

ICPSR 25502

**National Health and Nutrition
Examination Survey (NHANES),
2001-2002**

*United States Department of Health and
Human Services. Centers for Disease
Control and Prevention. National Center
for Health Statistics*

NCHS User Guide -- Questionnaire: Housing
Characteristics

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**NHANES 2001-2002 Data Release
July 2004
Family Questionnaire**

Housing Characteristics (HOQ_B)

Survey Years Included in this File: 2001-2002

Questionnaire Section Characteristics:

Questionnaire Section Description:

The Housing Characteristics section (variable name prefix HOQ) provides family level interview data on type of home, number of apartments in building, age of home, number of rooms in home, time lived in home, whether home is owned or rented, water source and treatment, and home renovations related to lead dust.

Interview Setting:

Home Interview

Mode of administration:

In-person

Eligible sample and any section-specific exclusion criteria:

One study participant in each family responds for the entire family and these responses are released for all members of the same family. All questions in this section are asked of all families with the exception of those on home renovations related to lead dust, which were only asked of families with a participating child aged 1 to 5 years.

Analytic Notes:

Multiple families in the same household may be selected as participants in the study. Sometimes, the data collected from different families living in the same household are discrepant. In most cases, these discrepancies are left as reported. For HOD040, When home was built, if one family did not know the age of the home, the value reported by another family in the same home was substituted for the “don’t know” response.

HOD010 Type of home: Responses to “other specify” were back coded into response categories whenever possible. A new category of “dormitory” was created due to a

large number of other specify responses. The remaining “other specify” responses are released as “other”.

HOD030 How many apartments in building: Responses of 1 and 2 apartments per building were collapsed into one category due to low cell counts. A number of “other specify” responses for HOD010 were back coded into the apartment category. These respondents were not asked this question and have missing values for this variable.

HOD050 Number of rooms in home: Any responses for this question greater than 13 were top coded and released as 13.

HOD060 How many years family lived in home: These data were collected as continuous values but were collapsed into categories for release.

HOQ080 Water treatment devices used or not: Details on which of the water treatment devices were used were collected but not released due to unique combinations of devices which could identify family members. The text of the hand card with the list of devices is included in appendix A.

HOD140, HOD150, HOD160, HOD170, HOD180, HOD190, HOD210, HOD220 Home renovations: These questions were only asked of families with participating children ages 1-5 and data are released only on these children, not the entire family. These questions relate to the lead dust component and can also be linked to blood lead laboratory values (see Lab 06 Nutritional Biochemistries).

HOD180 Number of rooms 22x26 peeling: These data were collected as continuous values but were collapsed into the categories of 1 and 2 or more due to low cell counts.

HOD220 Window, cabinet or wall renovation: These data were collected in 3 separate questions which were combined due to low frequencies. The current variable indicates “yes” if any of the three types of renovation occurred.

Data Access:

The HOQ data are publicly available at www.cdc.gov/nchs/nhanes.htm

Reference:

None.

APPENDIX A

HOQ1

Brita or other pitcher water filter

Ceramic or charcoal filter

Water softener

Aerator

Reverse osmosis

**National Health and Nutrition Examination Survey
Codebook for Data Release (2001-2002)**

**Housing Characteristics Section of the Family Questionnaire (HOQ_B)
Person level data collected during Family Interview -- use Interview
Weights for analysis**

July 2004

SEQN	Target
	B(0 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	Respondent sequence number
English Text: Respondent sequence number.	
English Instructions:	

HOD010	Target
	B(0 Yrs. to 150 Yrs.)
Hard Edits	SAS Label
	Type of home
English Text: I'd like to ask you a few questions about your home. Is your home . . .	
English Instructions: VERIFY OR ASK IF NOT OBVIOUS. INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.	

Codes:	Skip To Values:
1= A mobile home or trailer,	HOD040
2= A one family house detached from any other house,	HOD040
3= A one family house attached to one or more houses,	HOD040
4= An apartment,	
5= Something else,	HOD040
6= Dormitory?	HOD040
7= Refused	HOD040
9= Don't know	HOD040

HOD030

Target

B(0 Yrs. to 150 Yrs.)

Hard Edits

SAS Label

How many apartments in building

English Text: How many apartments are in this building? Would you say . . .

English Instructions:

Codes:

Skip To Values:

1= 1 to 2,
3= 3 or 4,
4= 5 to 9,
5= 10 to 19,
6= 20 to 49, or
7= 50 or more?
77= Refused
99= Don't know

HOD040

Target

B(0 Yrs. to 150 Yrs.)

Hard Edits

SAS Label

When was home built

English Text: When was this {mobile home/house/building} originally built?

English Instructions: READ CATEGORIES IF NECESSARY.

Codes:

Skip To Values:

1= 1990 to present
2= 1978 to 1989,
3= 1960 to 1977,
4= 1950 to 1959,
5= 1940 to 1949, or
6= Before 1940?
77= Refused
99= Don't know

HOD050

Target

B(0 Yrs. to 150 Yrs.)

Hard Edits

SAS Label

1 to 25

Number of rooms in home

English Text: How many rooms are in this home? Count the kitchen but not the bathroom.

English Instructions: ENTER NUMBER OF ROOMS

Codes:

13= 13 or More

777= Refused

999= Don't know

Skip To Values:

HOD060

Target

B(0 Yrs. to 150 Yrs.)

Hard Edits

SAS Label

How many years family lived in home

English Text: How many years {have you/has your family} lived at this address?

English Instructions:

Codes:

1= Less than one year

2= 1-2 years

3= 3-5 years

4= 6-10 years

5= More than 10 years

77= Refused

99= Don't know

Skip To Values:

HOQ065

Target

B(0 Yrs. to 150 Yrs.)

Hard Edits

SAS Label

Home owned, bought, rented, other

English Text: Is this {mobile home/house/apartment} owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

English Instructions:**Codes:**

- 1= Owned or being bought
- 2= Rented
- 3= Other arrangement
- 7= Refused
- 9= Don't know

Skip To Values:**HOQ070****Target**

B(0 Yrs. to 150 Yrs.)

Hard Edits**SAS Label**

Source of tap water

English Text: What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

English Instructions:**Codes:**

- 1= Private/public water company
- 2= Private/public well
- 3= Something else
- 7= Refused
- 9= Don't know

Skip To Values:**HOQ080****Target**

B(0 Yrs. to 150 Yrs.)

Hard Edits**SAS Label**

Water treatment devices used or not

English Text: Are any of the water treatment devices listed on this card used in your home?

English Instructions: HAND CARD HOQ1

Codes:

1= Yes
 2= No
 7= Refused
 9= Don't know

Skip To Values:**HOD140****Target**

B(1 Yrs. to 5 Yrs.)

Hard Edits**SAS Label**

Home painted in last 12 months

English Text: During the last 12 months, were any areas inside your home painted, such as walls, trim or ceilings?

English Instructions:**Codes:**

1= Yes
 2= No
 7= Refused
 9= Don't know

Skip To Values:

HOD160

HOD160

HOD160

HOD150**Target**

B(1 Yrs. to 5 Yrs.)

Hard Edits**SAS Label**

Old paint scraped when home painted?

English Text: When this painting was done did someone sand or scrape off any of the old paint?

English Instructions:**Codes:**

1= Yes
 2= No
 7= Refused
 9= Don't know

Skip To Values:**HOD160****Target**

	B(1 Yrs. to 5 Yrs.)
Hard Edits	SAS Label
	Paint peeling, flaking, chipping inside
English Text: Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceilings, doors, or windows?	
English Instructions:	
Codes:	Skip To Values:
1= Yes	
2= No	HOD190
7= Refused	HOD190
9= Don't know	HOD190

HOD170	Target
	B(1 Yrs. to 5 Yrs.)
Hard Edits	SAS Label
	Inside peeling area plus 22x26
English Text: In any of these rooms, can you see at least one total area of peeling, flaking or chipping paint that is larger than one page of a regular newspaper?	
English Instructions:	
Codes:	Skip To Values:
1= Yes	
2= No	HOD190
7= Refused	HOD190
9= Don't know	HOD190

HOD180	Target
	B(1 Yrs. to 5 Yrs.)
Hard Edits	SAS Label
	Number of rooms 22x26 peeling
English Text: How many rooms have this much peeling, flaking or chipping paint? [Areas that are larger than one page of regular newspaper.]	
English Instructions:	

Codes:

- 1= One room
- 2= Two or more rooms
- 77= Refused
- 99= Don't know

Skip To Values:**HOD190****Target**

B(1 Yrs. to 5 Yrs.)

Hard Edits**SAS Label**

Outside paint peeling/flaking/chipping

English Text: Can you see paint that is peeling, flaking or chipping on any outside area of your {house/building}?

English Instructions:**Codes:**

- 1= Yes
- 2= No
- 7= Refused
- 9= Don't know

Skip To Values:

HOD220

HOD220

HOD220

HOD210**Target**

B(1 Yrs. to 5 Yrs.)

Hard Edits**SAS Label**

Outside peeling larger than door?

English Text: Can you see any total area of peeling, flaking or chipping paint on any outside area that is larger than a regular door?

English Instructions:**Codes:**

- 1= Yes
- 2= No
- 7= Refused
- 9= Don't know

Skip To Values:

HOD220	Target
	B(1 Yrs. to 5 Yrs.)
Hard Edits	SAS Label
	Window, cabinet or wall renovation

English Text: The next questions are about work that has been done in your home in the past 12 months. In the past 12 months, have you or anyone else . . .replaced a window, cabinet or wall in your home?

English Instructions:

Codes:

1= Yes

2= No

7= Refused

9= Don't know

Skip To Values:



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Type of home				
HOD010	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : A mobile home or trailer,	952	8.62	1126	10.20
2 : A one family house detached from any other house,	6456	58.48	7582	68.68
3 : A one family house attached to one or more houses,	932	8.44	8514	77.13
4 : An apartment,	2346	21.25	10860	98.38
5 : Something else,	127	1.15	10987	99.53
6 : Dormitory?	47	0.43	11034	99.95
7 : Refused	3	0.03	11037	99.98
9 : Don't know	2	0.02	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

How many apartments in building				
HOD030	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	8723	79.02	8723	79.02
1 : 1 to 2,	238	2.16	8961	81.18
3 : 3 or 4,	336	3.04	9297	84.22
4 : 5 to 9,	458	4.15	9755	88.37
5 : 10 to 19,	477	4.32	10232	92.69
6 : 20 to 49, or	414	3.75	10646	96.44
7 : 50 or more?	279	2.53	10925	98.97
99 : Don't know	114	1.03	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

When was home built				
HOD040	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : 1990 to present	1703	15.43	1877	17.00
2 : 1978 to 1989,	1663	15.06	3540	32.07
3 : 1960 to 1977,	1919	17.38	5459	49.45
4 : 1950 to 1959,	970	8.79	6429	58.24
5 : 1940 to 1949, or	465	4.21	6894	62.45
6 : Before 1940?	1193	10.81	8087	73.26
77 : Refused	32	0.29	8119	73.55
99 : Don't know	2920	26.45	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Number of rooms in home				
HOD050	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1	61	0.55	235	2.13
2	111	1.01	346	3.13
3	567	5.14	913	8.27
4	1780	16.12	2693	24.40
5	2328	21.09	5021	45.48
6	2203	19.96	7224	65.44
7	1517	13.74	8741	79.18
8	1055	9.56	9796	88.74
9	532	4.82	10328	93.56
10	324	2.94	10652	96.49
11	163	1.48	10815	97.97
12	84	0.76	10899	98.73
13 : 13 or More	93	0.84	10992	99.57
777 : Refused	19	0.17	11011	99.75
999 : Don't know	28	0.25	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

How many years family lived in home				
HOD060	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : Less than one year	2058	18.64	2232	20.22
2 : 1-2 years	1967	17.82	4199	38.04
3 : 3-5 years	2226	20.16	6425	58.20
4 : 6-10 years	1796	16.27	8221	74.47
5 : More than 10 years	2780	25.18	11001	99.66
77 : Refused	16	0.14	11017	99.80
99 : Don't know	22	0.20	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Home owned, bought, rented, other				
HOQ065	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : Owned or being bought	6616	59.93	6790	61.51
2 : Rented	4035	36.55	10825	98.06
3 : Other arrangement	203	1.84	11028	99.90
7 : Refused	9	0.08	11037	99.98
9 : Don't know	2	0.02	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Source of tap water				
HOQ070	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : Private/public water company	9952	90.15	10126	91.73
2 : Private/public well	824	7.46	10950	99.19
3 : Something else	19	0.17	10969	99.37
7 : Refused	1	0.01	10970	99.37
9 : Don't know	69	0.63	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Water treatment devices used or not				
HOQ080	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	174	1.58	174	1.58
1 : Yes	2501	22.66	2675	24.23
2 : No	8315	75.32	10990	99.56
9 : Don't know	49	0.44	11039	100.00



Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004

Home painted in last 12 months				
HOD140	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	9731	88.15	9731	88.15
1 : Yes	493	4.47	10224	92.62
2 : No	794	7.19	11018	99.81
9 : Don't know	21	0.19	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Old paint scraped when home painted?				
HOD150	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	10546	95.53	10546	95.53
1 : Yes	102	0.92	10648	96.46
2 : No	320	2.90	10968	99.36
7 : Refused	1	0.01	10969	99.37
9 : Don't know	70	0.63	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Paint peeling, flaking, chipping inside				
HOD160	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	9731	88.15	9731	88.15
1 : Yes	264	2.39	9995	90.54
2 : No	1041	9.43	11036	99.97
9 : Don't know	3	0.03	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Inside peeling area plus 22x26				
HOD170	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	10775	97.61	10775	97.61
1 : Yes	38	0.34	10813	97.95
2 : No	226	2.05	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Number of rooms 22x26 peeling				
HOD180	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	11001	99.66	11001	99.66
1 : One room	30	0.27	11031	99.93
2 : Two or more rooms	8	0.07	11039	100.00



Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004

Outside paint peeling/flaking/chipping				
HOD190	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	9731	88.15	9731	88.15
1 : Yes	230	2.08	9961	90.23
2 : No	1068	9.67	11029	99.91
9 : Don't know	10	0.09	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Outside peeling larger than door?				
HOD210	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	10809	97.92	10809	97.92
1 : Yes	33	0.30	10842	98.22
2 : No	197	1.78	11039	100.00



**Frequency Distribution for Housing Characteristics Section of the Family Questionnaire
(HOQ_B.XPT)
July 2004**

Window, cabinet or wall renovation				
HOD220	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	9731	88.15	9731	88.15
1 : Yes	195	1.77	9926	89.92
2 : No	1084	9.82	11010	99.74
9 : Don't know	29	0.26	11039	100.00

General Information About NHANES Interview Data

Respondent Rules

In general, persons 16 years of age and older, and emancipated minors were interviewed directly. A small number of NHANES questionnaire sections have different respondent rules. Please review the questionnaire documentation, questionnaires, and interviewer training manuals carefully prior to analyzing the data.

Proxy Rules

A responsible adult provided information for sample persons under 16 years of age and for individuals who could not self-report. The interviewer training manuals and component-specific notes provided with these files provide additional information about the use of respondents.

Automated Data Collection Methodology

Household Interview and Mobile Examination Center (MEC) Interview data were recorded electronically with the use of computerized questionnaire forms that were programmed using Blaise© software. The Household Interview questionnaires were programmed in Blaise© and installed on laptop computers for use in the field. The MEC interviews were also administered in an automated format, but the interview module formats included non-Blaise© software. After data collection was completed, the interview data files were transmitted electronically to a central survey database system.

NHANES Spanish Language Questionnaires

All NHANES questionnaires were translated into Spanish and were administered in computer-assisted personal interview (CAPI) format along with the English language versions.

Household Interview Component Questionnaires:

- Screener Questionnaire
- Family Interview Questionnaire
- Sample Person Questionnaire

Mobile Examination Center (MEC) Questionnaires:

- MEC Computer-Assisted Personal Interview (MEC CAPI)
- MEC Audio-Computer-Assisted Self Interview (MEC A-CASI)

The MEC Interview component is a two-part interview that addresses several health-related topics. The personal interview portion is conducted in a private setting by a trained interviewer. The Audio Computerized Self Administered (A-CASI) portion of the interview was conducted in a private room in the MEC without the interviewer being present. (The interviewers are present for a brief "training" session dealing with the use of the personal computer and interview system software) The A-CASI format permits the respondents to hear questions through earphones and to read questions on a computer screen. Respondents progress through the A-CASI questions at their own speed, as they touch the computer screen to indicate their response. The A-CASI portion of the interview consists of five separate sections, each of which deals with a sensitive health risk behavior topic.

Interviewer Training:

All interviewers completed a comprehensive two-week training program. Many of the interviewers had prior interviewing experience. A large percentage of the household interviewers were bilingual in English and Spanish.

The MEC interviewers also received extensive interviewer training on personal and audio-computer-assisted interview administration. This training focused on the specific interview modules that were administered in the MEC dealing with mental health and smoking, drug use, alcohol, and sexual behavior.

NHANES interviewer training included role-playing exercises and practice interviews, all of which were monitored by NCHS and contractor staff. Detailed information about the interviewer training requirements is found in the [NHANES Household Interviewer Training Manual](#).

Interviewer Quality Control Monitoring

Extensive pretesting was completed prior to implementing the questionnaires in the field. A full "dress rehearsal" pilot test was conducted with the field and examination staff to test all of the survey participant contact and interview systems and procedures.

Several types of quality control monitoring methods were implemented to ensure that high quality data were collected during the survey. Interviewer monitoring was a major responsibility for NCHS and contractor staff. Interviewers were frequently accompanied on interviews and observed to verify that the interview protocol was administered correctly. Interviewers were retrained on survey procedures if necessary.

NCHS encouraged the interviewers to provide constructive comments and feedback based on their field experiences. NCHS used field staff and interviewer feedback to improve the questionnaires and survey materials. Survey staff

debriefing and training sessions were conducted annually. NCHS and contractor staff participated in the debriefing meetings. Interviewers were trained on new survey content and protocol changes prior to implementation in the field.

Data collection system consistency checks

The NHANES CAPI systems have built-in edit and range checks for most questions that have open-ended response options. When unusual or unrealistic responses were recorded, the interviewer was alerted immediately and instructed to verify or edit the initial response.

Data Preparation: Reviews, editing, and derived variables

During data preparation, variable frequency counts were checked, questionnaire "skip" patterns were verified, and the reasonableness of responses to the questions were reviewed. If changes were made to the original data, a derived variable was created. The derived variable is essentially the final version of the variable after editing and recoding was performed. The derived variable nomenclature for questionnaire data includes the letter "D" in the third position of the variable name in place of the letter "Q" for the questionnaire item that is customarily used in NHANES data release files. The survey questionnaire codebooks include the names and descriptions of the derived variables.

Check Items and Final Data Release Variables

The codebooks for each survey component include "check item" variables. Check item variables were used internally at NCHS as part of the quality control process to verify that the data collection process was correct. The check item variables are not part of the data release files, however. Analysts would need to re-create these variables to produce check item frequencies.

NHANES 2001-2002 Questionnaire Variable List
June 2009

Item #	Data File	Component	Item ID	Label
1	ACQ_B	Acculturation	SEQN	Respondent sequence number
2	ACQ_B	Acculturation	ACD010A	English usually spoken at home
3	ACQ_B	Acculturation	ACD010B	Spanish usually spoken at home
4	ACQ_B	Acculturation	ACD010C	Other language(s) usually spoken at home
5	ACQ_B	Acculturation	ACQ020	Language(s) read and spoken
6	ACQ_B	Acculturation	ACQ030	Language(s) used as child
7	ACQ_B	Acculturation	ACD040	Language(s) usually spoken at home
8	ACQ_B	Acculturation	ACQ050	Language(s) usually used to think
9	ACQ_B	Acculturation	ACQ060	Language(s) usually used with friends
10	ACQ_B	Acculturation	ACD070	Father's country of birth
11	ACQ_B	Acculturation	ACD080	Mother's country of birth
12	ALQ_B	Alcohol Use	SEQN	Respondent sequence number
13	ALQ_B	Alcohol Use	ALD100	Had at least 12 alcohol drinks/1 yr?
14	ALQ_B	Alcohol Use	ALQ110	Had at least 12 alcohol drinks/lifetime?
15	ALQ_B	Alcohol Use	ALQ120Q	How often drink alcohol over past 12 mos
16	ALQ_B	Alcohol Use	ALQ120U	# days drink alcohol per wk, mo, yr
17	ALQ_B	Alcohol Use	ALQ130	Avg # alcoholic drinks/day -past 12 mos
18	ALQ_B	Alcohol Use	ALQ140Q	#days have 5 or more drinks/past 12 mos
19	ALQ_B	Alcohol Use	ALQ140U	# days per week, month, year?
20	ALQ_B	Alcohol Use	ALQ150	Ever have 5 or more drinks every day?
21	AUQ_B	Audiometry	SEQN	Respondent sequence number
22	AUQ_B	Audiometry	AUQ130	General condition of hearing

NHANES 2001-2002 Questionnaire Variable List
June 2009

Item #	Data File	Component	Item ID	Label
23	AUQ_B	Audiometry	AUQ140	When was hearing last tested
24	AUQ_B	Audiometry	AUQ150	Ever worn a hearing aid
25	AUQ_B	Audiometry	AUQ160	Now wearing a hearing aid
26	AUQ_B	Audiometry	AUQ170	Worn hearing aid in past 12 months
27	AUQ_B	Audiometry	AUQ180	How often wear hearing aid in past year
28	AUQ_B	Audiometry	AUQ190	Ears ringing, roaring, buzzing past year
29	AUQ_B	Audiometry	AUQ200	How often ringing, roaring, buzzing
30	AUQ_B	Audiometry	AUQ210	Firearm noise exposure outside work
31	AUQ_B	Audiometry	AUQ220	Use ear protection around firearm noise
32	AUQ_B	Audiometry	AUQ230	Loud noise exposure outside work
33	AUQ_B	Audiometry	AUQ240	Use ear protection around loud noise
34	BAQ_B	Balance	SEQN	Respondent sequence number
35	BAQ_B	Balance	BAQ010	Dizzy/balance/falling problems/past yr
36	BAQ_B	Balance	BAQ020A	Dizziness problems in past year
37	BAQ_B	Balance	BAQ020B	Balance problems in past year
38	BAQ_B	Balance	BAQ020C	Falling problems in past year
39	BAQ_B	Balance	BAQ030A	How long did dizziness last
40	BAQ_B	Balance	BAQ030B	How long did balance problem last
41	BAQ_B	Balance	BAQ040	Get dizzy when turn over in bed
42	BAQ_B	Balance	BAQ060A	Off balance due to cold or flu
43	BAQ_B	Balance	BAQ060B	Off balance due to injury or accident
44	BAQ_B	Balance	BAQ060C	Off balance due to drugs or medicine
45	BAQ_B	Balance	BAQ060D	Off balance due to aging

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Item #	Data File	Component	Item ID	Label
46	BAQ_B	Balance	BAQ060E	Off balance due to surgery
47	BAQ_B	Balance	BAQ060F	Off balance due to hearing problem
48	BAQ_B	Balance	BAQ060G	Off balance due to vision problem
49	BAQ_B	Balance	BAQ060H	Nothing related to balance problem
50	BAQ_B	Balance	BAQ070	Received treatment for dizziness/balance
51	BAQ_B	Balance	BAQ075	How long ago were you treated
52	BAQ_B	Balance	BAQ080A	Did treatment involve medication
53	BAQ_B	Balance	BAQ080B	Did treatment involve surgery to ear
54	BAQ_B	Balance	BAQ080C	Did treatment involve other type surgery
55	BAQ_B	Balance	BAQ080D	Did treatment involve exercises
56	BAQ_B	Balance	BAQ090	Treatment affect on dizziness/balance
57	BAQ_B	Balance	BAQ100	Blood relative dizziness/balance problem
58	BPQ_B	Blood Pressure	SEQN	Respondent sequence number
59	BPQ_B	Blood Pressure	BPQ010	Last blood pressure reading by doctor
60	BPQ_B	Blood Pressure	BPQ020	Ever told you had high blood pressure
61	BPQ_B	Blood Pressure	BPQ030	Told had high blood pressure - 2+ times
62	BPQ_B	Blood Pressure	BPQ040A	Taking prescription for hypertension
63	BPQ_B	Blood Pressure	BPQ040B	Told to control weight for hypertension
64	BPQ_B	Blood Pressure	BPQ040C	Told to reduce sodium for hypertension
65	BPQ_B	Blood Pressure	BPQ040D	Told to exercise more for hypertension
66	BPQ_B	Blood Pressure	BPQ040E	Told to reduce alcohol for hypertension

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Item #	Data File	Component	Item ID	Label
67	BPQ_B	Blood Pressure	BPQ040F	Told to do other things for hypertension
68	BPQ_B	Blood Pressure	BPQ043A	Told to stop smoking for hypertension
69	BPQ_B	Blood Pressure	BPQ043B	Told to increase potassium for hypertension
70	BPQ_B	Blood Pressure	BPQ043C	Told of other diet changes for hypertension
71	BPQ_B	Blood Pressure	BPQ043D	Told to do other things for hypertension
72	BPQ_B	Blood Pressure	BPQ050A	Now taking prescribed medicine
73	BPQ_B	Blood Pressure	BPQ050B	Now controlling weight
74	BPQ_B	Blood Pressure	BPQ050C	Now reducing salt/sodium
75	BPQ_B	Blood Pressure	BPQ050D	Now exercising more
76	BPQ_B	Blood Pressure	BPQ050E	Now reducing alcohol consumption
77	BPQ_B	Blood Pressure	BPQ060	Ever had blood cholesterol checked
78	BPQ_B	Blood Pressure	BPQ070	When blood cholesterol last checked
79	BPQ_B	Blood Pressure	BPQ080	Doctor told you - high cholesterol level
80	BPQ_B	Blood Pressure	BPQ090A	Told to eat less fat for cholesterol
81	BPQ_B	Blood Pressure	BPQ090B	Told to reduce weight for cholesterol
82	BPQ_B	Blood Pressure	BPQ090C	Told to exercise more for cholesterol
83	BPQ_B	Blood Pressure	BPQ090D	Told to take prescription for cholesterol
84	BPQ_B	Blood Pressure	BPQ100A	Now eating fewer high fat foods
85	BPQ_B	Blood Pressure	BPQ100B	Now controlling weight
86	BPQ_B	Blood Pressure	BPQ100C	Now increasing exercise
87	BPQ_B	Blood Pressure	BPQ100D	Now taking prescribed medicine
88	BPQ_B	Blood Pressure	BPD110A	Eating fewer high fat foods on own
89	BPQ_B	Blood Pressure	BPD110B	Controlling weight on own
90	BPQ_B	Blood Pressure	BPD110C	Increasing exercise on own

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Item #	Data File	Component	Item ID	Label
91	BPQ_B	Blood Pressure	BPD120	Eating fewer high fat foods on own
92	BPQ_B	Blood Pressure	BPD130	Controlling weight on own
93	BPQ_B	Blood Pressure	BPD140	Increasing exercise on own
94	CDQ_B	Cardiovascular Disease and Health	SEQN	Respondent sequence number
95	CDQ_B	Cardiovascular Disease and Health	CDQ001	SP ever had pain or discomfort in chest
96	CDQ_B	Cardiovascular Disease and Health	CDQ002	SP get it walking uphill or in a hurry
97	CDQ_B	Cardiovascular Disease and Health	CDQ003	During an ordinary pace on level ground
98	CDQ_B	Cardiovascular Disease and Health	CDQ004	If so does SP continue or slow down
99	CDQ_B	Cardiovascular Disease and Health	CDQ005	Does standing relieve pain/discomfort
100	CDQ_B	Cardiovascular Disease and Health	CDQ006	How soon is the pain relieved
101	CDQ_B	Cardiovascular Disease and Health	CDQ009A	Pain in right arm
102	CDQ_B	Cardiovascular Disease and Health	CDQ009B	Pain in right chest
103	CDQ_B	Cardiovascular Disease and Health	CDQ009C	Pain in neck
104	CDQ_B	Cardiovascular Disease and Health	CDQ009D	Pain in upper sternum
105	CDQ_B	Cardiovascular Disease and Health	CDQ009E	Pain in lower sternum
106	CDQ_B	Cardiovascular Disease and Health	CDQ009F	Pain in left chest
107	CDQ_B	Cardiovascular Disease and Health	CDQ009G	Pain in left arm
108	CDQ_B	Cardiovascular Disease and Health	CDQ009H	Pain in epigastric area
109	CDQ_B	Cardiovascular Disease and Health	CDQ008	Severe pain in chest more than half hour
110	CDQ_B	Cardiovascular Disease and Health	CDQ010	Shortness of breath on stairs/inclines
111	CFQ_B	Cognitive Functioning	SEQN	Respondent sequence number
112	CFQ_B	Cognitive Functioning	CFD010	Can do exercise without distraction?
113	CFQ_B	Cognitive Functioning	CFQ020	Usually wear glasses to read?

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Item #	Data File	Component	Item ID	Label
114	CFQ_B	Cognitive Functioning	CFD030	Has SP completed sample exercise?
115	CFQ_B	Cognitive Functioning	CFD040	Reason unable to complete sample
116	CFQ_B	Cognitive Functioning	CFD050	DSS Exercise completion result
117	CFQ_B	Cognitive Functioning	CFDFINSH	Number complete
118	CFQ_B	Cognitive Functioning	CFDRIGHT	Score: number correct
119	DBQ_B	Diet Behavior and Nutrition	SEQN	Respondent sequence number
120	DBQ_B	Diet Behavior and Nutrition	DBQ010	Ever breastfed or fed breastmilk
121	DBQ_B	Diet Behavior and Nutrition	DBD020	Age started eating other foods (days)
122	DBQ_B	Diet Behavior and Nutrition	DBD030	Age stopped breastfeeding(days)
123	DBQ_B	Diet Behavior and Nutrition	DBD040	Age first fed formula daily (days)
124	DBQ_B	Diet Behavior and Nutrition	DBD050	Age stopped receiving formula (days)
125	DBQ_B	Diet Behavior and Nutrition	DBD060	Age first fed milk daily basis (days)
126	DBQ_B	Diet Behavior and Nutrition	DBD071a	Type of milk first fed - whole milk
127	DBQ_B	Diet Behavior and Nutrition	DBD071b	Type of milk first fed - 2% milk
128	DBQ_B	Diet Behavior and Nutrition	DBD071c	Type of milk first fed - 1% milk
129	DBQ_B	Diet Behavior and Nutrition	DBD071d	Type of milk first fed - skim/nonfat
130	DBQ_B	Diet Behavior and Nutrition	DBD071u	Type of milk first fed - other
131	DBQ_B	Diet Behavior and Nutrition	DBD080	Age started eating solid foods (days)
132	DBQ_B	Diet Behavior and Nutrition	DBD090	# of times/week eat restaurant food
133	DBQ_B	Diet Behavior and Nutrition	DBD102	# Times/month eat dark green vegetables
134	DBQ_B	Diet Behavior and Nutrition	DBD103	#Times/month eat cooked dried beans/peas
135	DBQ_B	Diet Behavior and Nutrition	DBD196	Past 30 day milk product consumption
136	DBQ_B	Diet Behavior and Nutrition	DBD221a	You drink whole or regular milk
137	DBQ_B	Diet Behavior and Nutrition	DBD221b	You drink 2% fat milk

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Item #	Data File	Component	Item ID	Label
138	DBQ_B	Diet Behavior and Nutrition	DBD221c	You drink 1% fat milk
139	DBQ_B	Diet Behavior and Nutrition	DBD221d	You drink skim, nonfat or .5% milk
140	DBQ_B	Diet Behavior and Nutrition	DBD221u	You drink another type of milk
141	DBQ_B	Diet Behavior and Nutrition	DBD229	Regular milk drinker
142	DBQ_B	Diet Behavior and Nutrition	DBD235ae	How often drank milk age 5-12
143	DBQ_B	Diet Behavior and Nutrition	DBD235be	How often drank milk age 13-17
144	DBQ_B	Diet Behavior and Nutrition	DBD235ce	How often drank milk age 18-35
145	DBQ_B	Diet Behavior and Nutrition	DBD301	Community/Government meals delivered
146	DBQ_B	Diet Behavior and Nutrition	DBQ330	Eat meals at Community/Senior center
147	DBQ_B	Diet Behavior and Nutrition	DBQ360	Attend kindergarten thru high school
148	DBQ_B	Diet Behavior and Nutrition	DBQ370	School serves school lunches
149	DBQ_B	Diet Behavior and Nutrition	DBD381	# of times/week get school lunch
150	DBQ_B	Diet Behavior and Nutrition	DBQ390	School lunch free, reduced or full price
151	DBQ_B	Diet Behavior and Nutrition	DBQ400	School serve complete breakfast each day
152	DBQ_B	Diet Behavior and Nutrition	DBD411	#of times/week get school breakfast
153	DBQ_B	Diet Behavior and Nutrition	DBD421	School breakfast free/reduced/full price
154	DEQ_B	Dermatology	SEQN	Respondent sequence number
155	DEQ_B	Dermatology	DED011	# moles at least 1/4 inch in diameter
156	DEQ_B	Dermatology	DED021	Natural hair color at age 18
157	DEQ_B	Dermatology	DED031	Skin reaction to sun after non-exposure
158	DEQ_B	Dermatology	DED041	Ever told by doctor you had melanoma
159	DEQ_B	Dermatology	DED051	Close blood relative have melanoma

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Item #	Data File	Component	Item ID	Label
160	DEQ_B	Dermatology	DED061	Dermatitis, eczema, rash in past year
161	DEQ_B	Dermatology	DED071	Have dermatitis, eczema, rash now
162	DEQ_B	Dermatology	DED082A	Hands affected by skin condition
163	DEQ_B	Dermatology	DED082B	Arms affected by skin condition
164	DEQ_B	Dermatology	DED082C	Head, face or neck skin affected
165	DEQ_B	Dermatology	DED082D	Torso affected by skin condition
166	DEQ_B	Dermatology	DED082E	Legs affected by skin condition
167	DEQ_B	Dermatology	DED082F	Shoulder affected by skin condition
168	DEQ_B	Dermatology	DED082G	Groin affected by skin condition
169	DEQ_B	Dermatology	DED082H	Buttocks affected by skin condition
170	DEQ_B	Dermatology	DED082I	Feet affected by skin condition
171	DEQ_B	Dermatology	DED082J	Other area affected by skin condition
172	DIQ_B	Diabetes	SEQN	Respondent sequence number
173	DIQ_B	Diabetes	DIQ010	Doctor told you have diabetes
174	DIQ_B	Diabetes	DID040G	Age when first told you had diabetes
175	DIQ_B	Diabetes	DID040Q	Number of years of age
176	DIQ_B	Diabetes	DIQ050	Taking insulin now
177	DIQ_B	Diabetes	DID060G	How long taking insulin
178	DIQ_B	Diabetes	DID060Q	Number of mos/yr taking insulin
179	DIQ_B	Diabetes	DIQ060U	Unit of measure (month/year)
180	DIQ_B	Diabetes	DIQ070	Take diabetic pills to lower blood sugar
181	DIQ_B	Diabetes	DIQ080	Diabetes affected eyes/had retinopathy
182	DIQ_B	Diabetes	DIQ090	Ulcer/sore not healed within 4 weeks
183	DIQ_B	Diabetes	DIQ100	Numbness in hands/feet-past 3 mos
184	DIQ_B	Diabetes	DIQ110	Numbness in hands, feet or both

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Item #	Data File	Component	Item ID	Label
185	DIQ_B	Diabetes	DIQ120	Pain/tingling in hands/feet - past 3 mos
186	DIQ_B	Diabetes	DIQ130	Pain/tingling in hands,feet or both
187	DIQ_B	Diabetes	DIQ140	Pain in either leg while walking
188	DIQ_B	Diabetes	DIQ150	Pain in calf or calves
189	DSQ1_B	Dietary Supplement Use: Supplement Counts	SEQN	Respondent sequence number
190	DSQ1_B	Dietary Supplement Use: Supplement Counts	DSD010	Any dietary supplements taken?
191	DSQ1_B	Dietary Supplement Use: Supplement Counts	DSDCOUNT	Total # of dietary supplements taken
192	DSQ2_B	Dietary Supplement Use: Participant's Use	SEQN	Respondent sequence number
193	DSQ2_B	Dietary Supplement Use: Participant's Use	DSDSUPID	Supplement ID number
194	DSQ2_B	Dietary Supplement Use: Participant's Use	DSDSUPP	Supplement name
195	DSQ2_B	Dietary Supplement Use: Participant's Use	DSD070	Was container seen?
196	DSQ2_B	Dietary Supplement Use: Participant's Use	DSDMTCH	Matching code
197	DSQ2_B	Dietary Supplement Use: Participant's Use	DSD090	How long supplement taken (days)?
198	DSQ2_B	Dietary Supplement Use: Participant's Use	DSD103	Days supplement taken, past 30 days
199	DSQ2_B	Dietary Supplement Use: Participant's Use	DSD122Q	Quantity of supplement taken daily
200	DSQ2_B	Dietary Supplement Use: Participant's Use	DSD122U	Dosage form

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Item #	Data File	Component	Item ID	Label
201	DSQ2_B	Dietary Supplement Use: Participant's Use	DSDANTA	Antacid reported as a dietary supplement
202	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSUPID	SUPPLEMENT ID NUMBER
203	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSUPP	SUPPLEMENT NAME
204	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSRCE	SUPPLEMENT INFORMATION SOURCE
205	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDTYPE	FORMULATION TYPE
206	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSERVQ	SERVING SIZE QUANTITY
207	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSERVU	SERVING SIZE UNIT
208	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDSERVA	ALTERNATIVE SERVING SIZE
209	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDCNTV	COUNT OF VITAMINS IN THE SUPPLEMENT
210	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDCNTM	COUNT OF MINERALS IN THE SUPPLEMENT
211	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDCNTA	COUNT OF AMINO ACIDS IN THE SUPPLEMENT
212	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDCNTB	COUNT OF BOTANICALS IN THE SUPPLEMENT
213	DSQ3_B	Dietary Supplement Use: Supplement Info.	DSDCNTO	COUNT OF OTHER INGREDIENTS IN SUPPLEMENT
214	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDSUPID	SUPPLEMENT ID NUMBER

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Item #	Data File	Component	Item ID	Label
215	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDSUPP	SUPPLEMENT NAME
216	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDINGID	INGREDIENT ID NUMBER
217	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDINGR	INGREDIENT NAME
218	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDOPER	INGREDIENT OPERATOR
219	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDQTY	INGREDIENT QUANTITY
220	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDUNIT	INGREDIENT UNIT
221	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDCAT	INGREDIENT CATEGORY
222	DSQ4_B	Dietary Supplement Use: Ingredient Information	DSDBLFLG	BLEND FLAG
223	DSQ5_B	Dietary Supplement Use: Supplement Blend	DSDINGID	INGREDIENT ID NUMBER
224	DSQ5_B	Dietary Supplement Use: Supplement Blend	DSDINGR	INGREDIENT NAME
225	DSQ5_B	Dietary Supplement Use: Supplement Blend	DSDBCID	BLEND COMPONENT ID
226	DSQ5_B	Dietary Supplement Use: Supplement Blend	DSDBCNAM	BLEND COMPONENT NAME
227	DSQ5_B	Dietary Supplement Use: Supplement Blend	DSDBCCAT	BLEND COMPONENT CATEGORY
228	DUQ_B	Drug Use	SEQN	Respondent sequence number
229	DUQ_B	Drug Use	DUQ100	Ever used cocaine or other street drug
230	DUQ_B	Drug Use	DUQ110	#days used street drugs over past year

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Item #	Data File	Component	Item ID	Label
231	DUQ_B	Drug Use	DUQ120	Ever used a needle to take street drugs
232	DUQ_B	Drug Use	DUQ130	#days used needle for street drugs/year
233	ECQ_B	Early Childhood	SEQN	Respondent sequence number
234	ECQ_B	Early Childhood	ECD010	Mother's age when born
235	ECQ_B	Early Childhood	ECQ020	Mother smoked when pregnant
236	ECQ_B	Early Childhood	ECQ030	Mother quit smoking while pregnant
237	ECQ_B	Early Childhood	ECQ040	Mother quit smoking while pregnant (mo)
238	ECQ_B	Early Childhood	ECQ060	Receive newborn care at health facility
239	ECQ_B	Early Childhood	ECD070A	Weight at birth, pounds
240	ECQ_B	Early Childhood	ECD070B	Weight at birth, ounces
241	ECQ_B	Early Childhood	ECQ080	Weight more/less than 5.5 lbs
242	ECQ_B	Early Childhood	ECQ090	Weight more/less than 9.0 lbs
243	ECQ_B	Early Childhood	ECQ100	Ever attend day care or preschool
244	ECQ_B	Early Childhood	ECQ110	Now attend day care or preschool
245	ECQ_B	Early Childhood	FSQ121	Now attend headstart
246	FSQ_B	Food Security	SEQN	Respondent sequence number
247	FSQ_B	Food Security	FSD160	Household WIC received
248	FSQ_B	Food Security	FSD170N	No. people in HH authorized for fd stmps
249	FSQ_B	Food Security	FSD180	Authorized for fd stmps in last 12 mos
250	FSQ_B	Food Security	FSD190	No. mos authorized in last 12 mos
251	FSQ_B	Food Security	FSD200	Currently authorized for fd stmps
252	FSQ_B	Food Security	FSQ400	Adult cut or skipped meals

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Item #	Data File	Component	Item ID	Label
253	FSQ_B	Food Security	FSQ410	Adult days cut or skipped
254	FSQ_B	Food Security	FSQ420	Adult ate less
255	FSQ_B	Food Security	FSQ430	Adult hungry, didn't eat
256	FSQ_B	Food Security	FSQ440	Adult lost weight
257	FSQ_B	Food Security	FSD450	Adult not eat whole day
258	FSQ_B	Food Security	FSQ460	Adult days without eating
259	FSQ_B	Food Security	FSQ470	Child ate less than should
260	FSQ_B	Food Security	FSQ480	Child cut size of meals
261	FSQ_B	Food Security	FSQ490	Child hungry but no food
262	FSQ_B	Food Security	FSQ500	Child skipped meal
263	FSQ_B	Food Security	FSQ510	Child days skipped meal
264	FSQ_B	Food Security	FSD520	Child not eat whole day
265	FSQ_B	Food Security	FSD655	Child received WIC in past 12 months
266	FSQ_B	Food Security	FSD660C	Child currently receives WIC
267	FSQ_B	Food Security	FSD665	How long child receiving WIC?
268	FSQ_B	Food Security	FSQ650	Mom received WIC in past 12 months
269	FSQ_B	Food Security	FSD660M	Mom currently receives WIC
270	FSQ_B	Food Security	FSD670	How long mom receiving WIC?
271	FSQ_B	Food Security	HHfdsec	Household food security category
272	FSQ_B	Food Security	ADfdsec	Adult food security category
273	FSQ_B	Food Security	CHfdsec	Child food security category
274	HCQ_B	Hepatitis C Follow-Up Questionnaire	SEQN	Respondent sequence number
275	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCASCST1	Interview Status Code
276	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCASCCT1	Reasons for Not Done
277	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ020	Heard of Hepatitis C prior to letter?

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Item #	Data File	Component	Item ID	Label
278	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ030	First time told had Hepatitis C?
279	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ040	How long known infected?
280	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ060	Reason first tested for Hepatitis C?
281	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ070	Seen a doctor about test result?
282	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ080	Have a doctor's appointment?
283	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ090	Did doctor do additional tests?
284	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ100	What doctor told about test result?
285	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ110	Ever had a liver biopsy?
286	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ120	Doctor advised about medications?
287	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ130	Treated with these medicines?
288	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ140A	Not treated: unpleasant side effects
289	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ140B	Not treated: treatment self injected
290	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ140C	Not treated: treatment too expensive
291	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ140D	Not treated:waiting for better treatment
292	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ140E	Not treated: some other reason
293	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ150	Did doctor limit alcohol?
294	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ160	T/F: infection is permanent
295	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ170	T/F: HepC stops liver
296	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ180	T/F: look and feel fine
297	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ190	T/F: HepC from blood transfusion
298	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ200	T/F: HepC from shaking hands
299	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ210	T/F: HepC by kissing infected person
300	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ220	T/F: HepC from infected sex partner
301	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ230	T/F: HepC from birth, infected mother
302	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ240	T/F: HepC from sharp instrument

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Item #	Data File	Component	Item ID	Label
303	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ250	T/F: HepC from coworkers
304	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ260	T/F: HepC from injecting drugs
305	HCQ_B	Hepatitis C Follow-Up Questionnaire	HCQ270	Main respondent
306	HIQ_B	Health Insurance	SEQN	Respondent sequence number
307	HIQ_B	Health Insurance	HID010	Covered by health insurance
308	HIQ_B	Health Insurance	HID030A	Covered by private insurance
309	HIQ_B	Health Insurance	HID030B	Covered by Medicare
310	HIQ_B	Health Insurance	HID030C	Covered by Medicaid/CHIP
311	HIQ_B	Health Insurance	HID030D	Covered by other government insurance
312	HIQ_B	Health Insurance	HID030E	Covered by single service plan
313	HIQ_B	Health Insurance	HID040	Dental coverage included
314	HIQ_B	Health Insurance	HIQ210	Time when no insurance in past year?
315	HIQ_B	Health Insurance	HIQ220	How long since last insured
316	HOQ_B	Housing Characteristics	SEQN	Respondent sequence number
317	HOQ_B	Housing Characteristics	HOD010	Type of home
318	HOQ_B	Housing Characteristics	HOD030	How many apartments in building
319	HOQ_B	Housing Characteristics	HOD040	When was home built
320	HOQ_B	Housing Characteristics	HOD050	Number of rooms in home
321	HOQ_B	Housing Characteristics	HOD060	How many years family lived in home
322	HOQ_B	Housing Characteristics	HOQ065	Home owned, bought, rented, other
323	HOQ_B	Housing Characteristics	HOQ070	Source of tap water
324	HOQ_B	Housing Characteristics	HOQ080	Water treatment devices used or not
325	HOQ_B	Housing Characteristics	HOD140	Home painted in last 12 months
326	HOQ_B	Housing Characteristics	HOD150	Old paint scraped when home painted?

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Item #	Data File	Component	Item ID	Label
327	HOQ_B	Housing Characteristics	HOD160	Paint peeling, flaking, chipping inside
328	HOQ_B	Housing Characteristics	HOD170	Inside peeling area plus 22x26
329	HOQ_B	Housing Characteristics	HOD180	Number of rooms 22x26 peeling
330	HOQ_B	Housing Characteristics	HOD190	Outside paint peeling/flaking/chipping
331	HOQ_B	Housing Characteristics	HOD210	Outside peeling larger than door?
332	HOQ_B	Housing Characteristics	HOD220	Window, cabinet or wall renovation
333	HSQ_B	Current Health Status	SEQN	Respondent sequence number
334	HSQ_B	Current Health Status	HSD010	General health condition
335	HSQ_B	Current Health Status	HSQ470	no. of days physical health was not good
336	HSQ_B	Current Health Status	HSQ480	no. of days mental health was not good
337	HSQ_B	Current Health Status	HSQ490	inactive days due to phys./mental hlth
338	HSQ_B	Current Health Status	HSQ500	SP recent health - over past 4 weeks
339	HSQ_B	Current Health Status	HSQ510	SP have stomach or intestinal illness?
340	HSQ_B	Current Health Status	HSQ520	SP have flu, pneumonia, ear infection?
341	HSQ_B	Current Health Status	HSD570	SP donated blood in past 12 months?
342	HSQ_B	Current Health Status	HSQ580	How long ago was last blood donation?
343	HSQ_B	Current Health Status	HSQ590	Blood ever tested for HIV virus?
344	HSQ_B	Current Health Status	HSAQUEX	Source of Health Status Data
345	HUQ_B	Hospital Utilization	SEQN	Respondent sequence number
346	HUQ_B	Hospital Utilization	HUQ010	General health condition
347	HUQ_B	Hospital Utilization	HUQ020	Health now compared with 1 year ago
348	HUQ_B	Hospital Utilization	HUQ030	Routine place to go for healthcare

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Item #	Data File	Component	Item ID	Label
349	HUQ_B	Hospital Utilization	HUQ040	Type place most often go for healthcare
350	HUQ_B	Hospital Utilization	HUQ050	#Times receive healthcare over past year
351	HUQ_B	Hospital Utilization	HUQ060	How long since last healthcare visit
352	HUQ_B	Hospital Utilization	HUD070	Overnight hospital patient in last year
353	HUQ_B	Hospital Utilization	HUQ080	#Times overnite hospital patient/last yr
354	HUQ_B	Hospital Utilization	HUQ082	In long term care facility last 12 month
355	HUQ_B	Hospital Utilization	HUQ084	Total # of days in long term facility
356	HUQ_B	Hospital Utilization	HUQ086	Non SP HH member in care fac overnight
357	HUQ_B	Hospital Utilization	HUQ088a	Acute care facility
358	HUQ_B	Hospital Utilization	HUQ088b	Long term care facility
359	HUQ_B	Hospital Utilization	HUQ088c	Rehabilitation facility
360	HUQ_B	Hospital Utilization	HUQ090	Seen mental health professional /past yr
361	IMQ_B	Immunization	SEQN	Respondent sequence number
362	IMQ_B	Immunization	IMQ010	Received hepatitis A vaccine series
363	IMQ_B	Immunization	IMQ020	Received hepatitis B 3 dose series
364	IMQ_B	Immunization	IMQ030	Had pneumonia vaccination
365	KIQ_P_B	Prostate Conditions	SEQN	Respondent sequence number
366	KIQ_P_B	Prostate Conditions	KIQ081	Usually have trouble trying to urinate
367	KIQ_P_B	Prostate Conditions	KIQ101	Bladder feels empty after urinating
368	KIQ_P_B	Prostate Conditions	KIQ106	Diagnosed with prostate disease
369	KIQ_P_B	Prostate Conditions	KIQ121	Diagnosed with enlarged prostate
370	KIQ_P_B	Prostate Conditions	KIQ141	Enlargement was BPH

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Item #	Data File	Component	Item ID	Label
371	KIQ_P_B	Prostate Conditions	KIQ161	Age at first BPH diagnosis
372	KIQ_P_B	Prostate Conditions	KID182	Enlargement due to cancer
373	KIQ_P_B	Prostate Conditions	KIQ321	Ever had a PSA test
374	KIQ_P_B	Prostate Conditions	KIQ341	Ever had a rectal exam
375	KIQ_P_B	Prostate Conditions	KIQ361	DRE to check for prostate cancer
376	KIQ_P_B	Prostate Conditions	KIQ381	DRE to check for blood in stool
377	KIQ_P_B	Prostate Conditions	KIQ400	Ability to maintain an erection
378	KIQ_U_B	Urology and Kidney Conditions	SEQN	Respondent sequence number
379	KIQ_U_B	Urology and Kidney Conditions	KIQ022	Ever told you had weak/failing kidneys
380	KIQ_U_B	Urology and Kidney Conditions	KIQ025	Received dialysis in past 12 months
381	KIQ_U_B	Urology and Kidney Conditions	KIQ042	Leak urine during physical activities
382	KIQ_U_B	Urology and Kidney Conditions	KIQ043	How frequently does this occur
383	KIQ_U_B	Urology and Kidney Conditions	KIQ044	Urinated before reaching the toilet
384	KIQ_U_B	Urology and Kidney Conditions	KIQ045	Frequency with which this occurs
385	KIQ_U_B	Urology and Kidney Conditions	KIQ046	Leak urine during nonphysical activities
386	KIQ_U_B	Urology and Kidney Conditions	KIQ047	How frequently does this occur
387	KIQ_U_B	Urology and Kidney Conditions	KIQ050	How much did urine leakage bother you
388	KIQ_U_B	Urology and Kidney Conditions	KIQ052	How much were daily activities affected
389	KIQ_U_B	Urology and Kidney Conditions	KIDUQUEX	Flag for Source Questionnaire
390	MCQ_B	Medical Conditions	SEQN	Respondent sequence number
391	MCQ_B	Medical Conditions	MCQ010	Ever been told you have asthma
392	MCQ_B	Medical Conditions	MCQ025	Age when first had asthma
393	MCQ_B	Medical Conditions	MCQ035	Still have asthma

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Item #	Data File	Component	Item ID	Label
394	MCQ_B	Medical Conditions	MCQ040	Had asthma attack in past year
395	MCQ_B	Medical Conditions	MCQ050	Emergency care visit for asthma/past yr
396	MCQ_B	Medical Conditions	MCQ053	Taking treatment for anemia/past 3 mos
397	MCQ_B	Medical Conditions	MCQ060	Told have attention deficit disorder?
398	MCQ_B	Medical Conditions	MCQ080	Doctor ever said you were overweight
399	MCQ_B	Medical Conditions	MCQ083	Ever told you have learning disability
400	MCQ_B	Medical Conditions	MCQ092	Ever receive blood transfusion
401	MCQ_B	Medical Conditions	MCD093	Year receive blood transfusion
402	MCQ_B	Medical Conditions	MCQ114	Ever tested for lead poisoning
403	MCQ_B	Medical Conditions	MCQ117Q	How long since lead poisoning test
404	MCQ_B	Medical Conditions	MCQ117U	Months or years
405	MCQ_B	Medical Conditions	MCQ120A	Had hay fever in past year
406	MCQ_B	Medical Conditions	MCQ120B	Had 3 or more ear infections/past year
407	MCQ_B	Medical Conditions	MCQ120C	Had frequent/severe headaches/past yr
408	MCQ_B	Medical Conditions	MCQ120D	Stuttering/Stammering in past year
409	MCQ_B	Medical Conditions	MCQ140	Trouble seeing even with glass/contacts
410	MCQ_B	Medical Conditions	MCD147	Menstrual periods started yet?
411	MCQ_B	Medical Conditions	MCQ150G	School days missed from injury/illness
412	MCQ_B	Medical Conditions	MCQ150Q	# school days missed from injury/illness
413	MCQ_B	Medical Conditions	MCQ160A	Doctor ever said you had arthritis
414	MCQ_B	Medical Conditions	MCQ160B	Ever told had congestive heart failure

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Item #	Data File	Component	Item ID	Label
415	MCQ_B	Medical Conditions	MCQ160C	Ever told you had coronary heart disease
416	MCQ_B	Medical Conditions	MCQ160D	Ever told you had angina/angina pectoris
417	MCQ_B	Medical Conditions	MCQ160E	Ever told you had heart attack
418	MCQ_B	Medical Conditions	MCQ160F	Ever told you had a stroke
419	MCQ_B	Medical Conditions	MCQ160G	Ever told you had emphysema
420	MCQ_B	Medical Conditions	MCQ160J	Doctor said you were overweight
421	MCQ_B	Medical Conditions	MCQ160K	Ever told you had chronic bronchitis
422	MCQ_B	Medical Conditions	MCQ160L	Ever told you had any liver condition
423	MCQ_B	Medical Conditions	MCD160M	Ever told you had a thyroid problem
424	MCQ_B	Medical Conditions	MCQ170K	Do you still have chronic bronchitis
425	MCQ_B	Medical Conditions	MCQ170L	Do you still have a liver condition
426	MCQ_B	Medical Conditions	MCD170M	Do you still have a thyroid problem
427	MCQ_B	Medical Conditions	MCQ180A	Age when told you had arthritis
428	MCQ_B	Medical Conditions	MCQ180B	Age when told you had heart failure
429	MCQ_B	Medical Conditions	MCQ180C	Age when told had coronary heart disease
430	MCQ_B	Medical Conditions	MCQ180D	Age when told you had angina pectoris
431	MCQ_B	Medical Conditions	MCQ180E	Age when told you had heart attack
432	MCQ_B	Medical Conditions	MCQ180F	Age when told you had a stroke
433	MCQ_B	Medical Conditions	MCQ180G	Age when told you had emphysema
434	MCQ_B	Medical Conditions	MCQ180K	Age when told you had chronic bronchitis
435	MCQ_B	Medical Conditions	MCQ180L	Age when told you had a liver condition

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Item #	Data File	Component	Item ID	Label
436	MCQ_B	Medical Conditions	MCD180M	Age when told you had a thyroid problem
437	MCQ_B	Medical Conditions	MCQ190	Which type of arthritis
438	MCQ_B	Medical Conditions	MCQ220	Ever told you had cancer or malignancy
439	MCQ_B	Medical Conditions	MCQ230A	What kind of cancer
440	MCQ_B	Medical Conditions	MCQ230B	What kind of cancer
441	MCQ_B	Medical Conditions	MCQ230C	What kind of cancer
442	MCQ_B	Medical Conditions	MCQ230D	What kind of cancer
443	MCQ_B	Medical Conditions	MCQ240A	Age when bladder cancer first diagnosed
444	MCQ_B	Medical Conditions	MCQ240B	Age when blood cancer first diagnosed
445	MCQ_B	Medical Conditions	MCQ240C	Age when bone cancer first diagnosed
446	MCQ_B	Medical Conditions	MCQ240D	Age when brain cancer first diagnosed
447	MCQ_B	Medical Conditions	MCQ240E	Age when breast cancer first diagnosed
448	MCQ_B	Medical Conditions	MCQ240F	Age when cervical cancer first diagnosed
449	MCQ_B	Medical Conditions	MCQ240G	Age when colon cancer first diagnosed
450	MCQ_B	Medical Conditions	MCQ240H	Age esophageal cancer first diagnosed
451	MCQ_B	Medical Conditions	MCQ240I	Age gallbladder cancer first diagnosed
452	MCQ_B	Medical Conditions	MCQ240J	Age when kidney cancer first diagnosed
453	MCQ_B	Medical Conditions	MCQ240K	Age larynx/windpipe cancer diagnosed
454	MCQ_B	Medical Conditions	MCQ240L	Age when leukemia first diagnosed
455	MCQ_B	Medical Conditions	MCQ240M	Age when liver cancer first diagnosed
456	MCQ_B	Medical Conditions	MCQ240N	Age when lung cancer first diagnosed

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Item #	Data File	Component	Item ID	Label
457	MCQ_B	Medical Conditions	MCQ240O	Age lymphoma/Hodgkin's diagnosed
458	MCQ_B	Medical Conditions	MCQ240P	Age when melanoma first diagnosed
459	MCQ_B	Medical Conditions	MCQ240Q	Age mouth\tongue\lip cancer diagnosed
460	MCQ_B	Medical Conditions	MCQ240R	Age nervous system cancer diagnosed
461	MCQ_B	Medical Conditions	MCQ240S	Age when ovarian cancer first diagnosed
462	MCQ_B	Medical Conditions	MCQ240T	Age pancreatic cancer first diagnosed
463	MCQ_B	Medical Conditions	MCQ240U	Age prostate cancer first diagnosed
464	MCQ_B	Medical Conditions	MCQ240V	Age when rectal cancer first diagnosed
465	MCQ_B	Medical Conditions	MCQ240W	Age non-melanoma skin cancer diagnosed
466	MCQ_B	Medical Conditions	MCQ240X	Age unknown skin cancer first diagnosed
467	MCQ_B	Medical Conditions	MCQ240Y	Age soft tissue cancer first diagnosed
468	MCQ_B	Medical Conditions	MCQ240Z	Age stomach cancer first diagnosed
469	MCQ_B	Medical Conditions	MCQ240AA	Age testicular cancer first diagnosed
470	MCQ_B	Medical Conditions	MCQ240BB	Age when thyroid cancer first diagnosed
471	MCQ_B	Medical Conditions	MCQ240CC	Age when uterine cancer first diagnosed
472	MCQ_B	Medical Conditions	MCQ240DD	Age other type of cancer first diagnosed
473	MCQ_B	Medical Conditions	MCQ245A	Work days missed for illness/maternity
474	MCQ_B	Medical Conditions	MCQ245B	# of workdays missed
475	MCQ_B	Medical Conditions	MCQ250A	Blood relatives have diabetes
476	MCQ_B	Medical Conditions	MCQ250B	Blood relatives have Alzheimer's

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Item #	Data File	Component	Item ID	Label
477	MCQ_B	Medical Conditions	MCQ250C	Blood relatives have asthma
478	MCQ_B	Medical Conditions	MCQ250E	Blood relatives have osteoporosis
479	MCQ_B	Medical Conditions	MCQ250F	Blood relatives w/hypertension/stroke
480	MCQ_B	Medical Conditions	MCQ250G	Blood relatives have angina
481	MCQ_B	Medical Conditions	MCQ260AA	Blood relative-diabetes-mother
482	MCQ_B	Medical Conditions	MCQ260AB	Blood relative-diabetes-father
483	MCQ_B	Medical Conditions	MCQ260AC	Blood relative-diabetes-mother's mother
484	MCQ_B	Medical Conditions	MCQ260AD	Blood relative-diabetes-mother's father
485	MCQ_B	Medical Conditions	MCQ260AE	Blood relative-diabetes-father's mother
486	MCQ_B	Medical Conditions	MCQ260AF	Blood relative-diabetes-father's father
487	MCQ_B	Medical Conditions	MCQ260AG	Blood relative-diabetes-brother
488	MCQ_B	Medical Conditions	MCQ260AH	Blood relative-diabetes-sister
489	MCQ_B	Medical Conditions	MCQ260AI	Blood relative-diabetes-other
490	MCQ_B	Medical Conditions	MCQ260BA	Blood relative-Alzheimer's-mother
491	MCQ_B	Medical Conditions	MCQ260BB	Blood relative-Alzheimer's-father
492	MCQ_B	Medical Conditions	MCQ260BC	Blood relative-Alzheimer's-mom's mother
493	MCQ_B	Medical Conditions	MCQ260BD	Blood relative-Alzheimer's-mom's father
494	MCQ_B	Medical Conditions	MCQ260BE	Blood relative-Alzheimer's-dad's mother
495	MCQ_B	Medical Conditions	MCQ260BF	Blood relative-Alzheimer's-dad's father
496	MCQ_B	Medical Conditions	MCQ260BG	Blood relative-Alzheimer's-brother
497	MCQ_B	Medical Conditions	MCQ260BH	Blood relative-Alzheimer's-sister
498	MCQ_B	Medical Conditions	MCQ260BI	Blood relative-Alzheimer's-other

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Item #	Data File	Component	Item ID	Label
499	MCQ_B	Medical Conditions	MCQ260CA	Blood relative-asthma-mother
500	MCQ_B	Medical Conditions	MCQ260CB	Blood relative-asthma-father
501	MCQ_B	Medical Conditions	MCQ260CC	Blood relative-asthma-mother's mother
502	MCQ_B	Medical Conditions	MCQ260CD	Blood relative-asthma-mother's father
503	MCQ_B	Medical Conditions	MCQ260CE	Blood relative-asthma-father's mother
504	MCQ_B	Medical Conditions	MCQ260CF	Blood relative-asthma-father's father
505	MCQ_B	Medical Conditions	MCQ260CG	Blood relative-asthma-brother
506	MCQ_B	Medical Conditions	MCQ260CH	Blood relative-asthma-sister
507	MCQ_B	Medical Conditions	MCQ260CI	Blood relative-asthma-other
508	MCQ_B	Medical Conditions	MCQ260EA	Blood relative-osteoporosis-mother
509	MCQ_B	Medical Conditions	MCQ260EB	Blood relative-osteoporosis-father
510	MCQ_B	Medical Conditions	MCQ260EC	Blood relative-osteoporosis-mom's mother
511	MCQ_B	Medical Conditions	MCQ260ED	Blood relative-osteoporosis-mom's father
512	MCQ_B	Medical Conditions	MCQ260EE	Blood relative-osteoporosis-dad's mother
513	MCQ_B	Medical Conditions	MCQ260EF	Blood relative-osteoporosis-dad's father
514	MCQ_B	Medical Conditions	MCQ260EG	Blood relative-osteoporosis-brother
515	MCQ_B	Medical Conditions	MCQ260EH	Blood relative-osteoporosis-sister
516	MCQ_B	Medical Conditions	MCQ260EI	Blood relative-osteoporosis-other
517	MCQ_B	Medical Conditions	MCQ260FA	Blood relative-hypertension-mother
518	MCQ_B	Medical Conditions	MCQ260FB	Blood relative-hypertension-father
519	MCQ_B	Medical Conditions	MCQ260FC	Blood relative-hypertension-mom's mother

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Item #	Data File	Component	Item ID	Label
520	MCQ_B	Medical Conditions	MCQ260FD	Blood relative-hypertension-mom's father
521	MCQ_B	Medical Conditions	MCQ260FE	Blood relative-hypertension-dad's mother
522	MCQ_B	Medical Conditions	MCQ260FF	Blood relative-hypertension-dad's father
523	MCQ_B	Medical Conditions	MCQ260FG	Blood relative-hypertension-brother
524	MCQ_B	Medical Conditions	MCQ260FH	Blood relative-hypertension-sister
525	MCQ_B	Medical Conditions	MCQ260FI	Blood relative-hypertension-other
526	MCQ_B	Medical Conditions	MCQ260GA	Blood relative-heart attack-mother
527	MCQ_B	Medical Conditions	MCQ260GB	Blood relative-heart attack-father
528	MCQ_B	Medical Conditions	MCQ260GC	Blood relative-heart attack-mom's mother
529	MCQ_B	Medical Conditions	MCQ260GD	Blood relative-heart attack-mom's father
530	MCQ_B	Medical Conditions	MCQ260GE	Blood relative-heart attack-dad's mother
531	MCQ_B	Medical Conditions	MCQ260GF	Blood relative-heart attack-dad's father
532	MCQ_B	Medical Conditions	MCQ260GG	Blood relative-heart attack-brother
533	MCQ_B	Medical Conditions	MCQ260GH	Blood relative-heart attack-sister
534	MCQ_B	Medical Conditions	MCQ260GI	Blood relative-heart attack-other
535	MCQ_B	Medical Conditions	MCQ270	Your mother ever fracture hip
536	MCQ_B	Medical Conditions	MCQ280	Mother's age when fractured hip
537	MCQ_B	Medical Conditions	MCQ290	Mother under/over 50 when fracture hip
538	MPQ_B	Miscellaneous Pain	SEQN	Respondent sequence number
539	MPQ_B	Miscellaneous Pain	MPQ010	Joint pain/aching/stiffness in past year

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Item #	Data File	Component	Item ID	Label
540	MPQ_B	Miscellaneous Pain	MPQ020	Symptoms present for most of month?
541	MPQ_B	Miscellaneous Pain	MPQ030	Symptoms begin only because of injury
542	MPQ_B	Miscellaneous Pain	MPD040	# wks have joint pain symptoms
543	MPQ_B	Miscellaneous Pain	MPD050a	Right shoulder affected
544	MPQ_B	Miscellaneous Pain	MPD050b	Left shoulder affected
545	MPQ_B	Miscellaneous Pain	MPD050c	Right elbow affected
546	MPQ_B	Miscellaneous Pain	MPD050d	Left elbow affected
547	MPQ_B	Miscellaneous Pain	MPD050e	Right hip affected
548	MPQ_B	Miscellaneous Pain	MPD050f	Left hip affected
549	MPQ_B	Miscellaneous Pain	MPD050g	Right wrist affected
550	MPQ_B	Miscellaneous Pain	MPD050h	Left wrist affected
551	MPQ_B	Miscellaneous Pain	MPD050i	Right knee affected
552	MPQ_B	Miscellaneous Pain	MPD050j	Left knee affected
553	MPQ_B	Miscellaneous Pain	MPD050k	Right ankle affected
554	MPQ_B	Miscellaneous Pain	MPD050l	Left ankle affected
555	MPQ_B	Miscellaneous Pain	MPD050m	Right toes affected
556	MPQ_B	Miscellaneous Pain	MPD050n	Left toes affected
557	MPQ_B	Miscellaneous Pain	MPD050o	Right fingers/thumb affected
558	MPQ_B	Miscellaneous Pain	MPD050p	Left fingers/thumb affected
559	MPQ_B	Miscellaneous Pain	MPQ060	Neck pain over last three months
560	MPQ_B	Miscellaneous Pain	MPQ070	Low back pain
561	MPQ_B	Miscellaneous Pain	MPQ080	Pain down either leg below knee
562	MPQ_B	Miscellaneous Pain	MPQ090	Severe headaches or migraines
563	MPQ_B	Miscellaneous Pain	MPQ100	Pain problem lasting more than 24 hrs
564	MPQ_B	Miscellaneous Pain	MPQ110	How long experience this pain

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Item #	Data File	Component	Item ID	Label
565	MPQ_B	Miscellaneous Pain	MPQ120a	Head affected
566	MPQ_B	Miscellaneous Pain	MPQ120b	Face/dental affected
567	MPQ_B	Miscellaneous Pain	MPQ120c	Right shoulder/girdle affected
568	MPQ_B	Miscellaneous Pain	MPQ120d	Left shoulder/girdle affected
569	MPQ_B	Miscellaneous Pain	MPQ120e	Right upper arm affected
570	MPQ_B	Miscellaneous Pain	MPQ120f	Left upper arm affected
571	MPQ_B	Miscellaneous Pain	MPQ120g	Right mid-arm affected
572	MPQ_B	Miscellaneous Pain	MPQ120h	Left mid-arm affected
573	MPQ_B	Miscellaneous Pain	MPQ120i	Right lower arm affected
574	MPQ_B	Miscellaneous Pain	MPQ120j	Left lower arm affected
575	MPQ_B	Miscellaneous Pain	MPQ120k	Right upper back affected
576	MPQ_B	Miscellaneous Pain	MPQ120l	Left upper back affected
577	MPQ_B	Miscellaneous Pain	MPQ120m	Right lower back affected
578	MPQ_B	Miscellaneous Pain	MPQ120n	Left lower back affected
579	MPQ_B	Miscellaneous Pain	MPQ120o	Right buttock affected
580	MPQ_B	Miscellaneous Pain	MPQ120p	Left buttock affected
581	MPQ_B	Miscellaneous Pain	MPQ120q	Right upper leg affected
582	MPQ_B	Miscellaneous Pain	MPQ120r	Left upper leg affected
583	MPQ_B	Miscellaneous Pain	MPQ120s	Right mid-leg affected
584	MPQ_B	Miscellaneous Pain	MPQ120t	Left mid-leg affected
585	MPQ_B	Miscellaneous Pain	MPQ120u	Right lower leg affected
586	MPQ_B	Miscellaneous Pain	MPQ120v	Left lower leg affected
587	MPQ_B	Miscellaneous Pain	MPQ120w	Neck affected
588	MPQ_B	Miscellaneous Pain	MPQ120x	Sternum affected
589	MPQ_B	Miscellaneous Pain	MPQ120y	Right chest affected

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Item #	Data File	Component	Item ID	Label
590	MPQ_B	Miscellaneous Pain	MPQ120z	Left chest affected
591	MPQ_B	Miscellaneous Pain	MPQ120aa	Abdomen affected
592	MPQ_B	Miscellaneous Pain	MPQ120ab	Spine affected
593	MPQ_B	Miscellaneous Pain	MPQ120ac	Right hand affected
594	MPQ_B	Miscellaneous Pain	MPQ120ad	Left hand affected
595	MPQ_B	Miscellaneous Pain	MPQ120ae	Right foot affected
596	MPQ_B	Miscellaneous Pain	MPQ120af	Left foot affected
597	OCQ_B	Occupation	SEQN	Respondent sequence number
598	OCQ_B	Occupation	OCD150	Type of work done last week
599	OCQ_B	Occupation	OCD180	Hours worked last week at all jobs
600	OCQ_B	Occupation	OCQ210	Usually work 35 or more hours per week
601	OCQ_B	Occupation	OCD230	Industry group code: current job
602	OCQ_B	Occupation	OCD240	Occupation group code: current job
603	OCQ_B	Occupation	OCQ260	Description of job/work situation
604	OCQ_B	Occupation	OCD270	Number of months working in the main job
605	OCQ_B	Occupation	OCQ290G	Smell tobacco smoke at work
606	OCQ_B	Occupation	OCQ290Q	# Hrs/day smell tobacco smoke at work
607	OCQ_B	Occupation	OCD310B	Hearing protection used, current job?
608	OCQ_B	Occupation	OCQ340	Loud job noise, ever exposed, 3 months?
609	OCQ_B	Occupation	OCQ350	Currently exposed to loud noise at work
610	OCQ_B	Occupation	OCQ360	Avg # hours loud noise exposure now
611	OCQ_B	Occupation	OCQ380	Main reason did not work last week

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Item #	Data File	Component	Item ID	Label
612	OCQ_B	Occupation	OCD390G	Kind of work you have done the longest
613	OCQ_B	Occupation	OCD390	Occupation group code: longest job
614	OCQ_B	Occupation	OCD395	Duration of longest job (months)
615	OCQ_B	Occupation	OCQ420	Loud job noise, ever exposed, 3 months?
616	OCQ_B	Occupation	OCQ430	Loud job noise: 3 months on longest job?
617	OCQ_B	Occupation	OCQ440	# hours/day constant loud noise on job
618	OCQ_B	Occupation	OCQ450	Wear ear protection during work
619	OCQ_B	Occupation	OCQ470G	Kind of job held when had asthma
620	OCQ_B	Occupation	OCD470	Occupation group code: job asthma began
621	OCQ_B	Occupation	OCD480	Industry group code: job asthma began
622	OHQ_B	Oral Health	SEQN	Respondent sequence number
623	OHQ_B	Oral Health	OHQ010	General condition of mouth and teeth
624	OHQ_B	Oral Health	OHQ020	Limit foods because of teeth problems
625	OHQ_B	Oral Health	OHQ030	When did you last visit a dentist
626	OHQ_B	Oral Health	OHQ033	Main reason for last dental visit
627	OHQ_B	Oral Health	OHQ040	Routine checkups over past 3 yrs
628	OHQ_B	Oral Health	OHQ050	Routine checkups frequency past 3 yrs
629	OHQ_B	Oral Health	OHQ060	Regular dentist/lab you visit for care
630	OHQ_B	Oral Health	OHQ070Q	How long use this dentist/lab as regular
631	OHQ_B	Oral Health	OHQ070U	Unit of measure (days/wks/mos/yrs)
632	OHQ_B	Oral Health	OHQ085	Sip liquids to aid swallowing foods

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Item #	Data File	Component	Item ID	Label
633	OHQ_B	Oral Health	OHQ095	Amount of saliva in mouth
634	OHQ_B	Oral Health	OHQ105	Difficulties swallowing foods
635	OHQ_B	Oral Health	OHQ115	Mouth feel dry when eating meal
636	OSQ_B	Osteoporosis	SEQN	Respondent sequence number
637	OSQ_B	Osteoporosis	OSQ010a	Broken or fractured a hip
638	OSQ_B	Osteoporosis	OSQ010b	Broken or fractured a wrist
639	OSQ_B	Osteoporosis	OSQ010c	Broken or fractured spine
640	OSQ_B	Osteoporosis	OSQ020a	# Times broken/fractured hip
641	OSQ_B	Osteoporosis	OSQ020b	# Times broken/fractured wrist
642	OSQ_B	Osteoporosis	OSQ020c	# Times broken/fractured spine
643	OSQ_B	Osteoporosis	OSQ030aa	Age when fractured hip 1st time
644	OSQ_B	Osteoporosis	OSQ040aa	Under/over 50 when fracd. hip 1st time
645	OSQ_B	Osteoporosis	OSD050aa	Reason hip fracture occurred 1st time
646	OSQ_B	Osteoporosis	OSQ030ab	Age when fractured hip 2nd time
647	OSQ_B	Osteoporosis	OSQ040ab	Under/over 50 when fracd. hip 2nd time
648	OSQ_B	Osteoporosis	OSD050ab	Reason hip fracture occurred 2nd time
649	OSQ_B	Osteoporosis	OSQ030ac	Age when fractured hip 3rd time
650	OSQ_B	Osteoporosis	OSQ040ac	Under/over 50 when fracd. hip 3rd time
651	OSQ_B	Osteoporosis	OSD050ac	Reason hip fracture occurred 3rd time
652	OSQ_B	Osteoporosis	OSQ030ba	Age when fractured wrist 1st time
653	OSQ_B	Osteoporosis	OSQ040ba	Under/over 50 when fracd. wrist 1st time
654	OSQ_B	Osteoporosis	OSD050ba	Reason wrist fracture occurred 1st time
655	OSQ_B	Osteoporosis	OSQ030bb	Age when fractured wrist 2nd time

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Item #	Data File	Component	Item ID	Label
656	OSQ_B	Osteoporosis	OSQ040bb	Under/over 50 when fracd. wrist 2nd time
657	OSQ_B	Osteoporosis	OSD050bb	Reason wrist fracture occurred 2nd time
658	OSQ_B	Osteoporosis	OSQ030bc	Age when fractured wrist 3rd time
659	OSQ_B	Osteoporosis	OSQ040bc	Under/over 50 when fracd. wrist 3rd time
660	OSQ_B	Osteoporosis	OSD050bc	Reason wrist fracture occurred 3rd time
661	OSQ_B	Osteoporosis	OSQ030bd	Age when fractured wrist 4th time
662	OSQ_B	Osteoporosis	OSQ040bd	Under/over 50 when fracd. wrist 4th time
663	OSQ_B	Osteoporosis	OSD050bd	Reason wrist fracture occurred 4th time
664	OSQ_B	Osteoporosis	OSQ030be	Age when fractured wrist 5th time
665	OSQ_B	Osteoporosis	OSQ040be	Under/over 50 when fracd. wrist 5th time
666	OSQ_B	Osteoporosis	OSQ030ca	Age when fractured spine 1st time
667	OSQ_B	Osteoporosis	OSQ040ca	Under/over 50 when fracd. spine 1st time
668	OSQ_B	Osteoporosis	OSD050ca	Reason spine fracture occurred 1st time
669	OSQ_B	Osteoporosis	OSQ030cb	Age when fractured spine 2nd time
670	OSQ_B	Osteoporosis	OSQ040cb	Under/over 50 when fracd. spine 2nd time
671	OSQ_B	Osteoporosis	OSD050cb	Reason spine fracture occurred 2nd time
672	OSQ_B	Osteoporosis	OSQ030cc	Age when fractured spine 3rd time

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Item #	Data File	Component	Item ID	Label
673	OSQ_B	Osteoporosis	OSQ040cc	Under/over 50 when fractd. spine 3rd time
674	OSQ_B	Osteoporosis	OSD050cc	Reason spine fracture occurred 3rd time
675	OSQ_B	Osteoporosis	OSQ030cd	Age when fractured spine 4th time
676	OSQ_B	Osteoporosis	OSQ040cd	Under/over 50 when fractd. spine 4th time
677	OSQ_B	Osteoporosis	OSD050cd	Reason spine fracture occurred 4th time
678	OSQ_B	Osteoporosis	OSQ030ce	Age when fractured spine 5th time
679	OSQ_B	Osteoporosis	OSQ040ce	Under/over 50 when fractd. spine 5th time
680	OSQ_B	Osteoporosis	OSD050ce	Reason spine fracture occurred 5th time
681	OSQ_B	Osteoporosis	OSQ030cf	Age when fractured spine 6th time
682	OSQ_B	Osteoporosis	OSQ040cf	Under/over 50 when fractd. spine 6th time
683	OSQ_B	Osteoporosis	OSD050cf	Reason spine fracture occurred 6th time
684	OSQ_B	Osteoporosis	OSQ060	Ever told had osteoporosis/brittle bones
685	OSQ_B	Osteoporosis	OSQ070	Ever treated for osteoporosis
686	PAQ_B	Physical Activity	SEQN	Respondent sequence number
687	PAQ_B	Physical Activity	PAD020	Walked or bicycled over past 30 days
688	PAQ_B	Physical Activity	PAQ050Q	# times walked or bicycled
689	PAQ_B	Physical Activity	PAQ050U	Unit of measure (day/week/month)
690	PAQ_B	Physical Activity	PAD080	How long per day (minutes)
691	PAQ_B	Physical Activity	PAQ100	Tasks around home/yard past 30 days

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Item #	Data File	Component	Item ID	Label
692	PAQ_B	Physical Activity	PAD120	# of times past 30 days
693	PAQ_B	Physical Activity	PAD160	How long each time (minutes)
694	PAQ_B	Physical Activity	PAQ180	Avg level of physical activity each day
695	PAQ_B	Physical Activity	PAD200	Vigorous activity over past 30 days
696	PAQ_B	Physical Activity	PAD320	Moderate activity over past 30 days
697	PAQ_B	Physical Activity	PAD440	Muscle strengthening activities
698	PAQ_B	Physical Activity	PAD460	Number of times past 30 days
699	PAQ_B	Physical Activity	PAD480	Daily hours of TV, video or computer use
700	PAQ_B	Physical Activity	PAQ500	Activity comparison last mo - last yr
701	PAQ_B	Physical Activity	PAQ520	Compare activity w/others same age
702	PAQ_B	Physical Activity	PAQ540	Compare activity with 10 years ago
703	PAQ_B	Physical Activity	PAQ560	# time/week you play or exercise hard
704	PAQ_B	Physical Activity	PAD590	# hours watch TV or videos past 30 days
705	PAQ_B	Physical Activity	PAD600	# of hours use computer past 30 days
706	PAQ_B	Physical Activity	PAAQUEX	Questionnaire source flag for weighting
707	PAQIAF_B	Physical Activity Individual Activities File	SEQN	Respondent sequence number
708	PAQIAF_B	Physical Activity Individual Activities File	PADACTIV	Leisure time activity
709	PAQIAF_B	Physical Activity Individual Activities File	PADLEVEL	Activity level
710	PAQIAF_B	Physical Activity Individual Activities File	PADTIMES	# of times did activity in past 30 days
711	PAQIAF_B	Physical Activity Individual Activities File	PADDURAT	Average duration of activity (minutes)

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Item #	Data File	Component	Item ID	Label
712	PAQIAF_B	Physical Activity Individual Activities File	PADMETS	MET score for activity
713	PAQIAF_B	Physical Activity Individual Activities File	PAAQUEX	Questionnaire source flag for weighting
714	PFQ_B	Physical Functioning	SEQN	Respondent sequence number
715	PFQ_B	Physical Functioning	PFQ010	Physical, mental, emotional limitations
716	PFQ_B	Physical Functioning	PFQ015	Able to take part in most type of play
717	PFQ_B	Physical Functioning	PFQ020	Crawl, walk, run, play limitations
718	PFQ_B	Physical Functioning	PFQ030	Long term impairment/health problem
719	PFQ_B	Physical Functioning	PFD040	Receive Special Ed or Early Intervention
720	PFQ_B	Physical Functioning	PFQ048	Limitations keeping you from working
721	PFQ_B	Physical Functioning	PFQ050	Limited in amount of work you can do
722	PFQ_B	Physical Functioning	PFQ055	Need special equipment to walk
723	PFQ_B	Physical Functioning	PFQ056	Experience confusion/memory problems
724	PFQ_B	Physical Functioning	PFQ059	Physical, mental, emotional limitations
725	PFQ_B	Physical Functioning	PFQ060A	Managing money difficulty
726	PFQ_B	Physical Functioning	PFQ060B	Walking for a quarter mile difficulty
727	PFQ_B	Physical Functioning	PFQ060C	Walking up ten steps difficulty
728	PFQ_B	Physical Functioning	PFQ060D	Stooping, crouching, kneeling difficulty
729	PFQ_B	Physical Functioning	PFQ060E	Lifting or carrying difficulty
730	PFQ_B	Physical Functioning	PFQ060F	House chore difficulty
731	PFQ_B	Physical Functioning	PFQ060G	Preparing meals difficulty
732	PFQ_B	Physical Functioning	PFQ060H	Walking between rooms on same floor
733	PFQ_B	Physical Functioning	PFQ060I	Standing up from armless chair difficulty

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Item #	Data File	Component	Item ID	Label
734	PFQ_B	Physical Functioning	PFQ060J	Getting in and out of bed difficulty
735	PFQ_B	Physical Functioning	PFQ060K	Using fork, knife, drinking from cup
736	PFQ_B	Physical Functioning	PFQ060L	Dressing yourself difficulty
737	PFQ_B	Physical Functioning	PFQ060M	Standing for long periods difficulty
738	PFQ_B	Physical Functioning	PFQ060N	Sitting for long periods difficulty
739	PFQ_B	Physical Functioning	PFQ060O	Reaching up over head difficulty
740	PFQ_B	Physical Functioning	PFQ060P	Grasp/holding small objects difficulty
741	PFQ_B	Physical Functioning	PFQ060Q	Going out to movies, events difficulty
742	PFQ_B	Physical Functioning	PFQ060R	Attending social event difficulty
743	PFQ_B	Physical Functioning	PFQ060S	Leisure activity at home difficulty
744	PFQ_B	Physical Functioning	PFD067A	Health problems causing difficulty
745	PFQ_B	Physical Functioning	PFD067B	Health problems causing difficulty
746	PFQ_B	Physical Functioning	PFD067C	Health problems causing difficulty
747	PFQ_B	Physical Functioning	PFD067D	Health problems causing difficulty
748	PFQ_B	Physical Functioning	PFD067E	Health problems causing difficulty
749	PFQ_B	Physical Functioning	PFD069A	Arthritis or rheumatism probl, days
750	PFQ_B	Physical Functioning	PFD069B	Back or neck problems, days
751	PFQ_B	Physical Functioning	PFD069C	Cancer condition, days
752	PFQ_B	Physical Functioning	PFD069D	Depression/anxiety/emotional probl, days
753	PFQ_B	Physical Functioning	PFD069E	Other development problems, days
754	PFQ_B	Physical Functioning	PFD069F	Diabetes condition, days
755	PFQ_B	Physical Functioning	PFD069G	Fractures/bone/joint injury probl, days
756	PFQ_B	Physical Functioning	PFD069H	Hearing problems, days
757	PFQ_B	Physical Functioning	PFD069I	Heart problems, days

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Item #	Data File	Component	Item ID	Label
758	PFQ_B	Physical Functioning	PFD069J	Hypertension or high blood pressure, days
759	PFQ_B	Physical Functioning	PFD069K	Lung or breathing problems, days
760	PFQ_B	Physical Functioning	PFD069L	Mental retardation condition, days
761	PFQ_B	Physical Functioning	PFD069M	Other injury problems, days
762	PFQ_B	Physical Functioning	PFD069N	Senility condition, days
763	PFQ_B	Physical Functioning	PFD069O	Stroke problems, days
764	PFQ_B	Physical Functioning	PFD069P	Vision problems, days
765	PFQ_B	Physical Functioning	PFD069Q	Weight problems, days
766	PFQ_B	Physical Functioning	PFD069R	Other impairment problems, days
767	PFQ_B	Physical Functioning	PFQ090	Require special healthcare equipment
768	PUQ_B	Pesticide Use	SEQN	Respondent sequence number
769	PUQ_B	Pesticide Use	PUD010	Pest control in home in past month?
770	PUQ_B	Pesticide Use	PUD020	Rooms treated for pests?
771	PUQ_B	Pesticide Use	PUD021	Foundation/outside of building treated?
772	PUQ_B	Pesticide Use	PUD031	Non-professional treated home?
773	PUQ_B	Pesticide Use	PUD032	# treatments in home by non-professional
774	PUQ_B	Pesticide Use	PUD033	Professional treated home?
775	PUQ_B	Pesticide Use	PUD034	# treatments in home by professional
776	PUQ_B	Pesticide Use	PUD040	Home have private yard?
777	PUQ_B	Pesticide Use	PUD060	Pest control in yard in past month?
778	PUQ_B	Pesticide Use	PUD071	Non-professional treated yard?
779	PUQ_B	Pesticide Use	PUD072	# treatments in yard by non-professional
780	PUQ_B	Pesticide Use	PUD073	Professional treated yard?

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Item #	Data File	Component	Item ID	Label
781	PUC_B	Pesticide Use	PUD074	# treatments in yard by professional
782	RDQ_B	Respiratory Health and Disease	SEQN	Respondent sequence number
783	RDQ_B	Respiratory Health and Disease	RDD030	Coughing most days - over 3 mo period
784	RDQ_B	Respiratory Health and Disease	RDD040	# years had cough problem
785	RDQ_B	Respiratory Health and Disease	RDQ050	Bring up phlegm most days - 3 mo period
786	RDQ_B	Respiratory Health and Disease	RDD060	# years bringing up phlegm problem
787	RDQ_B	Respiratory Health and Disease	RDQ070	Wheezing or whistling in chest - past yr
788	RDQ_B	Respiratory Health and Disease	RDQ080	# wheezing/whistling attacks past year
789	RDQ_B	Respiratory Health and Disease	RDQ090	Wheezing disturb sleep in past year
790	RDQ_B	Respiratory Health and Disease	RDQ100	Chest sound wheezy during exercise
791	RDQ_B	Respiratory Health and Disease	RDD120	Got medical attentn for wheezing attack
792	RDQ_B	Respiratory Health and Disease	RDD134	Doctor prescribe wheezing medication
793	RDQ_B	Respiratory Health and Disease	RDQ135	Limit usual activities due to wheezing
794	RDQ_B	Respiratory Health and Disease	RDQ137	Miss work or school due to wheezing
795	RDQ_B	Respiratory Health and Disease	RDQ140	Had dry cough at night in past year
796	RHQ_B	Reproductive Health	SEQN	Respondent sequence number
797	RHQ_B	Reproductive Health	RHQ010	Age when first menstrual period occurred
798	RHQ_B	Reproductive Health	RHQ015	Ck Item - Have periods started yet?
799	RHQ_B	Reproductive Health	RHQ020	Age range at first menstrual period
800	RHQ_B	Reproductive Health	RHQ030	Had regular periods in past 12 months
801	RHQ_B	Reproductive Health	RHQ040	Reason not having regular periods
802	RHQ_B	Reproductive Health	RHQ050	When did SP have last period?

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Item #	Data File	Component	Item ID	Label
803	RHQ_B	Reproductive Health	RHQ060	Age at last menstrual period
804	RHQ_B	Reproductive Health	RHQ065	Ck Item - Unknown SP age/last period
805	RHQ_B	Reproductive Health	RHQ070	Age range at last menstrual period
806	RHQ_B	Reproductive Health	RHQ075	Ck Item - Regular/last period category
807	RHQ_B	Reproductive Health	RHD080	Days since last period
808	RHQ_B	Reproductive Health	RHQ085	Ck Item - Regular/last period category
809	RHQ_B	Reproductive Health	RHQ090	Menstrual cycle regularity/last 5 years
810	RHQ_B	Reproductive Health	RHQ100	Menstrual bleeding rate/last 5 years
811	RHQ_B	Reproductive Health	RHQ110	Hot flashes, night sweats/last 6 mos?
812	RHQ_B	Reproductive Health	RHD120	Monthly frequency of hot flashes
813	RHQ_B	Reproductive Health	RHQ125	Ck Item - SP currently pregnant?
814	RHQ_B	Reproductive Health	RHD130	Ever been pregnant?
815	RHQ_B	Reproductive Health	RHQ135	Ck Item - Last menstrual period, age
816	RHQ_B	Reproductive Health	RHQ141	Think that you are pregnant now?
817	RHQ_B	Reproductive Health	RHQ151	What month of pregnancy are you in?
818	RHQ_B	Reproductive Health	RHQ160	How many times have been pregnant?
819	RHQ_B	Reproductive Health	RHQ165	Ck Item - # of pregnancies
820	RHQ_B	Reproductive Health	RHD170	# pregnancies resulting in live births
821	RHQ_B	Reproductive Health	RHQ175	Ck Item - # of live births or not
822	RHQ_B	Reproductive Health	RHQ180	Age at first live birth
823	RHQ_B	Reproductive Health	RHQ190	Age at last live birth
824	RHQ_B	Reproductive Health	RHQ195	Ck Item - 1st/last live birth interval
825	RHQ_B	Reproductive Health	RHQ200	Now breastfeeding a child?
826	RHQ_B	Reproductive Health	RHQ210	Breastfed any of your children?
827	RHQ_B	Reproductive Health	RHQ215	Ck Item - Live birth pregnancies

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Item #	Data File	Component	Item ID	Label
828	RHQ_B	Reproductive Health	RHD230	# of children breastfed at least 1 month
829	RHQ_B	Reproductive Health	RHQ235	Ck Item - # breastfed children
830	RHQ_B	Reproductive Health	RHQ240A	Reason not breastfed - job/schedule
831	RHQ_B	Reproductive Health	RHQ240B	Reason not breastfed - mother's phys/med
832	RHQ_B	Reproductive Health	RHQ240C	Reason not breastfed - child's phys/med
833	RHQ_B	Reproductive Health	RHQ240D	Reason not breastfed - preferred bottle
834	RHQ_B	Reproductive Health	RHQ240E	Reason not breastfed - didn't know how
835	RHQ_B	Reproductive Health	RHQ240F	Reason not breastfed - other
836	RHQ_B	Reproductive Health	RHQ245	Ck Item - Live birth pregnancies
837	RHQ_B	Reproductive Health	RHQ250	Any child weight
838	RHQ_B	Reproductive Health	RHQ260	# children weighing
839	RHQ_B	Reproductive Health	RHD270	Number of children born preterm
840	RHQ_B	Reproductive Health	RHQ275	Ck Item - SP age/pregnancy
841	RHQ_B	Reproductive Health	RHD280	Had a hysterectomy?
842	RHQ_B	Reproductive Health	RHQ290	Age when had hysterectomy
843	RHQ_B	Reproductive Health	RHQ300	Had at least one ovary removed?
844	RHQ_B	Reproductive Health	RHQ310	Were both ovaries removed or only one?
845	RHQ_B	Reproductive Health	RHQ320	Both ovaries removed at same time?
846	RHQ_B	Reproductive Health	RHQ330	Age when first/both ovaries removed
847	RHQ_B	Reproductive Health	RHQ335	Ck Item - Go to RHQ345
848	RHQ_B	Reproductive Health	RHQ340	Age when second ovary removed
849	RHQ_B	Reproductive Health	RHQ345	Ck Item - Is SP currently pregnant?

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Item #	Data File	Component	Item ID	Label
850	RHQ_B	Reproductive Health	RHD350	Fallopian tubes ever cut/tied/removed
851	RHQ_B	Reproductive Health	RHQ355	Ck Item - SP 20-54 years old?
852	RHQ_B	Reproductive Health	RHQ360	Told by doctor had endometriosis?
853	RHQ_B	Reproductive Health	RHQ370	Age when first told had endometriosis
854	RHQ_B	Reproductive Health	RHQ380	Told by doctor had uterine fibroids?
855	RHQ_B	Reproductive Health	RHQ390	Age when first told had uterine fibroids
856	RHQ_B	Reproductive Health	RHQ420	Ever taken birth control pills?
857	RHQ_B	Reproductive Health	RHQ430	Age when started taking birth pills
858	RHQ_B	Reproductive Health	RHQ435	Ck Item - SP pregnant/menopausal
859	RHQ_B	Reproductive Health	RHD440	Taking birth control pills now?
860	RHQ_B	Reproductive Health	RHQ450	Age when stopped taking birth pills
861	RHQ_B	Reproductive Health	RHQ460Q	How long taking birth control pills
862	RHQ_B	Reproductive Health	RHQ460U	Unit of measure: months, years
863	RHQ_B	Reproductive Health	RHQ465	Ck Item - When SP stopped pills
864	RHQ_B	Reproductive Health	RHD470	Brand name of contraceptives
865	RHQ_B	Reproductive Health	RHQ510	Used DepoProvera or injectables?
866	RHQ_B	Reproductive Health	RHQ520	Now use DepoProvera or injectables?
867	RHQ_B	Reproductive Health	RHQ535	Ck Item - Regular periods/pregnant
868	RHQ_B	Reproductive Health	RHQ540	Ever use female hormones?
869	RHQ_B	Reproductive Health	RHQ541A	Hormone pills used
870	RHQ_B	Reproductive Health	RHQ541B	Hormone patches used
871	RHQ_B	Reproductive Health	RHQ541C	Hormone cream/suppository/injection used
872	RHQ_B	Reproductive Health	RHQ550	Having periods when start hormones
873	RHQ_B	Reproductive Health	RHQ551A	Used estr/progest for menopause
874	RHQ_B	Reproductive Health	RHQ551B	Used estr/progest for emotions

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Item #	Data File	Component	Item ID	Label
875	RHQ_B	Reproductive Health	RHQ551C	Used estr/progest for hysterct/oophorect
876	RHQ_B	Reproductive Health	RHQ551D	Used estr/progest for osteoporosis
877	RHQ_B	Reproductive Health	RHQ551E	Used estr/progest for cardiovascular dis
878	RHQ_B	Reproductive Health	RHQ551F	Used estr/progest for irregular periods
879	RHQ_B	Reproductive Health	RHQ551G	Used estr/progest for other reasons
880	RHQ_B	Reproductive Health	RHQ552	Ck Item - Use female hormones
881	RHQ_B	Reproductive Health	RHQ554	Use hormone pills w/estrogen only
882	RHQ_B	Reproductive Health	RHQ556	Age started estrogen-only pills
883	RHQ_B	Reproductive Health	RHQ558	Taking estrogen only pills now?
884	RHQ_B	Reproductive Health	RHQ560Q	How long taking estrogen only pills
885	RHQ_B	Reproductive Health	RHQ560U	Unit of measure: months, years
886	RHQ_B	Reproductive Health	RHQ562	Used hormone pills w/progestin only
887	RHQ_B	Reproductive Health	RHQ564	Age started progestin only pills
888	RHQ_B	Reproductive Health	RHQ566	Taking progestin only pills now?
889	RHQ_B	Reproductive Health	RHQ568Q	How long taking progestin only pills
890	RHQ_B	Reproductive Health	RHQ568U	Unit of measure: months, years
891	RHQ_B	Reproductive Health	RHQ570	Used estrogen/progestin combo pills
892	RHQ_B	Reproductive Health	RHQ572	Age started estrogen/progestin pills
893	RHQ_B	Reproductive Health	RHQ574	Taking estrogen/progestin now?
894	RHQ_B	Reproductive Health	RHQ576Q	How long taking estrogen/progestin
895	RHQ_B	Reproductive Health	RHQ576U	Unit of measure: months, years
896	RHQ_B	Reproductive Health	RHQ578	Ck Item - Used patches?
897	RHQ_B	Reproductive Health	RHQ580	Used estrogen-only patches?
898	RHQ_B	Reproductive Health	RHQ582	Age started estrogen-only patches

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Item #	Data File	Component	Item ID	Label
899	RHQ_B	Reproductive Health	RHQ584	Using estrogen-only patches now?
900	RHQ_B	Reproductive Health	RHQ586Q	How long using estrogen only patch
901	RHQ_B	Reproductive Health	RHQ586U	Unit of measure: months, years
902	RHQ_B	Reproductive Health	RHQ596	Used estrogen/progestin combo patch
903	RHQ_B	Reproductive Health	RHQ598	Age started estrogen/progestin patch
904	RHQ_B	Reproductive Health	RHQ600	Use estrogen/progestin patch now?
905	RHQ_B	Reproductive Health	RHQ602Q	How long use estrogen/progestin patch
906	RHQ_B	Reproductive Health	RHQ602U	Unit of measure: months, years
907	RHQ_B	Reproductive Health	RHQ700	Used fem hygiene product in past month?
908	RHQ_B	Reproductive Health	RHQ710A	Used tampons in past month?
909	RHQ_B	Reproductive Health	RHQ710B	Used sanitary napkins in past month?
910	RHQ_B	Reproductive Health	RHQ710C	Used vaginal douches in past month?
911	RHQ_B	Reproductive Health	RHQ710D	Used feminine spray in past month?
912	RHQ_B	Reproductive Health	RHQ710E	Used feminine powder in past month?
913	RHQ_B	Reproductive Health	RHQ710F	Used feminine wipes/towlettes past month
914	RHQ_B	Reproductive Health	RHQ710G	Used other fem hygiene products past mon
915	RHQ_B	Reproductive Health	RHQ720	Did SP douche in past 6 months?
916	RHQ_B	Reproductive Health	RHQ730	Frequency SP douched in past 6 months
917	RHQ_B	Reproductive Health	RHQ740	Vaginal problems during past month
918	RHQ_B	Reproductive Health	RHQ750A	Problem with vaginal itching
919	RHQ_B	Reproductive Health	RHQ750B	Problem with vaginal odor
920	RHQ_B	Reproductive Health	RHQ750C	Problem with vaginal discharge

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Item #	Data File	Component	Item ID	Label
921	RXQ_RX_B	Prescription Medications	SEQN	Respondent sequence number
922	RXQ_RX_B	Prescription Medications	RXD030	Taken prescription medicine, past month
923	RXQ_RX_B	Prescription Medications	RXD240B	Standard generic ingredient name
924	RXQ_RX_B	Prescription Medications	NHCODE	Standard generic ingredient code
925	RXQ_RX_B	Prescription Medications	RXQ250	Medicine container seen by interviewer
926	RXQ_RX_B	Prescription Medications	RXD260	Number of days taken medicine
927	RXQ_RX_B	Prescription Medications	FDACODE1	FDA/NDC drug class code 1
928	RXQ_RX_B	Prescription Medications	FDACODE2	FDA/NDC drug class code 2
929	RXQ_RX_B	Prescription Medications	FDACODE3	FDA/NDC drug class code 3
930	RXQ_RX_B	Prescription Medications	FDACODE4	FDA/NDC drug class code 4
931	RXQ_RX_B	Prescription Medications	FDACODE5	FDA/NDC drug class code 5
932	RXQ_RX_B	Prescription Medications	FDACODE6	FDA/NDC drug class code 6
933	RXQ_RX_B	Prescription Medications	RXD295	Number of prescription medicines taken
934	RXQ_RX_B	Prescription Medications	RXDDRGID	Generic drug code
935	RXQANA_B	Analgesic Pain Relievers	SEQN	Respondent sequence number
936	RXQANA_B	Analgesic Pain Relievers	RXD300	Drugs/over counter taken regularly
937	RXQANA_B	Analgesic Pain Relievers	RXD310	Product taken
938	RXQANA_B	Analgesic Pain Relievers	RXD320	# years taking product every day
939	RXQANA_B	Analgesic Pain Relievers	RXD330	Currently taking product every day
940	RXQANA_B	Analgesic Pain Relievers	RXD331Q	# of pills/doses taken/day
941	RXQANA_B	Analgesic Pain Relievers	RXD331U	Unit of measure (pills/doses)
942	SMQ_B	Smoking and Tobacco Use	SEQN	Respondent sequence number
943	SMQ_B	Smoking and Tobacco Use	SMQ020	Smoked at least 100 cigarettes in life
944	SMQ_B	Smoking and Tobacco Use	SMD030	Age started smoking cigarets regularly

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Item #	Data File	Component	Item ID	Label
945	SMQ_B	Smoking and Tobacco Use	SMQ040	Do you now smoke cigarettes
946	SMQ_B	Smoking and Tobacco Use	SMQ050Q	How long since quit smoking cigarettes
947	SMQ_B	Smoking and Tobacco Use	SMQ050U	Unit of measure (day/week/month/year)
948	SMQ_B	Smoking and Tobacco Use	SMD055	Age last smoked cigarettes regularly
949	SMQ_B	Smoking and Tobacco Use	SMD057	# cigarettes smoked per day when quit
950	SMQ_B	Smoking and Tobacco Use	SMD070	# cigarettes smoked per day now
951	SMQ_B	Smoking and Tobacco Use	SMD075	How many years smoked this amount
952	SMQ_B	Smoking and Tobacco Use	SMQ077	How soon after waking do you smoke
953	SMQ_B	Smoking and Tobacco Use	SMD080	# days smoked cigs during past 30 days
954	SMQ_B	Smoking and Tobacco Use	SMD090	Avg # cigarettes/day during past 30 days
955	SMQ_B	Smoking and Tobacco Use	SMD092	May I please see the pack of cigarettes
956	SMQ_B	Smoking and Tobacco Use	SMDUPCA	Cig 12-digit Universal Product Code-UPC
957	SMQ_B	Smoking and Tobacco Use	SMD100BR	Cigarette Brand/sub-brand
958	SMQ_B	Smoking and Tobacco Use	SMD100FL	Filter type
959	SMQ_B	Smoking and Tobacco Use	SMD100MN	Menthol indicator
960	SMQ_B	Smoking and Tobacco Use	SMD100LN	Length in Millimeters
961	SMQ_B	Smoking and Tobacco Use	SMD100TR	FTC Tar Content
962	SMQ_B	Smoking and Tobacco Use	SMD100NI	FTC Nicotine Content
963	SMQ_B	Smoking and Tobacco Use	SMD100CO	FTC Carbon Monoxide Content
964	SMQ_B	Smoking and Tobacco Use	SMQ120	Smoked a pipe at least 20 times in life
965	SMQ_B	Smoking and Tobacco Use	SMD130	Age started pipe smoking regularly
966	SMQ_B	Smoking and Tobacco Use	SMQ140	Do you now smoke a pipe...

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Item #	Data File	Component	Item ID	Label
967	SMQ_B	Smoking and Tobacco Use	SMQ143	# pipefuls of tobacco smoked per day
968	SMQ_B	Smoking and Tobacco Use	SMQ145	# years smoked this amount of pipes
969	SMQ_B	Smoking and Tobacco Use	SMQ150	Smoked cigars at least 20 times in life
970	SMQ_B	Smoking and Tobacco Use	SMD160	Age started cigar smoking regularly
971	SMQ_B	Smoking and Tobacco Use	SMQ170	Do you now smoke cigars
972	SMQ_B	Smoking and Tobacco Use	SMQ173	# cigars smokes per day
973	SMQ_B	Smoking and Tobacco Use	SMQ175	# years smoked this amount of cigars
974	SMQ_B	Smoking and Tobacco Use	SMQ180	Used snuff at least 20 times in life
975	SMQ_B	Smoking and Tobacco Use	SMD190	Age started using snuff regularly
976	SMQ_B	Smoking and Tobacco Use	SMQ200	Do you now use snuff ...
977	SMQ_B	Smoking and Tobacco Use	SMD203	# snuff pinches/dips/rubs per day
978	SMQ_B	Smoking and Tobacco Use	SMQ205	# years used this amount of snuff
979	SMQ_B	Smoking and Tobacco Use	SMQ210	Used chewing tobacco 20 times in life
980	SMQ_B	Smoking and Tobacco Use	SMD220	Age started chewing tobacco regularly
981	SMQ_B	Smoking and Tobacco Use	SMQ230	Do you now use chewing tobacco...
982	SMQ_B	Smoking and Tobacco Use	SMD233	# chewing plugs/wads/chaws per day
983	SMQ_B	Smoking and Tobacco Use	SMD235	# years used this chewing tobacco amount
984	SMQFAM_B	Family Smoking	SEQN	Respondent sequence number
985	SMQFAM_B	Family Smoking	SMD410	Does anyone smoke in the home
986	SMQFAM_B	Family Smoking	SMD415	Total number of smokers in home
987	SMQFAM_B	Family Smoking	SMD415A	Total # of cigarette smokers in home
988	SMQFAM_B	Family Smoking	SMD415B	Total # of cigar smokers in home
989	SMQFAM_B	Family Smoking	SMD415C	Total # of pipe smokers in home
990	SMQFAM_B	Family Smoking	SMD430	Total # cigarettes smoked in home
991	SMQFAM_B	Family Smoking	SMD440	Total # cigars smoked in home

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Item #	Data File	Component	Item ID	Label
992	SMQFAM_B	Family Smoking	SMD450	Total # pipes smoked in home
993	SMQMEC_B	Smoking and Tobacco Use (MEC)	SEQN	Respondent sequence number
994	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ620	Ever tried cigarette smoking
995	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMD630	Age first smoked whole cigarette
996	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ640	# days smoked cigarettes in past month
997	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ650	# cigarettes per day during past month
998	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ077	How soon after waking do you smoke
999	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ660	Brands of cigarettes smoked/past mo
1000	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ664B	Menthol or non-menthol BensonHedges
1001	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ664C	Menthol or non-menthol Camels
1002	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ664M	Menthol or non-menthol Marlboro
1003	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ664O	Menthol or non-menthol other brand
1004	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ664W	Menthol or non-menthol Winston
1005	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666B	Regular, light or ultralite BensonHedges
1006	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666C	Regular, light or ultralite Camels
1007	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666K	Regular, light or ultralite Kools
1008	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666M	Regular, light or ultralite Marlboro
1009	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666N	Regular, light or ultralite Newport
1010	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666O	Regular, light or ultralite other brand
1011	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666S	Regular, light or ultralite Salem
1012	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ666W	Regular, light or ultralite Winston
1013	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ670	Tried to quit smoking
1014	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ680	Used tobacco/nicotine last 5 days?

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Item #	Data File	Component	Item ID	Label
1015	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690A	Used last 5 days - Cigarettes
1016	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690B	Used last 5 days - Pipes
1017	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690C	Used last 5 days - Cigars
1018	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690D	Used last 5 days - Chewing tobacco
1019	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690E	Used last 5 days - Snuff
1020	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ690F	Used last 5 days - Patch, gum, other
1021	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ710	# days smoked cigarettes last 5 days
1022	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ720	# cigarettes smoked per day
1023	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ725	When did SP smoke last cigarette?
1024	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ740	# days smoked pipe over last 5 days
1025	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ750	# pipes smoked per day - last 5 days
1026	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ755	When did SP smoke last pipe?
1027	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ770	# days smoked cigars over last 5 days
1028	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ780	# cigars smoked per day - last 5 days
1029	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ785	When did SP smoke last cigar?
1030	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ800	#days used chewing tobacco -last 5 days
1031	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ815	When did SP last use chewing tobacco?
1032	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ817	# days used snuff over last 5 days
1033	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ819	When last used snuff
1034	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ830	# days used nicotine stop smoking aids?
1035	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMQ840	Last time used nicotine stop smoking aid
1036	SMQMEC_B	Smoking and Tobacco Use (MEC)	SMAQUEX	Questionnaire Mode Flag

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Item #	Data File	Component	Item ID	Label
1037	SSQ_B	Social Support	SEQN	Respondent sequence number
1038	SSQ_B	Social Support	SSD011	Anyone to help with emotional support
1039	SSQ_B	Social Support	SSD021A	Spouse gives most emotional support
1040	SSQ_B	Social Support	SSD021B	Daughter gives most emotional support
1041	SSQ_B	Social Support	SSD021C	Son gives most emotional support
1042	SSQ_B	Social Support	SSD021D	Sibling gives most emotional support
1043	SSQ_B	Social Support	SSD021E	Parent gives most emotional support
1044	SSQ_B	Social Support	SSD021F	Other relative gives emotional support
1045	SSQ_B	Social Support	SSD021G	Neighbors give most emotional support
1046	SSQ_B	Social Support	SSD021H	Co-workers give most emotional support
1047	SSQ_B	Social Support	SSD021I	Church members give emotional support
1048	SSQ_B	Social Support	SSD021J	Club members give most emotional support
1049	SSQ_B	Social Support	SSD021K	Professional give most emotional support
1050	SSQ_B	Social Support	SSD021L	Friends give most emotional support
1051	SSQ_B	Social Support	SSD021M	Others give most emotional support
1052	SSQ_B	Social Support	SSD021N	No one gives most emotional support
1053	SSQ_B	Social Support	SSD031	Needed more support in past year
1054	SSQ_B	Social Support	SSD041	How much more support needed
1055	SSQ_B	Social Support	SSD051	Anyone to help with financial support
1056	SSQ_B	Social Support	SSD061	Number of close friends
1057	SXQ_B	Sexual Behavior	SEQN	Respondent sequence number

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Item #	Data File	Component	Item ID	Label
1058	SXQ_B	Sexual Behavior	SXQ020	Ever had sexual intercourse
1059	SXQ_B	Sexual Behavior	SXD030	Age when first had sexual intercourse
1060	SXQ_B	Sexual Behavior	SXQ100	#men sex intercourse partners/life
1061	SXQ_B	Sexual Behavior	SXQ120	#men sex intercourse partners/year
1062	SXQ_B	Sexual Behavior	SXQ130	#women sex intercourse partners/life
1063	SXQ_B	Sexual Behavior	SXQ150	#women sex intercourse partners/year
1064	SXQ_B	Sexual Behavior	SXQ170	#women sex intercourse partners/life
1065	SXQ_B	Sexual Behavior	SXQ190	#women sex intercourse partners/year
1066	SXQ_B	Sexual Behavior	SXQ200	#men sex intercourse partners/lifetime
1067	SXQ_B	Sexual Behavior	SXQ220	#men sex intercourse partners/year
1068	SXQ_B	Sexual Behavior	SXD240	#sexual intercourse partners/past mo
1069	SXQ_B	Sexual Behavior	SXQ250	#times had sex without condom/past mo
1070	SXQ_B	Sexual Behavior	SXQ260	Doctor ever told you had genital herpes
1071	SXQ_B	Sexual Behavior	SXQ265	Doctor ever told you had genital warts
1072	SXQ_B	Sexual Behavior	SXQ270	Doctor ever told you had gonorrhea
1073	SXQ_B	Sexual Behavior	SXQ272	Doctor ever told you had chlamydia
1074	SXQ_B	Sexual Behavior	SXQ280	Are you circumcised or uncircumcised
1075	SXQ_B	Sexual Behavior	SXQ292	Describe sexual orientation (male)
1076	SXQ_B	Sexual Behavior	SXQ294	Describe sexual orientation (female)
1077	VIQ_B	Vision	SEQN	Respondent sequence number
1078	VIQ_B	Vision	VIQ030	General condition of eyesight
1079	VIQ_B	Vision	VIQ040	Time worrying about eyesight
1080	VIQ_B	Vision	VIQ050A	Difficulty reading ordinary newsprint
1081	VIQ_B	Vision	VIQ050B	Difficulty with up close work or chores

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Item #	Data File	Component	Item ID	Label
1082	VIQ_B	Vision	VIQ050C	Difficulty seeing steps/curbs-dim light
1083	VIQ_B	Vision	VIQ050D	Difficulty noticing objects to side
1084	VIQ_B	Vision	VIQ050E	Difficulty findng object on crowdedshelf
1085	VIQ_B	Vision	VIQ055	Difficulty drivng daytime-familiar place
1086	VIQ_B	Vision	VIQ060	Vision limits how long can do activities
1087	VIQ_B	Vision	VIQ070	Ever had a cataract operation
1088	VIQ_B	Vision	VIQ080	Operation in right, left or both eyes
1089	WHQ_B	Weight History	SEQN	Respondent sequence number
1090	WHQ_B	Weight History	WHD010	Current self-reported height (inches)
1091	WHQ_B	Weight History	WHD020	Current self-reported weight (pounds)
1092	WHQ_B	Weight History	WHQ030	How do you consider your weight
1093	WHQ_B	Weight History	WHQ040	Like to weigh more, less or same
1094	WHQ_B	Weight History	WHD050	Self-reported weight-1 yr ago (pounds)
1095	WHQ_B	Weight History	WHQ060	Weight change intentional
1096	WHQ_B	Weight History	WHQ070	Tried to lose weight in past year
1097	WHQ_B	Weight History	WHD080A	Ate less food
1098	WHQ_B	Weight History	WHD080B	Switched to foods with lower calories
1099	WHQ_B	Weight History	WHD080C	Ate less fat
1100	WHQ_B	Weight History	WHD080D	Exercised
1101	WHQ_B	Weight History	WHD080E	Skipped meals
1102	WHQ_B	Weight History	WHD080F	Ate diet foods or products
1103	WHQ_B	Weight History	WHD080G	Used a liquid diet formula
1104	WHQ_B	Weight History	WHD080H	Joined a weight loss program
1105	WHQ_B	Weight History	WHD080I	Took prescription diet pills
1106	WHQ_B	Weight History	WHD080J	Took non-prescription diet pills

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Item #	Data File	Component	Item ID	Label
1107	WHQ_B	Weight History	WHD080K	Took laxatives or vomited
1108	WHQ_B	Weight History	WHD080L	Other
1109	WHQ_B	Weight History	WHD080M	Drank a lot of water
1110	WHQ_B	Weight History	WHD080N	Followed a special diet
1111	WHQ_B	Weight History	WHQ090	Tried not to gain weight in past year
1112	WHQ_B	Weight History	WHD100a	Ate less food
1113	WHQ_B	Weight History	WHD100b	Switched to foods with lower calories
1114	WHQ_B	Weight History	WHD100c	Ate less fat
1115	WHQ_B	Weight History	WHD100d	Exercised
1116	WHQ_B	Weight History	WHD100e	Skipped meals
1117	WHQ_B	Weight History	WHD100f	Ate diet foods or products
1118	WHQ_B	Weight History	WHD100g	Used a liquid diet formula
1119	WHQ_B	Weight History	WHD100h	Joined a weight loss program
1120	WHQ_B	Weight History	WHD100i	Took prescription diet pills
1121	WHQ_B	Weight History	WHD100j	Took non-prescription diet pills
1122	WHQ_B	Weight History	WHD100k	Took laxatives or vomited
1123	WHQ_B	Weight History	WHD100l	Other
1124	WHQ_B	Weight History	WHD100M	Drank a lot of water
1125	WHQ_B	Weight History	WHD100N	Followed a special diet
1126	WHQ_B	Weight History	WHD110	Self-reported weight-10 yrs ago (pounds)
1127	WHQ_B	Weight History	WHD120	Self-reported weight - age 25 (pounds)
1128	WHQ_B	Weight History	WHD130	Self-reported height - age 25 (inches)
1129	WHQ_B	Weight History	WHD140	Self-reported greatest weight(pounds)
1130	WHQ_B	Weight History	WHQ150	Age when heaviest weight