

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
ACTIVTTC	1	0-3 months	0-3 months	-
ACTIVTTC	2	4-6 months	4-6 months	-
ACTIVTTC	3	7-11 months	7-11 months	-
ACTIVTTC	4	12+ months	12+ months	-
AGREE_DISAGREE	1	Strongly Disagree	Strongly Disagree	-
AGREE_DISAGREE	2	Somewhat Disagree	Somewhat Disagree	-
AGREE_DISAGREE	3	Neither Agree or Disagree	Neither Agree or Disagree	-
AGREE_DISAGREE	4	Somewhat Agree	Somewhat Agree	-
AGREE_DISAGREE	5	Strongly Agree	Strongly Agree	-
AHA3_V4	1	Obesity	Obesity	-
AHA3_V4	2	High Blood Pressure or Hypertension	High Blood Pressure or Hypertension	-
AHA3_V4	3	High Cholesterol	High Cholesterol	-
AHA3_V4	4	Heart Disease or Heart Attack	Heart Disease or Heart Attack	-
AHA3_V4	5	Heart Failure	Heart Failure	-
AHA3_V4	6	Stroke/TIA (transient ischemic attack)	Stroke/TIA (transient ischemic attack)	-
AHA3_V4	7	Diabetes, Type 1	Diabetes, Type 1	-
AHA3_V4	8	Diabetes, Type 2	Diabetes, Type 2	-
AHA3_V4	9	None of these	None of these	-
AHA3_V4	10	Other	Other	-
AHABLOCK2	1	Yes	Yes	-
AHABLOCK2	2	No	No	-
AHABLOCK2	3	I don't know/I'm not sure	I don't know	-
AHACW	1	I am not at all worried	I am not at all worried	-
AHACW	2	I am a little worried	I am a little worried	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
AHACW	3	I am somewhat worried	I am somewhat worried	-
AHACW	4	I am moderately worried	I am moderately worried	-
AHACW	5	I am very worried	I am very worried	-
AHACW2_V2	1	It could shorten my life	It could shorten my life	-
AHACW2_V2	2	It could cost me a lot of money	It could cost me a lot of money	-
AHACW2_V2	3	It could make it difficult for me to pay my major expenses, like my rent, car, food, or prescriptions	It could make it difficult for me to pay my major expenses, like my rent, car, food, or prescriptions	-
AHACW2_V2	4	It could cause me pain	It could cause me pain	-
AHACW2_V2	5	It could limit how much I enjoy my life	It could limit how much I enjoy my life	-
AHACW2_V2	6	It will make me a burden on my family	It will make me a burden on my family	-
AHACW2_V2	7	I might need to be hospitalized	I might need to be hospitalized	-
AHACW2_V2	8	I might not get the medicine(s) or care I need to recover	I might not get the medicine(s) or care I need to recover	-
AHACW2_V2	9	Other	Other	-
AHACW3_V2	1	It could shorten their life	It could shorten their life	-
AHACW3_V2	2	It could cost me a lot of money	It could cost me a lot of money	-
AHACW3_V2	3	it could cost them a lot of money	it could cost them a lot of money	-
AHACW3_V2	4	It could cause them pain	It could cause them pain	-
AHACW3_V2	5	It could have a long-term impact on the quality of their life	It could have a long-term impact on the quality of their life	-
AHACW3_V2	6	It could make them a burden on their family	It could make them a burden on their family	-
AHACW3_V2	7	They might have to be hospitalized	They might have to be hospitalized	-
AHACW3_V2	8	They might not get the medicine (s) or care they need to recover	They might not get the medicine (s) or care they need to recover	-
AHACW3_V2	9	Other	Other	-
AHACW4_V2	1	They will be mad at me	They will be mad at me	-
AHACW4_V2	2	It could shorten their life	It could shorten their life	-
AHACW4_V2	3	It could cost me a lot of money	It could cost me a lot of money	-
AHACW4_V2	4	It could cost them a lot of money	It could cost them a lot of money	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
AHACW4_V2	5	It could cause them pain	It could cause them pain	-
AHACW4_V2	6	It could limit how much they enjoy their life	It could limit how much they enjoy their life	-
AHACW4_V2	7	It will make them a burden on their family	It will make them a burden on their family	-
AHACW4_V2	8	They might have to be hospitalized	They might have to be hospitalized	-
AHACW4_V2	9	They might not get the medicine (s) or care they need to recover	They might not get the medicine (s) or care they need to recover	-
AHACW4_V2	10	Other	Other	-
AHACW5_V2	1	It could cost me a lot of money	It could cost me a lot of money	-
AHACW5_V2	2	It could make it hard for me to get my job back or get a new job	It could make it hard for me to get my job back or get a new job	-
AHACW5_V2	3	It could cost my friends and family a lot of money	It could cost my friends and family a lot of money	-
AHACW5_V2	4	It will increase the stress on me	It will increase the stress on me	-
AHACW5_V2	5	It will increase the stress on my friends and family	It will increase the stress on my friends and family	-
AHACW5_V2	6	It could limit how much I enjoy my life	It could limit how much I enjoy my life	-
AHACW5_V2	7	It could limit how much others enjoy their life	It could limit how much others enjoy their life	-
AHACW5_V2	8	It will make me a burden on my family	It will make me a burden on my family	-
AHACW5_V2	9	Other	Other	-
AHACW6_V2	1	It could cost me a lot of money	It could cost me a lot of money	-
AHACW6_V2	2	I might not be able to pay my bills	I might not be able to pay my bills	-
AHACW6_V2	3	I might not be able to buy enough food for me or my family	I might not be able to buy enough food for me or my family	-
AHACW6_V2	4	I might not be able to save for retirement	I might not be able to save for retirement	-
AHACW6_V2	5	I might not be able to pay for my children's education	I might not be able to pay for my children's education	-
AHACW6_V2	6	I will lose my health care benefits	I will lose my health care benefits	-
AHACW6_V2	7	It could limit how much I enjoy my life	It could limit how much I enjoy my life	-
AHACW6_V2	8	It will make me a burden on my family	It will make me a burden on my family	-
AHACW6_V2	9	Other	Other	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
AHACW7_V2	1	I will be depressed or unhappy	I will be depressed or unhappy	-
AHACW7_V2	2	It is limiting how much I enjoy my life	It is limiting how much I enjoy my life	-
AHACW7_V2	3	It is increasing stress on me	It is increasing stress on me	-
AHACW7_V2	4	It is increasing stress on my family	It is increasing stress on my family	-
AHACW7_V2	5	Other	Other	-
AHAMED	1	Yes	Yes	-
AHAMED	2	No	No	-
AHAMED	3	Prefer not to say	Prefer not to say	-
AHAMH4	1	Cigarette	Cigarette	-
AHAMH4	2	Unfiltered cigarette	Unfiltered cigarette	-
AHAMH4	3	Pipe	Pipe	-
AHAMH4	4	Vaping	Vaping	-
AHAMH4	5	Other	Other	-
BMR_ROLES	1	Student (attending school on a part-time or full-time basis)	Student (attending school on a part-time or full-time basis)	-
BMR_ROLES	2	Employed (part-time or full-time employment)	Employed (part-time or full-time employment)	-
BMR_ROLES	3	Volunteer (donating services, at least once a week, to a hospital, school, community, political campaign, and so forth)	Volunteer (donating services, at least once a week, to a hospital, school, community, political campaign, and so forth)	-
BMR_ROLES	4	Caregiver (responsibility, at least once a week, for the care of someone such as a child, spouse, relative, or friend)	Caregiver (responsibility, at least once a week, for the care of someone such as a child, spouse, relative, or friend)	-
BMR_ROLES	5	Home maintainer (responsibility, at least once a week, for the upkeep of the home such as house cleaning or yard work)	Home maintainer (responsibility, at least once a week, for the upkeep of the home such as house cleaning or yard work)	-
BMR_ROLES	6	Friend (spending time or doing something, at least once a week, with a friend)	Friend (spending time or doing something, at least once a week, with a friend)	-
BMR_ROLES	7	Family member (Spending time or doing something, at least once a week, with a family member such as a child, spouse, parent, or other relative)	Family member (Spending time or doing something, at least once a week, with a family member such as a child, spouse, parent, or other relative)	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
BMR_ROLES	8	Religious participant (involvement, at least once a week, in groups or activities affiliated with one's religion (excluding worship))	Religious participant (involvement, at least once a week, in groups or activities affiliated with one's religion (excluding worship))	-
BMR_ROLES	9	Hobbyist/amateur (involvement, at least once a week, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or team)	Hobbyist/amateur (involvement, at least once a week, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or team)	-
BMR_ROLES	10	Participant in organizations (involvement, at least once a week, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth)	Participant in organizations (involvement, at least once a week, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth)	-
BMR_ROLES	11	Other (A role which you have performed, are presently performing, and/or plan to perform that is not listed above)	Other (A role which you have performed, are presently performing, and/or plan to perform that is not listed above)	-
C19NOVAX	1	Vaccine is not available	Vaccine is not available	-
C19NOVAX	2	Prior COVID-19 infection	Prior COVID-19 infection	-
C19NOVAX	3	Concerned about vaccine safety	Concerned about vaccine safety	-
C19NOVAX	4	Concerned about vaccine effectiveness	Concerned about vaccine effectiveness	-
C19NOVAX	5	Concerned about vaccine side effects	Concerned about vaccine side effects	-
C19NOVAX	6	Concerned that the vaccine was approved too quickly	Concerned that the vaccine was approved too quickly	-
C19NOVAX	7	Concerned that the vaccine may affect people like me differently	Concerned that the vaccine may affect people like me differently	-
C19NOVAX	8	Mistrust of government	Mistrust of government	-
C19NOVAX	9	Mistrust of pharmaceutical companies	Mistrust of pharmaceutical companies	-
C19NOVAX	10	Want to wait until more people have been vaccinated	Want to wait until more people have been vaccinated	-
C19NOVAX	11	Concerned about vaccine impact on pregnancy and/or fertility	Concerned about vaccine impact on pregnancy and/or fertility	-
C19NOVAX	12	Have a pre-existing condition	Have a pre-existing condition	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
C19VAXMFR	1	Moderna	Moderna	-
C19VAXMFR	2	Pfizer	Pfizer	-
C19VAXMFR	3	Johnson & Johnson	Johnson & Johnson	-
C19VAXMFR	4	Other	Other	-
C19VAXMFR	5	Not sure	Not sure	-
CONCERN	1	Not at all concerned	Not at all concerned	-
CONCERN	2	Slightly concerned	Slightly concerned	-
CONCERN	3	Somewhat concerned	Somewhat concerned	-
CONCERN	4	Moderately concerned	Moderately concerned	-
CONCERN	5	Very concerned	Very concerned	-
CONTACT1	1	Phone call	CONTACT_MEANS_PHONE	-
CONTACT1	4	Text message	CONTACT_MEANS_TEXT_MES SAGE	-
CONTACT1	2	Email	CONTACT_MEANS_EMAIL	-
CONTACT1	3	Mail	CONTACT_MEANS_MAIL	-
DIABETESDIAG3	1	No	No	-
DIABETESDIAG3	2	Yes, diabetes type 1 (also known as juvenile diabetes)	Yes, diabetes type 1 (also known as juvenile diabetes)	-
DIABETESDIAG3	3	Yes, diabetes type 2 (also known as adult onset diabetes)	Yes, diabetes type 2 (also known as adult onset diabetes)	-
DIABETESDIAG3	4	Yes, gestational diabetes	Yes, gestational diabetes	-
EMPLOYSTAT	1	Employed full time	Employed full time	-
EMPLOYSTAT	2	Employed part time	Employed part time	-
EMPLOYSTAT	3	Self-employed full time	Self-employed full time	-
EMPLOYSTAT	4	Self-employed part time	Self-employed part time	-
EMPLOYSTAT	5	Not employed, but looking for work	Not employed, but looking for work	-
EMPLOYSTAT	6	Not employed and not looking for work	Not employed and not looking for work	-
EMPLOYSTAT	7	Not employed, unable to work due to a disability or illness	Not employed, unable to work due to a disability or illness	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
EMPLOYSTAT	8	Retired	Retired	-
EMPLOYSTAT	9	Student	Student	-
EMPLOYSTAT	10	Stay-at-home spouse or partner	Stay-at-home spouse or partner	-
EXPERIENCES	1	Longer wait times to see a healthcare professional	Longer wait times to see a healthcare professional	-
EXPERIENCES	2	Dismissal of my symptoms or misdiagnosis	Dismissal of my symptoms or misdiagnosis	-
EXPERIENCES	3	The healthcare professional did not listen to me or take me seriously	The healthcare professional did not listen to me or take me seriously	-
EXPERIENCES	4	Over testing or unnecessary procedures	Over testing or unnecessary procedures	-
EXPERIENCES	5	Lack of testing or administration of routine procedures	Lack of testing or administration of routine procedures	-
EXPERIENCES	6	Longer wait times to receive medical test results	Longer wait times to receive medical test results	-
EXPERIENCES	7	The healthcare professional just wanted to get me in and out as quickly as possible	The healthcare professional just wanted to get me in and out as quickly as possible	-
EXPERIENCES	8	The healthcare professional just wanted to write me a prescription	The healthcare professional just wanted to write me a prescription	-
EXPERIENCES	9	The healthcare professional had no interest in discussing my symptoms, condition or treatment with me	The healthcare professional had no interest in discussing my symptoms, condition or treatment with me	-
EXPERIENCES	10	Other	Other	-
EXPERIENCES	11	None of these	None of these	-
HCP_GEN	1	Regular checkup at my primary care provider's office	Regular checkup at my primary care provider's office	-
HCP_GEN	2	Regular checkup at my OB/GYN's office	Regular checkup at my OB/GYN's office	-
HCP_GEN	3	Doctor visit for an illness or chronic condition	Doctor visit for an illness or chronic condition	-
HCP_GEN	4	Doctor visit for an injury	Doctor visit for an injury	-
HCP_GEN	5	Doctor visit for family planning or birth control	Doctor visit for family planning or birth control	-
HCP_GEN	6	Doctor visit for your mental health	Doctor visit for your mental health	-
HCP_GEN	7	Teeth cleaning by a dentist or dental hygienist	Teeth cleaning by a dentist or dental hygienist	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
HCP_GEN	8	Other	Other	-
HCP_PREG_PP	1	Regular checkup at my primary care provider's office	Regular checkup at my primary care provider's office	-
HCP_PREG_PP	2	Regular checkup at my OB/GYN' s office	Regular checkup at my OB/GYN' s office	-
HCP_PREG_PP	3	Regular checkup with a nurse, midwife, or doula	Regular checkup with a nurse, midwife, or doula	-
HCP_PREG_PP	4	Doctor visit for an illness or chronic condition	Doctor visit for an illness or chronic condition	-
HCP_PREG_PP	5	Doctor visit for an injury	Doctor visit for an injury	-
HCP_PREG_PP	6	Doctor visit for family planning or birth control	Doctor visit for family planning or birth control	-
HCP_PREG_PP	7	Doctor visit for your mental health	Doctor visit for your mental health	-
HCP_PREG_PP	8	Teeth cleaning by a dentist or dental hygienist	Teeth cleaning by a dentist or dental hygienist	-
HCP_PREG_PP	9	A breastfeeding or lactation specialist	A breastfeeding or lactation specialist	-
HCP_PREG_PP	10	A breastfeeding support group	A breastfeeding support group	-
HCP_PREG_PP	11	A breastfeeding hotline or tollfree number	A breastfeeding hotline or tollfree number	-
HCP_PREG_PP	12	Other	Other	-
HCP_TTC	1	Regular checkup at my primary care provider's office	Regular checkup at my primary care provider's office	-
HCP_TTC	2	Regular checkup at my OB/GYN' s office	Regular checkup at my OB/GYN' s office	-
HCP_TTC	3	Regular checkup with a nurse, midwife, or doula	Regular checkup with a nurse, midwife, or doula	-
HCP_TTC	4	Doctor visit for an illness or chronic condition	Doctor visit for an illness or chronic condition	-
HCP_TTC	5	Doctor visit for an injury	Doctor visit for an injury	-
HCP_TTC	6	Doctor visit for family planning or birth control	Doctor visit for family planning or birth control	-
HCP_TTC	7	Doctor visit for your mental health	Doctor visit for your mental health	-
HCP_TTC	8	Teeth cleaning by a dentist or dental hygienist	Teeth cleaning by a dentist or dental hygienist	-
HCP_TTC	9	Other	Other	-
HEARTCOND1	1	Heart attack (also called myocardial infarction or MI)	Heart attack (also called myocardial infarction or MI)	-
HEARTCOND1	2	Stroke	Stroke	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
HEARTCOND1	3	Hemorrhagic stroke	Hemorrhagic stroke	-
HEARTCOND1	4	Prior surgery or stent placed for blockages in the following arteries: carotids (neck), coronaries (heart), or peripheral (arms or legs) including amputations	Prior surgery or stent placed for blockages in the following arteries: carotids (neck), coronaries (heart), or peripheral (arms or legs) including amputations	-
HEARTCOND1	5	Significant blockages in the following arteries: carotids (neck), coronaries (heart), or peripherals (arms or legs)	Significant blockages in the following arteries: carotids (neck), coronaries (heart), or peripherals (arms or legs)	-
HEARTCOND1	6	No, none of the above	No, none of the above	-
HEPFOOD_FREQ	1	Very Frequently	Very Frequently	-
HEPFOOD_FREQ	2	Frequently	Frequently	-
HEPFOOD_FREQ	3	Occasionally	Occasionally	-
HEPFOOD_FREQ	4	Rarely	Rarely	-
HEPFOOD_FREQ	5	Very Rarely	Very Rarely	-
HEPFOOD_FREQ	6	Never	Never	-
HEPHOUSING_FREQ	1	Almost everyday	Almost everyday	-
HEPHOUSING_FREQ	2	At least once a week	At least once a week	-
HEPHOUSING_FREQ	3	A few times a month	A few times a month	-
HEPHOUSING_FREQ	4	A few times a year	A few times a year	-
HEPHOUSING_FREQ	5	One time in the last year	One time in the last year	-
HEPHOUSING_FREQ	6	Never	Never	-
HEPINTERACT	1	Felt disrespected	Felt disrespected	-
HEPINTERACT	2	Felt that your medical team made you think that you were not smart.	Felt that your medical team made you think that you were not smart.	-
HEPINTERACT	3	I have not experienced either of the above.	I have not experienced either of the above.	-
HEPMONEY_FREQ	1	Almost everyday	Almost everyday	-
HEPMONEY_FREQ	2	At least once a week	At least once a week	-
HEPMONEY_FREQ	3	A few times a month	A few times a month	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
HEPMONEY_FREQ	4	A few times a year	A few times a year	-
HEPMONEY_FREQ	5	One time in the last year	One time in the last year	-
HEPMONEY_FREQ	6	Never	Never	-
HEPRENT_FREQ	1	Yes	Yes	-
HEPRENT_FREQ	2	No	No	-
HEPRENT_FREQ	3	I don't know/I'm not sure	I don't know/I'm not sure	-
HEPRENT_FREQ	4	I do not own or rent a home	I do not own or rent a home	-
HEP_DISCUSSION	1	Blood pressure	Blood pressure	-
HEP_DISCUSSION	2	Cholesterol	Cholesterol	-
HEP_DISCUSSION	3	Family history of heart disease	Family history of heart disease	-
HEP_DISCUSSION	4	Your risk for heart disease	Your risk for heart disease	-
HEP_DISCUSSION	5	Your risk for stroke	Your risk for stroke	-
HEP_DISCUSSION	6	Weight	Weight	-
HEP_DISCUSSION	7	Smoking habits	Smoking habits	-
HEP_DISCUSSION	8	Appropriate heart healthy diet and nutrition	Appropriate heart healthy diet and nutrition	-
HEP_DISCUSSION	9	Exercise	Exercise	-
HEP_DISCUSSION	10	Your risk for venous thromboembolism (VTE) or pulmonary embolism (PE) in women	Your risk for venous thromboembolism (VTE) or pulmonary embolism (PE) in women	-
HEP_DISCUSSION	11	Recommendations regarding physical activity	Recommendations regarding physical activity	-
HEP_DISCUSSION	12	Stress	Stress	-
HEP_DISCUSSION	13	Brain health	Brain health	-
HEP_DISCUSSION	14	Mental health and/or emotional well-being	Mental health and/or emotional well-being	-
HEP_DISCUSSION	15	None of these	None of these	-
HLTH6MO	1	I was diagnosed with COVID-19	I was diagnosed with COVID-19	-
HLTH6MO	2	I was exposed to COVID-19 but tested negative	I was exposed to COVID-19 but tested negative	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
HLTH6MO	3	I was exposed to COVID-19 but was not tested	I was exposed to COVID-19 but was not tested	-
HLTH6MO	4	I was not exposed to COVID-19 and was not tested	I was not exposed to COVID-19 and was not tested	-
HLTH6MO	5	I was sick with flu-like symptoms but did not seek treatment	I was sick with flu-like symptoms but did not seek treatment	-
HLTH6MO	6	I was not sick in the last six months and was not tested for COVID-19	I was not sick in the last six months and was not tested for COVID-19	-
HLTH_COVERAGE	1	Paid maternity/paternity leave	Paid maternity/paternity leave	-
HLTH_COVERAGE	2	Unpaid maternity/paternity leave	Unpaid maternity/paternity leave	-
HLTH_COVERAGE	3	Short-term disability	Short-term disability	-
HLTH_COVERAGE	4	Health insurance that includes some or all pregnancy-related care coverage	Health insurance that includes some or all pregnancy-related care coverage	-
HLTH_COVERAGE	5	Health insurance the does not include pregnancy-related care coverage	Health insurance the does not include pregnancy-related care coverage	-
HLTH_COVERAGE	6	I'm not sure	I'm not sure	-
HLTH_COVERAGE	7	None of the above	None of the above	-
HOW_LIKELY	1	Very Unlikely	Very Unlikely	-
HOW_LIKELY	2	Somewhat Unlikely	Somewhat Unlikely	-
HOW_LIKELY	3	Neutral	Neutral	-
HOW_LIKELY	4	Somewhat Likely	Somewhat Likely	-
HOW_LIKELY	5	Very Likely	Very Likely	-
HOW_MUCH	1	A great deal	A great deal	-
HOW_MUCH	2	A lot	A lot	-
HOW_MUCH	3	A moderate amount	A moderate amount	-
HOW_MUCH	4	A little	A little	-
HOW_MUCH	5	Not at all	Not at all	-
HR_STROKE_10	1	I've had a heart attack in the last 10 years	I've had a heart attack in the last 10 years	-
HR_STROKE_10	2	I've had a stroke in the last 10 years	I've had a stroke in the last 10 years	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
HR_STROKE_10	3	I've had both a heart attack and a stroke in the last 10 years	I've had both a heart attack and a stroke in the last 10 years	-
HR_STROKE_10	4	No	No	-
HR_STROKE_10	5	I don't know	I don't know	-
HYPERTENSION	1	Yes, hypertension	Yes, hypertension	-
HYPERTENSION	2	Yes, prehypertension	Yes, prehypertension	-
HYPERTENSION	3	No, neither hypertension nor prehypertension	No, neither hypertension nor prehypertension	-
INSURANCE	1	Full health insurance through my employer	Full health insurance through my employer	-
INSURANCE	2	Limited health insurance through my employer	Limited health insurance through my employer	-
INSURANCE	3	Health insurance through my spouse/partner's employer	Health insurance through my spouse/partner's employer	-
INSURANCE	4	Military health insurance	Military health insurance	-
INSURANCE	5	Affordable Care Act	Affordable Care Act	-
INSURANCE	6	Health insurance through school	Health insurance through school	-
INSURANCE	7	Health insurance through my parents	Health insurance through my parents	-
INSURANCE	8	Privately funded health insurance	Privately funded health insurance	-
INSURANCE	9	Medicare	Medicare	-
INSURANCE	10	Medicaid	Medicaid	-
INSURANCE	11	I do not have health insurance	I do not have health insurance	-
LASTVISIT	1	Within the last year	Within the last year	-
LASTVISIT	2	One to two years ago	One to two years ago	-
LASTVISIT	3	Three to four years ago	Three to four years ago	-
LASTVISIT	4	Five or more years ago	Five or more years ago	-
LSTPREG2	1	2-4 years	2-4 years	-
LSTPREG2	2	5-9 years	5-9 years	-
LSTPREG2	3	10-15 years	10-15 years	-
LSTPREG2	4	15-19 years	15-19 years	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
LSTPREG2	5	20 or more years	20 or more years	-
LSTPREG2	6	I'm not sure	I'm not sure	-
MMCAUSES	1	Cancer	Cancer	-
MMCAUSES	2	Cardiovascular disease (heart disease and/or stroke)	Cardiovascular disease (heart disease and/or stroke)	-
MMCAUSES	3	Infections	Infections	-
MMCAUSES	4	Lack of access to quality healthcare	Lack of access to quality healthcare	-
MMCAUSES	5	I'm not sure	I'm not sure	-
MMCAUSES	6	Other	Other	-
NTTCRSN	1	My age – I'm too young	My age – I'm too young	-
NTTCRSN	2	My career/job	My career/job	-
NTTCRSN	3	My financial circumstances	My financial circumstances	-
NTTCRSN	4	Lack of healthcare and/or health insurance	Lack of healthcare and/or health insurance	-
NTTCRSN	5	I'm not married/do not have a partner	I'm not married/do not have a partner	-
NTTCRSN	6	I'm currently in school	I'm currently in school	-
NTTCRSN	7	I'm currently in the military	I'm currently in the military	-
NTTCRSN	8	I do not have stable housing or my own home	I do not have stable housing or my own home	-
NTTCRSN	9	Current family obligations	Current family obligations	-
NTTCRSN	10	My health	My health	-
NTTCRSN	11	Other	Other	-
OTHER_LANG	1	Yes	Yes	-
OTHER_LANG	2	No	No	-
OTHER_LANG	3	I prefer not to answer	I prefer not to answer	-
PANAS_DURATION	1	The extent to which I feel right now	The extent to which I feel right now	-
PANAS_DURATION	2	The extent to which I have felt over the past week	The extent to which I have felt over the past week	-
PANAS_RESPONSE_V2	1	1 - Very slightly or not at all	Very slightly or not at all	1

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
PANAS_RESPONSE_V 2	2	2 - A little	A little	2
PANAS_RESPONSE_V 2	3	3 - Moderately	Moderately	3
PANAS_RESPONSE_V 2	4	4 - Quite a bit	Quite a bit	4
PANAS_RESPONSE_V 2	5	5 - Extremely	Extremely	5
PERIOD_LAST_12_MONTHS	1	Become further apart	Become further apart	-
PERIOD_LAST_12_MONTHS	2	Become closer together	Become closer together	-
PERIOD_LAST_12_MONTHS	3	Occurred at more variable intervals	Occurred at more variable intervals	-
PERIOD_LAST_12_MONTHS	4	Stayed the same	Stayed the same	-
PERIOD_LAST_12_MONTHS	5	Stopped completely	Stopped completely	-
PERIOD_LAST_12_MONTHS	6	No periods in more than 12 months	No periods in more than 12 months	-
PERIOD_LAST_12_MONTHS	7	Not sure	Not sure	-
PREGNANCY_COMPL I C	1	Miscarriage	Miscarriage	-
PREGNANCY_COMPL I C	2	Ectopic pregnancy	Ectopic pregnancy	-
PREGNANCY_COMPL I C	3	Pregnancy termination	Pregnancy termination	-
PREGNANCY_COMPL I C	4	Stillbirth	Stillbirth	-
PREGNANCY_COMPL I C	5	None	None	-
PREGNANCY_COMPL I C	6	I'd rather not say	I'd rather not say	-
PRGSTAT	1	I am pregnant	I am pregnant	-
PRGSTAT	2	I have been pregnant within the last 12 months	I have been pregnant within the last 12 months	-
PRGSTAT	3	I am actively trying to get pregnant	I am actively trying to get pregnant	-
PRGSTAT	4	I am considering trying to become pregnant within the next 12 months	I am considering trying to become pregnant within the next 12 months	-
PRGSTAT	5	I have been pregnant and/or had children but am no longer of childbearing age/status	I have been pregnant and/or had children but am no longer of childbearing age/status	-
PRGSTAT	6	I am not pregnant or considering trying to become pregnant at this time	I am not pregnant or considering trying to become pregnant at this time	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
Race_Ethnicity_Derived	10	American Indian or Alaska Native	RACE_AMERICAN_INDIAN_OR_ALASKA_NATIVE	-
Race_Ethnicity_Derived	22	Asian	RACE_ASIAN	-
Race_Ethnicity_Derived	2	Black or African American	RACE_BLACK	-
Race_Ethnicity_Derived	-	Hispanic	-	-
Race_Ethnicity_Derived	6	Native Hawaiian or Other Pacific Islander	RACE_NATIVE_HAWAIIAN_OR_OTHER_PACIFIC_ISLANDER	-
Race_Ethnicity_Derived	1	White	RACE_WHITE	-
Race_Ethnicity_Derived	20	Other	RACE_SOME_OTHER_RACE	-
RGR_ORIGIN	1	Bertha Hidalgo	Bertha Hidalgo	-
RGR_ORIGIN	2	Olivia Affuso	Olivia Affuso	-
RGR_ORIGIN	3	Black Girls Run	Black Girls Run	-
RGR_ORIGIN	4	We All Grow	We All Grow	-
RGR_ORIGIN	5	Other	Other	-
RHSENV	1	I live in a big city with access to many hospitals and healthcare providers within 5 miles of my home	I live in a big city with access to many hospitals and healthcare providers within 5 miles of my home	-
RHSENV	2	I live in a medium-sized city with access to more than one hospital and healthcare provider within 15 miles of my home	I live in a medium-sized city with access to more than one hospital and healthcare provider within 15 miles of my home	-
RHSENV	3	I live in a small city with access to at least one hospital and healthcare provider in under 30 minutes	I live in a small city with access to at least one hospital and healthcare provider in under 30 minutes	-
RHSENV	4	I live in a rural area and have to travel more than 30 minutes to access a hospital or healthcare provider	I live in a rural area and have to travel more than 30 minutes to access a hospital or healthcare provider	-
RHSFRTX	1	Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)	Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
RHSFRTX	2	Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)	Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)	-
RHSFRTX	3	Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)	Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)	-
RHSFRTX	4	Other medical treatment	Other medical treatment	-
RHSFRTX	5	I wasn't using fertility treatments during the month that I got pregnant with my new baby	I wasn't using fertility treatments during the month that I got pregnant with my new baby	-
RHSFRTX_NOTPREG	1	Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)	Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)	-
RHSFRTX_NOTPREG	2	Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)	Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)	-
RHSFRTX_NOTPREG	3	Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)	Assisted reproductive technology (treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)	-
RHSFRTX_NOTPREG	4	Other medical treatment	Other medical treatment	-
RHSLPREG	1	Less than 6 weeks	Less than 6 weeks	-
RHSLPREG	2	7-12 weeks	7-12 weeks	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
RHSLPREG	3	3-6 months	3-6 months	-
RHSLPREG	4	7-9 months	7-9 months	-
RHSLPREG	5	9-12 months	9-12 months	-
RHSLPREG	6	12+ months	12+ months	-
RHSWORRY	1	My ability to get pregnant in general	My ability to get pregnant in general	-
RHSWORRY	2	How my age will impact my ability to conceive	How my age will impact my ability to conceive	-
RHSWORRY	3	My ability to successfully carry and deliver a healthy baby	My ability to successfully carry and deliver a healthy baby	-
RHSWORRY	4	How my health will be impacted during and post pregnancy	How my health will be impacted during and post pregnancy	-
RHSWORRY	5	If my pre-existing medical condition will worsen during and/or immediately postpregnancy	If my pre-existing medical condition will worsen during and/or immediately postpregnancy	-
RHSWORRY	6	How having a child will financially impact me/my family	How having a child will financially impact me/my family	-
RHSWORRY	7	Receiving access to quality healthcare during and postpregnancy	Receiving access to quality healthcare during and postpregnancy	-
RHSWORRY	8	Being supported by my employer throughout my pregnancy and upon my return to work	Being supported by my employer throughout my pregnancy and upon my return to work	-
RHSWORRY	9	How quickly or if I will lose any weight gained during pregnancy	How quickly or if I will lose any weight gained during pregnancy	-
RHSWORRY	10	The impact having a child will have on me emotionally including the potential for postpartum depression	The impact having a child will have on me emotionally including the potential for postpartum depression	-
RHSWORRY	11	I have no worries about having a child	I have no worries about having a child	-
RHSWORRY	12	Other	Other	-
RHS_CONDITIONS	1	High blood pressure/Hypertension related to pregnancy	High blood pressure/Hypertension related to pregnancy	-
RHS_CONDITIONS	2	Preeclampsia/eclampsia	Preeclampsia/eclampsia	-
RHS_CONDITIONS	3	Obesity/overweight	Obesity/overweight	-
RHS_CONDITIONS	4	Gestational diabetes	Gestational diabetes	-
RHS_CONDITIONS	5	Anemia/Iron deficiency	Anemia/Iron deficiency	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
RHS_CONDITIONS	6	Depression/Anxiety	Depression/Anxiety	-
RHS_CONDITIONS	7	Fetal problems	Fetal problems	-
RHS_CONDITIONS	8	Miscarriage	Miscarriage	-
RHS_CONDITIONS	9	Ectopic pregnancy	Ectopic pregnancy	-
RHS_CONDITIONS	10	Placenta Previa	Placenta Previa	-
RHS_CONDITIONS	11	Placental Abruption	Placental Abruption	-
RHS_CONDITIONS	12	Preterm labor	Preterm labor	-
RHS_CONDITIONS	13	Stroke	Stroke	-
RHS_CONDITIONS	14	Vascular disease	Vascular disease	-
RHS_CONDITIONS	15	Arrhythmia or a heart rhythm disorder	Arrhythmia or a heart rhythm disorder	-
RHS_CONDITIONS	16	Heart failure	Heart failure	-
RHS_CONDITIONS	17	Heart attack	Heart attack	-
RHS_CONDITIONS	18	Cardiac arrest	Cardiac arrest	-
RHS_CONDITIONS	19	Coronary artery disease	Coronary artery disease	-
RHS_CONDITIONS	20	Cancer	Cancer	-
RHS_CONDITIONS	21	Insomnia	Insomnia	-
RHS_CONDITIONS	22	None	None	-
RHS_CONDITIONS	23	Prefer not to say	Prefer not to say	-
RHS_CONDITIONS	24	Other	Other	-
SEX1	1	Male	Male	-
SEX1	2	Female	Female	-
SEX1	3	Intersex	Intersex	-
SIMPLISTIC	1	Yes	Yes	-
SIMPLISTIC	2	No	No	-
SIMPLISTIC	3	I don't know/I'm not sure	I don't know/I'm not sure	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
SOCIALMEDIA	1	Facebook	Facebook	-
SOCIALMEDIA	2	Instagram	Instagram	-
SOCIALMEDIA	3	Twitter	Twitter	-
SOCIALMEDIA	4	Pinterest	Pinterest	-
SOCIALMEDIA	5	Other	Other	-
TOPICRANKING	1	Access to care, paying for healthcare, and/or medications	Access to care, paying for healthcare, and/or medications	-
TOPICRANKING	2	Anxiety and/or stress	Anxiety and/or stress	-
TOPICRANKING	3	Cancer	Cancer	-
TOPICRANKING	4	Caretaking	Caretaking	-
TOPICRANKING	5	Cholesterol	Cholesterol	-
TOPICRANKING	6	Exercise	Exercise	-
TOPICRANKING	7	Financial well-being	Financial well-being	-
TOPICRANKING	8	Food, healthy eating, and/or availability of healthy food	Food, healthy eating, and/or availability of healthy food	-
TOPICRANKING	9	Frailty	Frailty	-
TOPICRANKING	10	Health of family members	Health of family members	-
TOPICRANKING	11	High blood pressure	High blood pressure	-
TOPICRANKING	12	Menopause and/or the years before and after menopause	Menopause and/or the years before and after menopause	-
TOPICRANKING	13	Memory, brain function, and/or healthy aging	Memory, brain function, and/or healthy aging	-
TOPICRANKING	14	Mental health and/or depression	Mental health and/or depression	-
TOPICRANKING	15	Neighborhood safety	Neighborhood safety	-
TOPICRANKING	16	Pain	Pain	-
TOPICRANKING	17	Sleep, including poor or inadequate sleep and the impact that your sleeping patterns have on the rest of your life	Sleep, including poor or inadequate sleep and the impact that your sleeping patterns have on the rest of your life	-
TOPICRANKING	18	Pregnancy related issues	Pregnancy related issues	-
TOPICRANKING	19	Sex	Sex	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
TOPICRANKING	20	Social connection	Social connection	-
TOPICRANKING	21	Weight	Weight	-
TOXIC_STRESS	1	Yes	Yes	-
TOXIC_STRESS	2	No	No	-
TOXIC_STRESS	3	I don't know/I'm not sure	I don't know/I'm not sure	-
TOXIC_STRESS	4	I prefer not to answer	I prefer not to answer	-
TRIMESTER	1	First trimester (1-12 weeks)	First trimester (1-12 weeks)	-
TRIMESTER	2	Second trimester (13-28 weeks)	Second trimester (13-28 weeks)	-
TRIMESTER	3	Third trimester (28+ weeks)	Third trimester (28+ weeks)	-
TRIMESTER	4	I'm not sure	I'm not sure	-
TTCPLAN	1	Within the next 12 months	Within the next 12 months	-
TTCPLAN	2	In 1-3 years	In 1-3 years	-
TTCPLAN	3	In 3-5 years	In 3-5 years	-
TTCPLAN	4	I'm not sure	I'm not sure	-
TTCWRY	1	Advanced age (35+)	Advanced age (35+)	-
TTCWRY	2	Previous history of unsuccessful pregnancy	Previous history of unsuccessful pregnancy	-
TTCWRY	3	Family history of fertility issues	Family history of fertility issues	-
TTCWRY	4	Current medical condition related to reproductive health	Current medical condition related to reproductive health	-
TTCWRY	5	Current medical condition not related to reproductive health	Current medical condition not related to reproductive health	-
TTCWRY	6	Other	Other	-
WORRY_FREQ	1	Not at all	Not at all	-
WORRY_FREQ	2	Very little	Very little	-
WORRY_FREQ	3	Somewhat	Somewhat	-
WORRY_FREQ	4	To a great extent	To a great extent	-
YES_NO_DK	1	Yes	Yes	-

Data Dictionary Name	Order/Value	Display Text	String Value	Numeric Value
YES_NO_DK	2	No	No	-
YES_NO_DK	3	I don't know	I don't know	-
YES_NO_DK_1	1	Yes	Yes	-
YES_NO_DK_1	2	No	No	-
YES_NO_DK_1	3	Don't know	Don't know	-
YES_NO_NOT_RIGHT_NOW	1	Yes	Yes	-
YES_NO_NOT_RIGHT_NOW	2	No	No	-
YES_NO_NOT_RIGHT_NOW	3	Not right now, but maybe at another time	Not right now, but maybe at another time	-
YES_NO_NOT_SURE	1	Yes	Yes	-
YES_NO_NOT_SURE	2	No	No	-
YES_NO_NOT_SURE	3	I'm not sure	I'm not sure	-
YES_NO_NS	1	Yes	Yes	-
YES_NO_NS	2	No	No	-
YES_NO_NS	3	Not sure	NOT_SURE	-
YES_NO_NS_RNS	1	Yes	Yes	-
YES_NO_NS_RNS	2	No	No	-
YES_NO_NS_RNS	3	I'm not sure	I'm not sure	-
YES_NO_NS_RNS	4	I would rather not say	I would rather not say	-

Participant Data (File: 2018-BL-002_PARTICIPANTS_2022_05_11.csv)			
Field Oid	Field	Units	Data dictionary
-	How should we contact you?	-	-
primary_contact_name	What's your name?	-	-
REGENROLL_NAMEPREF	What's your preferred name you'd like us to call you (if different than your first name)?	-	-
primary_contact_phone	What's your preferred phone number?	-	-
primary_contact_address	What's your home mailing address?	-	-
preferred_contact_means	What is/are your preferred method(s) of contact? Please select all that apply.	-	CONTACT1
	What's your background?	-	-
date_of_birth	What's your date of birth?	-	-
sex_at_birth	What was your sex at birth?	-	SEX1
hispanic_ancestry	Are you of Hispanic, Latino/Latina, or Spanish origin?	-	YES_NO_DK
race_report	Which race(s) do you identify with? Please select all that apply.	-	Race_Ethnicity_Derived
-	What is your health and healthcare like?	-	-
REGENROLL_MC	What medical conditions and/or events has a doctor diagnosed you with? Please enter as many as apply.	-	-
REGENROLL_HASTROKE	Have you had a heart attack and/or a stroke in the last 10 years?	-	HR_STROKE_10
REGENROLL_CHRONIC	What chronic symptoms or other conditions do you have that a doctor has NOT diagnosed you with?	-	-
REGENROLL_MEDCARE	Which hospitals or clinics have you gone to for your medical care? If you have a primary care physician, please list the hospital or clinic they work at. If you can recall the names of other hospitals or clinics you have received medical care at, please list those here as well.	-	-
REGENROLL_CLINNAME1	If you have a primary care physician, what is your primary care physician's name?	-	-
REGENROLL_CLINLOC	If you have a primary care physician, what city and state is your physician located in?	-	-

Research Goes Red (File: 2018-BL-002_RGR_SURVEY_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	Topic ranking	-	-
RGR_TOPIC1	Which topic is most important to you?	-	TOPICRANKING
RGR_TOPIC2	Which topic is second most important to you?	-	TOPICRANKING
RGR_TOPIC3	Which topic is third most important to you?	-	TOPICRANKING
RGR_TOPIC4	Which topic is fourth most important to you?	-	TOPICRANKING
RGR_TOPIC5	Which topic is fifth most important to you?	-	TOPICRANKING
-	Heart health profile	-	-
height_in_inches	How tall are you?	INCH	-
weight_in_lbs	How much do you currently weigh?	LB	-
knows_cholesterol_levels	Do you know your cholesterol levels?	-	-
total_cholesterol_mg_per_dl	What is your total cholesterol level?	-	-
hdl_cholesterol_mg_per_dl	What is your HDL (good) cholesterol level?	-	-
knows_blood_pressure	Do you know your blood pressure?	-	-
systolic_bp_mmhg	What is your systolic blood pressure?	-	-
diastolic_bp_mmhg	What is your diastolic blood pressure?	-	-
hypertension	Have you been told by a doctor or medical professional that you have hypertension (high blood pressure) or prehypertension?	-	HYPERTENSION
medication_for_hypertension	Are you currently taking medication for hypertension (high blood pressure)?	-	YES_NO_DK
hhp_heartcond	Have you been diagnosed with any of the following heart-related conditions? Select all that apply.	-	HEARTCOND1
hhp_diabetes	Have you been told that you have diabetes? Select all that apply.	-	DIABETESDIAG3

PANAS (File: 2018-BL-002_PANAS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	Feelings and Emotions	-	-
-	This survey consists of a number of words that describe different feelings and emotions. For each word, select the number that indicates to what extent you feel this way right now or to what extent you have felt this way over the past week.	-	-
PANASDUR	Choose how you will evaluate each word in the following questions:	-	PANAS_DURATION
PANASQ1	Interested	-	PANAS_RESPONSE_V2
PANASQ2	Distressed	-	PANAS_RESPONSE_V2
PANASQ3	Excited	-	PANAS_RESPONSE_V2
PANASQ4	Upset	-	PANAS_RESPONSE_V2
PANASQ5	Strong	-	PANAS_RESPONSE_V2
PANASQ6	Guilty	-	PANAS_RESPONSE_V2
PANASQ7	Scared	-	PANAS_RESPONSE_V2
PANASQ8	Hostile	-	PANAS_RESPONSE_V2
PANASQ9	Enthusiastic	-	PANAS_RESPONSE_V2
PANASQ10	Proud	-	PANAS_RESPONSE_V2
PANASQ11	Irritable	-	PANAS_RESPONSE_V2
PANASQ12	Alert	-	PANAS_RESPONSE_V2
PANASQ13	Ashamed	-	PANAS_RESPONSE_V2
PANASQ14	Inspired	-	PANAS_RESPONSE_V2
PANASQ15	Nervous	-	PANAS_RESPONSE_V2
PANASQ16	Determined	-	PANAS_RESPONSE_V2
PANASQ17	Attentive	-	PANAS_RESPONSE_V2

PANAS (File: 2018-BL-002_PANAS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
PANASQ18	Jittery	-	PANAS_RESPONS E_V2
PANASQ19	Active	-	PANAS_RESPONS E_V2
PANASQ20	Afraid	-	PANAS_RESPONS E_V2

COVID-19, Women, and Worry (File: 2018-BL-002_COVIDWW_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	American Heart Association Survey: COVID-19, Women, and Worry	-	-
-	Medical History	-	-
MH1	Has a doctor, nurse, or other healthcare provider ever told you that you have COVID-19?	-	AHAMED
MH2	Have you ever been tested for COVID-19?	-	AHAMED
MH3	Has a doctor, nurse, or other healthcare provider ever told you that you have had any of the following conditions? (Please select all that apply):	-	AHA3_V4
MH3OTH	Other, please specify:	-	-
MH4	Do you smoke?	-	-
MH4_1	What is your method of smoking? (Please select all that apply):	-	AHAMH4
MH4_2	For how many years total have you smoked regularly?	-	-
MH4_3	How many days per week do you smoke?	-	-
-	Personal Impact and COVID-19	-	-
-	Below is a list of things many people are experiencing due to COVID-19. Please indicate which of the following have happened to you personally:	-	-
PI1	I was infected with COVID-19	-	AHABLOCK2
PI2	I was hospitalized due to COVID-19	-	AHABLOCK2
PI3	Someone I am close to was infected with COVID-19	-	AHABLOCK2
PI4	Someone I was close to died from COVID-19	-	AHABLOCK2
PI5	I have experienced reductions in my income or employment benefits due to COVID-19	-	AHABLOCK2
PI6	I lost my job due to COVID-19	-	AHABLOCK2

COVID-19, Women, and Worry (File: 2018-BL-002_COVIDWW_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
PI7	I have lost money that I set aside for retirement due to COVID-19	-	AHABLOCK2
PI8	My way of life has significantly been changed due to COVID-19	-	AHABLOCK2
PI9	I have been significantly depressed, anxious or stressed due to COVID-19	-	AHABLOCK2
-	COVID-19 and Worry	-	-
-	Please describe your level of worry or concern that the following things may happen due to COVID-19?	-	-
CW1	I will personally get sick with COVID-19	-	AHACW
CW2	Someone I am close to will get sick with COVID-19	-	AHACW
CW3	I might make someone else sick with COVID-19	-	AHACW
CW4	COVID-19 is seriously affecting the economy	-	AHACW
CW5	I could lose my job because of COVID-19	-	AHACW
CW6	My investments will lose value due to COVID-19	-	AHACW
CW7	COVID-19 will change my daily way of life	-	AHACW
CW8	I will be depressed or unhappy	-	AHACW
CW9	It will limit how much I enjoy my life	-	AHACW
CW10	It will increase the amount of stress on my family	-	AHACW
CW11	Why are you worried about personally getting sick from COVID-19? (Please select top three reasons):	-	AHACW2_V2
CW11OTH	Other, please specify:	-	-
CW12	Why are you worried that someone you are close to getting sick from COVID-19? (Please select top three reasons):	-	AHACW3_V2
CW12OTH	Other, please specify:	-	-
CW13	Why are you worried that you might make someone else sick with COVID-19? (Please select top three reasons):	-	AHACW4_V2
CW13OTH	Other, please specify:	-	-
CW14	Why are you worried about COVID-19 impacting the economy? (Please select top three reasons):	-	AHACW5_V2

COVID-19, Women, and Worry (File: 2018-BL-002_COVIDWW_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
CW14OTH	Other, please specify:	-	-
CW15	Why are you worried about losing your job due to COVID-19? (Please select top three reasons):	-	AHACW6_V2
CW15OTH	Other, please specify:	-	-
CW16	Why are you worried that COVID-19 will change your daily way of life ? (Please select top three reasons):	-	AHACW7_V2
CW16OTH	Other, please specify:	-	-

Healthcare Experiences and Perceptions (File: 2018-BL002_HEP_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	Healthcare Experiences and Perceptions	-	-
HEP_LASTVISIT	When was the last time you had a visit with a doctor or other healthcare professional such as a nurse practitioner, a nurse, or physician's assistant?	-	LASTVISIT
HEP_DISCUSS	Have any of your healthcare professionals ever discussed the following with you? Please select all that apply.	-	HEP_DISCUSSION
HEP_EMPLOY	Which of the following best describes your employment status?	-	EMPLOYSTAT
HEP_INSURANCE	Which of the following best describes your health insurance status?	-	INSURANCE
HEP_LANGUAGE	Do you speak a language other than English at home?	-	OTHER_LANG
HEP_SIMPLISTIC	Have you ever felt that a doctor or healthcare professional was explaining the risk factors of a disease to you in a way that was too simplistic ?	-	SIMPLISTIC
-	Please tell us how much you've experienced the following statements:	-	-
HEP_TRUST	How much do you trust the advice you're given by doctors or healthcare professionals, if at all?	-	HOW_MUCH
HEP_HEALTH	How much does your racial or ethnic background influence your ability to live a healthy life, if at all?	-	HOW_MUCH
HEP_HEARTHEALTH	How much have racial or ethnic discriminations impacted your heart health, if at all?	-	HOW_MUCH

Healthcare Experiences and Perceptions (File: 2018-BL002_HEP_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
HEP_STRESS	Toxic stress (e.g loss of a child, racial discrimination, job loss) refers to significant life-defining stressful activities, especially over a prolonged period that are unaccompanied by sufficient social resources or support. Have you experienced “toxic stress”?	-	TOXIC_STRESS
HEP_ABILITY	How much does “toxic stress” affect your ability to begin and maintain healthy heart behaviors (e.g weight management, adequate sleep, i.e 7-9 hours/nightly, taking your medications)	-	HOW_MUCH
HEP_FOOD	Within the past year, how often were you worried that your household would run out of food before you got money to buy more?	-	HEPFOOD_FREQ
HEP_MONEY	Within the past year, how often were you worried that you or your household did not have enough money to pay the bills?	-	HEPMONEY_FREQ
HEP_RENT	Within the past year, were you ever worried about making your monthly mortgage or rent payment?	-	HEPRENT_FREQ
HEP_HOUSING	Within the past year, how often were you worried about losing your housing?	-	HEPHOUSING_FREQ
HEP_HC_INTERACT	As you think of your interactions with healthcare professionals within the past year, did you feel that either of the following happened to you?	-	HEPINTERACT
-	Please tell us the extent to which you worry about the following.	-	-
HEP_CARE_GEN	I will not receive adequate care in an emergency room based on my gender.	-	WORRY_FREQ
HEP_CARE_RACE	I will not receive adequate care in an emergency room based on my race/ethnicity.	-	WORRY_FREQ
HEP_QUICKLY_GEN	I will not be seen by as quickly by a medical professional because of my gender.	-	WORRY_FREQ
HEP_QUICKLY_RACE	I will not be seen by as quickly by a medical professional because of my race/ethnicity.	-	WORRY_FREQ
HEP_DISMISS_GEN	Healthcare professionals are more likely to dismiss or downplay my symptoms because of my gender.	-	WORRY_FREQ

Healthcare Experiences and Perceptions (File: 2018-BL002_HEP_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
HEP_DISMISS_RACE	Healthcare professionals are more likely to dismiss or downplay my symptoms because of my race/ethnicity.	-	WORRY_FREQ
HEP_ASSIST_GEN	If I were to experience a medical emergency, bystanders are less likely to assist me because of my gender.	-	WORRY_FREQ
HEP_ASSIST_RACE	If I were to experience a medical emergency, bystanders are less likely to assist me because of my race/ethnicity.	-	WORRY_FREQ
HEP_OVERLOOK_GEN	My symptoms will be overlooked or misdiagnosed because of my gender.	-	WORRY_FREQ
HEP_OVERLOOK_RACE	My symptoms will be overlooked or misdiagnosed because of my race/ethnicity.	-	WORRY_FREQ
HEP_QUALITY_GEN	I will not receive quality medical care/treatments because of my gender.	-	WORRY_FREQ
HEP_QUALITY_RACE	I will not receive quality medical care/treatments because of my race/ethnicity.	-	WORRY_FREQ
HEP_RESPECT_GEN	Medical professionals will not treat me with respect because of my gender.	-	WORRY_FREQ
HEP_RESPECT_RACE	Medical professionals will not treat me with respect because of my race/ethnicity.	-	WORRY_FREQ
HEP_HLTHCR_GEN	I will not receive adequate care if my healthcare professional is a man.	-	WORRY_FREQ
HEP_HLTHCR_RACE	I will not receive adequate care if my healthcare professional is not the same race/ethnicity as me.	-	WORRY_FREQ
HEP_PAY_GEN	Healthcare professionals will think I cannot pay for services because of my gender, therefore providing lower quality care.	-	WORRY_FREQ
HEP_PAY_RACE	Healthcare professionals will think I cannot pay for services because of my race/ethnicity, therefore providing lower quality care.	-	WORRY_FREQ
HEP_EXP_GEN	Which of the following do you feel you have experienced when seeking medical care, treatment or emergency health services because of your GENDER:	-	EXPERIENCES

Healthcare Experiences and Perceptions (File: 2018-BL002_HEP_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
HEP_EXP_RA CE	Which of the following do you feel you have experienced when seeking medical care, treatment or emergency health services because of your RACE or ETHNICITY:	-	EXPERIENCES

RGR Weight Study Eligibility Survey (File: 2018-BL002_RGRWSES_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	Eligibility Survey Research Goes Red Weight Study	-	-
PERIODYN	Have you had a menstrual period in the last 12 months?	-	-
REGULARYN	During the past 12 months, has your menstrual period been regular? By regular, we mean at least half the time.	-	YES_NO_NS
PERIOD	During the past 12 months, have your periods (check one):	-	PERIOD_LAST_12_MONTHS
AVAILYN	Would you be available for the 1-year duration of the study to complete and comply with study related activities? These activities include questionnaires, two blood draws, weight and waist circumference measurements, blood pressure measurements, and logging your food intake.	-	-
INTERESTYN	Would you be interested if the study team reached out to you with further details on participation?	-	-
INTERESTYN	Would you be interested if the study team reached out to you with further details on participation?	-	-

RGR COVID-19 Survey (File: 2018-BL-002_RGRC19_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	COVID-19 Survey	-	-
C19DX	Have you ever been diagnosed with COVID-19?	-	-

RGR COVID-19 Survey (File: 2018-BL-002_RGRC19_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
C19DXDT	If yes, please provide at least the month and year of diagnosis.	-	-
C19VAX	Have you received a COVID-19 vaccine?	-	-
C19NOVAX	If no, what is the reason for not receiving the vaccine? (please select all that apply)	-	C19NOVAX
C19VAXMFR	If yes, which vaccine did you receive?	-	C19VAXMFR
C19VAXMFR_ OTH	If 'Other' vaccine, please specify:	-	-
C19VAX1DT	When did you receive the first vaccine dose? Please report at least the month and year of your vaccination.	-	-
C19VAX2DT	[Optional] Did you receive the second vaccine dose? Please report at least the month and year of your second vaccination.	-	-

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
-	Reproductive Health Survey	-	-
PRVPREG	Let's find out some basic information about you. Have you been pregnant before?	-	YES_NO_NS_RNS
PREGSTAT	Which best describes you now?	-	PRGSTAT
HCP1	The following questions are related to your current pregnancy. What type of healthcare providers have you seen within the last 12 months? <i>Please select all that apply.</i>	-	HCP_PREG_PP
HCP1OTH	Please specify:	-	-
WORRY1	Out of the following, please select which answer reflects your greatest worry experienced during your pregnancy:	-	RHSWORRY
PEMC1	Please indicate your pre-existing medical condition:	-	-
WRY1OTH	Please specify:	-	-
ENVIRON1	Please describe which of the following best fits your environment:	-	RHSENV

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
HLTH6MO1	Please select which of the following best describes your health in the last six months:	-	HLTH6MO
COMPLIC1	Have you ever experienced any of the following? <i>Please select all that apply.</i>	-	PREGNANCY_CO MPLIC
INFFHX1	Have you or anyone in your family had a history of not being able to get pregnant?	-	YES_NO_NOT_SU RE
MMCAUSE1	To your knowledge, what is the leading cause of maternal mortality?	-	MMCAUSES
CVGE1	Are you currently using any of the following? <i>Please select all that apply.</i>	-	HLTH_COVERAGE
PNDX1	Prior to becoming pregnant, were you previously diagnosed with any of the below conditions? <i>Please select all that apply.</i>	-	RHS_CONDITIONS
PNDX1OTH	Please specify:	-	-
PNV1	Do you have access to, have taken or are taking prenatal vitamins?	-	YES_NO_NOT_SU RE
TRIMEST	Which trimester are you currently in:	-	TRIMESTER
FERTX1	Did you use any of the following fertility treatments during the month you got pregnant with your new baby? <i>Please select all that apply.</i>	-	RHSFRTX
FRTX1OTH	Please specify:	-	-
PDX1	AFTER you became pregnant, did your healthcare provider ever diagnose you with any of the following? <i>Please select all that apply.</i>	-	RHS_CONDITIONS
PDX1OTH	Please specify:	-	-
PRCC1	Prior to becoming pregnant, did you ever receive preconception counseling by a healthcare provider including healthy lifestyle behaviors and risks associated with pregnancy?	-	YES_NO_NOT_SU RE
PARTIC1	Would you be willing to participate in a survey to tell us a little more about your lifestyle and behaviors?	-	YES_NO_NOT_RIG HT_NOW
HCP2	The following questions are related to your most recent pregnancy. What type of healthcare providers have you seen within the last 12 months? <i>Please select all that apply.</i>	-	HCP_PREG_PP

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
HCP2OTH	Please specify:	-	-
WORRY2	Out of the following, please select which answer reflects your greatest worry experienced in relation to your most recent pregnancy:	-	RHSWORRY
PEMC2	Please indicate your pre-existing medical condition:	-	-
WRY2OTH	Please specify:	-	-
ENVIRON2	Please describe which of the following best fits your environment:	-	RHSENV
HLTH6MO2	Please select which of the following best describes your health in the last six months:	-	HLTH6MO
COMPLIC2	Have you ever experienced any of the following? <i>Please select all that apply.	-	PREGNANCY_CO MPLIC
INFFHX2	Have you or anyone in your family had a history of not being able to get pregnant?	-	YES_NO_NOT_SU RE
MMCAUSE2	To your knowledge, what is the leading cause of maternal mortality?	-	MMCAUSES
CVGE2	Are you currently using any of the following? <i>Please select all that apply.	-	HLTH_COVERAGE
PNDX2	Prior to your pregnancy, were you previously diagnosed with any of the below conditions? <i>Please select all that apply.<i>	-	RHS_CONDITIONS
PNDX2OTH	Please specify:	-	-
PNV2	Did you have access to and/or did you take prenatal vitamins during your most recent pregnancy?	-	YES_NO_NOT_SU RE
LSTPREG1	How long has it been since you've been pregnant:	-	RHSLPREG
FERTX2	Did you use any of the following fertility treatments during the month you got pregnant with your new baby? <i>Please select all that apply.	-	RHSFRTX
FRTX2OTH	Please specify:	-	-
PPMDCHNG	Did you experience mood changes right after your pregnancy?	-	YES_NO_NOT_SU RE
PPDSCRN	Were you screened for postpartum depression?	-	YES_NO_NOT_SU RE
PPDDX	Were you diagnosed with postpartum depression?	-	YES_NO_NOT_SU RE
PPDXTX	If yes, did you receive treatment?	-	-

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
PDX2	During your pregnancy, or after delivery, did your healthcare provider ever diagnose you with any of the following? <i>Please select all that apply.	-	RHS_CONDITIONS
PDX2OTH	Please specify:	-	-
PRCC2	Prior to becoming pregnant, did you ever receive preconception counseling by a healthcare provider including healthy lifestyle behaviors and risks associated with pregnancy?	-	YES_NO_NOT_SURE
PARTIC2	Would you be willing to participate in a survey to tell us a little more about your lifestyle and behaviors?	-	YES_NO_NOT_RIGHT_NOW
HCP3	What type of healthcare providers have you seen within the last 12 months? <i>Please select all that apply.	-	HCP_TTC
HCP3OTH	Please specify:	-	-
WORRY3	Out of the following, please select which answer reflects your greatest worry experienced in becoming pregnant:	-	RHSWORRY
PEMC3	Please indicate your pre-existing medical condition:	-	-
WRY3OTH	Please specify:	-	-
ENVIRON3	Please describe which of the following best fits your environment:	-	RHSENV
HLTH6MO3	Please select which of the following best describes your health in the last six months:	-	HLTH6MO
COMPLIC3	Have you ever experienced any of the following? <i>Please select all that apply.	-	PREGNANCY_COMPLICATION
INFFHX3	Have you or anyone in your family had a history of not being able to get pregnant?	-	YES_NO_NOT_SURE
MMCAUSE3	To your knowledge, what is the leading cause of maternal mortality?	-	MMCAUSES
CVGE3	Are you currently using any of the following? <i>Please select all that apply.	-	HLTH_COVERAGE
PVDX1	Have you previously been diagnosed with any of the below conditions? <i>Please select all that apply.	-	RHS_CONDITIONS
PVDX1OTH	Please specify:	-	-
PNV3	Do you have access to, have taken or are taking prenatal vitamins?	-	YES_NO_NOT_SURE
ACTIVTTC	How long have you been actively trying to get pregnant?	-	ACTIVTTC

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
CNCRNATC	Are you concerned about your ability to conceive?	-	-
CNCRNTTC	What is your biggest concern about being able to conceive?	-	RHSWORRY
PEMC4	Please indicate your pre-existing medical condition:	-	-
CNTTCOTH	Please specify:	-	-
FERTX3	Have you used any of the following fertility treatments? Please select all that apply.	-	RHSFRTX_NOTPREG
FRTX3OTH	Please specify:	-	-
PRCC3	Have you ever received preconception counseling by a healthcare provider including healthy lifestyle behaviors and risks associated with pregnancy?	-	YES_NO_NOT_SURE
PARTIC3	Would you be willing to participate in a survey to tell us a little more about your lifestyle and behaviors?	-	YES_NO_NOT_RIGHT_NOW
HCP4	What type of healthcare providers have you seen within the last 12 months? Please select all that apply.	-	HCP_GEN
HCP4OTH	Please specify:	-	-
WORRY4	Out of the following, please select which answer reflects your greatest worry in becoming pregnant:	-	RHSWORRY
PEMC5	Please indicate your pre-existing medical condition:	-	-
WRY4OTH	Please specify:	-	-
ENVIRON4	Please describe which of the following best fits your environment:	-	RHSENV
HLTH6MO4	Please select which of the following best describes your health in the last six months:	-	HLTH6MO
COMPLIC4	Have you ever experienced any of the following? Please select all that apply.	-	PREGNANCY_COMPLIC
INFFHX4	Have you or anyone in your family had a history of not being able to get pregnant?	-	YES_NO_NOT_SURE
MMCAUSE4	To your knowledge, what is the leading cause of maternal mortality?	-	MMCAUSES
CVGE4	Are you currently using any of the following? Please select all that apply.	-	HLTH_COVERAGE
PVDX2	Have you previously been diagnosed with any of the below conditions? Please select all that apply.	-	RHS_CONDITIONS

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
PVDX2OTH	Please specify:	-	-
PNV4	Do you have access to, have taken or are taking prenatal vitamins?	-	YES_NO_NOT_SURE
TTCPLAN	When do you think you will try to conceive?	-	TTCPLAN
NTTCRSN	What have been the primary reasons for not trying to conceive earlier? <i>Please select all that apply.</i>	-	NTTCRSN
HEALTHSP	Please specify:	-	-
NTTCOTH	Please specify:	-	-
TTCCON	Are you concerned about your ability to conceive?	-	-
TTCWRY	What is your biggest worry about being able to conceive?	-	TTCWRY
TTCWSP1	Please specify:	-	-
TTCWSP2	Please specify:	-	-
TTCWOTH	Please specify:	-	-
PRCC4	Have you ever received preconception counseling by a healthcare provider including healthy lifestyle behaviors and risks associated with pregnancy?	-	YES_NO_NOT_SURE
PARTIC4	Would you be willing to participate in a survey to tell us a little more about your lifestyle and behaviors?	-	YES_NO_NOT_RIGHT_NOW
LSTPREG2	How long ago did you experience your last pregnancy:	-	LSTPREG2
HCP5	What type of healthcare providers have you seen within the last 12 months? <i>Please select all that apply.</i>	-	HCP_GEN
HCP5OTH	Please specify:	-	-
WORRY5	During your pregnancy(s), out of the following, please select which answer reflects your greatest worry at the time:	-	RHSWORRY
PEMC6	Please indicate your pre-existing medical condition:	-	-
WRY5OTH	Please specify:	-	-
ENVIRON5	Please describe which of the following best fits your environment:	-	RHSENV
HLTH6MO5	Please select which of the following best describes your health in the last six months:	-	HLTH6MO

Reproductive Health Survey (File: 2018-BL-002_RHS_2022_05_11.csv)

Field Oid	Field	Units	Data dictionary
COMPLIC5	Have you ever experienced any of the following? <i>Please select all that apply.</i>	-	PREGNANCY_CO MPLIC
INFFHX5	Have you or anyone in your family had a history of not being able to get pregnant?	-	YES_NO_NOT_SU RE
MMCAUSE5	To your knowledge, what is the leading cause of maternal mortality?	-	MMCAUSES
CVGE5	During your pregnancy, did you have access to any of the following? <i>Please select all that apply.</i>	-	HLTH_COVERAGE
PNDX3	Prior to your pregnancy(s), were you previously diagnosed with any of the below conditions? <i>Please select all that apply.</i>	-	RHS_CONDITIONS
PNDX3OTH	Please specify:	-	-
PNV5	During your pregnancy, did you have access to and/or take prenatal vitamins?	-	YES_NO_NOT_SU RE
PDX3	During your pregnancy, or after delivery, did your healthcare provider ever diagnose you with any of the following? <i>Please select all that apply.</i>	-	RHS_CONDITIONS
PDX3OTH	Please specify:	-	-
PPHTN	Did you develop hypertension after your pregnancies?	-	YES_NO_DK_1
PECVRISK	Are you aware of the association of preeclampsia and long-term cardiovascular risk such as stroke, CAD, hypertension?	-	YES_NO_DK_1
PREGHX	Does your provider take a pregnancy history when you visit them?	-	YES_NO_DK_1
APOASSOC	Are you aware of adverse pregnancy outcomes such as preterm birth, hypertensive disorders of pregnancy, gestational diabetes, small for gestational age infants, etc. and their association with cardiovascular risk factors and long-term cardiovascular effects?	-	YES_NO_DK_1
EDUCATE	Did your provider educate/counsel you on these associations?	-	YES_NO_DK_1
PRCC5	Have you ever received preconception counseling by a healthcare provider including healthy lifestyle behaviors and risks associated with pregnancy?	-	YES_NO_NOT_SU RE
GENBIAS	Did you experience gender bias in medicine from male physicians?	-	YES_NO_DK_1
GENBIASP	If yes, please specify:	-	-