_Q08_04	Started doing it in last 6 months
ID_LC_Q08	Lose weight	ID_LC_Q08_05	Made this change over 6 months ago
ID_LC_Q09	Get more exercise	ID_LC_Q09_01	No plans to make this change
ID_LC_Q09	Get more exercise	ID_LC_Q09_02	Plan to start in next 6 months
ID_LC_Q09	Get more exercise	ID_LC_Q09_03	Plan to start in next 30 days
ID_LC_Q09	Get more exercise	ID_LC_Q09_04	Started doing it in last 6 months
ID_LC_Q09	Get more exercise	ID_LC_Q09_05	Made this change over 6 months ago
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_01	No plans to make this change
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_02	Plan to start in next 6 months
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_03	Plan to start in next 30 days
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_04	Started doing it in last 6 months
ID_LC_Q10	Quit smoking/tobacco use	ID_LC_Q10_05	Made this change over 6 months ago
ID_LC_Q11	Handle stress better	ID_LC_Q11_01	No plans to make this change
ID_LC_Q11	Handle stress better	ID_LC_Q11_02	Plan to start in next 6 months
ID_LC_Q11	Handle stress better	ID_LC_Q11_03	Plan to start in next 30 days
ID_LC_Q11	Handle stress better	ID_LC_Q11_04	Started doing it in last 6 months
ID_LC_Q11	Handle stress better	ID_LC_Q11_05	Made this change over 6 months ago
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_01	No plans to make this change

ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_02	Plan to start in next 6 months	
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_03	Plan to start in next 30 days	
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_04	Started doing it in last 6 months	
ID_LC_Q12	Act to reduce back pain	ID_LC_Q12_05	Made this change over 6 months ago	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_01	No plans to make this change	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_02	Plan to start in next 6 months	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_03	Plan to start in next 30 days	
ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_04	Started doing it in last 6 months	

ID_LC_Q13	Lower my blood pressure	ID_LC_Q13_05	Made this change over 6 months ago	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_01	No plans to make this change	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_02	Plan to start in next 6 months	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_03	Plan to start in next 30 days	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_04	Started doing it in last 6 months	
ID_LC_Q14	Lower my cholesterol	ID_LC_Q14_05	Made this change over 6 months ago	
ID_MC_Q08	Are you taking the following types of medicines on a daily or regular basis? (Mark all that apply)	ID_MC_Q08_01	Non-prescription medications	
ID_MC_Q08	Are you taking the following types of medicines on a daily or regular basis? (Mark all that apply)	ID_MC_Q08_02	Prescription medications	
ID_MC_Q08	Are you taking the following types of medicines on a daily or regular basis? (Mark all that apply)	ID_MC_Q08_03	Herbal remedies	
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_01	Never	
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_02	1 time	HS 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_03	2 times	HS 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_04	3 or more times	HS 5.2 only
ID_MC_Q11	Over the <B>past month</B> how many times did you skip taking 1 or more of your prescription medications?	ID_MC_Q11_05	I did not have any prescription medications during this time	HS 5.2 only
ID_NAME_FIRST	Enter your <B>first initial</B>.	ID_NAME_FIRST_01		

ID_NAME_LAST	Enter your <B>last name</B>.	ID_NAME_LAST_01	
ID_SCR_BP_DIA	Diastolic <B>(number on bottom, the smaller of the two numbers)</B>:	ID_SCR_BP_DIA_01	
ID_SCR_BP_SYS	Enter your <B>blood pressure</B>.Systolic <B>(number on top, the larger of the two numbers)</B>:	ID_SCR_BP_SYS_01	
ID_SCR_CHOL	Enter your <B>total cholesterol</B> (mg/dL):	ID_SCR_CHOL_01	
ID_SCR_FASTING	What was your fasting status?	ID_SCR_FASTING_FASTING	Fasting 8 hours or more
ID_SCR_FASTING	What was your fasting status?	ID_SCR_FASTING_NON-	Non-fasting
ID_SCR_GLUCOSE	Enter your <B>glucose</B> (mg/dL):	ID_SCR_GLUCOSE_01	
ID_SCR_HDL	Enter your <B>HDL</B> cholesterol (mg/dL):	ID_SCR_HDL_01	
ID_SCR_LDL	Enter your <B>LDL</B> cholesterol (mg/dL):	ID_SCR_LDL_01	
ID_SCR_SPECIAL1	Special #1:	ID_SCR_SPECIAL1_01	
ID_SCR_SPECIAL2	Special #2:	ID_SCR_SPECIAL2_01	
ID_SCR_TRI	Enter your <B>triglycerides</B> (mg/dL):	ID_SCR_TRI_01	
ID_SCR_WAIST	Enter your <B>waist size</B> (Inches):	ID_SCR_WAIST_01	
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_01	Excellent
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_02	Very good
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_03	Good
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_04	Fair
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_05	Poor
ID_SC_Q02	Overall, how would you rate your health during the past 4 weeks?	ID_SC_Q02_06	Very poor
ID_SC_Q03	Do you know what steps to take at home <B>to treat</B> most minor health problems such as back pain, colds, flu, constipation, diarrhea, headaches, indigestion, rashes, sore throat and sprains?	ID_SC_Q03_01	Yes

ID_SC_Q03	Do you know what steps to take at home <B>to treat</B> most minor health problems such as back pain, colds, flu, constipation, diarrhea, headaches, indigestion, rashes, sore throat and sprains?	ID_SC_Q03_02	No
ID_SC_Q03	Do you know what steps to take at home <B>to treat</B> most minor health problems such as back pain, colds, flu, constipation, diarrhea, headaches, indigestion, rashes, sore throat and sprains?	ID_SC_Q03_03	Unsure
ID_SLP_Q04	Do you normally:Get less than 7 hours of sleep per day?	ID_SLP_Q04_01	Yes
ID_SLP_Q04	Do you normally:Get less than 7 hours of sleep per day?	ID_SLP_Q04_02	No
ID_SLP_Q05	Feel tired during your waking hours?	ID_SLP_Q05_01	Yes
ID_SLP_Q05	Feel tired during your waking hours?	ID_SLP_Q05_02	No
ID_SLP_Q06	Work the day shift on your job?	ID_SLP_Q06_01	Yes
ID_SLP_Q06	Work the day shift on your job?	ID_SLP_Q06_02	No
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_01	I do not smoke cigarettes

ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_02	Less than a pack (20 cigarettes)	
ID_SMK_Q01	How many cigarettes do you smoke in a normal day?	ID_SMK_Q01_03	One or more packs	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_01	Yes	
ID_SMK_Q02	Do you:Smoke cigars or a pipe?	ID_SMK_Q02_02	No	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_01	Yes	
ID_SMK_Q03	Use smokeless / chewing tobacco?	ID_SMK_Q03_02	No	
ID_SMK_Q15	Which one of these statements best describes your use of \<B>tobacco products\</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_01	I am currently using tobacco products	HS 5.3, 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of \<B>tobacco products\</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_02	I have never used tobacco products	HS 5.3. 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of \<B>tobacco products\</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_03	I quit using tobacco products more than a year ago	HS 5.3, 5.4 online only
ID_SMK_Q15	Which one of these statements best describes your use of \<B>tobacco products\</B> (Including cigarettes, cigars, a pipe or smokeless/chewing tobacco)?	ID_SMK_Q15_04	I quit using tobacco products less than a year ago on (Please enter the month and year you quit)	HS 5.3, 5.4 online only
ID_SSN	What is your \<B>Social Security Number\</B>?	ID_SSN_01	Range: 0 - 999999999	
ID_STR_Q06	Stress can range from little problems to big pressures or difficulties. How stressful is your life?	ID_STR_Q06_01	Only slightly stressful	
ID_STR_Q06	Stress can range from little problems to big pressures or difficulties. How stressful is your life?	ID_STR_Q06_02	Somewhat stressful	
ID_STR_Q06	Stress can range from little problems to big pressures or difficulties. How stressful is your life?	ID_STR_Q06_03	Very stressful	
ID_STR_Q07	How effective are you at dealing with the stress in your life?	ID_STR_Q07_01	Only slightly effective	
ID_STR_Q07	How effective are you at dealing with the stress in your life?	ID_STR_Q07_02	Somewhat effective	
ID_STR_Q07	How effective are you at dealing with the stress in your life?	ID_STR_Q07_03	Very effective	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_01	Most of the time	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_02	Sometimes	
ID_WB_Q01	How often do you feel depressed?	ID_WB_Q01_03	Rarely	
ID_WB_Q02	\<B>Over the past two weeks\</B>, have you felt down, depressed, or hopeless?	ID_WB_Q02_01	Yes	
ID_WB_Q02	\<B>Over the past two weeks\</B>, have you felt down, depressed, or hopeless?	ID_WB_Q02_02	No	
ID_WB_Q20	\<B>Over the past two weeks\</B>, have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_01	Yes	
ID_WB_Q20	\<B>Over the past two weeks\</B>, have you been bothered by a lack of interest or pleasure in doing things?	ID_WB_Q20_02	No	
ID_WEIGHT	What is your \<B>weight\</B>? (non-pregnant, without clothes)	ID_WEIGHT_01	Pounds:	
ID_WMN_Q02	Have you had \<B>breast cancer\</B>?	ID_WMN_Q02_01	Yes	
ID_WMN_Q02	Have you had \<B>breast cancer\</B>?	ID_WMN_Q02_02	No	

KEY	
	New question added to version 5.4
	Question no longer used in 5.4.