


Data Dictionary Codebook

10/23/2023 9:58am

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

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																					
Instrument: NIMHD MCDDRC Common Data Elements (CDE) (nimhd_mcddrc_common_data_elements_cde)  Enabled as survey Languages - Data Entry: en, es Survey: en, es																								
1	record_id	Record ID	text																					
2	ethnicity	Are you of Hispanic, Latino, Latina, or Spanish origin? <i>(Adapted from PhenX - ethnicity protocol [PX010502]/LOINC: 94158-3)</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>No, NOT of Hispanic, Latino, Latina, or Spanish origin</td> </tr> <tr> <td>1</td> <td>Yes, of Hispanic, Latino, Latina, or Spanish origin</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV	0	No, NOT of Hispanic, Latino, Latina, or Spanish origin	1	Yes, of Hispanic, Latino, Latina, or Spanish origin	-88	Prefer not to answer															
0	No, NOT of Hispanic, Latino, Latina, or Spanish origin																							
1	Yes, of Hispanic, Latino, Latina, or Spanish origin																							
-88	Prefer not to answer																							
		<i>[es]</i> ¿Es usted de origen hispano, latino o español? <i>(Adaptado de PhenX - ethnicity protocol [PX010502]/LOINC: 94158-3)</i>	<table border="1"> <tr> <td>0</td> <td>No, NO soy de origen hispano, latino o espa&ntildeol</td> </tr> <tr> <td>1</td> <td>S&iacute; soy de origen hispano, latino o espa&ntildeol</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	0	No, NO soy de origen hispano, latino o español	1	Sí soy de origen hispano, latino o español	-88	Prefiero no contestar															
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1	Sí soy de origen hispano, latino o español																							
-88	Prefiero no contestar																							
3	ethnicity_hispanic Show the field ONLY if: [ethnicity] = '1'	If you selected, Yes, of Hispanic, Latino, or Spanish origin, What part of Latin America, or Spain, are you from? (Check all that apply) <i>(Adapted from: https://worldpopulationreview.com/country-rankings/hispanic-countries)</i>	checkbox <table border="1"> <tr> <td>1</td> <td>ethnicity_hispanic__1</td> <td>Argentina</td> </tr> <tr> <td>2</td> <td>ethnicity_hispanic__2</td> <td>Bolivia</td> </tr> <tr> <td>3</td> <td>ethnicity_hispanic__3</td> <td>Chile</td> </tr> <tr> <td>4</td> <td>ethnicity_hispanic__4</td> <td>Colombia</td> </tr> <tr> <td>5</td> <td>ethnicity_hispanic__5</td> <td>Costa Rica</td> </tr> <tr> <td>6</td> <td>ethnicity_hispanic__6</td> <td>Cuba</td> </tr> <tr> <td>7</td> <td>ethnicity_hispanic__7</td> <td>Dominican Republic</td> </tr> </table>	1	ethnicity_hispanic__1	Argentina	2	ethnicity_hispanic__2	Bolivia	3	ethnicity_hispanic__3	Chile	4	ethnicity_hispanic__4	Colombia	5	ethnicity_hispanic__5	Costa Rica	6	ethnicity_hispanic__6	Cuba	7	ethnicity_hispanic__7	Dominican Republic
1	ethnicity_hispanic__1	Argentina																						
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6	ethnicity_hispanic__6	Cuba																						
7	ethnicity_hispanic__7	Dominican Republic																						

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8	ethnicity_hispanic__8	Ecuador
9	ethnicity_hispanic__9	El Salvador
10	ethnicity_hispanic__10	Equatorial Guinea
11	ethnicity_hispanic__11	Guatemala
12	ethnicity_hispanic__12	Honduras
13	ethnicity_hispanic__13	Mexico
14	ethnicity_hispanic__14	Nicaragua
15	ethnicity_hispanic__15	Panama
16	ethnicity_hispanic__16	Paraguay
17	ethnicity_hispanic__17	Peru
18	ethnicity_hispanic__18	Puerto Rico
19	ethnicity_hispanic__19	Spain
20	ethnicity_hispanic__20	Uruguay
21	ethnicity_hispanic__21	Venezuela
90	ethnicity_hispanic__90	Other
-88	ethnicity_hispanic__88	Prefer not to answer

Custom alignment: LV
 Field Annotation: @NONEOFTHEABOVE=-88

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[es] Si seleccionó: Sí, soy de origen hispano, latino o español, ¿con cuáles categorías se identifica? (Seleccione todo lo que corresponda)
 (Adaptado de: <https://worldpopulationreview.com/country-rankings/hispanic-countries>)

1	ethnicity_hispanic__1	Argentina
2	ethnicity_hispanic__2	Bolivia
3	ethnicity_hispanic__3	Chile
4	ethnicity_hispanic__4	Colombia
5	ethnicity_hispanic__5	Costa Rica
6	ethnicity_hispanic__6	Cuba
7	ethnicity_hispanic__7	República Dominicana
8	ethnicity_hispanic__8	Ecuador
9	ethnicity_hispanic__9	El Salvador
10	ethnicity_hispanic__10	Guinea Ecuatorial
11	ethnicity_hispanic__11	Guatemala
12	ethnicity_hispanic__12	Honduras
13	ethnicity_hispanic__13	México
14	ethnicity_hispanic__14	Nicaragua
15	ethnicity_hispanic__15	Panamá

				<table border="1"> <tr> <td>16</td> <td>ethnicity_hispanic__16</td> <td>Paraguay</td> </tr> <tr> <td>17</td> <td>ethnicity_hispanic__17</td> <td>Peru</td> </tr> <tr> <td>18</td> <td>ethnicity_hispanic__18</td> <td>Puerto Rico</td> </tr> <tr> <td>19</td> <td>ethnicity_hispanic__19</td> <td>España</td> </tr> <tr> <td>20</td> <td>ethnicity_hispanic__20</td> <td>Uruguay</td> </tr> <tr> <td>21</td> <td>ethnicity_hispanic__21</td> <td>Venezuela</td> </tr> <tr> <td>90</td> <td>ethnicity_hispanic__90</td> <td>Otro</td> </tr> <tr> <td>-88</td> <td>ethnicity_hispanic__88</td> <td>Prefiero no contestar</td> </tr> </table>	16	ethnicity_hispanic__16	Paraguay	17	ethnicity_hispanic__17	Peru	18	ethnicity_hispanic__18	Puerto Rico	19	ethnicity_hispanic__19	España	20	ethnicity_hispanic__20	Uruguay	21	ethnicity_hispanic__21	Venezuela	90	ethnicity_hispanic__90	Otro	-88	ethnicity_hispanic__88	Prefiero no contestar
16	ethnicity_hispanic__16	Paraguay																										
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90	ethnicity_hispanic__90	Otro																										
-88	ethnicity_hispanic__88	Prefiero no contestar																										
4	<p>ethnicity_other</p> <p>Show the field ONLY if: [ethnicity_hispanic(90)] = '1'</p>	If other, please specify.	<p>text</p> <p>Custom alignment: LV</p>																									
		[es] Otros, por favor especifique.																										
5	<p>race</p>	<p>What is your race? (Check all that apply)</p> <p><i>(Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>race__1</td> <td>American Indian or Alaska Native: (A person having origins in any of the original peoples of North, Central, and South America. For example: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guarani, Guna people, Mapuche, Maya, Music, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)</td> </tr> <tr> <td>2</td> <td>race__2</td> <td>Asian: (People of East, South, or Southeast Asian heritage. For example: China, Japan, Mongolia, North Korea, South Korea, Taiwan; Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka; Brunei, Cambodia,</td> </tr> </table>	1	race__1	American Indian or Alaska Native: (A person having origins in any of the original peoples of North, Central, and South America. For example: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guarani, Guna people, Mapuche, Maya, Music, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)	2	race__2	Asian: (People of East, South, or Southeast Asian heritage. For example: China, Japan, Mongolia, North Korea, South Korea, Taiwan; Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka; Brunei, Cambodia,																			
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		Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor Leste, Vietnam, etc.)
3	race__3	Black or African American: (People of Black African heritage. For example: Angola, Cameroon, Congo, Ethiopia, Ghana, Haiti, Ivory Coast, Jamaica, Kenya, Liberia, Mozambique, Nigeria, Senegal, South Africa, Uganda, Zambia, Zimbabwe, etc.)
4	race__4	Native Hawaiian or Other Pacific Islander: (People of Hawaiian or other Pacific Islander heritage. For example: Native Hawaiian, Chamorros, Guam and the Mariana Island archipelago, Chuuk and the Federate States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, New Caledonia, Maori of New Zealand, Palau, Samoa, Soloman Islands, Tahiti and French Polynesia, Tonga, Tuvalu, Vanuatu, Wallis and Futuna, etc.)
5	race__5	North African, Middle Eastern, or Southwest Asian: (People of North African, Middle Eastern, and Southwest Asian heritage. For example: Western Sahara, Morocco, Algeria, Tunisia, Libya, Somalia, Djibouti, Eritrea, Sudan, Egypt, Palestine, Israel, Lebanon, Syria, Jordan, Saudi Arabia, Yemen, Oman, United Arab Emirates, Qatar, Bahrain, Kuwait, Iraq, Turkey, Cyprus, Iran,

					<table border="1"> <tr> <td></td> <td></td> <td>Afghanistan, Turkmenistan, Uzbekistan, Kazakhstan, Kyrgystan, Tajikistan, etc.)</td> </tr> <tr> <td>6</td> <td>race__6</td> <td>White: (People of European heritage. For example: Sweden, Denmark, Netherlands, United Kingdom, Republic of Ireland, Russia, Ukraine, Poland, Czechoslovakia, Germany, Switzerland, Belgium, Italy, Spain, Portugal, France, Greece, etc.)</td> </tr> <tr> <td>7</td> <td>race__7</td> <td>Some other race</td> </tr> <tr> <td>-88</td> <td>race__88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88</p>			Afghanistan, Turkmenistan, Uzbekistan, Kazakhstan, Kyrgystan, Tajikistan, etc.)	6	race__6	White: (People of European heritage. For example: Sweden, Denmark, Netherlands, United Kingdom, Republic of Ireland, Russia, Ukraine, Poland, Czechoslovakia, Germany, Switzerland, Belgium, Italy, Spain, Portugal, France, Greece, etc.)	7	race__7	Some other race	-88	race__88	Prefer not to answer
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7	race__7	Some other race															
-88	race__88	Prefer not to answer															
		<p><i>[es]</i> ¿Cuál es su raza?</p> <p>(Marque todo lo que corresponda)</p> <p><i>(Adaptado de:</i> <i>https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0</i><i>)</i></p>			<table border="1"> <tr> <td>1</td> <td>race__1</td> <td>Indio americano o nativo de Alaska: (una persona que tiene orígenes en cualquiera de los pueblos originales de América del Norte, Central y del Sur. Por ejemplo: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guaraní, Guna, Mapuche, Maya, Música, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)</td> </tr> <tr> <td>2</td> <td>race__2</td> <td>Asiático: (Personas de ascendencia del este, sur o sudeste asiático. Por ejemplo: China, Japón, Mongolia, Corea del</td> </tr> </table>	1	race__1	Indio americano o nativo de Alaska: (una persona que tiene orígenes en cualquiera de los pueblos originales de América del Norte, Central y del Sur. Por ejemplo: Blackfeet, Cherokee Nation, Choctaw Nation, Chippewa, Haudenosaunee Nations, Muscogee Nation, Navajo Nation, White Mountain Apache; Aymara, Guaraní, Guna, Mapuche, Maya, Música, Quechua, Taino, Tehuelche, Witoto, Yanomami; Alaska Athabaskan, Aleut, Eskimo, Inupiat, Tlingit-Haida, Tsimschian, Yup'ik, etc.)	2	race__2	Asiático: (Personas de ascendencia del este, sur o sudeste asiático. Por ejemplo: China, Japón, Mongolia, Corea del						
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2	race__2	Asiático: (Personas de ascendencia del este, sur o sudeste asiático. Por ejemplo: China, Japón, Mongolia, Corea del															

		Norte, Corea del Sur, Taiwán; Bangladesh, Bután, India, Maldivas, Nepal, Pakistán, Sri Lanka; Brunei, Camboya, Indonesia, Laos, Malasia, Myanmar, Filipinas, Singapur, Tailandia, Timor Leste, Vietnam)
3	race__3	Negro o afroamericano: (Personas de ascendencia africana negra. Por ejemplo: Angola, Camerún, Congo, Etiopía, Ghana, Haití, Costa de Marfil, Jamaica, Kenia, Liberia, Mozambique, Nigeria, Senegal, Sudáfrica, Uganda, Zambia, Zimbabwe , etc.)
4	race__4	Nativo de Hawái u otra isla del Pacífico: (Personas de herencia hawaiana u otra isla del Pacífico. Por ejemplo: nativo de Hawái, Chamorros, Guam y el archipiélago de las Islas Marianas, Chuuk y los Estados Federados de Micronesia, Fiji, Kiribati, Islas Marshall, Nauru, Nueva Caledonia, Maoríes de Nueva Zelanda, Palau, Samoa, Islas Salomón, Tahití y Polinesia Francesa, Tonga, Tuvalu, Vanuatu, Wallis y Futuna, etc.)
5	race__5	Blanco: (Personas de ascendencia europea. Por ejemplo: Suecia, Dinamarca, Países Bajos, Reino Unido, República de Irlanda, Rusia, Ucrania, Polonia, Checoslovaquia, Alemania, Suiza, Bélgica, Italia, España, Portugal, Francia, Grecia, etc.)
6	race__6	Otra raza

				<table border="1"> <tr> <td>7</td> <td>race__7</td> <td>Norte de África, Medio Oriente o Sudoeste de Asia: (Personas de origen norteafricano, Medio Oriente y Sudoeste de Asia. Por ejemplo: Sáhara Occidental, Marruecos, Argelia, Túnez, Libia, Somalia, Djibouti, Eritrea, Sudán, Egipto, Palestina, Israel, Líbano, Siria, Jordania, Arabia Saudita, Yemen, Omán, Emiratos Árabes Unidos, Qatar, Bahrein, Kuwait, Irak, Turquía, Chipre, Irán, Afganistán, Turkmenistán, Uzbekistán, Kazajstán, Kirguistán, Tayikistán, etc.)</td> </tr> <tr> <td>-88</td> <td>race__88</td> <td>Prefiero no contestar</td> </tr> </table>	7	race__7	Norte de África, Medio Oriente o Sudoeste de Asia: (Personas de origen norteafricano, Medio Oriente y Sudoeste de Asia. Por ejemplo: Sáhara Occidental, Marruecos, Argelia, Túnez, Libia, Somalia, Djibouti, Eritrea, Sudán, Egipto, Palestina, Israel, Líbano, Siria, Jordania, Arabia Saudita, Yemen, Omán, Emiratos Árabes Unidos, Qatar, Bahrein, Kuwait, Irak, Turquía, Chipre, Irán, Afganistán, Turkmenistán, Uzbekistán, Kazajstán, Kirguistán, Tayikistán, etc.)	-88	race__88	Prefiero no contestar			
7	race__7	Norte de África, Medio Oriente o Sudoeste de Asia: (Personas de origen norteafricano, Medio Oriente y Sudoeste de Asia. Por ejemplo: Sáhara Occidental, Marruecos, Argelia, Túnez, Libia, Somalia, Djibouti, Eritrea, Sudán, Egipto, Palestina, Israel, Líbano, Siria, Jordania, Arabia Saudita, Yemen, Omán, Emiratos Árabes Unidos, Qatar, Bahrein, Kuwait, Irak, Turquía, Chipre, Irán, Afganistán, Turkmenistán, Uzbekistán, Kazajstán, Kirguistán, Tayikistán, etc.)											
-88	race__88	Prefiero no contestar											
6	race_otr	You selected "some other race". Please list here: <i>(Adapted from: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)</i>	text, Required Custom alignment: LV Show the field ONLY if: [race(6)] = '1'										
		[es] Si es de alguna otra raza, especifique. <i>(Adaptado de: https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2529090&version=1.0)</i>											
7	sex_assigned_at_birth	What was your biological sex assigned at birth? <i>(Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])</i>	radio, Required <table border="1"> <tr><td>0</td><td>Male</td></tr> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Intersex</td></tr> <tr><td>66</td><td>None of these describe me</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	Male	1	Female	2	Intersex	66	None of these describe me	-88	Prefer not to answer
0	Male												
1	Female												
2	Intersex												
66	None of these describe me												
-88	Prefer not to answer												
		[es] ¿Cuál fue el sexo biológico que se le asignó al nacer? <i>(Adaptado de PhenX Protocol - Biological Sex Assigned at Birth [PX011601])</i>	<table border="1"> <tr><td>0</td><td>Masculino</td></tr> <tr><td>1</td><td>Femenino</td></tr> <tr><td>2</td><td>Intersexual</td></tr> <tr><td>66</td><td>Ninguna de las opciones anteriores me describe</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Masculino	1	Femenino	2	Intersexual	66	Ninguna de las opciones anteriores me describe	-88	Prefiero no contestar
0	Masculino												
1	Femenino												
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-88	Prefiero no contestar												
8	sex_assigned_at_birth	How would you describe yourself?	text, Required										

		<p>th_o_2</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '66'</p>	<p>(Adapted from PhenX Protocol - Biological Sex Assigned at Birth [PX011601])</p>	<p>Custom alignment: LV</p>																		
			<p>[es] ¿Usted cómo se describiría? (Adaptado de PhenX Protocol - Biological Sex Assigned at Birth [PX011601])</p>																			
9	<p>gender_identity_term</p>	<p>What terms best express how you describe your gender identity? (Check all that apply) (Adapted from Protocol - Gender Identity [PX011801])</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>0</td> <td>gender_identity_term__0</td> <td>Man</td> </tr> <tr> <td>1</td> <td>gender_identity_term__1</td> <td>Woman</td> </tr> <tr> <td>2</td> <td>gender_identity_term__2</td> <td>Non-binary</td> </tr> <tr> <td>3</td> <td>gender_identity_term__3</td> <td>Transgender</td> </tr> <tr> <td>66</td> <td>gender_identity_term__66</td> <td>None of these describe me</td> </tr> <tr> <td>-88</td> <td>gender_identity_term__88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88</p>	0	gender_identity_term__0	Man	1	gender_identity_term__1	Woman	2	gender_identity_term__2	Non-binary	3	gender_identity_term__3	Transgender	66	gender_identity_term__66	None of these describe me	-88	gender_identity_term__88	Prefer not to answer	
0	gender_identity_term__0	Man																				
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66	gender_identity_term__66	None of these describe me																				
-88	gender_identity_term__88	Prefer not to answer																				
			<p>[es] ¿Qué términos expresan mejor la manera en que describe su identidad de género? (Marque todo lo que corresponda) (Adaptado de Protocol - Gender Identity [PX011801])</p>	<table border="1"> <tr> <td>0</td> <td>gender_identity_term__0</td> <td>Hombre</td> </tr> <tr> <td>1</td> <td>gender_identity_term__1</td> <td>Mujer</td> </tr> <tr> <td>2</td> <td>gender_identity_term__2</td> <td>No binario</td> </tr> <tr> <td>3</td> <td>gender_identity_term__3</td> <td>Transgénero</td> </tr> <tr> <td>66</td> <td>gender_identity_term__66</td> <td>Ninguna de las opciones anteriores me describe</td> </tr> <tr> <td>-88</td> <td>gender_identity_term__88</td> <td>Prefiero no contestar</td> </tr> </table>	0	gender_identity_term__0	Hombre	1	gender_identity_term__1	Mujer	2	gender_identity_term__2	No binario	3	gender_identity_term__3	Transgénero	66	gender_identity_term__66	Ninguna de las opciones anteriores me describe	-88	gender_identity_term__88	Prefiero no contestar
0	gender_identity_term__0	Hombre																				
1	gender_identity_term__1	Mujer																				
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66	gender_identity_term__66	Ninguna de las opciones anteriores me describe																				
-88	gender_identity_term__88	Prefiero no contestar																				
10	<p>gender_identity_description_o</p> <p>Show the field ONLY if: [gender_identity_term(66)] = '1'</p>	<p>How would you describe yourself? (Adapted from Protocol - Gender Identity [PX011801])</p>	<p>text, Required Custom alignment: LV</p>																			
			<p>[es] ¿Usted cómo se describiría? (Adaptado de Protocol - Gender Identity [PX011801])</p>																			
11	<p>sexual_orientation_identity</p>	<p>Which of the following best represents how you think of yourself? (Adapted from PhenX Protocol - Sexual Orientation [PX011701])</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Gay</td> </tr> <tr> <td>1</td> <td>Lesbian</td> </tr> <tr> <td>2</td> <td>Straight; that is, not gay or lesbian</td> </tr> <tr> <td>3</td> <td>Bisexual</td> </tr> </table>	0	Gay	1	Lesbian	2	Straight; that is, not gay or lesbian	3	Bisexual											
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		[es]	<p>¿Cuál de las siguientes opciones representa mejor la idea que tiene de usted? <i>(Adaptado de PhenX Protocol - Sexual Orientation [PX011701])</i></p>	<table border="1"> <tr> <td>0</td> <td>Gay</td> </tr> <tr> <td>1</td> <td>Lesbiana</td> </tr> <tr> <td>2</td> <td>Heterosexual; es decir, no gay ni lesbiana, etc...</td> </tr> <tr> <td>3</td> <td>Bisexual</td> </tr> <tr> <td>66</td> <td>Ninguna de las opciones anteriores me describe</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	0	Gay	1	Lesbiana	2	Heterosexual; es decir, no gay ni lesbiana, etc...	3	Bisexual	66	Ninguna de las opciones anteriores me describe	-88	Prefiero no contestar
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12	sexual_orientation_description_o		<p>How would you describe yourself? <i>(Adapted from PhenX Protocol - Sexual Orientation [PX011701])</i></p> <p>Show the field ONLY if: [sexual_orientation_identity] = '66'</p>	<p>text, Required Custom alignment: LV</p>												
		[es]	<p>¿Usted cómo se describiría? <i>(Adaptado de PhenX Protocol - Sexual Orientation [PX011701])</i></p>													
13	age_in_years		<p>How old are you? (in years)? <i>(Adapted from PhenX Protocol - Current Age [PX010101])</i></p>	<p>text (integer, Min: 0, Max: 130) Custom alignment: LV</p>												
		[es]	<p>¿Cuántos años tiene? (en años) <i>(Adaptado de PhenX Protocol - Current Age [PX010101])</i></p>													
14	age_in_years_no_response		<p>How old are you? (in years)? <i>(Adapted from PhenX Protocol - Current Age [PX010101])</i></p> <p>Show the field ONLY if: [age_in_years] = ""</p>	<p>radio, Required</p> <table border="1"> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-88	Prefer not to answer										
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15	geocoded_residential_address		<p>[Please collect the residential address (or at least ZIP code) for geocoding but this will NOT be sent to the RCC. In near future, the projects will be able to obtain de-identified neighborhood SDOH variables based on geocoded residential addresses / ZIP code and send the de-id neighborhood SDOH data to the RCC.]</p>	<p>descriptive Field Annotation: @HIDDEN</p>												
		[es]	<p>[Por favor recopile la dirección residencial (o al menos el código postal) para geocodificación pero Esto NO se enviará al RCC. En un futuro cercano, los proyectos podrán obtener variables SDOH de vecindarios no identificados en función de direcciones residenciales geocodificadas/código postal y enviar el desidentifique los datos SDOH del vecindario al</p>													

			RCC.]	
16	fi_12_mos_instructi on		<p>Each project is required to select at least 1 of the 5 main food domain items. -----</p> <p>----- The 6th item of the scale [fi_change_diet_frequency] is a question that branches from 1 of the required 5 main items.If yes, is selected for the question [fi_12_mos_change_diet], "In the last 12 months, did you/you or other adults in your household ever cut the size of your meal or skip meals because there wasn't enough money for food?"then you can offer the follow-up question [fi_change_diet_frequency], "How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?"</p> <p>----- Again, only 1 of the 5 main items is REQUIRED, however, the entire scale is available.</p>	descriptive Field Annotation: @HIDDEN
		[es]	<p>Cada proyecto es requerido para seleccionar al menos 1 de los 5 elementos principales del dominio alimentario. -----</p> <p>----- El sexto ítem de la escala [fi_change_diet_frequency] es una pregunta que ramas de 1 de los 5 elementos principales requeridos.Si sí, se selecciona para la pregunta [fi_12_mos_change_diet], "En el últimos 12 meses, ¿usted/usted u otros adultos en su hogar alguna vez redujeron el tamaño de su comida o se saltaron comidas porque no había suficiente dinero para comprar alimentos?"entonces puede ofrecer lo siguiente: up question [fi_change_diet_frequency], "¿Con qué frecuencia sucedió esto: casi todos los meses, algunos meses pero no todos los meses, o solo en 1 o 2 meses? -----</p> <p>----- Nuevamente, solo se REQUIERE 1 de los 5 ítems principales, sin embargo, la escala completa está disponible.</p>	
17	fi_12_mos_intro		These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.Please select whether the statement was often true, sometimes true, or never true for you or your household.	descriptive
		[es]	Las siguientes preguntas son sobre los alimentos consumidos en su hogar en los últimos 12 meses y si pudo pagar los alimentos	

		que necesita.< br />Seleccione si la afirmación era a menudo verdadera, a veces verdadera o nunca cierto para usted o su hogar.											
18	fi_12_mos_food_money_freq	<p>"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Often true	2	Sometimes true	3	Never true	-77	Don't know	-88	Prefer not to answer
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		<p>[es] La comida que (compré / compramos) no rindió lo suficiente, y (no tenía / no teníamos) dinero para comprar más."</p> <p>(Para Ud. / En su hogar), ¿ésto ocurrió frecuentemente, a veces, o nunca en los últimos 12 meses? <i>(Adaptado de PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<table border="1"> <tr><td>1</td><td>Frecuentemente</td></tr> <tr><td>2</td><td>A veces</td></tr> <tr><td>3</td><td>Nunca</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Frecuentemente	2	A veces	3	Nunca	-77	no sé	-88	Prefiero no contestar
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19	fi_12_mos_afford_balanced_meals	<p>"(I/we) couldn't afford to eat balanced meals."</p> <p>Was that often, sometimes, or never true for (you/your household) in the last 12 months? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Often true</td></tr> <tr><td>2</td><td>Sometimes true</td></tr> <tr><td>3</td><td>Never true</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Often true	2	Sometimes true	3	Never true	-77	Don't know	-88	Prefer not to answer
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20	fi_12_mos_change_diet	<p>In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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		[es] En los últimos 12 meses, ¿(Ud. / Ud. u otro adulto del hogar) redujo alguna vez la cantidad de sus comidas o dejó de desayunar, almorzar o cenar porque le faltaba dinero para alimentos? <i>(Adaptado de PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar		
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22	fi_12_mos_eat_less	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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23	fi_12_mos_hungry	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? <i>(Adapted from PhenX Protocol - Food Insecurity [PX270301]/Six-Item Standard Measure from USDA Economic Research Service)</i>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer		
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24	fi_12_mos_end_of_module_alert	[End of Six-Item Food Security Module]	descriptive Field Annotation: @HIDDEN																																																
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25	edu_att_individual_highest_grade	What is the highest grade or level of school you have completed or the highest degree you have received? <i>(Adapted from PhenX Protocol - Educational Attainment - Individual [PX011002])</i>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Never attended/Kindergarten Only</td> </tr> <tr> <td>1</td> <td>1st grade</td> </tr> <tr> <td>2</td> <td>2nd grade</td> </tr> <tr> <td>3</td> <td>3rd grade</td> </tr> <tr> <td>4</td> <td>4th grade</td> </tr> <tr> <td>5</td> <td>5th grade</td> </tr> <tr> <td>6</td> <td>6th grade</td> </tr> <tr> <td>7</td> <td>7th grade</td> </tr> <tr> <td>8</td> <td>8th grade</td> </tr> <tr> <td>9</td> <td>9th grade</td> </tr> <tr> <td>10</td> <td>10th grade</td> </tr> <tr> <td>11</td> <td>11th grade</td> </tr> <tr> <td>12</td> <td>12th grade, No diploma</td> </tr> <tr> <td>13</td> <td>High School graduate</td> </tr> <tr> <td>14</td> <td>GED or equivalent</td> </tr> <tr> <td>15</td> <td>Some college, No degree</td> </tr> <tr> <td>16</td> <td>Associate degree: Occupational, Technical, or Vocational program</td> </tr> <tr> <td>17</td> <td>Associate degree: Academic program</td> </tr> <tr> <td>18</td> <td>Bachelor's degree (Example: BA, AB, BS, BBA)</td> </tr> <tr> <td>19</td> <td>Master's Degree (Example: MA, MS, MEng, MEd, MBA, MDiv)</td> </tr> <tr> <td>20</td> <td>Professional School Degree (Example: MD, DDS, DVM, JD)</td> </tr> <tr> <td>21</td> <td>Doctoral Degree (Example: PhD, EdD, DDiv)</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	0	Never attended/Kindergarten Only	1	1st grade	2	2nd grade	3	3rd grade	4	4th grade	5	5th grade	6	6th grade	7	7th grade	8	8th grade	9	9th grade	10	10th grade	11	11th grade	12	12th grade, No diploma	13	High School graduate	14	GED or equivalent	15	Some college, No degree	16	Associate degree: Occupational, Technical, or Vocational program	17	Associate degree: Academic program	18	Bachelor's degree (Example: BA, AB, BS, BBA)	19	Master's Degree (Example: MA, MS, MEng, MEd, MBA, MDiv)	20	Professional School Degree (Example: MD, DDS, DVM, JD)	21	Doctoral Degree (Example: PhD, EdD, DDiv)	-77	Don't know	-88	Prefer not to answer
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14	Examen GED o equivalente																																																			
15	Algunos estudios universitarios, sin título																																																			
16	Título de asociado: Programa ocupacional, técnico o profesional																																																			
17	Título de asociado: Programa académico																																																			
18	Licenciatura o título de educación superior de 4 años (por ejemplo; BA, AB, BS, BBA)																																																			
19	Máster (por ejemplo: MA, MS, MEng, MEd, MBA, MDiv)																																																			
20	Título de Escuela Profesional (por ejemplo: MD, DDS, DVM, JD)																																																			
21	Doctorado (por ejemplo: PhD, EdD, DDiv)																																																			
-77	No sé																																																			
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26	health_literacy_medical_forms	<p>How confident are you filling out medical forms by yourself? <i>(Adapted from PhenX Protocol - Health Literacy [PX270401] / LOINC 95870-2)</i></p>		<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Extremely</td></tr> <tr><td>2</td><td>Quite a bit</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A little bit</td></tr> <tr><td>5</td><td>Not at all</td></tr> </table>	1	Extremely	2	Quite a bit	3	Somewhat	4	A little bit	5	Not at all																																						
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		[es]	<p>¿Qué tan seguro se siente al completar los formularios médicos por sí mismo? <i>(Adaptado de PhenX Protocol - Health Literacy [PX270401] / LOINC 95870-2)</i></p>	<table border="1"> <tr><td>1</td><td>Extremadamente</td></tr> <tr><td>2</td><td>Bastante</td></tr> <tr><td>3</td><td>Más o menos</td></tr> <tr><td>4</td><td>Un poco</td></tr> <tr><td>5</td><td>nada</td></tr> </table>	1	Extremadamente	2	Bastante	3	Más o menos	4	Un poco	5	nada
1	Extremadamente													
2	Bastante													
3	Más o menos													
4	Un poco													
5	nada													
27	ann_fam_inc_descript		<p>The next block of questions make up the PhenX set of income questions.</p> <p><i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>descriptive Field Annotation: @HIDDEN</p>										
		[es]	<p>El siguiente bloque de preguntas constituye el conjunto de preguntas sobre ingresos de PhenX.</p> <p><i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>											
28	ann_fam_inc_instructions		<p>The next questions are about your total family income in 2022 BEFORE TAXES.</p> <p>Income is important in analyzing the health information we collect.</p> <p>For example, with this information, we can learn whether persons in one income group use certain types of medical services more or less often than those in another group.</p> <p>Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.</p>	<p>descriptive</p>										
		[es]	<p>Las siguientes preguntas son sobre su ingreso familiar total en 2022 ANTES DE IMPUESTOS.</p> <p>Los ingresos son importantes para analizar la información de salud que recopilamos.</p> <p>Por ejemplo, con esta información, podemos saber si las personas de un grupo de ingresos usan ciertos tipos de servicios médicos con más o menos frecuencia que las de otro grupo.</p>											

			Tenga la seguridad de que, como toda la información que ha proporcionado, estas respuestas se mantendrán estrictamente confidenciales.																																									
29	ann_family_inc_household	How many people currently live in the household? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	radio, Required	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> </table> <p>Custom alignment: LV</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20
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		[es] ¿Cuántas personas viven actualmente en su hogar? <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>		<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10																				
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30	<code>ann_family_inc_desc_ript</code>	When answering this next question, please remember to include your income PLUS the income of all family members living in this household.		descriptive
		<i>[es]</i> Al contestar la siguiente pregunta, recuerde incluir su ingreso MÁS el ingreso de todos los miembros de la familia que viven en este hogar. Ingrese '999995' si el ingreso informado es de \$999,995 o más. Si el ingreso es 0-999 1. (inusualmente bajo) o 250001-999995 (inusualmente alto), haga las correcciones necesarias. No leer al encuestado.		
31	<code>ann_family_inc_addl_instr</code>	Enter '999995' if the reported income is \$999,995 or greater. If income is 0-999 1. (unusually low) or 250001-999995 (unusually high), make corrections if necessary. Do not read to respondent.		descriptive Field Annotation: @HIDDEN
		<i>[es]</i> Ingrese '999995' si el ingreso informado es de \$999,995 o más. Si el ingreso es 0-999 1. (inusualmente bajo) o 250001-999995 (inusualmente alto), haga las correcciones necesarias. No le lea al encuestado.		
32	<code>ann_family_inc_total_last_yr</code>	What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year? <i>(Adapted from PhenX - Annual Family Income [PX011102])</i>		text (number, Min: 0, Max: 1000000)

		[es]	¿Cuál es su mejor estimado del ingreso total de todos los miembros de la familia de todas las fuentes, antes de impuestos, que recibió en el último año calendario? <i>(Adaptado de PhenX - Annual Family Income [PX011102])</i>									
33	ann_family_inc_total_last_yr_enc		<i>(Adapted from PhenX - Annual Family Income [PX011102])</i>	radio <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	-77	Don't know	-88	Prefer not to answer				
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		[es]	???	<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar				
-77	no sé											
-88	Prefiero no contestar											
34	poverty_250		250% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2) 2022 FPG</i>	calc Calculation: 2.50 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
		[es]	250% of poverty threshold <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2) 2022 FPG</i>									
35	ann_family_inc_total_thld_250		Was your total family income from all sources less than [poverty_250] or [poverty_250] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	radio <table border="1"> <tr> <td>1</td> <td>Less than [poverty_250]</td> </tr> <tr> <td>2</td> <td>[poverty_250] or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than [poverty_250]	2	[poverty_250] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_250]											
2	[poverty_250] or more											
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-88	Prefer not to answer											
		[es]	¿Fue su ingreso familiar total de todas las fuentes menos de 250% of poverty threshold o 250% of poverty threshold o más? <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	<table border="1"> <tr> <td>1</td> <td>Menos de [poverty_250]</td> </tr> <tr> <td>2</td> <td>[poverty_250] o más</td> </tr> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Menos de [poverty_250]	2	[poverty_250] o más	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_250]											
2	[poverty_250] o más											
-77	no sé											
-88	Prefiero no contestar											
36	poverty_138		138% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	calc Calculation: 1.38 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
		[es]	138% of poverty threshold <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>									
37	ann_family_inc_total_thld_138		Was your total family income from all sources less than [poverty_138] or [poverty_138] or more?	radio <table border="1"> <tr> <td>1</td> <td>Less than [poverty_138]</td> </tr> </table>	1	Less than [poverty_138]						
1	Less than [poverty_138]											

		Show the field ONLY if: [ann_family_inc_total_thld_250] = '1' OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88'	(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	<table border="1"> <tr><td>2</td><td>[poverty_138] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	2	[poverty_138] or more	-77	Don't know	-88	Prefer not to answer		
2	[poverty_138] or more											
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		[es]	Fue su ingreso familiar total de todas las fuentes menos de [poverty_138] o [poverty_138] o más? (Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	<table border="1"> <tr><td>1</td><td>Menos de [poverty_138]</td></tr> <tr><td>2</td><td>[poverty_138] o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de [poverty_138]	2	[poverty_138] o más	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_138]											
2	[poverty_138] o más											
-77	no sé											
-88	Prefiero no contestar											
38	poverty_100		100% of poverty threshold (Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	calc Calculation: 1.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
		[es]	100% of poverty threshold (Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)									
39	ann_family_inc_total_thld_100	Show the field ONLY if: [ann_family_inc_total_thld_138]=1	Was your total family income from all sources less than [poverty_100] or [poverty_100] or more? (Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_100]</td></tr> <tr><td>2</td><td>[poverty_100] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_100]	2	[poverty_100] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_100]											
2	[poverty_100] or more											
-77	Don't know											
-88	Prefer not to answer											
		[es]	Fue su ingreso familiar total de todas las fuentes menos de [poverty_100] o [poverty_100] o más? (Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	<table border="1"> <tr><td>1</td><td>Menos de [poverty_100]</td></tr> <tr><td>2</td><td>[poverty_100] o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de [poverty_100]	2	[poverty_100] o más	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_100]											
2	[poverty_100] o más											
-77	no sé											
-88	Prefiero no contestar											
40	poverty_200		200% of poverty threshold (Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	calc Calculation: 2.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
		[es]	200% of poverty threshold (Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)									
41	ann_family_inc_total_thld_200	Show the field ONLY if: [ann_family_inc_total_thld_138]=2	Was your total family income from all sources less than [poverty_200] or [poverty_200] or more? (Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)	radio <table border="1"> <tr><td>1</td><td>Less than [poverty_200]</td></tr> <tr><td>2</td><td>[poverty_200] or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Less than [poverty_200]	2	[poverty_200] or more	-77	Don't know	-88	Prefer not to answer
1	Less than [poverty_200]											
2	[poverty_200] or more											
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		[es]	Fue su ingreso familiar total de todas las fuentes menos de 200% of poverty threshold o 200% of poverty threshold o más? (Adaptado de PhenX - Annual Family Income [PX011102];	<table border="1"> <tr><td>1</td><td>Menos de [poverty_200]</td></tr> <tr><td>2</td><td>[poverty_200] o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> </table>	1	Menos de [poverty_200]	2	[poverty_200] o más	-77	no sé		
1	Menos de [poverty_200]											
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-77	no sé											

			LOINC: 63058-2	-88	Prefiero no contestar								
42	annual_family_income_total_75 Show the field ONLY if: ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='1') OR ([ann_family_inc_total_thld_250]='2' AND [ann_family_inc_household]='2')		Was your total family income from all sources less than \$75,000 or \$75,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	radio	<table border="1"> <tr> <td>1</td> <td>Less than \$75,000</td> </tr> <tr> <td>2</td> <td>\$75,000 or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than \$75,000	2	\$75,000 or more	-77	Don't know	-88	Prefer not to answer
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		[es]	Fue su ingreso familiar total de todas las fuentes menos de \$75,000 o \$75,000 o más? <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	<table border="1"> <tr> <td>1</td> <td>Menos de \$75,000</td> </tr> <tr> <td>2</td> <td>\$75,000 o más</td> </tr> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Menos de \$75,000	2	\$75,000 o más	-77	no sé	-88	Prefiero no contestar	
1	Menos de \$75,000												
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43	annual_family_income_total_100 Show the field ONLY if: ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '5') OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_75] = '2'		Was your total family income from all sources less than \$100,000 or \$100,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	radio	<table border="1"> <tr> <td>1</td> <td>Less than \$100,000</td> </tr> <tr> <td>2</td> <td>\$100,000 or more</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Less than \$100,000	2	\$100,000 or more	-77	Don't know	-88	Prefer not to answer
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44	poverty_400		400% of poverty threshold <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>	calc	Calculation: 4.00 * (13590 + (4720 * ([ann_family_inc_household]-1))) Field Annotation: @HIDDEN								
		[es]	400% of poverty threshold <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i>										
45	ann_family_inc_total_thld_400 Show the field ONLY if:		Was your total family income from all sources less than [poverty_400] or [poverty_400] or more? <i>(Adapted from PhenX - Annual Family Income [PX011102];</i>	radio	<table border="1"> <tr> <td>1</td> <td>Less than [poverty_400]</td> </tr> <tr> <td>2</td> <td>[poverty_400] or more</td> </tr> </table>	1	Less than [poverty_400]	2	[poverty_400] or more				
1	Less than [poverty_400]												
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	<p>([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] = 4) OR ([ann_family_inc_total_thld_250] = '2' AND [ann_family_inc_household] >= 7) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '3') OR ([annual_family_income_total_100] = '2' AND ([ann_family_inc_household] = '5' or [ann_family_inc_household] = '6')) OR [annual_family_income_total_75] = '1' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '3') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '6')</p>	<p>LOINC: 63058-2</p>	<table border="1"> <tr> <td data-bbox="1052 113 1105 170">-77</td> <td data-bbox="1105 113 1393 170">Don't know</td> </tr> <tr> <td data-bbox="1052 170 1105 226">-88</td> <td data-bbox="1105 170 1393 226">Prefer not to answer</td> </tr> </table>	-77	Don't know	-88	Prefer not to answer				
-77	Don't know										
-88	Prefer not to answer										
	<p>[es]</p>	<p>Fue su ingreso familiar total de todas las fuentes menos de [poverty_400] o [poverty_400] o más? <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<table border="1"> <tr> <td data-bbox="1052 1079 1105 1136">1</td> <td data-bbox="1105 1079 1393 1136">Menos de [poverty_400]</td> </tr> <tr> <td data-bbox="1052 1136 1105 1192">2</td> <td data-bbox="1105 1136 1393 1192">[poverty_400] o más?</td> </tr> <tr> <td data-bbox="1052 1192 1105 1249">-77</td> <td data-bbox="1105 1192 1393 1249">no sé</td> </tr> <tr> <td data-bbox="1052 1249 1105 1297">-88</td> <td data-bbox="1105 1249 1393 1297">Prefiero no contestar</td> </tr> </table>	1	Menos de [poverty_400]	2	[poverty_400] o más?	-77	no sé	-88	Prefiero no contestar
1	Menos de [poverty_400]										
2	[poverty_400] o más?										
-77	no sé										
-88	Prefiero no contestar										
<p>46</p>	<p>annual_family_income_total_150</p> <p>Show the field ONLY if: ([annual_family_income_total_100]=2 and ([ann_family_inc_household]=1 or [ann_family_inc_household]=2 or [ann_family_inc_household]=3)) or ([ann_family_inc_total_thld_400]=1 and [ann_family_inc_household]>=8) or ([ann_family_inc_total_thld_400]=2 and ([ann_family_inc_household]=5 or [ann_family_inc_household]=6)) OR ([annual_family_income_total_100]</p>	<p>Was your total family income from all sources less than \$150,000 or \$150,000 or more? <i>(Adapted from PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>	<p>radio</p> <table border="1"> <tr> <td data-bbox="1052 1339 1105 1396">1</td> <td data-bbox="1105 1339 1357 1396">Less than \$150,000</td> </tr> <tr> <td data-bbox="1052 1396 1105 1453">2</td> <td data-bbox="1105 1396 1357 1453">\$150,000 or more</td> </tr> <tr> <td data-bbox="1052 1453 1105 1509">-77</td> <td data-bbox="1105 1453 1357 1509">Don't know</td> </tr> <tr> <td data-bbox="1052 1509 1105 1566">-88</td> <td data-bbox="1105 1509 1357 1566">Prefer not to answer</td> </tr> </table>	1	Less than \$150,000	2	\$150,000 or more	-77	Don't know	-88	Prefer not to answer
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	<p>= '2' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '2') OR ([annual_family_income_total_100] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] >= '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '4') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '5')</p>										
	<p>[es] Fue su ingreso familiar total de todas las fuentes menos de \$150,000 o \$150,000 o más? <i>(Adaptado de PhenX - Annual Family Income [PX011102]; LOINC: 63058-2)</i></p>		<table border="1"> <tr> <td>1</td> <td>Menos de \$150,000</td> </tr> <tr> <td>2</td> <td>\$150,000 o más</td> </tr> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Menos de \$150,000	2	\$150,000 o más	-77	no sé	-88	Prefiero no contestar
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47	<p>ann_fam_inc_end_of_qxs</p> <p>Show the field ONLY if: [ann_family_inc_total_last_yr] > 1000 AND [ann_family_inc_total_last_yr] < 250000 OR [ann_family_inc_total_thld_250] = '-77' OR [ann_family_inc_total_thld_250] = '-88' OR [ann_family_inc_total_thld_138] = '-77' OR [ann_family_inc_total_thld_138] = '-88' OR [ann_family_inc_total_thld_100] <> " OR [ann_family_inc_total_thld_200] <> " OR [annual_family_income_total_75] = '-77' OR [annual_family_income_total_75] = '-88' OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '1') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '2') OR ([annual_family_income_t</p>	[End of PhenX Income Qxs]	<p>descriptive Field Annotation: @HIDDEN</p>								

		<p>otal_100] = '1' AND [ann_family_inc_household] = '5') OR ([annual_family_income_total_100] = '1' AND [ann_family_inc_household] = '6') OR [annual_family_income_total_100] = '-77' OR [annual_family_income_total_100] = '-88' OR ([ann_family_inc_total_thld_400] = '1' AND [ann_family_inc_household] < '8') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '1') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '2') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] = '3') OR ([ann_family_inc_total_thld_400] = '2' AND [ann_family_inc_household] >= '6') OR [ann_family_inc_total_thld_400] = '-77' OR [ann_family_inc_total_thld_400] = '-88'</p>	
		<p>[es]</p>	<p>[End of PhenX Income Qxs]</p>
48	<p>alt_to_phenx_income_qxs_descript</p>	<p>The next question is an alternative version to the PhenX income qxs.</p> <p>Use the version that you think will work best for your population.</p> <p>(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/details/guidelines-2023.pdf)</p>	<p>descriptive, Required Field Annotation: @HIDDEN</p>
		<p>[es]</p>	<p>La siguiente pregunta es una versión alternativa a los ingresos de PhenX qxs.</p> <p>Utilice la versión que crea que funcionará mejor para su población.</p>

		(Adaptado de PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/details/guidelines-2023.pdf)																																							
49	ann_fam_inc_2022fgcats	What is your best estimate of the total income of all family members from all sources, before taxes, in the last calendar year? <i>(Adapted from PhenX Protocol - Annual Family Income [PX011101]; LOINC:63058-2; https://cdebrowser.nci.nih.gov/cdebrowserClient/cdeBrowser.html#/search?publicId=2738624&version=1.0; https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/details/guidelines-2023.pdf)</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>less than \$13,590 (\$1,133/mo or \$261/wk)</td> </tr> <tr> <td>2</td> <td>\$13,590 (\$1,133/mo or \$261/wk) to \$18,309 (\$1,525/mo or \$351/wk)</td> </tr> <tr> <td>3</td> <td>\$18,310 (\$1,526/mo or \$352/wk) to \$23,029 (\$1,918/mo or \$442/wk)</td> </tr> <tr> <td>4</td> <td>\$23,030 (\$1,919/mo or \$443/wk) to \$27,749 (\$2,312/mo or \$533/wk)</td> </tr> <tr> <td>5</td> <td>\$27,750 (\$2,313/mo or \$534/wk) to \$32,469 (\$2,705/mo or \$623/wk)</td> </tr> <tr> <td>6</td> <td>\$32,470 (\$2,706/mo or \$624/wk) to \$37,189 (\$3,098/mo or \$714/wk)</td> </tr> <tr> <td>7</td> <td>\$37,190 (\$3,099/mo or \$715/wk) to \$41,909 (\$3,492/mo or \$805/wk)</td> </tr> <tr> <td>8</td> <td>\$41,910 (\$3,493/mo or \$806/wk) to \$46,629 (\$3,885/mo or \$896/wk)</td> </tr> <tr> <td>9</td> <td>\$46,630 (\$3,886/mo or \$897/wk) to \$51,349 (\$4,278/mo or \$987/wk)</td> </tr> <tr> <td>10</td> <td>\$51,350 (\$4,279/mo or \$988/wk) to \$56,069 (\$4,672/mo or \$1,077/wk)</td> </tr> <tr> <td>11</td> <td>\$56,070 (\$4,673/mo or \$1,078/wk) to \$60,789 (\$5,065/mo or \$1,168/wk)</td> </tr> <tr> <td>12</td> <td>\$60,790 (\$5,066/mo or \$1,169/wk) to \$65,509 (\$5,458/mo or \$1,259/wk)</td> </tr> <tr> <td>13</td> <td>\$65,510 (\$5,459/mo or \$1,260/wk) to \$70,229 (\$5,852/mo or \$1,350/wk)</td> </tr> <tr> <td>14</td> <td>\$70,230 (\$5,853/mo or \$1,351/wk) to \$74,949 (\$6,245/mo or \$1,440/wk)</td> </tr> <tr> <td>15</td> <td>\$74,950 (\$6,246/mo or \$1,441/wk) to \$79,669 (\$6,638/mo or \$1,531/wk)</td> </tr> <tr> <td>16</td> <td>\$79,670 (\$6,639/mo or \$1,532/wk) to \$84,389 (\$7,032/mo or \$1,622/wk)</td> </tr> <tr> <td>17</td> <td>\$84,390 (\$7,033/mo or \$1,623/wk) to \$89,109 (\$7,425/mo or \$1,713/wk)</td> </tr> <tr> <td>18</td> <td>\$89,110 (\$7,426/mo or \$1,714/wk) to \$93,829 (\$7,818/mo or \$1,803/wk)</td> </tr> <tr> <td>19</td> <td>\$93,830 (\$7,819/mo or \$1,804/wk) to</td> </tr> </table>	1	less than \$13,590 (\$1,133/mo or \$261/wk)	2	\$13,590 (\$1,133/mo or \$261/wk) to \$18,309 (\$1,525/mo or \$351/wk)	3	\$18,310 (\$1,526/mo or \$352/wk) to \$23,029 (\$1,918/mo or \$442/wk)	4	\$23,030 (\$1,919/mo or \$443/wk) to \$27,749 (\$2,312/mo or \$533/wk)	5	\$27,750 (\$2,313/mo or \$534/wk) to \$32,469 (\$2,705/mo or \$623/wk)	6	\$32,470 (\$2,706/mo or \$624/wk) to \$37,189 (\$3,098/mo or \$714/wk)	7	\$37,190 (\$3,099/mo or \$715/wk) to \$41,909 (\$3,492/mo or \$805/wk)	8	\$41,910 (\$3,493/mo or \$806/wk) to \$46,629 (\$3,885/mo or \$896/wk)	9	\$46,630 (\$3,886/mo or \$897/wk) to \$51,349 (\$4,278/mo or \$987/wk)	10	\$51,350 (\$4,279/mo or \$988/wk) to \$56,069 (\$4,672/mo or \$1,077/wk)	11	\$56,070 (\$4,673/mo or \$1,078/wk) to \$60,789 (\$5,065/mo or \$1,168/wk)	12	\$60,790 (\$5,066/mo or \$1,169/wk) to \$65,509 (\$5,458/mo or \$1,259/wk)	13	\$65,510 (\$5,459/mo or \$1,260/wk) to \$70,229 (\$5,852/mo or \$1,350/wk)	14	\$70,230 (\$5,853/mo or \$1,351/wk) to \$74,949 (\$6,245/mo or \$1,440/wk)	15	\$74,950 (\$6,246/mo or \$1,441/wk) to \$79,669 (\$6,638/mo or \$1,531/wk)	16	\$79,670 (\$6,639/mo or \$1,532/wk) to \$84,389 (\$7,032/mo or \$1,622/wk)	17	\$84,390 (\$7,033/mo or \$1,623/wk) to \$89,109 (\$7,425/mo or \$1,713/wk)	18	\$89,110 (\$7,426/mo or \$1,714/wk) to \$93,829 (\$7,818/mo or \$1,803/wk)	19	\$93,830 (\$7,819/mo or \$1,804/wk) to
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50	current_employment_status	<p>We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else? <i>(Adapted from PhenX Protocol - Current Employment Status [PX011301])</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Working now</td> </tr> <tr> <td>2</td> <td>Only temporarily laid off, sick leave, or maternity leave</td> </tr> <tr> <td>3</td> <td>Looking for work, unemployed</td> </tr> <tr> <td>4</td> <td>Retired</td> </tr> <tr> <td>5</td> <td>Disabled, Permanently or temporarily</td> </tr> <tr> <td>6</td> <td>Keeping house</td> </tr> <tr> <td>7</td> <td>Student</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> <tr> <td>90</td> <td>Other (specify):</td> </tr> </table> <p>Custom alignment: LV</p>	1	Working now	2	Only temporarily laid off, sick leave, or maternity leave	3	Looking for work, unemployed	4	Retired	5	Disabled, Permanently or temporarily	6	Keeping house	7	Student	-88	Prefer not to answer	90	Other (specify):					
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		<p>[es] Nos gustaría saber a qué se dedica: ¿está trabajando ahora, busca trabajo, está jubilado, se encarga del cuidado del hogar, es estudiante</p>	<table border="1"> <tr> <td>1</td> <td>Estoy trabajando</td> </tr> <tr> <td>2</td> <td>En el momento no trabajo o tengo</td> </tr> </table>	1	Estoy trabajando	2	En el momento no trabajo o tengo																			
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51	cur_employ_stat_specify Show the field ONLY if: [current_employment_status] = '90'	If Other, please specify. <i>(Adapted from PhenX Protocol - Current Employment Status [PX011301])</i>	text, Required Custom alignment: LV																
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52	ahc_hrsn_st_suppl_edu_q15	Do you speak a language other than English at home? <i>(Adapted from CMS AHS HRSN Item #15/LOINC: 97027-7)</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV	1	Yes	0	No	-88	Prefer not to answer										
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		[es] ¿En su hogar se habla un idioma diferente al inglés? <i>(Adaptado de CMS AHS HRSN Item #15/LOINC: 97027-7)</i>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar										
1	Sí																		
0	No																		
-88	Prefiero no contestar																		
53	english_proficiency_speak_engl Show the field ONLY if: [ahc_hrsn_st_suppl_edu_q15] = '1'	Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English. Would you say you speak English...? <i>(Adapted from PhenX Protocol - English Proficiency [PX270201])</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Very well</td> </tr> <tr> <td>2</td> <td>Well</td> </tr> <tr> <td>3</td> <td>Not well</td> </tr> <tr> <td>4</td> <td>Not at all</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV	1	Very well	2	Well	3	Not well	4	Not at all	-77	Don't know	-88	Prefer not to answer				
1	Very well																		
2	Well																		
3	Not well																		
4	Not at all																		
-77	Don't know																		
-88	Prefer not to answer																		
		[es] Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés. ¿Diría usted que habla inglés...	<table border="1"> <tr> <td>1</td> <td>Muy bien</td> </tr> <tr> <td>2</td> <td>Bien</td> </tr> </table>	1	Muy bien	2	Bien												
1	Muy bien																		
2	Bien																		

			(Adaptado de PhenX Protocol - English Proficiency [PX270201])	<table border="1"> <tr><td>3</td><td>No bien</td></tr> <tr><td>4</td><td>No lo habla</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	3	No bien	4	No lo habla	-77	no sé	-88	Prefiero no contestar										
3	No bien																					
4	No lo habla																					
-77	no sé																					
-88	Prefiero no contestar																					
54	acs_hlth_svcs_last_seen_doctor	About how long has it been since you last saw a doctor or other health care professional about your health? (Adapted from PhenX Protocol - Access to Health Services [PX270101])		<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Within the past year (anytime less than 12 months ago)</td></tr> <tr><td>2</td><td>Within the last 2 years (1 year but less than 2 years ago)</td></tr> <tr><td>3</td><td>Within the last 3 years (2 years but less than 3 years ago)</td></tr> <tr><td>4</td><td>Within the last 5 years (3 years but less than 5 years ago)</td></tr> <tr><td>5</td><td>Within the last 10 years (5 years but less than 10 years ago)</td></tr> <tr><td>6</td><td>10 years ago or more</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Within the past year (anytime less than 12 months ago)	2	Within the last 2 years (1 year but less than 2 years ago)	3	Within the last 3 years (2 years but less than 3 years ago)	4	Within the last 5 years (3 years but less than 5 years ago)	5	Within the last 10 years (5 years but less than 10 years ago)	6	10 years ago or more	-77	Don't know	-88	Prefer not to answer
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-88	Prefer not to answer																					
		[es] Aproximadamente, ¿cuánto tiempo hace que vio a un médico u otro profesional de la salud por su salud? (Adaptado de PhenX Protocol - Access to Health Services [PX270101])		<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>En el último año (en menos de 12 meses)</td></tr> <tr><td>2</td><td>En los últimos 2 años (hace más de 1 año pero menos de 2 años)</td></tr> <tr><td>3</td><td>En los últimos 3 años (hace más de 2 años pero menos de 3 años)</td></tr> <tr><td>4</td><td>En los últimos 5 años (hace más de 3 años pero menos de 5 años)</td></tr> <tr><td>5</td><td>En los últimos 10 años (hace más de 5 años pero menos de 10 años)</td></tr> <tr><td>6</td><td>Hace 10 años o más</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nunca	1	En el último año (en menos de 12 meses)	2	En los últimos 2 años (hace más de 1 año pero menos de 2 años)	3	En los últimos 3 años (hace más de 2 años pero menos de 3 años)	4	En los últimos 5 años (hace más de 3 años pero menos de 5 años)	5	En los últimos 10 años (hace más de 5 años pero menos de 10 años)	6	Hace 10 años o más	-77	no sé	-88	Prefiero no contestar
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6	Hace 10 años o más																					
-77	no sé																					
-88	Prefiero no contestar																					
55	acs_hlth_svcs_usual_place_hc	Is there a place that you USUALLY go to if you are sick and need health care? (Adapted from PhenX Protocol - Access to Health Services [PX270101])		<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>There is NO place</td></tr> <tr><td>3</td><td>There is MORE THAN ONE place</td></tr> <tr><td>-77</td><td>Don't know</td></tr> </table>	1	Yes	2	There is NO place	3	There is MORE THAN ONE place	-77	Don't know										
1	Yes																					
2	There is NO place																					
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-77	Don't know																					

				-88	Prefer not to answer	
				Custom alignment: LV		
		[es]	Hay algún lugar al que va USUALMENTE cuando está enfermo(a) y necesita cuidados de salud? <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i>	1	Sí	
				2	No hay NINGÚN lugar	
				3	Hay MÁS DE UN lugar	
				-77	no sé	
				-88	Prefiero no contestar	
56	acs_hlth_svcs_hc_most_often	Show the field ONLY if: [acs_hlth_svcs_usual_place_hc]='1' OR [acs_hlth_svcs_usual_place_hc]='3' OR [acs_hlth_svcs_usual_place_hc]='-77' OR [acs_hlth_svcs_usual_place_hc]='-88'	What kind of place is it/do you go to most often - a doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place? A doctor's office or health center is a place where you see the same doctor or the same group of doctors every visit, where you usually need to make an appointment ahead of time, and where your medical records are on file. Urgent care centers and clinics in a drug store or grocery store are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit. <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i>	checkbox, Required		
				1	acs_hlth_svcs_hc_most_often__1	A doctor's office or health center
				2	acs_hlth_svcs_hc_most_often__2	Wall clinic, urgent care center, retail pharmacy, or grocery store
				3	acs_hlth_svcs_hc_most_often__3	Emergency room
				4	acs_hlth_svcs_hc_most_often__4	A VA Medical Center or VA outpatient clinic
				5	acs_hlth_svcs_hc_most_often__5	Some other place
				6	acs_hlth_svcs_hc_most_often__6	Does not place often
				-77	acs_hlth_svcs_hc_most_often__77	Don't know
				-88	acs_hlth_svcs_hc_most_often__88	Prefer to answer
				Custom alignment: LV Field Annotation: @NONEOFTHEABOVE=-88		

		<p>[es] ¿A qué tipo de lugar va/ va con más frecuencia - a un consultorio médico o centro de salud; un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado; una sala de emergencias EN UN HOSPITAL; un centro médico o clínica para pacientes no hospitalizados del Departamento de Asuntos de Veteranos o V.A. (por sus siglas en inglés); o a algún otro lugar?</p> <p>Un consultorio médico o centro de salud es un lugar donde ve al mismo medico o grupo de médicos en cada visita, donde usualmente debe hacer una cita de antemano y donde está archivado su historial médico.</p> <p>Los centros de atención médica urgente NO EN UN HOSPITAL y las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.</p> <p><i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>	<table border="1"> <tr> <td>1</td> <td>acs_hlth_svcs_hc_most_often__1</td> <td>Un con: mec cent salu</td> </tr> <tr> <td>2</td> <td>acs_hlth_svcs_hc_most_often__2</td> <td>Un c ater mec mege urge EN l HOS clíni de u farm sup</td> </tr> <tr> <td>3</td> <td>acs_hlth_svcs_hc_most_often__3</td> <td>Una eme EN l HOS</td> </tr> <tr> <td>4</td> <td>acs_hlth_svcs_hc_most_often__4</td> <td>Un c mec clíni paci hos del Dep de A Vete V.A.</td> </tr> <tr> <td>5</td> <td>acs_hlth_svcs_hc_most_often__5</td> <td>Otro</td> </tr> <tr> <td>6</td> <td>acs_hlth_svcs_hc_most_often__6</td> <td>No v solo más frec</td> </tr> <tr> <td>-77</td> <td>acs_hlth_svcs_hc_most_often__77</td> <td>no s</td> </tr> <tr> <td>-88</td> <td>acs_hlth_svcs_hc_most_often__88</td> <td>Pref cont</td> </tr> </table>	1	acs_hlth_svcs_hc_most_often__1	Un con: mec cent salu	2	acs_hlth_svcs_hc_most_often__2	Un c ater mec mege urge EN l HOS clíni de u farm sup	3	acs_hlth_svcs_hc_most_often__3	Una eme EN l HOS	4	acs_hlth_svcs_hc_most_often__4	Un c mec clíni paci hos del Dep de A Vete V.A.	5	acs_hlth_svcs_hc_most_often__5	Otro	6	acs_hlth_svcs_hc_most_often__6	No v solo más frec	-77	acs_hlth_svcs_hc_most_often__77	no s	-88	acs_hlth_svcs_hc_most_often__88	Pref cont
1	acs_hlth_svcs_hc_most_often__1	Un con: mec cent salu																									
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-88	acs_hlth_svcs_hc_most_often__88	Pref cont																									
57	<p>acs_hlth_svcs_hc_most_often_o</p> <p>Show the field ONLY if: [acs_hlth_svcs_hc_most_often(5)] = "1"</p>	<p>If Some other place, please specify. <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>text, Required Custom alignment: LV</p>																								
		<p>[es] Si esOtro lugar, por favor especifique. <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>																									
58	<p>acs_hlth_svcs_past_12_mos_uc</p>	<p>During the past 12 months, how many times have you gone to an urgent care center or a clinic in a drug store or grocery store about</p>	<p>text (integer, Min: 0, Max: 96) Custom alignment: LV</p>																								

		<p>your health?</p> <p>Urgent care centers and clinics in drug stores or grocery stores are places where you do not need to make an appointment ahead of time, and do not usually see the same health care provider at each visit.</p> <p>This is different from a hospital emergency room.</p> <p>[Enter 96 if number of times is 96 or more] <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>									
		<p>[es] Durante los últimos 12 meses, ¿cuántas veces ha ido a un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado POR SU SALUD?</p> <p>Los centros de atención médica urgente NO EN UN HOSPITAL y las clínicas dentro de una farmacia o supermercado son lugares adonde se puede ir sin una cita de antemano y donde NO suele ver al mismo profesional de la salud en cada visita.</p> <p>Este es diferente a una sala de emergencias en un hospital.</p> <p>[Ingrese 96 si el número de veces es 96 o más] <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>									
59	<p>acs_hlth_svcs_past_12_mos_uc_dk</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] = "</p>	<p><i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-77	Don't know	-88	Prefer not to answer				
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		<p>[es] ??? <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>	<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar				
-77	no sé										
-88	Prefiero no contestar										
60	<p>acs_hlth_svcs_past_12_mos_uc_v</p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_uc] >= 40</p>	<p>This is an unusually large number. Did you visit an urgent care center or clinic in a drug store or grocery store about your health more than 40 times in the past 12 months? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
1	Yes										
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-77	Don't know										
-88	Prefer not to answer										
		<p>[es] Solo para verificar:</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No				
1	Sí										
0	No										

		<p>¿Está diciendo que ha estado en un centro de atención médica urgente NO EN UN HOSPITAL o una clínica dentro de una farmacia o supermercado por su salud más de [access_health_services_past_12_months_urgent_care] veces durante los últimos 12 meses? <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>	<table border="1"> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	-77	no sé	-88	Prefiero no contestar				
-77	no sé										
-88	Prefiero no contestar										
61	acs_hlth_svcs_past_12_mos_er	<p>During the past 12 months, how many times have you gone to a hospital emergency room about your health?</p> <p>This includes emergency room visits that resulted in a hospital admission.</p> <p>[Enter 96 if number of times is 96 or more] <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>text (integer, Min: 0, Max: 96) Custom alignment: LV</p>								
		<p>[es] Durante los últimos 12 meses, ¿cuántas veces ha ido a la sala de emergencias EN UN HOSPITAL por su salud?</p> <p>Esto incluye las visitas a la sala de emergencias en las cuales le tuvieron que hospitalizar.</p> <p>[Ingrese 96 si el número de veces es 96 o más] <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>									
62	acs_hlth_svcs_past_12_mos_er_dk	<p><i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p> <p>Show the field ONLY if: [acs_hlth_svcs_past_12_mos_er] = ""</p>	<p>radio</p> <table border="1"> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-77	Don't know	-88	Prefer not to answer				
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63	acs_hlth_svcs_past_12_mos_er_v	<p>This is an unusually large number. Did you visit a hospital emergency room about your health more than 40 times in the past 12 months? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
1	Yes										
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		<p>[es] Solo para verificar:</p> <p>¿Está diciendo que ha estado en a una sala de emergencias EN UN HOSPITAL sobre su salud más de [access_health_services_past_12_months_emergency_room] veces durante los últimos 12 meses?</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>no sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar
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			<p>veces durante los últimos 12 meses? <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>									
64	acs_hlth_svcs_delayed_mc		<p>During the past 12 months, have you DELAYED getting medical care because of the cost? <i>(Adapted from PhenX Protocol - Access to Health Services [PX270101])</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
1	Yes											
0	No											
-77	Don't know											
-88	Prefer not to answer											
		[es]	<p>Durante los últimos 12 meses, ¿RETRASÓ en obtener atención médica debido al costo? <i>(Adaptado de PhenX Protocol - Access to Health Services [PX270101])</i></p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>no sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	no sé	-88	Prefiero no contestar
1	Sí											
0	No											
-77	no sé											
-88	Prefiero no contestar											
65	hlth_ins_coverage_employer		<p>Section Header: <i>Are you currently covered by any of the following types of health insurance or health coverage plans? (Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])</i></p> <p>Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage.</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered											
2	Not Covered											
3	Not Sure											
		[es]	<p>Section Header: ???</p> <p>Seguro médico a través de la empresa o sindicato actual o anterior (suyo o de otro miembro de la familia). Esto incluye la cobertura COBRA.</p>	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro		
1	Tengo cobertura											
2	No tengo cobertura											
3	No estoy seguro											
66	hlth_ins_coverage_purchased		<p>Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as HealthCare.gov [if the respondent is in a state with state-specific names, insert] [or insert program name]</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered											
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		[es]	<p>Un seguro médico adquirido directamente de una compañía de seguros (por usted o por otro miembro de la familia). Esto incluye la cobertura adquirida a través de un intercambio o un mercado de seguros médicos, como HealthCare.gov [if the respondent is in a state with state-specific names, insert] [or insert program name]</p>	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro		
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2	No tengo cobertura											
3	No estoy seguro											
67	hlth_ins_coverage_medicaid		<p>Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP), or any kind of state or government-sponsored assistance plan based on income or disability. You may know this type of coverage as [if the</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure		
1	Covered											
2	Not Covered											
3	Not Sure											

			respondent is in a state with state-specific names insert program name].							
		[es]	Medicaid, Asistencia Médica (MA), el Programa de Seguro Médico para Niños (CHIP), o cualquier tipo de asistencia estatal o patrocinada por el gobierno o plan basado en los ingresos o en una discapacidad. Es posible que reconozca este tipo de cobertura como [if the respondent is in a state with state-specific names insert program name].	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
68	hlth_ins_coverage_medicare		Medicare, for people 65 and older, or people with certain disabilities	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered									
2	Not Covered									
3	Not Sure									
		[es]	Medicare, para personas de 65 años o más, o para personas con determinadas discapacidades.	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
69	hlth_ins_coverage_military		TRICARE or other military health care, including VA health care.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered									
2	Not Covered									
3	Not Sure									
		[es]	TRICARE u otra asistencia médica militar, como la asistencia médica del Departamento de Asuntos de los Veteranos (VA, por sus siglas en inglés).	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
70	hlth_ins_coverage_indian		Indian Health Service	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered									
2	Not Covered									
3	Not Sure									
		[es]	Servicio de salud para indígenas estadounidenses (IHS, por sus siglas en inglés).	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									
71	hlth_ins_coverage_other		Any Other type of health insurance coverage or health coverage plan?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Covered</td></tr> <tr><td>2</td><td>Not Covered</td></tr> <tr><td>3</td><td>Not Sure</td></tr> </table>	1	Covered	2	Not Covered	3	Not Sure
1	Covered									
2	Not Covered									
3	Not Sure									
		[es]	Cualquier otro tipo de seguro médico, cobertura o plan de cobertura médica.	<table border="1"> <tr><td>1</td><td>Tengo cobertura</td></tr> <tr><td>2</td><td>No tengo cobertura</td></tr> <tr><td>3</td><td>No estoy seguro</td></tr> </table>	1	Tengo cobertura	2	No tengo cobertura	3	No estoy seguro
1	Tengo cobertura									
2	No tengo cobertura									
3	No estoy seguro									

72	<p>hlth_ins_coverage_nocoverture</p> <p>Show the field ONLY if: [hlth_ins_coverage_employer] <> '1' and [hlth_ins_coverage_purchased] <> '1' and [hlth_ins_coverage_medicare] <> '1' and [hlth_ins_coverage_medicaid] <> '1' and [hlth_ins_coverage_military] <> '1' and [hlth_ins_coverage_indian] <> '1' and [hlth_ins_coverage_other] <> '1'</p>	<p>Does this mean you currently have no health insurance or health coverage plan? In answering this question, please exclude plans that pay for only one type of service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.</p> <p><i>(Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])</i></p>	<p>radio, Identifier</p> <table border="1" data-bbox="1052 186 1523 285"> <tr> <td>1</td> <td>I do NOT have health insurance</td> </tr> <tr> <td>2</td> <td>I HAVE some kind of health insurance</td> </tr> </table> <p>Custom alignment: LV</p>	1	I do NOT have health insurance	2	I HAVE some kind of health insurance						
1	I do NOT have health insurance												
2	I HAVE some kind of health insurance												
	<p>[es]</p>	<p>¿Esto significa que en el momento no cuenta con ningún seguro médico o plan de cobertura médica? Cuando conteste a esta pregunta, no incluya los planes para un solo tipo de servicio (como, por ejemplo, los cuidados en una residencia de adultos mayores, accidentes, planificación familiar o cuidados dentales) ni los planes que solo proporcionan dinero extra cuando se está hospitalizado.</p> <p><i>(Adaptado de PhenX Protocol - Health Insurance Coverage [PX011502])</i></p>	<table border="1" data-bbox="1052 684 1511 783"> <tr> <td>1</td> <td>NO tengo seguro médico</td> </tr> <tr> <td>2</td> <td>TENGO algún tipo de seguro médico</td> </tr> </table>	1	NO tengo seguro médico	2	TENGO algún tipo de seguro médico						
1	NO tengo seguro médico												
2	TENGO algún tipo de seguro médico												
73	<p>hlth_ins_coverage_f1adcd</p> <p>Show the field ONLY if: [hlth_ins_coverage_nocoverture] = '2' or [hlth_ins_coverage_other] = '1'</p>	<p>What type of health insurance do you have?</p> <p><i>(Adapted from PhenX Protocol - Health Insurance Coverage [PX011502])</i></p>	<p>text</p> <p>Custom alignment: LV</p>										
	<p>[es]</p>	<p>¿Qué tipo de seguro médico tiene?</p> <p><i>(Adaptado de PhenX Protocol - Health Insurance Coverage [PX011502])</i></p>											
74	<p>cls_decription</p>	<p>Which of the following best describes your current living situation?</p> <p>(Select ONE only)</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)</i></p>	<p>radio, Required</p> <table border="1" data-bbox="1052 1425 1544 1919"> <tr> <td>1</td> <td>Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet</td> </tr> <tr> <td>2</td> <td>Live in a household with other people</td> </tr> <tr> <td>3</td> <td>Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)</td> </tr> <tr> <td>4</td> <td>Live in a facility such as a nursing home which provides meals and 24-hour nursing care</td> </tr> <tr> <td>5</td> <td>Temporarily staying with a relative or</td> </tr> </table>	1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet	2	Live in a household with other people	3	Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)	4	Live in a facility such as a nursing home which provides meals and 24-hour nursing care	5	Temporarily staying with a relative or
1	Live alone in my own home (house, apartment, condo, trailer, etc.); may have a pet												
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4	Live in a facility such as a nursing home which provides meals and 24-hour nursing care												
5	Temporarily staying with a relative or												

				friend																
				6 Temporarily staying in a shelter or homeless																
				90 Other (please specify)																
				-88 Prefer not to answer																
				Custom alignment: LV																
		[es] ¿Cuál de las siguientes opciones describe mejor su condición actual de vivienda? (Seleccione solo UNA) <i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)</i>		<table border="1"> <tr> <td>1</td> <td>Vivo solo en mi propia casa (casa, apartamento, condominio, remolque, etc.); puedo tener una mascota</td> </tr> <tr> <td>2</td> <td>Vivo en un hogar con otras personas</td> </tr> <tr> <td>3</td> <td>Vivo en un centro residencial donde las comidas y la ayuda doméstica son proporcionadas de manera habitual por personal remunerado (o podrían ser proporcionadas si se solicita)</td> </tr> <tr> <td>4</td> <td>Vivo en un centro, como una residencia de adultos mayores, que proporciona comidas y cuidados de enfermería las 24 horas del día</td> </tr> <tr> <td>5</td> <td>Me alojo temporalmente en casa de un familiar o amigo</td> </tr> <tr> <td>6</td> <td>Me alojo temporalmente en un centro de acogida o soy una persona sin hogar</td> </tr> <tr> <td>90</td> <td>Otro (por favor, especifique)</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Vivo solo en mi propia casa (casa, apartamento, condominio, remolque, etc.); puedo tener una mascota	2	Vivo en un hogar con otras personas	3	Vivo en un centro residencial donde las comidas y la ayuda doméstica son proporcionadas de manera habitual por personal remunerado (o podrían ser proporcionadas si se solicita)	4	Vivo en un centro, como una residencia de adultos mayores, que proporciona comidas y cuidados de enfermería las 24 horas del día	5	Me alojo temporalmente en casa de un familiar o amigo	6	Me alojo temporalmente en un centro de acogida o soy una persona sin hogar	90	Otro (por favor, especifique)	-88	Prefiero no contestar
1	Vivo solo en mi propia casa (casa, apartamento, condominio, remolque, etc.); puedo tener una mascota																			
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90	Otro (por favor, especifique)																			
-88	Prefiero no contestar																			
75	cls_description_other Show the field ONLY if: [cls_decription] = '90'	If Other, please specify <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)</i>		text, Required Custom alignment: LV																
		[es] Otros, por favor especifique <i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q1)</i>																		
76	cls_trouble_paying_food	Section Header: <i>In the past 3 months, did you have trouble paying for any of the following? (Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q3 and NIMHD&NINR SchARe DSOH CDEs)</i> Food		radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table>	1	Yes	0	No	-88	Prefer not to answer										
1	Yes																			
0	No																			
-88	Prefer not to answer																			
		[es] Section Header: ??? Alimentación		<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar										
1	Sí																			
0	No																			
-88	Prefiero no contestar																			
77	cls_trouble_paying_	Housing		radio (Matrix), Required																

	housing			<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
		[es]	Vivienda	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí									
0	No									
-88	Prefiero no contestar									
78	cls_trouble_paying_heat_electric		Heat and electricity	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
		[es]	Calefacción y electricidad	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí									
0	No									
-88	Prefiero no contestar									
79	cls_trouble_paying_medical		Medical needs	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
		[es]	Necesidades médicas	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí									
0	No									
-88	Prefiero no contestar									
80	cls_trouble_paying_transport		Transportation	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
		[es]	Transporte	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí									
0	No									
-88	Prefiero no contestar									
81	cls_trouble_paying_childcare		Childcare	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes									
0	No									
-88	Prefer not to answer									
		[es]	Servicios de cuidado de niños	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí									
0	No									
-88	Prefiero no contestar									

82	cls_trouble_paying_debts	Debts	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes								
0	No								
-88	Prefer not to answer								
	[es]	Deudas	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí								
0	No								
-88	Prefiero no contestar								
83	trouble_paying_phone	Phone (mobile/cell or landline)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes								
0	No								
-88	Prefer not to answer								
	[es]	???	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí								
0	No								
-88	Prefiero no contestar								
84	trouble_paying_internet	Internet Access (Wi-Fi or Broadband)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes								
0	No								
-88	Prefer not to answer								
	[es]	???	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí								
0	No								
-88	Prefiero no contestar								
85	cls_trouble_paying_none	None of the above	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes								
0	No								
-88	Prefer not to answer								
	[es]	Ninguna de las anteriores	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar
1	Sí								
0	No								
-88	Prefiero no contestar								
86	cls_trouble_paying_o	Something other than what is listed above (please write in) {cls_other_text}	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer
1	Yes								
0	No								
-88	Prefer not to answer								
	[es]	Algo diferente a lo que se menciona arriba (por favor escribe) {cls_other_text}	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td></td><td></td></tr> </table>	1	Sí	0	No		
1	Sí								
0	No								

				-88 Prefiero no contestar												
87	cls_other_text Show the field ONLY if: [cls_trouble_paying_o] = '1'	If Other, please specify		text												
		[es] Otros, por favor especifique														
88	cls_lack_of_transpo rt_m_appts	Section Header: <i>Has lack of transportation... (Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q5)</i> Kept you from medical appointments or from getting medications?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es] Section Header: ??? ¿Le impidió acudir a citas médicas o adquirir medicamentos?		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
89	cls_lack_of_transpo rt_m_adl	Kept you from doing things needed for daily living?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es] ¿Le impidió realizar actividades necesarias para la vida diaria?		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
90	cls_lack_of_transpo rt_m_prob	Been a problem for you?		radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	-88	Prefer not to answer						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es] ¿Ha sido un problema para ti?		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
91	cls_relationship_status	What is your current marital/relationship status? (Select ONE only) <i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q10)</i>		radio, Required <table border="1"> <tr><td>1</td><td>Married/domestic partner</td></tr> <tr><td>2</td><td>Living with a partner in a committed relationship</td></tr> <tr><td>3</td><td>In a serious or committed relationship, but not living together</td></tr> <tr><td>4</td><td>Single</td></tr> <tr><td>5</td><td>Separated</td></tr> <tr><td>6</td><td>Divorced</td></tr> </table>	1	Married/domestic partner	2	Living with a partner in a committed relationship	3	In a serious or committed relationship, but not living together	4	Single	5	Separated	6	Divorced
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		[es]	<p>¿Cuál es su estado civil o de relación actual?</p> <p>(Seleccione solo UNA)</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q10)</i></p>	<table border="1"> <tr> <td>1</td> <td>Está casado o tiene una pareja de hecho</td> </tr> <tr> <td>2</td> <td>Vive con su pareja en una relación estable</td> </tr> <tr> <td>3</td> <td>Tiene una relación estable o comprometida, pero no vive con su pareja</td> </tr> <tr> <td>4</td> <td>Soltero</td> </tr> <tr> <td>5</td> <td>Separado</td> </tr> <tr> <td>6</td> <td>Divorciado</td> </tr> <tr> <td>7</td> <td>Viudo</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Está casado o tiene una pareja de hecho	2	Vive con su pareja en una relación estable	3	Tiene una relación estable o comprometida, pero no vive con su pareja	4	Soltero	5	Separado	6	Divorciado	7	Viudo	-88	Prefiero no contestar
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5	Separado																			
6	Divorciado																			
7	Viudo																			
-88	Prefiero no contestar																			
92	cls_hard_get_medication		<p>How hard is it for you to get your medications and medical supplies when you need them?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q14)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Not at all hard</td> </tr> <tr> <td>2</td> <td>Somewhat hard</td> </tr> <tr> <td>3</td> <td>Very hard</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Not at all hard	2	Somewhat hard	3	Very hard	-88	Prefer not to answer								
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		[es]	<p>¿Qué tan difícil es para usted conseguir sus medicamentos y suministros médicos cuando los necesita?</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Q14)</i></p>	<table border="1"> <tr> <td>1</td> <td>No es para nada difícil</td> </tr> <tr> <td>2</td> <td>Más o menos difícil</td> </tr> <tr> <td>3</td> <td>Muy difícil</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	No es para nada difícil	2	Más o menos difícil	3	Muy difícil	-88	Prefiero no contestar								
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93	cls_need_help_to_read		<p>How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q7 (SILS); LOINC 93157-6)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Rarely</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Often</td> </tr> <tr> <td>5</td> <td>Always</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefer not to answer				
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		[es]	<p>¿Con qué frecuencia necesita que alguien le ayude a leer las instrucciones, los folletos u otro material escrito por su médico o farmacia?</p>	<table border="1"> <tr> <td>1</td> <td>Nunca</td> </tr> <tr> <td>2</td> <td>Rara vez</td> </tr> </table>	1	Nunca	2	Rara vez												
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		<i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q7 (SILS); LOINC 93157-6)</i>	<table border="1"> <tr><td>3</td><td>A veces</td></tr> <tr><td>4</td><td>A menudo</td></tr> <tr><td>5</td><td>Siempre</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	3	A veces	4	A menudo	5	Siempre	-88	Prefiero no contestar				
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4	A menudo														
5	Siempre														
-88	Prefiero no contestar														
94	cls_lonely	<p>How often do you feel lonely or isolated from those around you?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q10)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	-88	Prefer not to answer
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		<p>[es] ¿Con qué frecuencia se siente solo o aislado de los que le rodean?</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q10)</i></p>	<table border="1"> <tr><td>1</td><td>Nunca</td></tr> <tr><td>2</td><td>Rara vez</td></tr> <tr><td>3</td><td>A veces</td></tr> <tr><td>4</td><td>A menudo</td></tr> <tr><td>5</td><td>Siempre</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Nunca	2	Rara vez	3	A veces	4	A menudo	5	Siempre	-88	Prefiero no contestar
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5	Siempre														
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95	cls_social_connection	<p>How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the phone, visiting friends or family, going to church or club meetings)</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q11)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>1-2 days a week</td></tr> <tr><td>3</td><td>3-4 days a week</td></tr> <tr><td>4</td><td>5 or more days a week</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Less than once a week	2	1-2 days a week	3	3-4 days a week	4	5 or more days a week	-88	Prefer not to answer		
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		<p>[es] ¿Con qué frecuencia se reúne o habla con las personas que le importan y a las que se siente cercano? (Por ejemplo, hablar con amigos por teléfono, visitar a sus amigos o familiares, ir a reuniones de la iglesia o del club)</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'l Q11)</i></p>	<table border="1"> <tr><td>1</td><td>Menos de una vez a la semana</td></tr> <tr><td>2</td><td>1-2 días a la semana</td></tr> <tr><td>3</td><td>3-4 días a la semana</td></tr> <tr><td>4</td><td>5 o más días a la semana</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Menos de una vez a la semana	2	1-2 días a la semana	3	3-4 días a la semana	4	5 o más días a la semana	-88	Prefiero no contestar		
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96	ahc_hrsn_st_suppl_fcs_q13	<p>If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?</p> <p><i>(Adapted from CMS AHS HRSN Item 13; LOINC: 96781-0)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>I don't need any help</td></tr> <tr><td>2</td><td>I get all the help I need</td></tr> <tr><td>3</td><td>I could use a little more help</td></tr> <tr><td>4</td><td>I need a lot more help</td></tr> </table>	1	I don't need any help	2	I get all the help I need	3	I could use a little more help	4	I need a lot more help				
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		[es]	<p>Si por alguna razón necesita ayuda con las actividades diarias como bañarse, preparar las comidas, ir de compras, gestionar las finanzas, etc., ¿puede obtener la ayuda que necesita? (Adaptado de CMS AHS HRSN Item 13; LOINC: 96781-0)</p>	<table border="1"> <tr> <td>1</td> <td>No me hace falta ninguna ayuda</td> </tr> <tr> <td>2</td> <td>Recibo toda la ayuda que necesito</td> </tr> <tr> <td>3</td> <td>Me gustaría recibir un poco más de ayuda</td> </tr> <tr> <td>4</td> <td>Necesito mucha más ayuda</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	No me hace falta ninguna ayuda	2	Recibo toda la ayuda que necesito	3	Me gustaría recibir un poco más de ayuda	4	Necesito mucha más ayuda	-88	Prefiero no contestar						
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97	<p>ahc_hrsn_st_suppl_s u_q19</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '2' or [sex_assigned_at_birth] = '66' or [sex_assigned_at_birth] = '-88'</p>		<p>How many times in the past 12 months have you had 5 or more alcoholic drinks in a day (males) or 4 or more alcoholic drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits. (Adapted from CMS AHS HRSN Item 19; LOINC 68517-2)</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Never</td> </tr> <tr> <td>1</td> <td>Once or Twice</td> </tr> <tr> <td>1.5</td> <td>More than once or twice, but less than monthly</td> </tr> <tr> <td>2</td> <td>Monthly</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Daily or Almost Daily</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily	-77	Don't know	-88	Prefer not to answer
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98	<p>ahc_hrsn_st_suppl_s u_q19_male</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '0'</p>		<p>How many times in the past 12 months have you had 5 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits. (Adapted from CMS AHS HRSN Item 19M; LOINC 68517-2)</p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Never</td> </tr> <tr> <td>1</td> <td>Once or Twice</td> </tr> <tr> <td>1.5</td> <td>More than once or twice, but less than monthly</td> </tr> <tr> <td>2</td> <td>Monthly</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Daily or Almost Daily</td> </tr> </table>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily				
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99	<p>ahc_hrsn_st_suppl_s u_q19_female</p> <p>Show the field ONLY if: [sex_assigned_at_birth] = '1'</p>		<p>How many times in the past 12 months have you had 4 or more alcoholic drinks in a day? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.</p> <p><i>(Adapted from CMS AHS HRSN Item 19F; LOINC 68517-2)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>Never</td> </tr> <tr> <td>1</td> <td>Once or Twice</td> </tr> <tr> <td>1.5</td> <td>More than once or twice, but less than monthly</td> </tr> <tr> <td>2</td> <td>Monthly</td> </tr> <tr> <td>3</td> <td>Weekly</td> </tr> <tr> <td>4</td> <td>Daily or Almost Daily</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Once or Twice	1.5	More than once or twice, but less than monthly	2	Monthly	3	Weekly	4	Daily or Almost Daily	-77	Don't know	-88	Prefer not to answer
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100	<p>path_lifetime_tobacco_use</p>		<p>In your lifetime, have you ever used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars,</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> </table>	1	Yes	0	No	-77	Don't know										
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		<p>little cigars, cigarillos, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, e-hookah, hookah pens, shisha pen; Smokeless Tobacco Products, such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables <i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH)</i></p>	<table border="1"> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-88	Prefer not to answer						
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101	<p>path_tobacco_use_last_year</p> <p>Show the field ONLY if: [path_lifetime_tobacco_use] = '1' or [path_lifetime_tobacco_use] = '-77' or [path_lifetime_tobacco_use] = '-88'</p>	<p>In the past 12 months, have you ever used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
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102	<p>path_tobacco_use_30_days</p> <p>Show the field ONLY if: [path_tobacco_use_last_year] = '1' or [path_tobacco_use_last_year] = '-77' or [path_tobacco_use_last_year] = '-88'</p>	<p>In the past 30 days, have you used any Tobacco or Vape Product, even one or two times? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p> <p><i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
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103	<p>path_tobacco_use_tiempos_30_dias</p> <p>Show the field ONLY if: [path_tobacco_use_30_dias] = '1' or [path_tobacco_use_30_dias] = '-77'</p>	<p>On how many of the past 30 days, did you use a Tobacco or Vape Product? Tobacco or Vape Products can include the following: Smoked Tobacco Products such as, cigarettes, bidis, kreteks, traditional cigars, little cigars, cigarillos, pipe tobacco, tobacco smoked in water pipe/hookah/shisha/arguileh/narguileh; E-cigarette, Vapes, and other Electronic Nicotine Delivery Systems (ENDS) such as, e-cigarettes or e-cigs, e-ciggy, cig-a-likes, eGo, e-cigars, e-pipes, vapes, personal vaporizers, advanced personal vaporizer (APV), MODS, mech mod, box mod, vape pens, hookah pens, shisha pen; Smokeless Tobacco Products such as, chewing tobacco or chew, spit tobacco or spit, moist snuff, dipping tobacco or dip, loose snus, snus pouches, dissolvables</p> <p><i>(Adapted from CMS AHS HRSN Item #20; LOINC: 96842-0; PATH)</i></p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>15</td><td>15</td></tr> <tr><td>16</td><td>16</td></tr> <tr><td>17</td><td>17</td></tr> <tr><td>18</td><td>18</td></tr> <tr><td>19</td><td>19</td></tr> <tr><td>20</td><td>20</td></tr> <tr><td>21</td><td>21</td></tr> <tr><td>22</td><td>22</td></tr> <tr><td>23</td><td>23</td></tr> <tr><td>24</td><td>24</td></tr> <tr><td>25</td><td>25</td></tr> <tr><td>26</td><td>26</td></tr> <tr><td>27</td><td>27</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27
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104	<p>ahc_hrsn_st_suppl_pa_q17</p>	<p>In the last 30 days, other than the activities you did for work, on average, how many days per week did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking, or other similar activities)? <i>(Adapted from CMS AHS HRSN Item 17; LOINC: 89555-7)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table> <p>Custom alignment: LV</p>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7				
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	<p>[es]</p>	<p>En los últimos 30 días, aparte de las actividades que realizó para el trabajo, en promedio, ¿cuántos días por semana hizo ejercicio moderado (como caminar rápido, correr, trotar, bailar, nadar, montar en bicicleta u otras actividades similares)? <i>(Adaptado de CMS AHS HRSN Item 17; LOINC: 89555-7)</i></p>	<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7				
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105	<p>ahc_hrsn_st_suppl_pa_q18</p> <p>Show the field ONLY if: [ahc_hrsn_st_suppl_pa_q17] <> '0'</p>	<p>In the last 30 days, on average, how many minutes did you usually spend exercising at this level on one of those days? <i>(Adapted from CMS AHS HRSN Item 18; LOINC: 68516-4)</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>3</td><td>30</td></tr> <tr><td>4</td><td>40</td></tr> <tr><td>5</td><td>50</td></tr> <tr><td>6</td><td>60</td></tr> <tr><td>7</td><td>90</td></tr> <tr><td>8</td><td>120</td></tr> <tr><td>9</td><td>150 or greater</td></tr> </table> <p>Custom alignment: LV</p>	0	0	1	10	2	20	3	30	4	40	5	50	6	60	7	90	8	120	9	150 or greater
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	<p>[es]</p>	<p>En promedio, ¿cuántos minutos suele dedicar a hacer ejercicio a este nivel en uno de esos días? <i>(Adaptado de CMS AHS HRSN Item 18; LOINC: 68516-4)</i></p>	<table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>10</td></tr> <tr><td>2</td><td>20</td></tr> <tr><td>3</td><td>30</td></tr> <tr><td>4</td><td>40</td></tr> </table>	0	0	1	10	2	20	3	30	4	40										
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106	ahc_hrsn_st_suppl_m h_q23b	Over the past 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless? <i>(Adapted from CMS AHS HRSN Item 23B; LOINC 44255-8)</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day	-88	Prefer not to answer		
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		[es] Durante las últimas 2 semanas, ¿con qué frecuencia ha tenido que lidiar con alguno de los siguientes problemas? Se ha sentido decaído, deprimido o sin esperanza. <i>(Adaptado de CMS AHS HRSN Item 23B; LOINC 44255-8)</i>		<table border="1"> <tr><td>0</td><td>Nada, en lo absoluto</td></tr> <tr><td>1</td><td>Varios días</td></tr> <tr><td>2</td><td>Más de la mitad de los días</td></tr> <tr><td>3</td><td>Casi todos los días</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nada, en lo absoluto	1	Varios días	2	Más de la mitad de los días	3	Casi todos los días	-88	Prefiero no contestar		
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107	ahc_hrsn_st_suppl_m h_q24	Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days? <i>(Adapted from CMS AHS HRSN Item 24; LOINC 93038-8)</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Quite a bit</td></tr> <tr><td>4</td><td>Very much</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	Not at all	1	A little bit	2	Somewhat	3	Quite a bit	4	Very much	-88	Prefer not to answer
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		[es] El estrés es una situación en la que una persona se siente tensa, inquieta, nerviosa o ansiosa, o no puede dormir en la noche porque su mente está preocupada todo el tiempo. ¿Siente este tipo de estrés estos días? <i>(Adaptado de CMS AHS HRSN Item 24; LOINC 93038-8)</i>		<table border="1"> <tr><td>0</td><td>Nada, en lo absoluto</td></tr> <tr><td>1</td><td>Un poco</td></tr> <tr><td>2</td><td>Más o menos</td></tr> <tr><td>3</td><td>Bastante</td></tr> <tr><td>4</td><td>Mucho</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nada, en lo absoluto	1	Un poco	2	Más o menos	3	Bastante	4	Mucho	-88	Prefiero no contestar
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108	disability_mental	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <i>(Adapted from</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
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		[es]	<p>Debido a una condición física, mental o emocional, ¿tiene gran dificultad para concentrarse, recordar o tomar decisiones? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.03; CMS AHS HRSN Item 25; LOINC 69858-9)</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>No sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar				
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	109	disability_errands	<p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? (Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.06; CMS AHS HRSN Item 26; LOINC 69861-3)</p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>Don't know</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
1	Yes															
0	No															
-77	Don't know															
-88	Prefer not to answer															
		[es]	<p>Debido a una condición física, mental o emocional, ¿tiene dificultad para hacer mandados solo, como ir al consultorio del médico o ir de compras? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.06; CMS AHS HRSN Item 26; LOINC 69861-3)</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-77</td> <td>No sé</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar				
1	Sí															
0	No															
-77	No sé															
-88	Prefiero no contestar															
	110	global_03	<p>In general, how would you rate your physical health? (Adapted from PROMIS Global03; LOINC: 61579-9)</p>	<p>radio, Required</p> <table border="1"> <tr> <td>5</td> <td>Excellent</td> </tr> <tr> <td>4</td> <td>Very Good</td> </tr> <tr> <td>3</td> <td>Good</td> </tr> <tr> <td>2</td> <td>Fair</td> </tr> <tr> <td>1</td> <td>Poor</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	5	Excellent	4	Very Good	3	Good	2	Fair	1	Poor	-88	Prefer not to answer
5	Excellent															
4	Very Good															
3	Good															
2	Fair															
1	Poor															
-88	Prefer not to answer															
		[es]	<p>En general, ¿cómo calificaría su salud física? (Adaptado de PROMIS Global03; LOINC: 61579-9)</p>	<table border="1"> <tr> <td>5</td> <td>Mala</td> </tr> <tr> <td>4</td> <td>Regular</td> </tr> <tr> <td>3</td> <td>Buena</td> </tr> <tr> <td>2</td> <td>Muy buena</td> </tr> <tr> <td>1</td> <td>Excelente</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	5	Mala	4	Regular	3	Buena	2	Muy buena	1	Excelente	-88	Prefiero no contestar
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4	Regular															
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	111	comorbid_descript		<p>descriptive</p>												

		<p>Comorbidity Index (CI) (Charlson et al 1987)</p> <p>Do NOT use this version for study participant responses; this version is only for chart / electronic health record abstraction.</p> <p>This article was published in Journal of Chronic Diseases, Vol. 40(5), Charlson ME, Pompei P, Ales KL, MacKenzie CR, A new method of classifying prognostic comorbidity in longitudinal studies: development and validation, 373-383, (c) Elsevier (1987)</p> <p>Journal of Diseases Homepage: http://www.sciencedirect.com/science/journal/00219681</p> <p>Additional information:</p> <p>SCORING - http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545968/</p>	Field Annotation: @HIDDEN												
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112	comorbid	<p>Comorbidity (Choose all that are present) <i>(Adapted from Comorbidity Index (CI) (Charlson et al 1987))</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>comorbid__1</td> <td>Myocardial infarct</td> </tr> <tr> <td>2</td> <td>comorbid__2</td> <td>Congestive heart failure</td> </tr> <tr> <td>3</td> <td>comorbid__3</td> <td>Peripheral vascular disease</td> </tr> <tr> <td>4</td> <td>comorbid__4</td> <td>Cerebrovascular disease (except</td> </tr> </table>	1	comorbid__1	Myocardial infarct	2	comorbid__2	Congestive heart failure	3	comorbid__3	Peripheral vascular disease	4	comorbid__4	Cerebrovascular disease (except
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113	cci_total_sc	<p>Total points: <i>(Adapted from Comorbidity Index (CI) (Charlson et al 1987))</i></p>	<p>calc Calculation: if ([age_in_years] = 50, 1, 0) + if ([age_in_years] = 51, 1, 0) + if ([age_in_years] = 52, 1, 0) + if ([age_in_years] = 53, 1, 0) + if ([age_in_years] = 54, 1, 0) + if ([age_in_years] = 55, 1, 0) + if ([age_in_years] = 56, 1, 0) + if ([age_in_years] = 57, 1, 0) + if ([age_in_years] = 58, 1, 0) + if ([age_in_years] = 59, 1, 0) + if ([age_in_years] = 60, 2, 0) + if ([age_in_years] = 61, 2, 0) + if ([age_in_years] = 62, 2, 0) + if ([age_in_years] = 63, 2, 0) + if ([age_in_years] = 64, 2, 0) + if ([age_in_years] = 65, 2, 0) + if ([age_in_years] = 66, 2, 0) + if ([age_in_years] = 67, 2, 0) + if ([age_in_years] = 68, 2, 0) + if ([age_in_years] = 69, 2, 0) + if ([age_in_years] = 70, 3, 0) + if ([age_in_years] = 71, 3, 0) + if ([age_in_years] = 72, 3, 0) + if ([age_in_years] = 73, 3, 0) + if ([age_in_years] = 74, 3, 0) + if ([age_in_years] = 75, 3, 0) + if ([age_in_years] = 76, 3, 0) + if ([age_in_years] = 77, 3, 0) + if ([age_in_years] = 78, 3, 0) + if ([age_in_years] = 79, 3, 0) + if ([age_in_years] = 80, 4, 0) + if ([age_in_years] = 81, 4, 0) + if ([age_in_years] = 82, 4, 0) + if ([age_in_years] = 83, 4, 0) + if ([age_in_years] = 84, 4, 0) + if ([age_in_years] = 85, 4, 0) + if ([age_in_years] = 86, 4, 0) + if ([age_in_years] = 87, 4, 0) + if ([age_in_years]</p>																																								

				<p>= 88, 4, 0) + if ([age_in_years] = 89, 4, 0) + if ([age_in_years] = 90, 5, 0) + if ([age_in_years] = 91, 5, 0) + if ([age_in_years] = 92, 5, 0)+ if ([age_in_years] = 93, 5, 0)+ if ([age_in_years] = 94, 5, 0) + if ([age_in_years] = 95, 5, 0) + if ([age_in_years] = 96, 5, 0) + if ([age_in_years] = 97, 5, 0) + if ([age_in_years] = 98, 5, 0) + if ([age_in_years] = 99, 5, 0) + if ([comorbid(1)] =1, 1, 0) + if ([comorbid(2)] =1, 1, 0) + if ([comorbid(3)] =1, 1, 0) + if ([comorbid(4)] =1, 1, 0) + if ([comorbid(5)] =1, 1, 0) + if ([comorbid(6)] =1, 1, 0) + if ([comorbid(7)] =1, 1, 0) + if ([comorbid(8)] =1, 1, 0) + if ([comorbid(9)] =1, 1, 0) + if ([comorbid(10)] =1, 1, 0) + if ([comorbid(11)] =1, 2, 0) + if ([comorbid(12)] =1, 2, 0) + if ([comorbid(13)] =1, 2, 0) + if ([comorbid(14)] =1, 2, 0) + if ([comorbid(15)] =1, 2, 0) + if ([comorbid(16)] =1, 2, 0) + if ([comorbid(17)] =1, 3, 0) + if ([comorbid(18)] =1, 6, 0) + if ([comorbid(19)] =1, 6, 0)</p> <p>Field Annotation: @HIDDEN</p>
		[es]	<p>Puntos totales: (Adaptado de Comorbidity Index (CI) (Charlson et al 1987))</p>	
114	scq_descript		<p>Adapted from Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index</p> <p>https://pubmed.ncbi.nlm.nih.gov/12687505/</p> <p>Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess comorbidity for clinical and health services research. Arthritis Rheum. 2003 Apr 15;49(2):156-63. doi: 10.1002/art.10993. PMID: 12687505.</p>	<p>descriptive Field Annotation: @HIDDEN</p>
		[es]	<p>Adaptado de Participant Reported Outcome (PRO) / Self Report (SR) Comorbidity Index</p> <p>https://pubmed.ncbi.nlm.nih.gov/12687505/</p> <p>Sangha O, Stucki G, Liang MH, Fossel AH, Katz JN. The Self-Administered Comorbidity Questionnaire: a new method to assess comorbidity for clinical and health services research. Arthritis Rheum. 2003 Apr 15;49(2):156-63. doi: 10.1002/art.10993. PMID: 12687505.</p>	

115	scq_instructions	<p>Instructions:</p> <p>The following is a list of common problems. Please indicate if you currently have the problem.</p> <p>Also, indicate all medical conditions that are not listed under "other medical problems".</p> <p>If you do have the problem, then you will be asked if you receive medications or some other type of treatment for the problem.</p> <p>If you have the problem, next you will be asked if the problem limits any of your activities.</p>	descriptive				
		<p>[es] Instrucciones:</p> <p>La siguiente es una lista de problemas comunes. En la primera columna indique si en el momento tiene el problema.</p> <p>De no tenerlo, pase al siguiente problema.</p> <p>Si presenta el problema, en la segunda columna indique si recibe medicamentos o algún otro tipo de tratamiento para el problema.</p> <p>Indique en la tercera columna si el problema limita alguna de sus actividades.</p> <p>Por último, indique todas las condiciones médicas que no estén enumeradas en "otros problemas médicos" al final de la página.</p>					
116	scq_covid19	<p>Section Header: <i>Do you have the problem?</i></p> <p>COVID-19 (SARS-Cov2) -- ever tested positive</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes						
0	No						
		<p>[es] Section Header: ???</p> <p>COVID-19 (SARS-Cov2) -- alguna vez dio positivo</p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí						
0	No						
117	scq_heart	Heart disease	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes						
0	No						

				Field Annotation: [Sangha, et al, ...,Katz 2003]				
		<i>[es]</i>	Enfermedad cardiaca	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
118	scq_hbp		High blood pressure	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Presión arterial alta	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
119	scq_lung		Lung disease	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Enfermedad pulmonar	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
120	scq_diabetes		Diabetes	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Diabetes	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
121	scq_stomach		Ulcer or stomach disease	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Enfermedad estomacal o úlcera	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
122	scq_kidney		Kidney disease	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> </table>	1	Yes		
1	Yes							

				<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No		
0	No							
		<i>[es]</i>	Enfermedad renal	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
123	scq_liver		Liver disease	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Enfermedad hepática	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
124	scq_blood		Anemia or other blood disease	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Anemia u otra enfermedad de la sangre	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
125	scq_cancer		Cancer	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Cáncer	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
126	scq_depression		Depression	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Depresión	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
127	scq_osteoarthritis		Osteoarthritis, degenerative arthritis	<p>radio (Matrix), Required</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>				

				<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Osteoarthritis, artritis degenerativa	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
128	scq_backpain		Back pain	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Dolor de espalda	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
129	scq_ra		Rheumatoid arthritis	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Artritis reumatoide	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
130	scq_other		Other medical problems (please write in) {scq_other_text}	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Otros problemas médicos (por favor, escríbalos){scq_other_text}	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							
131	scq_trtmt_covid19		Section Header: <i>Do you receive treatment for it?</i> COVID-19 -- ever received treatment	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Section Header: ??? COVID-19 -- alguna vez recibió tratamiento	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí							
0	No							

132	scq_trtmt_heart Show the field ONLY if: [scq_heart] = '1'	Heart disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes						
0	No						
		[es] Enfermedad cardiaca	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
133	scq_trtmt_hbp Show the field ONLY if: [scq_hbp] = '1'	High blood pressure	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes						
0	No						
		[es] Presión arterial alta	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
134	scq_trtmt_lung Show the field ONLY if: [scq_lung] = '1'	Lung Disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes						
0	No						
		[es] Enfermedad pulmonar	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
135	scq_trtmt_diabetes Show the field ONLY if: [scq_diabetes] = '1'	Diabetes	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes						
0	No						
		[es] Diabetes	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Sí	0	No
1	Sí						
0	No						
136	scq_trtmt_stomach Show the field ONLY if: [scq_stomach] = '1'	Ulcer or stomach disease	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes						
0	No						
		[es] Enfermedad estomacal o úlcera	<table border="1"> <tr><td>1</td><td>Sí</td></tr> </table>	1	Sí		
1	Sí						

				0 No
137	scq_trtmt_kidney Show the field ONLY if: [scq_kidney] = '1'	Kidney disease		radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Enfermedad renal		1 Sí 0 No
138	scq_trtmt_liver Show the field ONLY if: [scq_liver] = '1'	Liver disease		radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Enfermedad hepática		1 Sí 0 No
139	scq_trtmt_blood Show the field ONLY if: [scq_blood] = '1'	Anemia or other blood disease		radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Anemia u otra enfermedad de la sangre		1 Sí 0 No
140	scq_trtmt_cancer Show the field ONLY if: [scq_cancer] = '1'	Cancer		radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]
		[es] Cáncer		1 Sí 0 No
141	scq_trtmt_depression Show the field ONLY if: [scq_depression] = '1'	Depression		radio (Matrix) 1 Yes 0 No Field Annotation: [Sangha, et al, ...,Katz 2003]

		[es]	Depresión	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
142	scq_trtmt_osteoarthritis Show the field ONLY if: [scq_osteoarthritis] = '1'		Osteoarthritis, degenerative arthritis	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Osteoartritis, artritis degenerativa	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
143	scq_trtmt_backpain Show the field ONLY if: [scq_backpain] = '1'		Back pain	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Dolor de espalda	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
144	scq_trtmt_ra Show the field ONLY if: [scq_ra] = '1'		Rheumatoid arthritis	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Artritis reumatoide	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
145	scq_trtmt_other Show the field ONLY if: [scq_other] = '1'		Are you receiving treatment for [scq_other_text]?	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	¿Está recibiendo tratamiento para [scq_other_text]?	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
146	scq_limit_covid19 Show the field ONLY if: [scq_covid19] = '1'		Section Header: <i>Does it limit your activities?</i> COVID-19 -- ever limited your activities	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz	1	Yes	0	No
1	Yes							
0	No							

				2003]				
		<i>[es]</i>	Section Header: ??? COVID-19 -- alguna vez limitó sus actividades	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
147	scq_limit_heart Show the field ONLY if: [scq_heart] = '1'		Heart disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Enfermedad cardiaca	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
148	scq_limit_hbp Show the field ONLY if: [scq_hbp] = '1'		High blood pressure	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Presión arterial alta	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
149	scq_limit_lung Show the field ONLY if: [scq_lung] = '1'		Lung disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Enfermedad pulmonar	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
150	scq_limit_diabetes Show the field ONLY if: [scq_diabetes] = '1'		Diabetes	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		<i>[es]</i>	Diabetes	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
151	scq_limit_stomach Show the field ONLY if: [scq_stomach] = '1'		Ulcer or stomach disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No
1	Yes							
0	No							

				Field Annotation: [Sangha, et al, ...,Katz 2003]				
		[es]	Enfermedad estomacal o úlcera	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
152	scq_limit_kidney Show the field ONLY if: [scq_kidney] = '1'		Kidney disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Enfermedad renal	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
153	scq_limit_liver Show the field ONLY if: [scq_liver] = '1'		Liver disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Enfermedad hepática	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
154	scq_limit_blood Show the field ONLY if: [scq_blood] = '1'		Anemia or blood disease	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Anemia o una enfermedad de la sangre	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
155	scq_limit_cancer Show the field ONLY if: [scq_cancer] = '1'		Cancer	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: [Sangha, et al, ...,Katz 2003]	1	Yes	0	No
1	Yes							
0	No							
		[es]	Cáncer	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
156	scq_limit_depressio n		Depression	radio (Matrix) <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td></td> <td></td> </tr> </table>	1	Yes		
1	Yes							

		Show the field ONLY if: [scq_depression] = '1'		<table border="1"> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	0	No		
0	No							
		[es]	Depresión	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
157	scq_limit_osteoarthritis	Osteoarthritis, degenerative arthritis Show the field ONLY if: [scq_osteoarthritis] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Osteoartritis, artritis degenerativa	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
158	scq_limit_backpain	Back pain Show the field ONLY if: [scq_backpain] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Dolor de espalda	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
159	scq_limit_ra	Rheumatoid arthritis Show the field ONLY if: [scq_ra] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	Artritis reumatoide	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
160	scq_limit_other	Does [scq_other_text] limit your activities? Show the field ONLY if: [scq_other] = '1'		<p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: [Sangha, et al, ...,Katz 2003]</p>	1	Yes	0	No
1	Yes							
0	No							
		[es]	¿[scq_other_text] limita sus actividades?	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Sí	0	No
1	Sí							
0	No							
161	scq_other_text	Please write in any other medical problems that		notes				

		Show the field ONLY if: [scq_other] = '1'	you have.	Custom alignment: LV																																				
			[es] Por favor, escriba cualquier otro problema médico que tenga.																																					
162	birthplace		Section Header: <i>HIGH VALUE OPTIONAL ITEMS</i> Where were you born? (Adapted from PhenX Protocol - Birthplace [PX010201])	radio, Required <table border="1"> <tr><td>0</td><td>In the United States</td></tr> <tr><td>1</td><td>In a U.S. Territory</td></tr> <tr><td>2</td><td>Outside the United States</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV	0	In the United States	1	In a U.S. Territory	2	Outside the United States	-77	Don't know	-88	Prefer not to answer																										
0	In the United States																																							
1	In a U.S. Territory																																							
2	Outside the United States																																							
-77	Don't know																																							
-88	Prefer not to answer																																							
			[es] Section Header: <i>ARTÍCULOS OPCIONALES DE ALTO VALOR</i> ¿Dónde nació? (Adaptado de PhenX Protocol - Birthplace [PX010201])	<table border="1"> <tr><td>0</td><td>En los Estados Unidos</td></tr> <tr><td>1</td><td>En un territorio de los Estados Unidos</td></tr> <tr><td>2</td><td>Fuera de los Estados Unidos</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	En los Estados Unidos	1	En un territorio de los Estados Unidos	2	Fuera de los Estados Unidos	-77	No sé	-88	Prefiero no contestar																										
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-88	Prefiero no contestar																																							
163	birthplace_location_in_us	Show the field ONLY if: [birthplace] = '0'	Please select the name of the state where you were born. (Adapted from PhenX Protocol - Birthplace [PX010201])	dropdown, Required <table border="1"> <tr><td>1</td><td>Alabama (AL)</td></tr> <tr><td>2</td><td>Alaska (AK)</td></tr> <tr><td>3</td><td>Arizona (AZ)</td></tr> <tr><td>4</td><td>Arkansas (AR)</td></tr> <tr><td>5</td><td>California (CA)</td></tr> <tr><td>6</td><td>Colorado (CO)</td></tr> <tr><td>7</td><td>Connecticut (CT)</td></tr> <tr><td>8</td><td>Delaware (DE)</td></tr> <tr><td>9</td><td>District of Columbia (DC)</td></tr> <tr><td>10</td><td>Florida (FL)</td></tr> <tr><td>11</td><td>Georgia (GA)</td></tr> <tr><td>12</td><td>Hawaii (HI)</td></tr> <tr><td>13</td><td>Idaho (ID)</td></tr> <tr><td>14</td><td>Illinois (IL)</td></tr> <tr><td>15</td><td>Indiana (IN)</td></tr> <tr><td>16</td><td>Iowa (IA)</td></tr> <tr><td>17</td><td>Kansas (KS)</td></tr> <tr><td>18</td><td>Kentucky (KY)</td></tr> </table>	1	Alabama (AL)	2	Alaska (AK)	3	Arizona (AZ)	4	Arkansas (AR)	5	California (CA)	6	Colorado (CO)	7	Connecticut (CT)	8	Delaware (DE)	9	District of Columbia (DC)	10	Florida (FL)	11	Georgia (GA)	12	Hawaii (HI)	13	Idaho (ID)	14	Illinois (IL)	15	Indiana (IN)	16	Iowa (IA)	17	Kansas (KS)	18	Kentucky (KY)
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26	Misuri (MO)
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28	Nebraska (NE)
29	Nevada (NV)
30	Nuevo Hampshire (NH)
31	Nueva Jersey (NJ)
32	Nuevo México (NM)
33	Nueva York (NY)
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35	Dakota del Norte
36	Ohio (OH)
37	Oklahoma (OK)
38	Oregón (OR)

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164	birthplace_location_in_us_terr Show the field ONLY if: [birthplace] = '1'	Please select the name of the U.S. Territory where you were born. <i>(Adaptado de PhenX Protocol - Birthplace [PX010201])</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>American Samoa (AS)</td></tr> <tr><td>2</td><td>Guam (GU)</td></tr> <tr><td>3</td><td>Northern Mariana Islands (MP)</td></tr> <tr><td>4</td><td>Puerto Rico (PR)</td></tr> <tr><td>5</td><td>Virgin Islands (VI)</td></tr> <tr><td>6</td><td>United States Minor Outlying Islands (UM)</td></tr> </table> <p>Custom alignment: LV</p>	1	American Samoa (AS)	2	Guam (GU)	3	Northern Mariana Islands (MP)	4	Puerto Rico (PR)	5	Virgin Islands (VI)	6	United States Minor Outlying Islands (UM)															
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165	birthplace_foreign_country Show the field ONLY if: [birthplace] = '2'	Please select the name of the foreign country where you were born. <i>(Adaptado de PhenX Protocol - Birthplace [PX010201])</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua & Deps</td></tr> </table>	1	Afghanistan	2	Albania	3	Algeria	4	Andorra	5	Angola	6	Antigua & Deps															
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	8	Armenia
	9	Australia
	10	Austria
	11	Azerbaijan
	12	Bahamas
	13	Bahrain
	14	Bangladesh
	15	Barbados
	16	Belarus
	17	Belgium
	18	Belize
	19	Benin
	20	Bhutan
	21	Bolivia
	22	Bosnia Herzegovina
	23	Botswana
	24	Brazil
	25	Brunei
	26	Bulgaria
	27	Burkina
	28	Burundi
	29	Cambodia
	30	Cameroon
	31	Canada
	32	Cape Verde
	33	Central African Rep
	34	Chad
	35	Chile
	36	China
	37	Colombia
	38	Comoros
	39	Congo
	40	Congo {Democratic Rep}
	41	Costa Rica
	42	Croatia

43	Cuba
44	Cyprus
45	Czech Republic
46	Denmark
47	Djibouti
48	Dominica
49	Dominican Republic
50	East Timor
51	Ecuador
52	Egypt
53	El Salvador
54	Equatorial Guinea
55	Eritrea
56	Estonia
57	Ethiopia
58	Fiji
59	Finland
60	France
61	Gabon
62	Gambia
63	Georgia
64	Germany
65	Ghana
66	Greece
67	Grenada
68	Guatemala
69	Guinea
70	Guinea-Bissau
71	Guyana
72	Haiti
73	Honduras
74	Hungary
75	Iceland
76	India
77	Indonesia
78	Iran

79	Iraq
80	Ireland {Republic}
81	Israel
82	Italy
83	Ivory Coast
84	Jamaica
85	Japan
86	Jordan
87	Kazakhstan
88	Kenya
89	Kiribati
90	Korea North
91	Korea South
92	Kosovo
93	Kuwait
94	Kyrgyzstan
95	Laos
96	Latvia
97	Lebanon
98	Lesotho
99	Liberia
100	Libya
101	Liechtenstein
102	Lithuania
103	Luxembourg
104	Macedonia
105	Madagascar
106	Malawi
107	Malaysia
108	Maldives
109	Mali
110	Malta
111	Marshall Islands
112	Mauritania
113	Mauritius
114	Mexico

115	Micronesia
116	Moldova
117	Monaco
118	Mongolia
119	Montenegro
120	Morocco
121	Mozambique
122	Myanmar (Burma)
123	Namibia
124	Nauru
125	Nepal
126	Netherlands
127	New Zealand
128	Nicaragua
129	Niger
130	Nigeria
131	Norway
132	Oman
133	Pakistan
134	Palau
135	Panama
136	Papua New Guinea
137	Paraguay
138	Peru
139	Philippines
140	Poland
141	Portugal
142	Qatar
143	Romania
144	Russian Federation
145	Rwanda
146	St Kitts & Nevis
147	St Lucia
148	Saint Vincent & the Grenadines
149	Samoa
150	San Marino

151	Sao Tome & Principe
152	Saudi Arabia
153	Senegal
154	Serbia
155	Seychelles
156	Sierra Leone
157	Singapore
158	Slovakia
159	Slovenia
160	Solomon Islands
161	Somalia
162	South Africa
163	South Sudan
164	Spain
165	Sri Lanka
166	Sudan
167	Suriname
168	Swaziland
169	Sweden
170	Switzerland
171	Syria
172	Taiwan
173	Tajikistan
174	Tanzania
175	Thailand
176	Togo
177	Tonga
178	Trinidad & Tobago
179	Tunisia
180	Turkey
181	Turkmenistan
182	Tuvalu
183	Uganda
184	Ukraine
185	United Arab Emirates
186	United Kingdom

187	Uruguay
188	Uzbekistan
189	Vanuatu
190	Vatican City
191	Venezuela
192	Vietnam
193	Yemen
194	Zambia
195	Zimbabwe
196	Other

Custom alignment: LV

[es] Por favor, seleccione el nombre del país extranjero en el que nació.
(Adaptado de PhenX Protocol - Birthplace [PX010201])

1	Afganistán
2	Albania
3	Argelia
4	Andorra
5	Angola
6	Antigua y Barbuda
7	Argentina
8	Armenia
9	Australia
10	Austria
11	Azerbaiyán
12	Bahamas
13	Baréin
14	Bangladesh
15	Barbados
16	Bielorrusia
17	Bélgica
18	Belice
19	Benín
20	Bután
21	Bolivia
22	Bosnia-Herzegovina
23	Botswana
24	Brasil
25	Brunéi

26	Bulgaria
27	Burkina
28	Burundi
29	Camboya
30	Camerún
31	Canadá
32	Cabo Verde
33	República Centroafricana
34	Chad
35	Chile
36	China
37	Colombia
38	Comoras
39	Congo
40	Congo {República Democrática}
41	Costa Rica
42	Croacia
43	Cuba
44	Chipre
45	República Checa
46	Dinamarca
47	Yibuti
48	Dominica
49	República Dominicana
50	Timor Oriental
51	Ecuador
52	Egipto
53	El Salvador
54	Guinea Ecuatorial
55	Eritrea
56	Estonia
57	Etiopía
58	Fiji
59	Finlandia
60	Francia
61	Gabón

62	Gambia
63	Georgia
64	Alemania
65	Ghana
66	Grecia
67	Granada
68	Guatemala
69	Guinea
70	Guinea-Bisáu
71	Guyana
72	Haití
73	Honduras
74	Hungría
75	Islandia
76	India
77	Indonesia
78	Irán
79	Irak
80	República de Irlanda
81	Israel
82	Italia
83	Costa de Marfil
84	Jamaica
85	Japón
86	Jordania
87	Kazajistán
88	Kenia
89	Kiribati
90	Corea del Norte
91	Corea del Sur
92	Kosovo
93	Kuwait
94	Kirguistán
95	Laos
96	Letonia
97	Líbano

134	Palau
135	Panamá
136	Papúa Nueva Guinea
137	Paraguay
138	Perú
139	Filipinas
140	Polonia
141	Portugal
142	Qatar
143	Romania
144	Federación de Rusia
145	Ruanda
146	San Cristóbal y Nieves
147	Santa Lucía
148	San Vicente y las Granadinas
149	Samoa
150	San Marino
151	Santo Tomé y Príncipe
152	Arabia Saudí
153	Senegal
154	Serbia
155	Seychelles
156	Sierra Leona
157	Singapur
158	Eslovaquia
159	Eslovenia
160	Islas Salomón
161	Somalia
162	Sudáfrica
163	Sudán del Sur
164	España
165	Sri Lanka
166	Sudán
167	Surinam
168	Suazilandia
169	Suecia

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185	Emiratos Árabes Unidos																																																									
186	Reino Unido																																																									
187	Uruguay																																																									
188	Uzbekistán																																																									
189	Vanuatu																																																									
190	Ciudad del Vaticano																																																									
191	Venezuela																																																									
192	Vietnam																																																									
193	Yemen																																																									
194	Zambia																																																									
195	Zimbabue																																																									
196	Otro																																																									
166	birthplace_foreign_country_o Show the field ONLY if: [birthplace_foreign_country] = '196'	If other, please explain <i>(Adapted from PhenX Protocol - Birthplace [PX010201])</i>	text, Required Custom alignment: LV																																																							
		[es] Otros, por favor especifique <i>(Adaptado de PhenX Protocol - Birthplace [PX010201])</i>																																																								
167	cls_interpersonal_violence	In the past 12 months, have you been physically or emotionally hurt or felt threatened by a current or former spouse/partner, a caregiver, or someone else you know? <i>(Adapted from Kaiser Permanente Your Current Life</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																			
1	Yes																																																									
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			<i>Situation (KP YCLS) (shorter form) Add'I Q9)</i>	<table border="1"> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	-88	Prefer not to answer										
-88	Prefer not to answer															
		[es]	<p>En los últimos 12 meses, ¿fue herido física o emocionalmente o se sintió amenazado por su cónyuge o pareja actual o anterior, por un cuidador o por otra persona conocida?</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'I Q9)</i></p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
1	Sí															
0	No															
-88	Prefiero no contestar															
168	<p>cls_ip_violence_specify</p> <p>Show the field ONLY if: [cls_interpersonal_violence] = '1'</p>		<p>If Yes, please specify</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'I Q9 Yes)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Current spouse/partner</td> </tr> <tr> <td>2</td> <td>Former spouse/partner</td> </tr> <tr> <td>3</td> <td>Caregiver</td> </tr> <tr> <td>4</td> <td>Someone else</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Current spouse/partner	2	Former spouse/partner	3	Caregiver	4	Someone else	-88	Prefer not to answer		
1	Current spouse/partner															
2	Former spouse/partner															
3	Caregiver															
4	Someone else															
-88	Prefer not to answer															
		[es]	<p>En caso afirmativo, por favor, especifique</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'I Q9 Yes)</i></p>	<table border="1"> <tr> <td>1</td> <td>Cónyuge/pareja actual</td> </tr> <tr> <td>2</td> <td>Cónyuge/pareja anterior</td> </tr> <tr> <td>3</td> <td>Cuidador</td> </tr> <tr> <td>4</td> <td>Alguien más</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Cónyuge/pareja actual	2	Cónyuge/pareja anterior	3	Cuidador	4	Alguien más	-88	Prefiero no contestar		
1	Cónyuge/pareja actual															
2	Cónyuge/pareja anterior															
3	Cuidador															
4	Alguien más															
-88	Prefiero no contestar															
169	<p>cls_financial_abuse</p>		<p>Has a spouse/partner, family member, or friend ever been financially abusive towards you? That is, stolen money from you, not paid back a loan, etc.?</p> <p><i>(Adapted from Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'I Q14)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefer not to answer</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-88	Prefer not to answer						
1	Yes															
0	No															
-88	Prefer not to answer															
		[es]	<p>¿Alguna vez su cónyuge o pareja, un familiar o un amigo ha sido abusivo a nivel económico hacia usted? Es decir, ¿le ha robado dinero, no le ha pagado un préstamo, etc.?</p> <p><i>(Adaptado de Kaiser Permanente Your Current Life Situation (KP YCLS) (shorter form) Add'I Q14)</i></p>	<table border="1"> <tr> <td>1</td> <td>Sí</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-88</td> <td>Prefiero no contestar</td> </tr> </table>	1	Sí	0	No	-88	Prefiero no contestar						
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-88	Prefiero no contestar															
170	<p>brfss_marijuana_m21_01</p>		<p>During the past 30 days, on how many of the days did you use marijuana or cannabis (including THC in a joint, blunt, pipe, vape, edible, drank it, dabbed it)?</p> <p><i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-brfss-questionnaire-1-19-2022-508.pdf)</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>None</td> </tr> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4</td> </tr> <tr> <td>5</td> <td>5</td> </tr> </table>	0	None	1	1	2	2	3	3	4	4	5	5
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29	29
30	30
-77	Don't know/not sure
-88	Prefer not to answer

Custom alignment: LV


[es] En los últimos 30 días, ¿Cuántos de los días consumió marihuana o cannabis (incluyendo THC en un porro, churro, pipa, vape, comestible, bebió, o consumido en forma de dabbing)?
 (Adaptado de <https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-brfss-questionnaire-1-19-2022-508.pdf>)


0	Ninguno
1	1
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-88	Prefiero no contestar																																																					
171	ahc_hrsn_st_suppl_s u_q21	How many times in the past year have you used prescription drugs for non-medical reasons? <i>(Adapted from CMS AHS HRSN Item 21; LOINC 95530-2)</i>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer																																							
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		<i>[es]</i> En el último año, ¿cuántas veces ha utilizado medicamentos de receta para fines que no sean médicos? <i>(Adaptado de CMS AHS HRSN Item 21; LOINC 95530-2)</i>	<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>Una o dos veces</td></tr> <tr><td>2</td><td>Una vez al mes</td></tr> </table>	0	Nunca	1	Una o dos veces	2	Una vez al mes																																													
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3	Una vez a la semana															
4	A diario o casi a diario															
-88	Prefiero no contestar															
172	ahc_hrsn_st_suppl_s u_q22	How many times in the past year have you used illegal drugs? <i>(Adapted from CMS AHS HRSN Item 22; LOINC 68524-8)</i>	radio, Required	<table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Once or Twice</td></tr> <tr><td>2</td><td>Monthly</td></tr> <tr><td>3</td><td>Weekly</td></tr> <tr><td>4</td><td>Daily or Almost Daily</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	Never	1	Once or Twice	2	Monthly	3	Weekly	4	Daily or Almost Daily	-88	Prefer not to answer
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4	Daily or Almost Daily															
-88	Prefer not to answer															
		[es] En el último año, ¿cuántas veces ha consumido drogas ilegales? <i>(Adaptado de CMS AHS HRSN Item 22; LOINC 68524-8)</i>		<table border="1"> <tr><td>0</td><td>Nunca</td></tr> <tr><td>1</td><td>Una o dos veces</td></tr> <tr><td>2</td><td>Una vez al mes</td></tr> <tr><td>3</td><td>Una vez a la semana</td></tr> <tr><td>4</td><td>A diario o casi a diario</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	Nunca	1	Una o dos veces	2	Una vez al mes	3	Una vez a la semana	4	A diario o casi a diario	-88	Prefiero no contestar
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3	Una vez a la semana															
4	A diario o casi a diario															
-88	Prefiero no contestar															
173	perceived_discrim_q x	Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group? <i>(Adapted from PhenX Protocol - Disparate Health Care Quality [PX280101])</i>	radio	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
1	Yes															
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		[es] ¿Hubo alguna ocasión cuando pudo haber obtenido mejor atención médica si hubiera sido de otra raza o de otro grupo étnico? <i>(Adaptado de PhenX Protocol - Disparate Health Care Quality [PX280101])</i>		<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar				
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-88	Prefiero no contestar															
174	disability_deaf	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? <i>(Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.01)</i>	radio, Required	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer				
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		[es] Algunas personas que son sordas o tienen gran		<table border="1"> <tr><td>1</td><td>Sí</td></tr> </table>	1	Sí										
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		<p>dificultad para oír pueden usar or no dispositivos de ayuda para comunicarse por teléfono.</p> <p>¿Eres sordo o tiene gran dificultad para oír? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.01)</p>	<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	0	No	-77	No sé	-88	Prefiero no contestar		
0	No										
-77	No sé										
-88	Prefiero no contestar										
175	disability_blind	<p>Are you blind or do you have serious difficulty seeing, even when wearing glasses? (Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.02)</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
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		<p>[es] ¿Es ciego o tiene gran dificultad para ver, incluso al usar lentes? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.02)</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar
1	Sí										
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-77	No sé										
-88	Prefiero no contestar										
176	disability_walking	<p>Do you have serious difficulty walking or climbing stairs? (Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.04)</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
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		<p>[es] ¿Tiene serias dificultades para caminar o subir escaleras? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.04)</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>	1	Sí	0	No	-77	No sé	-88	Prefiero no contestar
1	Sí										
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-77	No sé										
-88	Prefiero no contestar										
177	disability_dressing	<p>Do you have difficulty dressing or bathing? (Adapted from https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.05)</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	-77	Don't know	-88	Prefer not to answer
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-77	Don't know										
-88	Prefer not to answer										
		<p>[es] ¿Tiene dificultad para vestirse o bañarse? (Adaptado de https://www.cdc.gov/brfss/questionnaires/pdf-ques/2021-BRFSS-Questionnaire-1-19-2022-508.pdf - Core Section 10: Disability Q#: CDIS.05)</p>	<table border="1"> <tr><td>1</td><td>Sí</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-77</td><td>No sé</td></tr> </table>	1	Sí	0	No	-77	No sé		
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				-88	Prefiero no contestar												
178	disability_communicate	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? Would you say... <i>(Adapted from Item: COM_SS in The Washington Group Short Set on Functioning (WG-SS))</i>		radio, Required <table border="1"> <tr><td>1</td><td>No difficulty</td></tr> <tr><td>2</td><td>Some difficulty</td></tr> <tr><td>3</td><td>A lot of difficulty</td></tr> <tr><td>4</td><td>Cannot do at all</td></tr> <tr><td>-77</td><td>Don't know</td></tr> <tr><td>-88</td><td>Prefer not to answer</td></tr> </table> Custom alignment: LV		1	No difficulty	2	Some difficulty	3	A lot of difficulty	4	Cannot do at all	-77	Don't know	-88	Prefer not to answer
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2	Some difficulty																
3	A lot of difficulty																
4	Cannot do at all																
-77	Don't know																
-88	Prefer not to answer																
		[es] Cuando emplea su lenguaje habitual, ¿tiene usted dificultad para comunicarse, por ejemplo, para entender a los demás o para que lo entiendan? ¿Diría que... ? <i>(Adaptado de Item: COM_SS in The Washington Group Short Set on Functioning (WG-SS))</i>		<table border="1"> <tr><td>1</td><td>No tiene ninguna dificultad</td></tr> <tr><td>2</td><td>Tiene cierta dificultad</td></tr> <tr><td>3</td><td>Tiene mucha dificultad</td></tr> <tr><td>4</td><td>Le resulta imposible</td></tr> <tr><td>-77</td><td>No sé</td></tr> <tr><td>-88</td><td>Prefiero no contestar</td></tr> </table>		1	No tiene ninguna dificultad	2	Tiene cierta dificultad	3	Tiene mucha dificultad	4	Le resulta imposible	-77	No sé	-88	Prefiero no contestar
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179	nimhd_mcdsrc_common_data_elements_cde_complete	Section Header: <i>Form Status</i> Complete?		dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>		0	Incomplete	1	Unverified	2	Complete						
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1	Unverified																
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Instrument: SFTP Survey Data Request (sftp_survey_data_request)  Enabled as survey																	
Active languages - Data Entry: None Survey: None																	
180	hello_designated_member	Hello [R01 project] designated members, Below you will find a link that you can use in order to upload your most recent CDE for the study. If you have any questions, then contact Kathy Lanier at kathy.lanier@ucsf.edu. Thanks, RCC-RCDM Unit		text													
		[es] ???															
181	cde_data_submission	Please upload your most recent CDE data.		file, Required													

		[es] ???							
182	sftp_survey_data_request_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
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Instrument: API Sync Survey Data Request (api_sync_survey_data_request)  Enabled as survey									
Active languages - Data Entry: None Survey: None									
183	hello_designated_member_v2	<p>Hello [R01 project] designated members,</p> <p>You have selected to transfer CDE data via the API Sync External Module.</p> <p>Below you will enter your API token and REDCap url from the REDCap project where your CDE data is stored.</p> <p>If you have any questions, then contact Kathy Lanier at kathy.lanier@ucsf.edu.</p> <p>Thanks, RCC-RCDM Unit</p>	text						
		[es] ???							
184	cde_data_submission_v2	API Token	text, Required, Identifier						
		[es] ???							
185	redcap_url	REDCap URL	text, Required						
		[es] ???							
186	api_sync_survey_data_request_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
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		[es] Section Header: ??? ???	<table border="1"> <tr><td>0</td><td>???</td></tr> <tr><td>1</td><td>???</td></tr> <tr><td>2</td><td>???</td></tr> </table>	0	???	1	???	2	???
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