

Data Set Name: hhl_time1all.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
3	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
4	STUDY_H	Num	8	Participant interested in Hypertension Study
5	STUDY_L	Num	8	Participant interested in Lifestyle Study
6	STUDY_G	Num	8	Participant interested in Genomics Study
7	B2	Num	8	what is your sex?
8	AGEENROLL_D_INT	Num	8	Age at enrollment (integer) IMS Summary Variable
9	HISPANIC	Num	8	Of Hispanic origin? IMS Summary Variable
10	Z_RACEBLACKWHITEOTHER	Num	8	Race- Black White and Other
11	EDUC_SUMMARY	Num	8	Education level? IMS Summary Variable
12	Z_EDUC_HS	Num	8	High School or less education
13	B6	Num	8	MARITAL STATUS
14	B7	Num	8	Have you smoked at least 100 cigarettes in your entire life?
15	B8	Num	8	Do you smoke cigarettes now?
16	B8A	Num	8	packs per day.
17	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
18	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
19	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
20	B10	Num	8	do you currently have health insurance?
21	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
22	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
23	B11B	Num	8	What is the one main reason why you did not have any health insurance?
24	B12	Num	8	Work Status: Which of the following best describes your current main daily activities and/or responsibilities?
25	B13	Num	8	What type of work do/did you do in your current or most recent job?
26	B14	Num	8	What was the total combined income of your household in the past year including income from all sources such as wages, salaries, Social Security, or retirement benefits, help from relatives and so forth? Please tell us the total income before taxes.
27	Z_INCOMECAT	Num	8	Household Income Category
28	B15	Num	8	How many people live in your household, including you?
29	B16	Num	8	of the persons living in your household (including you), how many are 18 years and older?
30	B17	Num	8	of the persons living in your household how many are under 18 years of age?

Num	Variable	Type	Len	Label
31	B18	Num	8	Community Standing: Where would you place yourself on this ladder?
32	COMM_STANDING	Num	8	Standing in community (B18 frequency)
33	B19	Num	8	U.S. Standing: Where would you place yourself on this ladder?
34	US_STANDING	Num	8	Standing in US (B19 frequency)
35	C1A	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: heart failure.
36	C1B	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high blood pressure or hypertension.
37	C1C	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high cholesterol.
38	C1D	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic obstructive pulmonary disease.
39	C1E	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: kidney disease.
40	C1F	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: lung disease.
41	C1G	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: stroke or mini-stroke.
42	C1H	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: depression.
43	C1I	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic back pain.
44	C1J	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: cancer.
45	C1K	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: diabetes.
46	C1L	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: arthritis.
47	C1M	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: fibromyalgia.
48	C1N	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: obstructive sleep apnea.
49	C2	Num	8	has a doctor ever told you that you have had a heart attack?
50	C3	Num	8	Have you had by-pass surgery or another procedure to open blood vessels in your heart like angioplasty, stent placement or atherectomy?

Num	Variable	Type	Len	Label
51	C4	Num	8	Has a doctor ever told you that you have angina; that is, chest pain that comes from your heart?
52	C5	Num	8	Has your father or any of your brothers had a heart attack before the age of 55 or died suddenly of unexplained causes before the age of 55?
53	C6	Num	8	Has your mother or any of your sisters had a heart attack before the age of 65 or died suddenly of unexplained causes before the age of 65?
54	C7	Num	8	do you take prescription medicines?
55	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
56	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
57	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
58	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
59	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
60	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
61	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
62	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
63	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
64	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
65	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
66	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
67	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
68	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough

Num	Variable	Type	Len	Label
69	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
70	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
71	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
72	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
73	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
74	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
75	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
76	C12	Num	8	do you take medicine for high blood pressure or hypertension?
77	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
78	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
79	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
80	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
81	C17	Char	1	Did you take your high blood pressure pills yesterday?
82	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
83	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
84	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
85	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
86	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
87	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
88	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
89	C22	Num	8	In general, would you say your health is
90	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

Num	Variable	Type	Len	Label
91	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
92	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
93	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities
94	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
95	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
96	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
97	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
98	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
99	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
100	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
101	PCS	Num	8	? C22-C33 physical standardized values + 56.57706
102	MCS	Num	8	? C22-C33 mental standardized values + 60.75781
103	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
104	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
105	C36	Num	8	How much of the time during the last month have you: been a happy person?
106	Z_MHI	Num	8	MHI-5 (mental health inventory: C30, C32, C34, C35, C36)
107	MHI_CONVERTED	Num	8	MHI converted
108	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
109	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
110	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
111	C37D	Char	1	I know what each of my prescribed medicines does.
112	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.

Num	Variable	Type	Len	Label
113	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
114	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
115	C37H	Char	1	I understand the nature and causes of my health condition(s).
116	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
117	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
118	C37K	Char	1	I know how to prevent further problems with my health condition(s).
119	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
120	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
121	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
122	D2	Num	8	If the blood pressure is 130/80 it is:
123	D3	Num	8	If the blood pressure is 160/100 it is
124	D4	Num	8	Once someone has high blood pressure, it usually lasts
125	D5	Num	8	Exercising every day makes blood pressure
126	D6	Num	8	Losing weight usually makes blood pressure
127	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
128	D8	Num	8	People with high blood pressure should take their medicine
129	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
130	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
131	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
132	D12	Num	8	High blood pressure can cause heart attacks.
133	D13	Num	8	High blood pressure can cause cancer.
134	D14	Num	8	High blood pressure can cause strokes.
135	D15	Num	8	High blood pressure can cause kidney problems.
136	Z_HTN_BLFS	Num	8	HTN Beliefs Score: ? recoded values D2-D15
137	D16	Num	8	Do you know what your last blood pressure reading was?
138	D16SYS	Num	8	Systolic reading
139	D16DIAS	Num	8	Diastolic reading
140	E1A	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close friends here
141	E1B	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close relatives here
142	E2	Num	8	someone to help you if you were confined to bed

Num	Variable	Type	Len	Label
143	E3	Num	8	someone you can count on to listen to you when you need to talk
144	E4	Num	8	someone to give you good advice about a crisis
145	E5	Num	8	someone to take you to the doctor if you needed it
146	E6	Num	8	someone who shows you love and affection
147	E7	Num	8	someone to have a good time with
148	E8	Num	8	someone to give you information to help you understand a situation
149	E9	Num	8	someone to confide in or talk to about yourself or your problems
150	E10	Num	8	someone who hugs you
151	E11	Num	8	someone to get together with for relaxation
152	E12	Num	8	someone to prepare your meals if you were unable to do it yourself
153	E13	Num	8	someone whose advice you really want
154	E14	Num	8	someone to do things with to help you get your mind off things
155	E15	Num	8	someone to help with daily chores if you were sick
156	E16	Num	8	someone to share your most private worries and fears with
157	E17	Num	8	someone to turn to for suggestions about how to deal with a personal problem
158	E18	Num	8	someone to do something enjoyable with
159	E19	Num	8	someone who understands your problems
160	E20	Num	8	someone to love and make you feel wanted
161	EMOTSS	Num	8	Emotional/informational support subscale (Average of E3; E4; E8; E9; E13; E16; E17; E19)
162	TANGSS	Num	8	Tangible support subscale (Average of E2; E5; E12; E15)
163	AFFECTSS	Num	8	Affectionate support subscale (Average of E6; E10; E20)
164	POSSS	Num	8	Positive social interaction subscale (Average E7; E11; E18)
165	OVERALLSS	Num	8	Overall functional social support index (Average E2-E20)
166	EMOTSS_TRANS	Num	8	Emotional/informational support subscale transformed 0-100 scale ($100 \times [(EmotSS - 1)/(5 - 1)]$)
167	TANGSS_TRANS	Num	8	Tangible support subscale transformed 0-100 scale ($100 \times [(TangSS - 1)/(5 - 1)]$)
168	AFFECTSS_TRANS	Num	8	Affectionate support subscale transformed 0-100 scale ($100 \times [(AffectSS - 1)/(5 - 1)]$)
169	POSSS_TRANS	Num	8	Positive social interaction subscale transformed 0-100 scale ($100 \times [(PosSS - 1)/(5 - 1)]$)
170	OVERALLSS_TRANS	Num	8	Overall functional social support index transformed 0-100 scale ($100 \times [(OverallSS - 1)/(5 - 1)]$)
171	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
172	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?

Num	Variable	Type	Len	Label
173	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
174	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
175	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
176	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
177	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
178	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
179	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
180	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
181	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
182	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
183	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
184	VIT_C	Num	8	Vitamin C (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
185	MG	Num	8	Magnesium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
186	K	Num	8	Potassium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
187	FIBER	Num	8	Dietary Fiber (grams), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
188	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
189	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
190	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
191	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.

Num	Variable	Type	Len	Label
192	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
193	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
194	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
195	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
196	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
197	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
198	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
199	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
200	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)
201	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
202	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
203	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
204	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
205	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
206	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
207	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
208	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
209	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
210	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1
211	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2
212	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
213	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
214	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
215	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.

Num	Variable	Type	Len	Label
216	G9D	Num	8	fitness center.
217	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
218	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2
219	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
220	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
221	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate?
222	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
223	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours
224	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
225	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
226	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
227	G15HRS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
228	G15MINS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
229	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
230	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
231	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
232	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
233	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
234	NUT2	Num	8	What type of butter or margarine do you usually use?
235	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
236	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?

Num	Variable	Type	Len	Label
237	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
238	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
239	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
240	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
241	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
242	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
243	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
244	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
245	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
246	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
247	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
248	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
249	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
250	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
251	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
252	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
253	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
254	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
255	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts

Num	Variable	Type	Len	Label
256	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
257	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
258	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt: per day or per week
259	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
260	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking: per day or per week
261	ZFQS_TOTAL	Num	8	Fat Quality Score
262	Z_NUT_TOTAL	Num	8	Summary score for nuts ? NUT1, NUT2, NUT3, NUT4a, NUT4b, NUT5, NUT6
263	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables ? VEG1a, VEG1b, VEG2, VEG3, VEG4, VEG5, VEG6
264	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks ? DDS1, DDS2, DDS3, DDS4, DDS5, DDS6
265	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry ? FMP1, FMP2, FMP3, FMP4
266	Z_DAIRY	Num	8	dairy products/day (FMP5/day))
267	Z_EGGS	Num	8	eggs/day (FMP6/day)
268	Z_DRA_TOTAL	Num	8	DRA total ? Z_nut_total, Z_veg_total, Z_DDS_total, Z_FMP_total
269	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
270	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
271	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
272	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
273	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
274	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
275	PA2	Num	8	What is the total time you spend doing this activity?
276	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
277	PA4	Num	8	What is the total time you spend?
278	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
279	PA6	Num	8	What is the total time you spend doing this activity each day?
280	WALK_NONWORK	Num	8	Walk for recreation, health, fitness, or transportation score ? recoded values WLK1, WLK2, WLK3
281	WALK_WORK	Num	8	walking at work score ? recoded values WLK4, WLK5
282	MOD_LEISURE	Num	8	moderate leisure time activity score ? recoded values PA1, PA2
283	VIG_LEISURE	Num	8	vigorous leisure time score ? recoded values PA3, PA4

Num	Variable	Type	Len	Label
284	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score Recoded value PA6
285	PHYSACT_TOT	Num	8	Total physical activity score ? Walk_nonwork, Walk_work, Mod_leisure, Vig_leisure, Mod_Vig_Workday
286	A1_L	Num	8	How many pats of margarine do you use each day?
287	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
288	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
289	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
290	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
291	A4_L	Num	8	stick margarine?
292	A5_L	Num	8	shortening?
293	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
294	A7_L	Num	8	stick margarine?
295	A8_L	Num	8	shortening?
296	B1_L	Num	8	not enough sidewalks.
297	B2_L	Num	8	not enough bike lanes.
298	B3_L	Num	8	too many fast food places.
299	B4_L	Num	8	not enough parks, trails, or tracks for walking.
300	B5_L	Num	8	not enough affordable exercise places.
301	B6_L	Num	8	not enough physical activity programs that meet your needs (like through the Parks & Recreation Department).
302	B7_L	Num	8	too much crime.
303	B8_L	Num	8	no street lights.
304	B9_L	Num	8	unattended dogs.
305	B10_L	Num	8	not enough food stores with affordable fruits & vegetables.
306	B11_L	Num	8	not enough restaurants with healthy food choices.
307	B12_L	Num	8	not enough farmer's markets or produce stands.
308	B13_L	Num	8	heavy traffic.
309	B14_L	Num	8	bad air from cars or factories.
310	B15_L	Num	8	verbal abuse from people on the street.
311	B16_L	Num	8	speeding drivers.
312	B17_L	Num	8	no place to buy a quick, healthy meal to go.
313	B18_L	Num	8	rural environment.
314	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
315	B19A_L	Num	8	If yes, how often?
316	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
317	B20A_L	Num	8	If yes, how often?

Num	Variable	Type	Len	Label
318	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
319	B21A_L	Num	8	If yes, how often?
320	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
321	B22A_L	Num	8	If yes, how often?
322	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
323	B23A_L	Num	8	If yes, how often?
324	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
325	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
326	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
327	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
328	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
329	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
330	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
331	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
332	B32_L	Num	8	Communities should provide incentives to food stores to locate in rural or low-income areas.
333	B33_L	Num	8	Communities should provide incentives to food stores to offer healthier food and beverage choices in rural or low-income areas.
334	B34_L	Num	8	Communities should improve access to outdoor exercise and recreation places, like parks and waterways.
335	B35_L	Num	8	Communities should improve sidewalks to support walking.
336	B36_L	Num	8	Communities should support locating schools within easy walking distance of where people live.
337	B37_L	Num	8	Communities should limit advertisements of less healthy foods and beverages.
338	B38_L	Num	8	Communities should increase support for breastfeeding.
339	C1_L	Num	8	In the past 3 months has your doctor told you that you have had a heart attack?
340	C2_L	Num	8	Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
341	C3_L	Num	8	Do you feel pain in your chest when you do physical activity?
342	C4_L	Num	8	In the past month, have you had chest pain, lasting more than one minute, when you were not doing physical activity?
343	C5_L	Num	8	Do you lose your balance because of dizziness such that you are concerned you might fall, or do you ever lose consciousness?

Num	Variable	Type	Len	Label
344	C6_L	Num	8	Do you know of any other reason why you should not do physical activity such as walking at a modest pace?
345	C7_L	Num	8	Do you have a primary care provider/physician?
346	COCOMO_ALL	Num	8	COCOMO summary score:? B32_L-B38_L
347	NBH_BAR	Num	8	Neighborhood Barriers ? B1_L-B18_L
348	NBH_NUTR_BAR	Num	8	Neighborhood Nutrition Barriers ? B3_L, B10_L-B12_L, B17_L
349	NBH_PA_BAR	Num	8	Neighborhood PA Barriers ? B1_L, B2_L, B4_L-B9_L, B13_L-B16_L
350	COMMRESKNOWL	Num	8	Community Resource Knowledge ? B26_L-B29_L
351	COMMRESUSE	Num	8	Community Resource Use ? B30_L, B31_L
352	OBPREVPOLICY	Num	8	Obesity Prevention Policy ? B32_L-B38_L
353	MEAN500ALL	Num	8	Mean (500 steps+) –ALL (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last 31 days, at least 3 days required for avg.)
354	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last 31 days, at least 3 days required for avg.)
355	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) –ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 500 aerobic steps/day during the last 31 days at least, 3 days required for avg.)
356	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 1000 aerobic steps/day during the last 31 days, at least 3 days required for avg.)
357	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
358	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
359	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
360	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
361	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
362	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
363	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
364	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
365	Z_STOFHLAScore	Num	8	Literacy Score

Num	Variable	Type	Len	Label
366	Z_STOFHLAScore_CAT	Num	8	Categorical Literacy Score
367	Z_STOFHLATIME	Num	8	time in minutes it took to take the STOFHLA
368	PPF1A	Num	8	participant referred to physician due to positive:heart attack screener
369	PPF1B	Num	8	participant referred to physician due to positive:physical activity screener
370	PPF3	Num	8	What level of participation has participant received clearance?
371	PPF4	Num	8	Did the provider give the participant clearance to participate in physical activity component?
372	Z_METHODSESSIONONE	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 3=group)
373	Z_METHODALLSESSIONS	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 2=mixed; 3=group)
374	PRACTICE_ENGAGEMENT	Num	8	Practice Engagement
375	Z_HTINCHES	Num	8	Height in Inches
376	Z_HTCM	Num	8	Height in Centimeters
377	Z_WTLBS	Num	8	Weight in Pounds
378	Z_WTKG	Num	8	Weight in Kilogram
379	Z_BMI	Num	8	Body Mass Index
380	LAB1_INTERVAL	Num	8	# of days between enrollment visit and Time 1 lab visit.
381	LABTC	Num	8	total cholesterol.
382	LABHDL	Num	8	hdl cholesterol.
383	LABCREAT	Num	8	creatinine.
384	LABGFR	Num	8	gfr.
385	LABA1C	Num	8	hemoglobin a1c.
386	RISKSCORE	Num	8	Framingham Risk Score
387	Z_CHOLCAT	Num	8	Cholesterol category (1= high, 2= borderline, 3= desirable)
388	Z_DIABETES	Num	8	Diabetes
389	Z_HYPERTENSION	Num	8	Hypertension
390	Z_CHD	Num	8	Coronary Heart Disease
391	Z_CVD	Num	8	Cardiovascular Disease
392	Z_SYSTOLIC	Num	8	Systolic BP (average of 3 non-outlier readings)
393	Z_DIASTOLIC	Num	8	Diastolic BP (average of 3 non-outlier readings)
394	HRATE	Num	8	heart rate
395	HBPM1	Num	8	Left Systolic
396	HBPM2	Num	8	Right Systolic
397	HBPM3	Num	8	If the difference between left and right arm is > 20, then Right Systolic
398	HBPM4	Num	8	If the difference between left and right arm is > 20, then Left Systolic
399	HBPM5	Num	8	Arm chosen: [Choose right arm only if systolic reading of right arm is 20 mm Hg more than the left arm on second reading. Otherwise, choose left arm.]
400	MED_CLASS1	Num	8	ACE inhibitor

Num	Variable	Type	Len	Label
401	MED_CLASS2	Num	8	ARBs
402	MED_CLASS3	Num	8	Aldosterone receptor agonist
403	MED_CLASS4	Num	8	beta blocker
404	MED_CLASS5	Num	8	vasodilator
405	MED_CLASS6	Num	8	alpha blocker
406	MED_CLASS7	Num	8	calcium channel blocker
407	MED_CLASS8	Num	8	combined alpha & beta blocker
408	MED_CLASS9	Num	8	alpha 1 blocker
409	MED_CLASS10	Num	8	Central alpha 2 agonists
410	MED_CLASS11	Num	8	Renin Inhibitors
411	MED_CLASS_COUNT	Num	8	Number of medication classes ? Med_class1, Med_class2, Med_class3, Med_class4, Med_class5, Med_class6, Med_class7, Med_class8, Med_class9, Med_class10, Med_class11
412	ORAL_MED_COUNT	Num	8	# of oral meds
413	INJECT_MED_COUNT	Num	8	# of injectable meds
414	NON_INJECT_MED_COUNT	Num	8	# non-orals & non-injectables
415	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g}/\text{dL}$
416	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g}/\text{dL}$
417	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g}/\text{dL}$
418	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g}/\text{dL}$
419	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g}/\text{dL}$
420	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
421	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
422	CAROTENOID_INDEX	Num	8	Carotenoid index

Data Set Name: hhl_time1hbp.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
3	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
4	STUDY_H	Num	8	Participant interested in Hypertension Study
5	STUDY_L	Num	8	Participant interested in Lifestyle Study
6	STUDY_G	Num	8	Participant interested in Genomics Study
7	B2	Num	8	what is your sex?
8	AGEENROLL_D_INT	Num	8	Age at enrollment (integer) IMS Summary Variable
9	HISPANIC	Num	8	Of Hispanic origin? IMS Summary Variable
10	Z_RACEBLACKWHITEOTHER	Num	8	Race- Black White and Other
11	EDUC_SUMMARY	Num	8	Education level? IMS Summary Variable
12	Z_EDUC_HS	Num	8	High School or less education
13	B6	Num	8	MARITAL STATUS
14	B7	Num	8	Have you smoked at least 100 cigarettes in your entire life?
15	B8	Num	8	Do you smoke cigarettes now?
16	B8A	Num	8	packs per day.
17	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
18	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
19	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
20	B10	Num	8	do you currently have health insurance?
21	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
22	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
23	B11B	Num	8	What is the one main reason why you did not have any health insurance?
24	B12	Num	8	Work Status: Which of the following best describes your current main daily activities and/or responsibilities?
25	B13	Num	8	What type of work do/did you do in your current or most recent job?
26	B14	Num	8	What was the total combined income of your household in the past year including income from all sources such as wages, salaries, Social Security, or retirement benefits, help from relatives and so forth? Please tell us the total income before taxes.
27	Z_INCOMECAT	Num	8	Household Income Category
28	B15	Num	8	How many people live in your household, including you?
29	B16	Num	8	of the persons living in your household (including you), how many are 18 years and older?

Num	Variable	Type	Len	Label
30	B17	Num	8	of the persons living in your household how many are under 18 years of age?
31	B18	Num	8	Community Standing: Where would you place yourself on this ladder?
32	COMM_STANDING	Num	8	Standing in community (B18 frequency)
33	B19	Num	8	U.S. Standing: Where would you place yourself on this ladder?
34	US_STANDING	Num	8	Standing in US (B19 frequency)
35	C1A	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: heart failure.
36	C1B	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high blood pressure or hypertension.
37	C1C	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high cholesterol.
38	C1D	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic obstructive pulmonary disease.
39	C1E	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: kidney disease.
40	C1F	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: lung disease.
41	C1G	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: stroke or mini-stroke.
42	C1H	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: depression.
43	C1I	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic back pain.
44	C1J	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: cancer.
45	C1K	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: diabetes.
46	C1L	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: arthritis.
47	C1M	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: fibromyalgia.
48	C1N	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: obstructive sleep apnea.
49	C2	Num	8	has a doctor ever told you that you have had a heart attack?

Num	Variable	Type	Len	Label
50	C3	Num	8	Have you had by-pass surgery or another procedure to open blood vessels in your heart like angioplasty, stent placement or atherectomy?
51	C4	Num	8	Has a doctor ever told you that you have angina; that is, chest pain that comes from your heart?
52	C5	Num	8	Has your father or any of your brothers had a heart attack before the age of 55 or died suddenly of unexplained causes before the age of 55?
53	C6	Num	8	Has your mother or any of your sisters had a heart attack before the age of 65 or died suddenly of unexplained causes before the age of 65?
54	C7	Num	8	do you take prescription medicines?
55	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
56	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
57	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
58	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
59	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
60	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
61	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
62	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
63	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
64	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
65	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
66	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
67	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue

Num	Variable	Type	Len	Label
68	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
69	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
70	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
71	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
72	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
73	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
74	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
75	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
76	C12	Num	8	do you take medicine for high blood pressure or hypertension?
77	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
78	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
79	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
80	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
81	C17	Char	1	Did you take your high blood pressure pills yesterday?
82	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
83	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
84	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
85	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
86	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
87	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
88	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
89	C22	Num	8	In general, would you say your health is

Num	Variable	Type	Len	Label
90	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
91	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
92	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
93	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities
94	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
95	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
96	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
97	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
98	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
99	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
100	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
101	PCS	Num	8	? C22-C33 physical standardized values + 56.57706
102	MCS	Num	8	? C22-C33 mental standardized values + 60.75781
103	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
104	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
105	C36	Num	8	How much of the time during the last month have you: been a happy person?
106	Z_MHI	Num	8	MHI-5 (mental health inventory: C30, C32, C34, C35, C36)
107	MHI_CONVERTED	Num	8	MHI converted
108	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
109	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
110	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
111	C37D	Char	1	I know what each of my prescribed medicines does.

Num	Variable	Type	Len	Label
112	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
113	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
114	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
115	C37H	Char	1	I understand the nature and causes of my health condition(s).
116	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
117	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
118	C37K	Char	1	I know how to prevent further problems with my health condition(s).
119	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
120	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
121	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
122	D2	Num	8	If the blood pressure is 130/80 it is:
123	D3	Num	8	If the blood pressure is 160/100 it is
124	D4	Num	8	Once someone has high blood pressure, it usually lasts
125	D5	Num	8	Exercising every day makes blood pressure
126	D6	Num	8	Losing weight usually makes blood pressure
127	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
128	D8	Num	8	People with high blood pressure should take their medicine
129	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
130	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
131	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
132	D12	Num	8	High blood pressure can cause heart attacks.
133	D13	Num	8	High blood pressure can cause cancer.
134	D14	Num	8	High blood pressure can cause strokes.
135	D15	Num	8	High blood pressure can cause kidney problems.
136	Z_HTN_BLFS	Num	8	HTN Beliefs Score: ? recoded values D2-D15
137	D16	Num	8	Do you know what your last blood pressure reading was?
138	D16SYS	Num	8	Systolic reading
139	D16DIAS	Num	8	Diastolic reading
140	E1A	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close friends here
141	E1B	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close relatives here

Num	Variable	Type	Len	Label
142	E2	Num	8	someone to help you if you were confined to bed
143	E3	Num	8	someone you can count on to listen to you when you need to talk
144	E4	Num	8	someone to give you good advice about a crisis
145	E5	Num	8	someone to take you to the doctor if you needed it
146	E6	Num	8	someone who shows you love and affection
147	E7	Num	8	someone to have a good time with
148	E8	Num	8	someone to give you information to help you understand a situation
149	E9	Num	8	someone to confide in or talk to about yourself or your problems
150	E10	Num	8	someone who hugs you
151	E11	Num	8	someone to get together with for relaxation
152	E12	Num	8	someone to prepare your meals if you were unable to do it yourself
153	E13	Num	8	someone whose advice you really want
154	E14	Num	8	someone to do things with to help you get your mind off things
155	E15	Num	8	someone to help with daily chores if you were sick
156	E16	Num	8	someone to share your most private worries and fears with
157	E17	Num	8	someone to turn to for suggestions about how to deal with a personal problem
158	E18	Num	8	someone to do something enjoyable with
159	E19	Num	8	someone who understands your problems
160	E20	Num	8	someone to love and make you feel wanted
161	EMOTSS	Num	8	Emotional/informational support subscale (Average of E3; E4; E8; E9; E13; E16; E17; E19)
162	TANGSS	Num	8	Tangible support subscale (Average of E2; E5; E12; E15)
163	AFFECTSS	Num	8	Affectionate support subscale (Average of E6; E10; E20)
164	POSSS	Num	8	Positive social interaction subscale (Average E7; E11; E18)
165	OVERALLSS	Num	8	Overall functional social support index (Average E2-E20)
166	EMOTSS_TRANS	Num	8	Emotional/informational support subscale transformed 0-100 scale ($100 \times [(EmotSS - 1)/(5 - 1)]$)
167	TANGSS_TRANS	Num	8	Tangible support subscale transformed 0-100 scale ($100 \times [(TangSS - 1)/(5 - 1)]$)
168	AFFECTSS_TRANS	Num	8	Affectionate support subscale transformed 0-100 scale ($100 \times [(AffectSS - 1)/(5 - 1)]$)
169	POSSS_TRANS	Num	8	Positive social interaction subscale transformed 0-100 scale ($100 \times [(PosSS - 1)/(5 - 1)]$)
170	OVERALLSS_TRANS	Num	8	Overall functional social support index transformed 0-100 scale ($100 \times [(OverallSS - 1)/(5 - 1)]$)
171	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
172	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?

Num	Variable	Type	Len	Label
173	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
174	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
175	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
176	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
177	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
178	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
179	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
180	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
181	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
182	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
183	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
184	VIT_C	Num	8	Vitamin C (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
185	MG	Num	8	Magnesium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
186	K	Num	8	Potassium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
187	FIBER	Num	8	Dietary Fiber (grams), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
188	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
189	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
190	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
191	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.

Num	Variable	Type	Len	Label
192	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
193	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
194	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
195	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
196	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
197	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
198	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
199	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
200	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)
201	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
202	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
203	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
204	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
205	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
206	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
207	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
208	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
209	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
210	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1
211	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2
212	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
213	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
214	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
215	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.

Num	Variable	Type	Len	Label
216	G9D	Num	8	fitness center.
217	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
218	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2
219	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
220	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
221	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate?
222	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
223	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours
224	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
225	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
226	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
227	G15HRS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
228	G15MINS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
229	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
230	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
231	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
232	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
233	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
234	NUT2	Num	8	What type of butter or margarine do you usually use?
235	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
236	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?

Num	Variable	Type	Len	Label
237	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
238	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
239	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
240	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
241	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
242	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
243	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
244	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
245	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
246	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
247	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
248	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
249	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
250	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
251	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
252	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
253	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
254	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
255	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts

Num	Variable	Type	Len	Label
256	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
257	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
258	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt: per day or per week
259	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
260	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking: per day or per week
261	ZFQS_TOTAL	Num	8	Fat Quality Score
262	Z_NUT_TOTAL	Num	8	Summary score for nuts ? NUT1, NUT2, NUT3, NUT4a, NUT4b, NUT5, NUT6
263	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables ? VEG1a, VEG1b, VEG2, VEG3, VEG4, VEG5, VEG6
264	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks ? DDS1, DDS2, DDS3, DDS4, DDS5, DDS6
265	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry ? FMP1, FMP2, FMP3, FMP4
266	Z_DAIRY	Num	8	dairy products/day (FMP5/day))
267	Z_EGGS	Num	8	eggs/day (FMP6/day)
268	Z_DRA_TOTAL	Num	8	DRA total ? Z_nut_total, Z_veg_total, Z_DDS_total, Z_FMP_total
269	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
270	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
271	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
272	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
273	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
274	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
275	PA2	Num	8	What is the total time you spend doing this activity?
276	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
277	PA4	Num	8	What is the total time you spend?
278	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
279	PA6	Num	8	What is the total time you spend doing this activity each day?
280	WALK_NONWORK	Num	8	Walk for recreation, health, fitness, or transportation score ? recoded values WLK1, WLK2, WLK3
281	WALK_WORK	Num	8	walking at work score ? recoded values WLK4, WLK5
282	MOD_LEISURE	Num	8	moderate leisure time activity score ? recoded values PA1, PA2
283	VIG_LEISURE	Num	8	vigorous leisure time score ? recoded values PA3, PA4

Num	Variable	Type	Len	Label
284	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score Recoded value PA6
285	PHYSACT_TOT	Num	8	Total physical activity score ? Walk_nonwork, Walk_work, Mod_leisure, Vig_leisure, Mod_Vig_Workday
286	A1_L	Num	8	How many pats of margarine do you use each day?
287	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
288	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
289	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
290	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
291	A4_L	Num	8	stick margarine?
292	A5_L	Num	8	shortening?
293	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
294	A7_L	Num	8	stick margarine?
295	A8_L	Num	8	shortening?
296	B1_L	Num	8	not enough sidewalks.
297	B2_L	Num	8	not enough bike lanes.
298	B3_L	Num	8	too many fast food places.
299	B4_L	Num	8	not enough parks, trails, or tracks for walking.
300	B5_L	Num	8	not enough affordable exercise places.
301	B6_L	Num	8	not enough physical activity programs that meet your needs (like through the Parks & Recreation Department).
302	B7_L	Num	8	too much crime.
303	B8_L	Num	8	no street lights.
304	B9_L	Num	8	unattended dogs.
305	B10_L	Num	8	not enough food stores with affordable fruits & vegetables.
306	B11_L	Num	8	not enough restaurants with healthy food choices.
307	B12_L	Num	8	not enough farmer's markets or produce stands.
308	B13_L	Num	8	heavy traffic.
309	B14_L	Num	8	bad air from cars or factories.
310	B15_L	Num	8	verbal abuse from people on the street.
311	B16_L	Num	8	speeding drivers.
312	B17_L	Num	8	no place to buy a quick, healthy meal to go.
313	B18_L	Num	8	rural environment.
314	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
315	B19A_L	Num	8	If yes, how often?
316	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
317	B20A_L	Num	8	If yes, how often?

Num	Variable	Type	Len	Label
318	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
319	B21A_L	Num	8	If yes, how often?
320	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
321	B22A_L	Num	8	If yes, how often?
322	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
323	B23A_L	Num	8	If yes, how often?
324	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
325	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
326	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
327	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
328	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
329	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
330	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
331	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
332	B32_L	Num	8	Communities should provide incentives to food stores to locate in rural or low-income areas.
333	B33_L	Num	8	Communities should provide incentives to food stores to offer healthier food and beverage choices in rural or low-income areas.
334	B34_L	Num	8	Communities should improve access to outdoor exercise and recreation places, like parks and waterways.
335	B35_L	Num	8	Communities should improve sidewalks to support walking.
336	B36_L	Num	8	Communities should support locating schools within easy walking distance of where people live.
337	B37_L	Num	8	Communities should limit advertisements of less healthy foods and beverages.
338	B38_L	Num	8	Communities should increase support for breastfeeding.
339	C1_L	Num	8	In the past 3 months has your doctor told you that you have had a heart attack?
340	C2_L	Num	8	Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
341	C3_L	Num	8	Do you feel pain in your chest when you do physical activity?
342	C4_L	Num	8	In the past month, have you had chest pain, lasting more than one minute, when you were not doing physical activity?
343	C5_L	Num	8	Do you lose your balance because of dizziness such that you are concerned you might fall, or do you ever lose consciousness?

Num	Variable	Type	Len	Label
344	C6_L	Num	8	Do you know of any other reason why you should not do physical activity such as walking at a modest pace?
345	C7_L	Num	8	Do you have a primary care provider/physician?
346	COCOMO_ALL	Num	8	COCOMO summary score:? B32_L-B38_L
347	NBH_BAR	Num	8	Neighborhood Barriers ? B1_L-B18_L
348	NBH_NUTR_BAR	Num	8	Neighborhood Nutrition Barriers ? B3_L, B10_L-B12_L, B17_L
349	NBH_PA_BAR	Num	8	Neighborhood PA Barriers ? B1_L, B2_L, B4_L-B9_L, B13_L-B16_L
350	COMMRESKNOWL	Num	8	Community Resource Knowledge ? B26_L-B29_L
351	COMMRESUSE	Num	8	Community Resource Use ? B30_L, B31_L
352	OBPREVPOLICY	Num	8	Obesity Prevention Policy ? B32_L-B38_L
353	MEAN500ALL	Num	8	Mean (500 steps+) –ALL (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last 31 days, at least 3 days required for avg.)
354	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last 31 days, at least 3 days required for avg.)
355	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) –ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 500 aerobic steps/day during the last 31 days at least, 3 days required for avg.)
356	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 1000 aerobic steps/day during the last 31 days, at least 3 days required for avg.)
357	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
358	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
359	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
360	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
361	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
362	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
363	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
364	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
365	Z_STOFHLAScore	Num	8	Literacy Score

Num	Variable	Type	Len	Label
366	Z_STOFHLAScore_CAT	Num	8	Categorical Literacy Score
367	Z_STOFHLATIME	Num	8	time in minutes it took to take the STOFHLA
368	PPF1A	Num	8	participant referred to physician due to positive:heart attack screener
369	PPF1B	Num	8	participant referred to physician due to positive:physical activity screener
370	PPF3	Num	8	What level of participation has participant received clearance?
371	PPF4	Num	8	Did the provider give the participant clearance to participate in physical activity component?
372	Z_METHODSESSIONONE	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 3=group)
373	Z_METHODALLSESSIONS	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 2=mixed; 3=group)
374	PRACTICE_ENGAGEMENT	Num	8	Practice Engagement
375	Z_HTINCHES	Num	8	Height in Inches
376	Z_HTCM	Num	8	Height in Centimeters
377	Z_WTLBS	Num	8	Weight in Pounds
378	Z_WTKG	Num	8	Weight in Kilogram
379	Z_BMI	Num	8	Body Mass Index
380	LAB1_INTERVAL	Num	8	# of days between enrollment visit and Time 1 lab visit.
381	LABTC	Num	8	total cholesterol.
382	LABHDL	Num	8	hdl cholesterol.
383	LABCREAT	Num	8	creatinine.
384	LABGFR	Num	8	gfr.
385	LABA1C	Num	8	hemoglobin a1c.
386	RISKSCORE	Num	8	Framingham Risk Score
387	Z_CHOLCAT	Num	8	Cholesterol category (1= high, 2= borderline, 3= desirable)
388	Z_DIABETES	Num	8	Diabetes
389	Z_HYPERTENSION	Num	8	Hypertension
390	Z_CHD	Num	8	Coronary Heart Disease
391	Z_CVD	Num	8	Cardiovascular Disease
392	Z_SYSTOLIC	Num	8	Systolic BP (average of 3 non-outlier readings)
393	Z_DIASTOLIC	Num	8	Diastolic BP (average of 3 non-outlier readings)
394	HRATE	Num	8	heart rate
395	HBPM1	Num	8	Left Systolic
396	HBPM2	Num	8	Right Systolic
397	HBPM3	Num	8	If the difference between left and right arm is > 20, then Right Systolic
398	HBPM4	Num	8	If the difference between left and right arm is > 20, then Left Systolic
399	HBPM5	Num	8	Arm chosen: [Choose right arm only if systolic reading of right arm is 20 mm Hg more than the left arm on second reading. Otherwise, choose left arm.]
400	MED_CLASS1	Num	8	ACE inhibitor

Num	Variable	Type	Len	Label
401	MED_CLASS2	Num	8	ARBs
402	MED_CLASS3	Num	8	Aldosterone receptor agonist
403	MED_CLASS4	Num	8	beta blocker
404	MED_CLASS5	Num	8	vasodilator
405	MED_CLASS6	Num	8	alpha blocker
406	MED_CLASS7	Num	8	calcium channel blocker
407	MED_CLASS8	Num	8	combined alpha & beta blocker
408	MED_CLASS9	Num	8	alpha 1 blocker
409	MED_CLASS10	Num	8	Central alpha 2 agonists
410	MED_CLASS11	Num	8	Renin Inhibitors
411	MED_CLASS_COUNT	Num	8	Number of medication classes ? Med_class1, Med_class2, Med_class3, Med_class4, Med_class5, Med_class6, Med_class7, Med_class8, Med_class9, Med_class10, Med_class11
412	ORAL_MED_COUNT	Num	8	# of oral meds
413	INJECT_MED_COUNT	Num	8	# of injectable meds
414	NON_INJECT_MED_COUNT	Num	8	# non-orals & non-injectables
415	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
416	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
417	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g/dL}$
418	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
419	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
420	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
421	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
422	CAROTENOID_INDEX	Num	8	Carotenoid index

Data Set Name: hhl_time1ls.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
3	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
4	STUDY_H	Num	8	Participant interested in Hypertension Study
5	STUDY_L	Num	8	Participant interested in Lifestyle Study
6	STUDY_G	Num	8	Participant interested in Genomics Study
7	B2	Num	8	what is your sex?
8	AGEENROLL_D_INT	Num	8	Age at enrollment (integer) IMS Summary Variable
9	HISPANIC	Num	8	Of Hispanic origin? IMS Summary Variable
10	Z_RACEBLACKWHITEOTHER	Num	8	Race- Black White and Other
11	EDUC_SUMMARY	Num	8	Education level? IMS Summary Variable
12	Z_EDUC_HS	Num	8	High School or less education
13	B6	Num	8	MARITAL STATUS
14	B7	Num	8	Have you smoked at least 100 cigarettes in your entire life?
15	B8	Num	8	Do you smoke cigarettes now?
16	B8A	Num	8	packs per day.
17	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
18	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
19	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
20	B10	Num	8	do you currently have health insurance?
21	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
22	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
23	B11B	Num	8	What is the one main reason why you did not have any health insurance?
24	B12	Num	8	Work Status: Which of the following best describes your current main daily activities and/or responsibilities?
25	B13	Num	8	What type of work do/did you do in your current or most recent job?
26	B14	Num	8	What was the total combined income of your household in the past year including income from all sources such as wages, salaries, Social Security, or retirement benefits, help from relatives and so forth? Please tell us the total income before taxes.
27	Z_INCOMECAT	Num	8	Household Income Category
28	B15	Num	8	How many people live in your household, including you?
29	B16	Num	8	of the persons living in your household (including you), how many are 18 years and older?

Num	Variable	Type	Len	Label
30	B17	Num	8	of the persons living in your household how many are under 18 years of age?
31	B18	Num	8	Community Standing: Where would you place yourself on this ladder?
32	COMM_STANDING	Num	8	Standing in community (B18 frequency)
33	B19	Num	8	U.S. Standing: Where would you place yourself on this ladder?
34	US_STANDING	Num	8	Standing in US (B19 frequency)
35	C1A	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: heart failure.
36	C1B	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high blood pressure or hypertension.
37	C1C	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: high cholesterol.
38	C1D	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic obstructive pulmonary disease.
39	C1E	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: kidney disease.
40	C1F	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: lung disease.
41	C1G	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: stroke or mini-stroke.
42	C1H	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: depression.
43	C1I	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: chronic back pain.
44	C1J	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: cancer.
45	C1K	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: diabetes.
46	C1L	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: arthritis.
47	C1M	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: fibromyalgia.
48	C1N	Num	8	In the last ten (10) years, please indicate whether or not a doctor or other health professional has told you that you have any of the following common problems: obstructive sleep apnea.
49	C2	Num	8	has a doctor ever told you that you have had a heart attack?

Num	Variable	Type	Len	Label
50	C3	Num	8	Have you had by-pass surgery or another procedure to open blood vessels in your heart like angioplasty, stent placement or atherectomy?
51	C4	Num	8	Has a doctor ever told you that you have angina; that is, chest pain that comes from your heart?
52	C5	Num	8	Has your father or any of your brothers had a heart attack before the age of 55 or died suddenly of unexplained causes before the age of 55?
53	C6	Num	8	Has your mother or any of your sisters had a heart attack before the age of 65 or died suddenly of unexplained causes before the age of 65?
54	C7	Num	8	do you take prescription medicines?
55	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
56	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
57	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
58	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
59	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
60	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
61	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
62	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
63	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
64	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
65	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
66	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
67	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue

Num	Variable	Type	Len	Label
68	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
69	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
70	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
71	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
72	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
73	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
74	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
75	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
76	C12	Num	8	do you take medicine for high blood pressure or hypertension?
77	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
78	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
79	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
80	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
81	C17	Char	1	Did you take your high blood pressure pills yesterday?
82	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
83	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
84	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
85	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
86	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
87	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
88	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
89	C22	Num	8	In general, would you say your health is

Num	Variable	Type	Len	Label
90	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
91	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
92	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
93	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities
94	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
95	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
96	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
97	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
98	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
99	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
100	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
101	PCS	Num	8	? C22-C33 physical standardized values + 56.57706
102	MCS	Num	8	? C22-C33 mental standardized values + 60.75781
103	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
104	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
105	C36	Num	8	How much of the time during the last month have you: been a happy person?
106	Z_MHI	Num	8	MHI-5 (mental health inventory: C30, C32, C34, C35, C36)
107	MHI_CONVERTED	Num	8	MHI converted
108	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
109	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
110	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
111	C37D	Char	1	I know what each of my prescribed medicines does.

Num	Variable	Type	Len	Label
112	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
113	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
114	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
115	C37H	Char	1	I understand the nature and causes of my health condition(s).
116	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
117	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
118	C37K	Char	1	I know how to prevent further problems with my health condition(s).
119	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
120	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
121	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
122	D2	Num	8	If the blood pressure is 130/80 it is:
123	D3	Num	8	If the blood pressure is 160/100 it is
124	D4	Num	8	Once someone has high blood pressure, it usually lasts
125	D5	Num	8	Exercising every day makes blood pressure
126	D6	Num	8	Losing weight usually makes blood pressure
127	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
128	D8	Num	8	People with high blood pressure should take their medicine
129	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
130	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
131	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
132	D12	Num	8	High blood pressure can cause heart attacks.
133	D13	Num	8	High blood pressure can cause cancer.
134	D14	Num	8	High blood pressure can cause strokes.
135	D15	Num	8	High blood pressure can cause kidney problems.
136	Z_HTN_BLFS	Num	8	HTN Beliefs Score: ? recoded values D2-D15
137	D16	Num	8	Do you know what your last blood pressure reading was?
138	D16SYS	Num	8	Systolic reading
139	D16DIAS	Num	8	Diastolic reading
140	E1A	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close friends here
141	E1B	Num	8	About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in the number of close relatives here

Num	Variable	Type	Len	Label
142	E2	Num	8	someone to help you if you were confined to bed
143	E3	Num	8	someone you can count on to listen to you when you need to talk
144	E4	Num	8	someone to give you good advice about a crisis
145	E5	Num	8	someone to take you to the doctor if you needed it
146	E6	Num	8	someone who shows you love and affection
147	E7	Num	8	someone to have a good time with
148	E8	Num	8	someone to give you information to help you understand a situation
149	E9	Num	8	someone to confide in or talk to about yourself or your problems
150	E10	Num	8	someone who hugs you
151	E11	Num	8	someone to get together with for relaxation
152	E12	Num	8	someone to prepare your meals if you were unable to do it yourself
153	E13	Num	8	someone whose advice you really want
154	E14	Num	8	someone to do things with to help you get your mind off things
155	E15	Num	8	someone to help with daily chores if you were sick
156	E16	Num	8	someone to share your most private worries and fears with
157	E17	Num	8	someone to turn to for suggestions about how to deal with a personal problem
158	E18	Num	8	someone to do something enjoyable with
159	E19	Num	8	someone who understands your problems
160	E20	Num	8	someone to love and make you feel wanted
161	EMOTSS	Num	8	Emotional/informational support subscale (Average of E3; E4; E8; E9; E13; E16; E17; E19)
162	TANGSS	Num	8	Tangible support subscale (Average of E2; E5; E12; E15)
163	AFFECTSS	Num	8	Affectionate support subscale (Average of E6; E10; E20)
164	POSSS	Num	8	Positive social interaction subscale (Average E7; E11; E18)
165	OVERALLSS	Num	8	Overall functional social support index (Average E2-E20)
166	EMOTSS_TRANS	Num	8	Emotional/informational support subscale transformed 0-100 scale ($100 \times [(EmotSS - 1)/(5 - 1)]$)
167	TANGSS_TRANS	Num	8	Tangible support subscale transformed 0-100 scale ($100 \times [(TangSS - 1)/(5 - 1)]$)
168	AFFECTSS_TRANS	Num	8	Affectionate support subscale transformed 0-100 scale ($100 \times [(AffectSS - 1)/(5 - 1)]$)
169	POSSS_TRANS	Num	8	Positive social interaction subscale transformed 0-100 scale ($100 \times [(PosSS - 1)/(5 - 1)]$)
170	OVERALLSS_TRANS	Num	8	Overall functional social support index transformed 0-100 scale ($100 \times [(OverallSS - 1)/(5 - 1)]$)
171	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
172	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?

Num	Variable	Type	Len	Label
173	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
174	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
175	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
176	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
177	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
178	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
179	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
180	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
181	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
182	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
183	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings, F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
184	VIT_C	Num	8	Vitamin C (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
185	MG	Num	8	Magnesium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
186	K	Num	8	Potassium (mg), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
187	FIBER	Num	8	Dietary Fiber (grams), F1-F10, age, sex, Block Fruit/Veg/Fiber Screener algorithm
188	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
189	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
190	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
191	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.

Num	Variable	Type	Len	Label
192	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
193	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
194	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
195	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
196	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
197	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
198	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
199	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
200	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)
201	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
202	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
203	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
204	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
205	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
206	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
207	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
208	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
209	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
210	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1
211	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2
212	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
213	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
214	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
215	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.

Num	Variable	Type	Len	Label
216	G9D	Num	8	fitness center.
217	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
218	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2
219	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
220	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
221	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate?
222	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
223	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours
224	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
225	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
226	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
227	G15HRS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
228	G15MINS	Num	8	What do you estimate is the total time you spend doing moderate intensity leisure time physical activities in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
229	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
230	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
231	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
232	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
233	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
234	NUT2	Num	8	What type of butter or margarine do you usually use?
235	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
236	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?

Num	Variable	Type	Len	Label
237	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
238	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
239	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
240	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
241	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
242	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
243	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
244	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
245	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
246	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
247	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
248	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
249	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
250	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
251	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
252	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
253	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
254	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
255	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts

Num	Variable	Type	Len	Label
256	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
257	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
258	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt: per day or per week
259	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
260	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking: per day or per week
261	ZFQS_TOTAL	Num	8	Fat Quality Score
262	Z_NUT_TOTAL	Num	8	Summary score for nuts ? NUT1, NUT2, NUT3, NUT4a, NUT4b, NUT5, NUT6
263	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables ? VEG1a, VEG1b, VEG2, VEG3, VEG4, VEG5, VEG6
264	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks ? DDS1, DDS2, DDS3, DDS4, DDS5, DDS6
265	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry ? FMP1, FMP2, FMP3, FMP4
266	Z_DAIRY	Num	8	dairy products/day (FMP5/day))
267	Z_EGGS	Num	8	eggs/day (FMP6/day)
268	Z_DRA_TOTAL	Num	8	DRA total ? Z_nut_total, Z_veg_total, Z_DDS_total, Z_FMP_total
269	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
270	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
271	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
272	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
273	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
274	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
275	PA2	Num	8	What is the total time you spend doing this activity?
276	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
277	PA4	Num	8	What is the total time you spend?
278	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
279	PA6	Num	8	What is the total time you spend doing this activity each day?
280	WALK_NONWORK	Num	8	Walk for recreation, health, fitness, or transportation score ? recoded values WLK1, WLK2, WLK3
281	WALK_WORK	Num	8	walking at work score ? recoded values WLK4, WLK5
282	MOD_LEISURE	Num	8	moderate leisure time activity score ? recoded values PA1, PA2
283	VIG_LEISURE	Num	8	vigorous leisure time score ? recoded values PA3, PA4

Num	Variable	Type	Len	Label
284	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score Recoded value PA6
285	PHYSACT_TOT	Num	8	Total physical activity score ? Walk_nonwork, Walk_work, Mod_leisure, Vig_leisure, Mod_Vig_Workday
286	A1_L	Num	8	How many pats of margarine do you use each day?
287	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
288	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
289	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
290	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
291	A4_L	Num	8	stick margarine?
292	A5_L	Num	8	shortening?
293	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
294	A7_L	Num	8	stick margarine?
295	A8_L	Num	8	shortening?
296	B1_L	Num	8	not enough sidewalks.
297	B2_L	Num	8	not enough bike lanes.
298	B3_L	Num	8	too many fast food places.
299	B4_L	Num	8	not enough parks, trails, or tracks for walking.
300	B5_L	Num	8	not enough affordable exercise places.
301	B6_L	Num	8	not enough physical activity programs that meet your needs (like through the Parks & Recreation Department).
302	B7_L	Num	8	too much crime.
303	B8_L	Num	8	no street lights.
304	B9_L	Num	8	unattended dogs.
305	B10_L	Num	8	not enough food stores with affordable fruits & vegetables.
306	B11_L	Num	8	not enough restaurants with healthy food choices.
307	B12_L	Num	8	not enough farmer's markets or produce stands.
308	B13_L	Num	8	heavy traffic.
309	B14_L	Num	8	bad air from cars or factories.
310	B15_L	Num	8	verbal abuse from people on the street.
311	B16_L	Num	8	speeding drivers.
312	B17_L	Num	8	no place to buy a quick, healthy meal to go.
313	B18_L	Num	8	rural environment.
314	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
315	B19A_L	Num	8	If yes, how often?
316	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
317	B20A_L	Num	8	If yes, how often?

Num	Variable	Type	Len	Label
318	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
319	B21A_L	Num	8	If yes, how often?
320	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
321	B22A_L	Num	8	If yes, how often?
322	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
323	B23A_L	Num	8	If yes, how often?
324	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
325	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
326	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
327	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
328	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
329	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
330	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
331	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
332	B32_L	Num	8	Communities should provide incentives to food stores to locate in rural or low-income areas.
333	B33_L	Num	8	Communities should provide incentives to food stores to offer healthier food and beverage choices in rural or low-income areas.
334	B34_L	Num	8	Communities should improve access to outdoor exercise and recreation places, like parks and waterways.
335	B35_L	Num	8	Communities should improve sidewalks to support walking.
336	B36_L	Num	8	Communities should support locating schools within easy walking distance of where people live.
337	B37_L	Num	8	Communities should limit advertisements of less healthy foods and beverages.
338	B38_L	Num	8	Communities should increase support for breastfeeding.
339	C1_L	Num	8	In the past 3 months has your doctor told you that you have had a heart attack?
340	C2_L	Num	8	Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
341	C3_L	Num	8	Do you feel pain in your chest when you do physical activity?
342	C4_L	Num	8	In the past month, have you had chest pain, lasting more than one minute, when you were not doing physical activity?
343	C5_L	Num	8	Do you lose your balance because of dizziness such that you are concerned you might fall, or do you ever lose consciousness?

Num	Variable	Type	Len	Label
344	C6_L	Num	8	Do you know of any other reason why you should not do physical activity such as walking at a modest pace?
345	C7_L	Num	8	Do you have a primary care provider/physician?
346	COCOMO_ALL	Num	8	COCOMO summary score:? B32_L-B38_L
347	NBH_BAR	Num	8	Neighborhood Barriers ? B1_L-B18_L
348	NBH_NUTR_BAR	Num	8	Neighborhood Nutrition Barriers ? B3_L, B10_L-B12_L, B17_L
349	NBH_PA_BAR	Num	8	Neighborhood PA Barriers ? B1_L, B2_L, B4_L-B9_L, B13_L-B16_L
350	COMMRESKNOWL	Num	8	Community Resource Knowledge ? B26_L-B29_L
351	COMMRESUSE	Num	8	Community Resource Use ? B30_L, B31_L
352	OBPREVPOLICY	Num	8	Obesity Prevention Policy ? B32_L-B38_L
353	MEAN500ALL	Num	8	Mean (500 steps+) –ALL (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last 31 days, at least 3 days required for avg.)
354	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last 31 days, at least 3 days required for avg.)
355	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) –ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 500 aerobic steps/day during the last 31 days at least, 3 days required for avg.)
356	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL (Avg. pedometer determined aerobic steps/day of all days with a minimum of 1000 aerobic steps/day during the last 31 days, at least 3 days required for avg.)
357	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
358	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
359	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the first week of wearing, at least 3 days required for avg.)
360	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the first week of wearing, at least 3 days required for avg.)
361	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
362	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK (Avg. pedometer steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
363	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 500 steps/day during the last week of wearing, at least 3 days required for avg.)
364	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK WEEK (Avg. pedometer aerobic steps/day of all days with a minimum of 1000 steps/day during the last week of wearing, at least 3 days required for avg.)
365	Z_STOFHLAScore	Num	8	Literacy Score

Num	Variable	Type	Len	Label
366	Z_STOFHLAScore_CAT	Num	8	Categorical Literacy Score
367	Z_STOFHLATIME	Num	8	time in minutes it took to take the STOFHLA
368	PPF1A	Num	8	participant referred to physician due to positive:heart attack screener
369	PPF1B	Num	8	participant referred to physician due to positive:physical activity screener
370	PPF3	Num	8	What level of participation has participant received clearance?
371	PPF4	Num	8	Did the provider give the participant clearance to participate in physical activity component?
372	Z_METHODSESSIONONE	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 3=group)
373	Z_METHODALLSESSIONS	Num	8	Lifestyle Study Intervention Method- (1=individual, phone, or couples; 2=mixed; 3=group)
374	PRACTICE_ENGAGEMENT	Num	8	Practice Engagement
375	Z_HTINCHES	Num	8	Height in Inches
376	Z_HTCM	Num	8	Height in Centimeters
377	Z_WTLBS	Num	8	Weight in Pounds
378	Z_WTKG	Num	8	Weight in Kilogram
379	Z_BMI	Num	8	Body Mass Index
380	LAB1_INTERVAL	Num	8	# of days between enrollment visit and Time 1 lab visit.
381	LABTC	Num	8	total cholesterol.
382	LABHDL	Num	8	hdl cholesterol.
383	LABCREAT	Num	8	creatinine.
384	LABGFR	Num	8	gfr.
385	LABA1C	Num	8	hemoglobin a1c.
386	RISKSCORE	Num	8	Framingham Risk Score
387	Z_CHOLCAT	Num	8	Cholesterol category (1= high, 2= borderline, 3= desirable)
388	Z_DIABETES	Num	8	Diabetes
389	Z_HYPERTENSION	Num	8	Hypertension
390	Z_CHD	Num	8	Coronary Heart Disease
391	Z_CVD	Num	8	Cardiovascular Disease
392	Z_SYSTOLIC	Num	8	Systolic BP (average of 3 non-outlier readings)
393	Z_DIASTOLIC	Num	8	Diastolic BP (average of 3 non-outlier readings)
394	HRATE	Num	8	heart rate
395	HBPM1	Num	8	Left Systolic
396	HBPM2	Num	8	Right Systolic
397	HBPM3	Num	8	If the difference between left and right arm is > 20, then Right Systolic
398	HBPM4	Num	8	If the difference between left and right arm is > 20, then Left Systolic
399	HBPM5	Num	8	Arm chosen: [Choose right arm only if systolic reading of right arm is 20 mm Hg more than the left arm on second reading. Otherwise, choose left arm.]
400	MED_CLASS1	Num	8	ACE inhibitor

Num	Variable	Type	Len	Label
401	MED_CLASS2	Num	8	ARBs
402	MED_CLASS3	Num	8	Aldosterone receptor agonist
403	MED_CLASS4	Num	8	beta blocker
404	MED_CLASS5	Num	8	vasodilator
405	MED_CLASS6	Num	8	alpha blocker
406	MED_CLASS7	Num	8	calcium channel blocker
407	MED_CLASS8	Num	8	combined alpha & beta blocker
408	MED_CLASS9	Num	8	alpha 1 blocker
409	MED_CLASS10	Num	8	Central alpha 2 agonists
410	MED_CLASS11	Num	8	Renin Inhibitors
411	MED_CLASS_COUNT	Num	8	Number of medication classes ? Med_class1, Med_class2, Med_class3, Med_class4, Med_class5, Med_class6, Med_class7, Med_class8, Med_class9, Med_class10, Med_class11
412	ORAL_MED_COUNT	Num	8	# of oral meds
413	INJECT_MED_COUNT	Num	8	# of injectable meds
414	NON_INJECT_MED_COUNT	Num	8	# non-orals & non-injectables
415	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
416	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
417	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g/dL}$
418	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
419	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
420	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
421	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
422	CAROTENOID_INDEX	Num	8	Carotenoid index

Data Set Name: hhl_time2all.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	STUDY_H	Num	8	Participant interested in Hypertension Study
6	STUDY_L	Num	8	Participant interested in Lifestyle Study
7	STUDY_G	Num	8	Participant interested in Genomics Study
8	L_GROUP	Num	8	Phase 2 intervention program selected by Lifestyle participant: 1=Weight Loss 16 Week; 2=Weight Loss Combination; 3=Lifestyle phone counseling
9	B8	Num	8	Do you smoke cigarettes now?
10	B8A	Num	8	packs per day.
11	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
12	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
13	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
14	C7	Num	8	do you take prescription medicines?
15	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
16	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
17	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
18	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
19	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
20	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the c
21	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the
22	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
23	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
24	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
25	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
26	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
27	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
28	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
29	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
30	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
31	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
32	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
33	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
34	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
35	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
36	C12	Num	8	do you take medicine for high blood pressure or hypertension?
37	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
38	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
39	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
40	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
41	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
42	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
43	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
44	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
45	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
46	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
47	D16	Num	8	Do you know what your last blood pressure reading was?
48	D16SYS	Num	8	Systolic reading
49	D16DIAS	Num	8	Diastolic reading
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score

Num	Variable	Type	Len	Label
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	MHI_CONVERTED	Num	8	MHI converted
69	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
70	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
71	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
72	C37D	Char	1	I know what each of my prescribed medicines does.
73	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
74	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
75	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
76	C37H	Char	1	I understand the nature and causes of my health condition(s).
77	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
78	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
79	C37K	Char	1	I know how to prevent further problems with my health condition(s).
80	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
81	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
82	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
83	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
84	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
85	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
86	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried

Num	Variable	Type	Len	Label
87	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
88	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
89	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
90	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
91	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
92	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
93	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
94	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
95	VIT_C	Num	8	Vitamin C (mg)
96	MG	Num	8	Magnesium (mg)
97	K	Num	8	Potassium (mg)
98	FIBER	Num	8	Dietary Fiber (grams)
99	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
100	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
101	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
102	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
103	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
104	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
105	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
106	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
107	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
108	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
109	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1

Num	Variable	Type	Len	Label
110	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
111	G5	Num	8	times
112	G6HRS	Num	8	hours
113	G6MINS	Num	8	minutes
114	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
115	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
116	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
117	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
118	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
119	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
120	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
121	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
122	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
123	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
124	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
125	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
126	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
127	G9D	Num	8	fitness center.
128	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
129	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
130	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
131	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
132	G11	Num	8	times
133	G12HRS	Num	8	hours.
134	G12MINS	Num	8	minutes.
135	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)

Num	Variable	Type	Len	Label
136	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
137	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
138	G15HRS	Num	8	hours.
139	G15MINS	Num	8	minutes.
140	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
141	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
142	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
143	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
144	H1	Num	8	I can count on adults in my neighborhood or community to watch out that children are safe and don't get in trouble.
145	H2	Num	8	When I am away from home, I know that my neighbors will keep their eyes open for possible trouble at my place.
146	H3	Num	8	In my neighborhood/community, people mostly go their own way.
147	H4	Num	8	People in my neighborhood/community do not share the same values.
148	H5	Num	8	If I were sick, I could count on my neighbors to shop for groceries for me.
149	H6	Num	8	People in this neighborhood/community can be trusted.
150	H7	Num	8	Parents in this neighborhood/community know their children's friends.
151	H8	Num	8	Children around here have no place to play but the street.
152	H9	Num	8	Adults in my neighborhood/community know who the local children are.
153	H10	Num	8	The equipment and buildings are well kept in the park or playground that is closest to where I live.
154	H11	Num	8	The park or playground that is closest to where I live is safe during the day.
155	H12	Num	8	The park or playground that is closest to where I live is safe at night.
156	H13	Num	8	People in this neighborhood/community generally know each other.
157	H14	Num	8	I know the first name of most of the people who live in my community/neighborhood.
158	H15	Num	8	If I had to borrow \$30 in an emergency, I could borrow it from someone.
159	H16A	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? church member
160	H16B	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? co-worker
161	H16C	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? family member

Num	Variable	Type	Len	Label
162	H16D	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? friend
163	H16E	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? neighbor
164	H16F	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? someone at school
165	H16G	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? other
166	H16H	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? no one
167	H17MONTHS	Num	8	How long have you lived in this neighborhood/community? number of months if less than 12 months
168	H17YEARS	Num	8	How long have you lived in this neighborhood/community? number of years if 1 year or more
169	H19MONTHS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of months if less than 12 months
170	H19YEARS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of years if 1 year or more
171	H20	Num	8	Are you currently registered to vote?
172	H21	Num	8	Did you vote in the most recent election?
173	H22	Num	8	Did you vote in the 2008 presidential election?
174	H23	Num	8	Are you a member of a formal or informal organization in your community? [This includes things like local government, Rotary, gleaner groups, Parent Teacher Association (PTA), recovery or support groups, and/or sports teams. Do not include churches.]
175	H24	Num	8	How often, if ever, do you go to church, synagogue, or some other place of worship?
176	H27	Num	8	How many relatives do you see or hear from at least once a month?
177	H28	Num	8	How many relatives do you feel close to such that you would call on them for help?
178	H29	Num	8	How many relatives do you feel at ease enough with to talk with about private matters?
179	H30	Num	8	How many of your friends do you see or hear from at least once a month?
180	H31	Num	8	How many friends do you feel close to such that you would call on them for help?
181	H32	Num	8	How many friends do you feel at ease enough with to talk with about private matters?
182	H33	Num	8	If you had a very personal and serious problem, are there any people with whom you could discuss it?
183	Z_SAFETY	Num	8	Safety social determinant scale
184	Z_SOCIALCOHESION	Num	8	Social Cohesion social determinant scale
185	Z_SOCIALCAPITAL	Num	8	Social Capital social determinant scale
186	Z_YEARSALREADY	Num	8	Years lived in neighborhood
187	Z_YEARSFUTURE	Num	8	Years think will live in neighborhood

Num	Variable	Type	Len	Label
188	Z_SOCNETTOTAL	Num	8	Social Network Scale Total Score
189	Z_SOCIALISOLATION	Num	8	At risk for social isolation
190	Z_MARGINFAMTIES	Num	8	Marginal family ties
191	Z_MARGFRIENDTIES	Num	8	Marginal friendship ties
192	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
193	NUT2	Num	8	What type of butter or margarine do you usually use?
194	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
195	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
196	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
197	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
198	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
199	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
200	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
201	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
202	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
203	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
204	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
205	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
206	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
207	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
208	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt

Num	Variable	Type	Len	Label
209	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
210	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
211	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
212	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
213	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
214	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
215	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
216	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
217	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
218	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
219	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
220	ZFQS_TOTAL	Num	8	Fat Quality Score
221	Z_NUT_TOTAL	Num	8	Summary score for nuts
222	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
223	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
224	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
225	Z_DAIRY	Num	8	dairy products/day
226	Z_EGGS	Num	8	eggs/day
227	Z_DRA_TOTAL	Num	8	DRA total
228	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
229	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
230	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
231	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
232	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
233	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
234	PA2	Num	8	What is the total time you spend doing this activity?

Num	Variable	Type	Len	Label
235	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
236	PA4	Num	8	What is the total time you spend?
237	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
238	PA6	Num	8	What is the total time you spend doing this activity each day?
239	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
240	WALK_WORK	Num	8	walking at work score
241	MOD_LEISURE	Num	8	moderate leisure time activity score
242	VIG_LEISURE	Num	8	vigorous leisure time score
243	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
244	PHYSACT_TOT	Num	8	Total physical activity score
245	A1_L	Num	8	How many pats of margarine do you use each day?
246	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
247	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
248	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
249	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A4_L	Num	8	stick margarine?
251	A5_L	Num	8	shortening?
252	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
253	A7_L	Num	8	stick margarine?
254	A8_L	Num	8	shortening?
255	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
256	B19A_L	Num	8	If yes, how often?
257	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
258	B20A_L	Num	8	If yes, how often?
259	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
260	B21A_L	Num	8	If yes, how often?
261	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
262	B22A_L	Num	8	If yes, how often?
263	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
264	B23A_L	Num	8	If yes, how often?
265	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.

Num	Variable	Type	Len	Label
266	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
267	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
268	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
269	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
270	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
271	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
272	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
273	COMMRESKNOWL	Num	8	Community Resource Knowledge
274	COMMRESUSE	Num	8	Community Resource Use
275	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
276	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
277	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
278	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
279	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
280	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
281	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
282	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
283	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
284	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
285	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
286	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
287	Z_WTLBS	Num	8	Weight in Pounds
288	Z_WTKG	Num	8	Weight in Kilogram
289	Z_BMI	Num	8	BMI
290	LAB2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 lab visit
291	LABA1C	Num	8	hemoglobin a1c.
292	Z_SYSTOLIC	Num	8	Systolic BP
293	Z_DIASTOLIC	Num	8	Diastolic BP
294	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
295	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
296	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g/dL}$
297	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
298	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
299	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
300	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL

Num	Variable	Type	Len	Label
301	CAROTENOID_INDEX	Num	8	Carotenoid index
302	ACC1A	Num	8	How helpful for improving your diet was Information on Nuts, Spreads, Dressings, and Oils?
303	ACC1B	Num	8	How helpful for improving your diet was Information on Vegetables, Fruit, Whole Grains, and Beans?
304	ACC1C	Num	8	How helpful for improving your diet was Information on Drinks, Desserts, Snacks, Eating Out, and Salt?
305	ACC1D	Num	8	How helpful for improving your diet was Information on Fish, Meat, Poultry, Dairy, and Eggs?
306	ACC1E	Num	8	How helpful for improving your diet was Reviewing your diet and choosing healthy eating goals?
307	ACC1F	Num	8	How helpful for improving your diet was Writing goals and first steps toward your healthy eating goals?
308	ACC1G	Num	8	How helpful for improving your diet was Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget)?
309	ACC1H	Num	8	How helpful for improving your diet was the Community resource guide?
310	ACC1I	Num	8	How helpful for improving your diet was the Cookbook?
311	ACC2A	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Nuts, Spreads, Dressings, and Oils
312	ACC2B	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Vegetables, Fruit, Whole Grains, and Beans
313	ACC2C	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Drinks, Desserts, Snacks, Eating Out, and Salt
314	ACC2D	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Fish, Meat, Poultry, Dairy, and Eggs
315	ACC3E	Num	8	Which of the following were most useful to you in helping you to change your diet? Cookbook
316	ACC5	Num	8	Did you decide to work on physical activity as part of this program?
317	ACC6A	Num	8	How helpful for increasing your physical activity was Information about Why Physical Activity is Important
318	ACC6B	Num	8	How helpful for increasing your physical activity was Information about Walking
319	ACC6C	Num	8	How helpful for increasing your physical activity was Information on Muscle Strengthening Activities
320	ACC6D	Num	8	How helpful for increasing your physical activity was Information about Making Plans to Stay Active
321	ACC6E	Num	8	How helpful for increasing your physical activity was Reviewing your physical activity habits and choosing physical activity goals
322	ACC6F	Num	8	How helpful for increasing your physical activity was Writing goals and first steps toward your physical activity goals
323	ACC6G	Num	8	How helpful for increasing your physical activity was Handouts and resources (for example, Guide to Chair Exercises)
324	ACC6H	Num	8	How helpful for increasing your physical activity was Community Resource Guide
325	ACC6I	Num	8	How helpful for increasing your physical activity was Pedometer

Num	Variable	Type	Len	Label
326	ACC6J	Num	8	How helpful for increasing your physical activity was Physical activity logs (using steps or minutes)
327	ACC7A	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Why Physical Activity is Important
328	ACC7B	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Walking
329	ACC7C	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Muscle Strengthening Activities
330	ACC7D	Num	8	Which of the sessions on physical were most helpful to you? Information about Making Plans to Stay Active
331	ACC8A	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Reviewing your physical activity habits and choosing physical activity goals
332	ACC8B	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Writing goals and first steps toward your physical activity goals
333	ACC8C	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Handouts and resources (for example, Guide to Chair Exercises)
334	ACC8D	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Community Resource Guide
335	ACC8E	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Pedometer
336	ACC8F	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Physical activity logs (using steps or minutes)
337	ACC10A	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information provided was easy to understand.
338	ACC10B	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information was trustworthy.
339	ACC10C	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease
340	ACC10D	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease.
341	ACC11	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: I would recommend the program to others
342	ACC12	Num	8	Overall, how would you rate the number of sessions?
343	ACC13	Num	8	Overall, how would you rate the amount of time you spent in the sessions?
344	ACC14	Num	8	Did you feel that the counseling sessions were relevant to you?
345	ACC15	Num	8	Did you miss or have to reschedule any study visits?
346	ACC15A_1	Num	8	What kept you from getting to the study visits? getting time off work
347	ACC15A_2	Num	8	What kept you from getting to the study visits? childcare responsibilities
348	ACC15A_3	Num	8	What kept you from getting to the study visits? eldercare responsibilities

Num	Variable	Type	Len	Label
349	ACC15A_4	Num	8	What kept you from getting to the study visits? transportations issues (lack of transportation, costs)
350	ACC15A_5	Num	8	What kept you from getting to the study visits? other
351	ACC16A	Num	8	Who, if anyone, attended your sessions with you? friend
352	ACC16B	Num	8	Who, if anyone, attended your sessions with you? spouse or partner
353	ACC16C	Num	8	Who, if anyone, attended your sessions with you? family member
354	ACC16D	Num	8	Who, if anyone, attended your sessions with you? child/children
355	ACC16E	Num	8	Who, if anyone, attended your sessions with you? other
356	ACC16F	Num	8	Who, if anyone, attended your sessions with you? No one
357	ACC17	Num	8	Did you look at the binder outside of your counseling session?
358	ACC18	Num	8	How satisfied were you with the format in which you received the information (one-on-one with a counselor, versus in a group)?
359	ACC19	Num	8	If you had it to do over again, how would you choose to receive this intervention?

Data Set Name: hhl_time2hbp.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	STUDY_H	Num	8	Participant interested in Hypertension Study
6	STUDY_L	Num	8	Participant interested in Lifestyle Study
7	STUDY_G	Num	8	Participant interested in Genomics Study
8	L_GROUP	Num	8	Phase 2 intervention program selected by Lifestyle participant: 1=Weight Loss 16 Week; 2=Weight Loss Combination; 3=Lifestyle phone counseling
9	B8	Num	8	Do you smoke cigarettes now?
10	B8A	Num	8	packs per day.
11	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
12	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
13	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
14	C7	Num	8	do you take prescription medicines?
15	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
16	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
17	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
18	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
19	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
20	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the c
21	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the
22	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
23	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
24	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
25	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
26	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
27	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
28	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
29	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
30	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
31	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
32	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
33	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
34	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
35	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
36	C12	Num	8	do you take medicine for high blood pressure or hypertension?
37	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
38	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
39	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
40	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
41	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
42	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
43	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
44	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
45	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
46	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
47	D16	Num	8	Do you know what your last blood pressure reading was?
48	D16SYS	Num	8	Systolic reading
49	D16DIAS	Num	8	Diastolic reading
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score

Num	Variable	Type	Len	Label
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	MHI_CONVERTED	Num	8	MHI converted
69	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
70	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
71	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
72	C37D	Char	1	I know what each of my prescribed medicines does.
73	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
74	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
75	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
76	C37H	Char	1	I understand the nature and causes of my health condition(s).
77	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
78	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
79	C37K	Char	1	I know how to prevent further problems with my health condition(s).
80	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
81	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
82	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
83	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
84	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
85	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
86	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried

Num	Variable	Type	Len	Label
87	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
88	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
89	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
90	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
91	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
92	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
93	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
94	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
95	VIT_C	Num	8	Vitamin C (mg)
96	MG	Num	8	Magnesium (mg)
97	K	Num	8	Potassium (mg)
98	FIBER	Num	8	Dietary Fiber (grams)
99	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
100	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
101	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
102	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
103	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
104	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
105	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
106	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
107	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
108	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
109	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1

Num	Variable	Type	Len	Label
110	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
111	G5	Num	8	times
112	G6HRS	Num	8	hours
113	G6MINS	Num	8	minutes
114	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
115	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
116	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
117	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
118	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
119	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
120	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
121	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
122	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
123	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
124	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
125	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
126	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
127	G9D	Num	8	fitness center.
128	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
129	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
130	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
131	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
132	G11	Num	8	times
133	G12HRS	Num	8	hours.
134	G12MINS	Num	8	minutes.
135	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)

Num	Variable	Type	Len	Label
136	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
137	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
138	G15HRS	Num	8	hours.
139	G15MINS	Num	8	minutes.
140	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
141	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
142	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
143	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
144	H1	Num	8	I can count on adults in my neighborhood or community to watch out that children are safe and don't get in trouble.
145	H2	Num	8	When I am away from home, I know that my neighbors will keep their eyes open for possible trouble at my place.
146	H3	Num	8	In my neighborhood/community, people mostly go their own way.
147	H4	Num	8	People in my neighborhood/community do not share the same values.
148	H5	Num	8	If I were sick, I could count on my neighbors to shop for groceries for me.
149	H6	Num	8	People in this neighborhood/community can be trusted.
150	H7	Num	8	Parents in this neighborhood/community know their children's friends.
151	H8	Num	8	Children around here have no place to play but the street.
152	H9	Num	8	Adults in my neighborhood/community know who the local children are.
153	H10	Num	8	The equipment and buildings are well kept in the park or playground that is closest to where I live.
154	H11	Num	8	The park or playground that is closest to where I live is safe during the day.
155	H12	Num	8	The park or playground that is closest to where I live is safe at night.
156	H13	Num	8	People in this neighborhood/community generally know each other.
157	H14	Num	8	I know the first name of most of the people who live in my community/neighborhood.
158	H15	Num	8	If I had to borrow \$30 in an emergency, I could borrow it from someone.
159	H16A	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? church member
160	H16B	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? co-worker
161	H16C	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? family member

Num	Variable	Type	Len	Label
162	H16D	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? friend
163	H16E	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? neighbor
164	H16F	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? someone at school
165	H16G	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? other
166	H16H	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? no one
167	H17MONTHS	Num	8	How long have you lived in this neighborhood/community? number of months if less than 12 months
168	H17YEARS	Num	8	How long have you lived in this neighborhood/community? number of years if 1 year or more
169	H19MONTHS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of months if less than 12 months
170	H19YEARS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of years if 1 year or more
171	H20	Num	8	Are you currently registered to vote?
172	H21	Num	8	Did you vote in the most recent election?
173	H22	Num	8	Did you vote in the 2008 presidential election?
174	H23	Num	8	Are you a member of a formal or informal organization in your community? [This includes things like local government, Rotary, gleaner groups, Parent Teacher Association (PTA), recovery or support groups, and/or sports teams. Do not include churches.]
175	H24	Num	8	How often, if ever, do you go to church, synagogue, or some other place of worship?
176	H27	Num	8	How many relatives do you see or hear from at least once a month?
177	H28	Num	8	How many relatives do you feel close to such that you would call on them for help?
178	H29	Num	8	How many relatives do you feel at ease enough with to talk with about private matters?
179	H30	Num	8	How many of your friends do you see or hear from at least once a month?
180	H31	Num	8	How many friends do you feel close to such that you would call on them for help?
181	H32	Num	8	How many friends do you feel at ease enough with to talk with about private matters?
182	H33	Num	8	If you had a very personal and serious problem, are there any people with whom you could discuss it?
183	Z_SAFETY	Num	8	Safety social determinant scale
184	Z_SOCIALCOHESION	Num	8	Social Cohesion social determinant scale
185	Z_SOCIALCAPITAL	Num	8	Social Capital social determinant scale
186	Z_YEARSALREADY	Num	8	Years lived in neighborhood
187	Z_YEARSFUTURE	Num	8	Years think will live in neighborhood

Num	Variable	Type	Len	Label
188	Z_SOCNETTOTAL	Num	8	Social Network Scale Total Score
189	Z_SOCIALISOLATION	Num	8	At risk for social isolation
190	Z_MARGINFAMTIES	Num	8	Marginal family ties
191	Z_MARGFRIENDTIES	Num	8	Marginal friendship ties
192	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
193	NUT2	Num	8	What type of butter or margarine do you usually use?
194	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
195	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
196	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
197	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
198	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
199	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
200	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
201	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
202	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
203	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
204	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
205	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
206	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
207	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
208	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt

Num	Variable	Type	Len	Label
209	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
210	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
211	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
212	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
213	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
214	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
215	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
216	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
217	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
218	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
219	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
220	ZFQS_TOTAL	Num	8	Fat Quality Score
221	Z_NUT_TOTAL	Num	8	Summary score for nuts
222	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
223	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
224	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
225	Z_DAIRY	Num	8	dairy products/day
226	Z_EGGS	Num	8	eggs/day
227	Z_DRA_TOTAL	Num	8	DRA total
228	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
229	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
230	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
231	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
232	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
233	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
234	PA2	Num	8	What is the total time you spend doing this activity?

Num	Variable	Type	Len	Label
235	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
236	PA4	Num	8	What is the total time you spend?
237	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
238	PA6	Num	8	What is the total time you spend doing this activity each day?
239	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
240	WALK_WORK	Num	8	walking at work score
241	MOD_LEISURE	Num	8	moderate leisure time activity score
242	VIG_LEISURE	Num	8	vigorous leisure time score
243	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
244	PHYSACT_TOT	Num	8	Total physical activity score
245	A1_L	Num	8	How many pats of margarine do you use each day?
246	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
247	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
248	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
249	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A4_L	Num	8	stick margarine?
251	A5_L	Num	8	shortening?
252	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
253	A7_L	Num	8	stick margarine?
254	A8_L	Num	8	shortening?
255	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
256	B19A_L	Num	8	If yes, how often?
257	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
258	B20A_L	Num	8	If yes, how often?
259	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
260	B21A_L	Num	8	If yes, how often?
261	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
262	B22A_L	Num	8	If yes, how often?
263	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
264	B23A_L	Num	8	If yes, how often?
265	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.

Num	Variable	Type	Len	Label
266	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
267	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
268	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
269	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
270	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
271	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
272	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
273	COMMRESKNOWL	Num	8	Community Resource Knowledge
274	COMMRESUSE	Num	8	Community Resource Use
275	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
276	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
277	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
278	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
279	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
280	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
281	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
282	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
283	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
284	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
285	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
286	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
287	Z_WTLBS	Num	8	Weight in Pounds
288	Z_WTKG	Num	8	Weight in Kilogram
289	Z_BMI	Num	8	BMI
290	LAB2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 lab visit
291	LABA1C	Num	8	hemoglobin a1c.
292	Z_SYSTOLIC	Num	8	Systolic BP
293	Z_DIASTOLIC	Num	8	Diastolic BP
294	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
295	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
296	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g/dL}$
297	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
298	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
299	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
300	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL

Num	Variable	Type	Len	Label
301	CAROTENOID_INDEX	Num	8	Carotenoid index
302	ACC1A	Num	8	How helpful for improving your diet was Information on Nuts, Spreads, Dressings, and Oils?
303	ACC1B	Num	8	How helpful for improving your diet was Information on Vegetables, Fruit, Whole Grains, and Beans?
304	ACC1C	Num	8	How helpful for improving your diet was Information on Drinks, Desserts, Snacks, Eating Out, and Salt?
305	ACC1D	Num	8	How helpful for improving your diet was Information on Fish, Meat, Poultry, Dairy, and Eggs?
306	ACC1E	Num	8	How helpful for improving your diet was Reviewing your diet and choosing healthy eating goals?
307	ACC1F	Num	8	How helpful for improving your diet was Writing goals and first steps toward your healthy eating goals?
308	ACC1G	Num	8	How helpful for improving your diet was Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget)?
309	ACC1H	Num	8	How helpful for improving your diet was the Community resource guide?
310	ACC1I	Num	8	How helpful for improving your diet was the Cookbook?
311	ACC2A	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Nuts, Spreads, Dressings, and Oils
312	ACC2B	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Vegetables, Fruit, Whole Grains, and Beans
313	ACC2C	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Drinks, Desserts, Snacks, Eating Out, and Salt
314	ACC2D	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Fish, Meat, Poultry, Dairy, and Eggs
315	ACC3E	Num	8	Which of the following were most useful to you in helping you to change your diet? Cookbook
316	ACC5	Num	8	Did you decide to work on physical activity as part of this program?
317	ACC6A	Num	8	How helpful for increasing your physical activity was Information about Why Physical Activity is Important
318	ACC6B	Num	8	How helpful for increasing your physical activity was Information about Walking
319	ACC6C	Num	8	How helpful for increasing your physical activity was Information on Muscle Strengthening Activities
320	ACC6D	Num	8	How helpful for increasing your physical activity was Information about Making Plans to Stay Active
321	ACC6E	Num	8	How helpful for increasing your physical activity was Reviewing your physical activity habits and choosing physical activity goals
322	ACC6F	Num	8	How helpful for increasing your physical activity was Writing goals and first steps toward your physical activity goals
323	ACC6G	Num	8	How helpful for increasing your physical activity was Handouts and resources (for example, Guide to Chair Exercises)
324	ACC6H	Num	8	How helpful for increasing your physical activity was Community Resource Guide
325	ACC6I	Num	8	How helpful for increasing your physical activity was Pedometer

Num	Variable	Type	Len	Label
326	ACC6J	Num	8	How helpful for increasing your physical activity was Physical activity logs (using steps or minutes)
327	ACC7A	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Why Physical Activity is Important
328	ACC7B	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Walking
329	ACC7C	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Muscle Strengthening Activities
330	ACC7D	Num	8	Which of the sessions on physical were most helpful to you? Information about Making Plans to Stay Active
331	ACC8A	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Reviewing your physical activity habits and choosing physical activity goals
332	ACC8B	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Writing goals and first steps toward your physical activity goals
333	ACC8C	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Handouts and resources (for example, Guide to Chair Exercises)
334	ACC8D	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Community Resource Guide
335	ACC8E	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Pedometer
336	ACC8F	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Physical activity logs (using steps or minutes)
337	ACC10A	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information provided was easy to understand.
338	ACC10B	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information was trustworthy.
339	ACC10C	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease
340	ACC10D	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease.
341	ACC11	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: I would recommend the program to others
342	ACC12	Num	8	Overall, how would you rate the number of sessions?
343	ACC13	Num	8	Overall, how would you rate the amount of time you spent in the sessions?
344	ACC14	Num	8	Did you feel that the counseling sessions were relevant to you?
345	ACC15	Num	8	Did you miss or have to reschedule any study visits?
346	ACC15A_1	Num	8	What kept you from getting to the study visits? getting time off work
347	ACC15A_2	Num	8	What kept you from getting to the study visits? childcare responsibilities
348	ACC15A_3	Num	8	What kept you from getting to the study visits? eldercare responsibilities

Num	Variable	Type	Len	Label
349	ACC15A_4	Num	8	What kept you from getting to the study visits? transportations issues (lack of transportation, costs)
350	ACC15A_5	Num	8	What kept you from getting to the study visits? other
351	ACC16A	Num	8	Who, if anyone, attended your sessions with you? friend
352	ACC16B	Num	8	Who, if anyone, attended your sessions with you? spouse or partner
353	ACC16C	Num	8	Who, if anyone, attended your sessions with you? family member
354	ACC16D	Num	8	Who, if anyone, attended your sessions with you? child/children
355	ACC16E	Num	8	Who, if anyone, attended your sessions with you? other
356	ACC16F	Num	8	Who, if anyone, attended your sessions with you? No one
357	ACC17	Num	8	Did you look at the binder outside of your counseling session?
358	ACC18	Num	8	How satisfied were you with the format in which you received the information (one-on-one with a counselor, versus in a group)?
359	ACC19	Num	8	If you had it to do over again, how would you choose to receive this intervention?

Data Set Name: hhl_time2ls.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	STUDY_H	Num	8	Participant interested in Hypertension Study
6	STUDY_L	Num	8	Participant interested in Lifestyle Study
7	STUDY_G	Num	8	Participant interested in Genomics Study
8	L_GROUP	Num	8	Phase 2 intervention program selected by Lifestyle participant: 1=Weight Loss 16 Week; 2=Weight Loss Combination; 3=Lifestyle phone counseling
9	B8	Num	8	Do you smoke cigarettes now?
10	B8A	Num	8	packs per day.
11	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
12	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
13	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
14	C7	Num	8	do you take prescription medicines?
15	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
16	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
17	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
18	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
19	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
20	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the c
21	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the
22	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
23	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
24	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
25	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
26	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
27	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
28	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
29	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
30	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
31	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
32	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
33	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
34	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
35	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
36	C12	Num	8	do you take medicine for high blood pressure or hypertension?
37	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
38	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
39	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
40	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
41	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
42	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
43	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
44	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
45	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
46	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
47	D16	Num	8	Do you know what your last blood pressure reading was?
48	D16SYS	Num	8	Systolic reading
49	D16DIAS	Num	8	Diastolic reading
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score

Num	Variable	Type	Len	Label
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	MHI_CONVERTED	Num	8	MHI converted
69	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
70	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
71	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
72	C37D	Char	1	I know what each of my prescribed medicines does.
73	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
74	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
75	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
76	C37H	Char	1	I understand the nature and causes of my health condition(s).
77	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
78	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
79	C37K	Char	1	I know how to prevent further problems with my health condition(s).
80	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
81	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
82	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
83	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
84	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
85	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
86	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried

Num	Variable	Type	Len	Label
87	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
88	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
89	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
90	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
91	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
92	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
93	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
94	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
95	VIT_C	Num	8	Vitamin C (mg)
96	MG	Num	8	Magnesium (mg)
97	K	Num	8	Potassium (mg)
98	FIBER	Num	8	Dietary Fiber (grams)
99	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
100	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
101	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
102	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
103	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
104	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
105	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
106	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
107	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
108	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
109	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1

Num	Variable	Type	Len	Label
110	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
111	G5	Num	8	times
112	G6HRS	Num	8	hours
113	G6MINS	Num	8	minutes
114	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
115	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
116	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
117	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
118	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
119	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
120	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
121	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
122	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
123	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
124	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
125	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
126	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
127	G9D	Num	8	fitness center.
128	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
129	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
130	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
131	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
132	G11	Num	8	times
133	G12HRS	Num	8	hours.
134	G12MINS	Num	8	minutes.
135	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)

Num	Variable	Type	Len	Label
136	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
137	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
138	G15HRS	Num	8	hours.
139	G15MINS	Num	8	minutes.
140	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
141	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
142	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
143	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
144	H1	Num	8	I can count on adults in my neighborhood or community to watch out that children are safe and don't get in trouble.
145	H2	Num	8	When I am away from home, I know that my neighbors will keep their eyes open for possible trouble at my place.
146	H3	Num	8	In my neighborhood/community, people mostly go their own way.
147	H4	Num	8	People in my neighborhood/community do not share the same values.
148	H5	Num	8	If I were sick, I could count on my neighbors to shop for groceries for me.
149	H6	Num	8	People in this neighborhood/community can be trusted.
150	H7	Num	8	Parents in this neighborhood/community know their children's friends.
151	H8	Num	8	Children around here have no place to play but the street.
152	H9	Num	8	Adults in my neighborhood/community know who the local children are.
153	H10	Num	8	The equipment and buildings are well kept in the park or playground that is closest to where I live.
154	H11	Num	8	The park or playground that is closest to where I live is safe during the day.
155	H12	Num	8	The park or playground that is closest to where I live is safe at night.
156	H13	Num	8	People in this neighborhood/community generally know each other.
157	H14	Num	8	I know the first name of most of the people who live in my community/neighborhood.
158	H15	Num	8	If I had to borrow \$30 in an emergency, I could borrow it from someone.
159	H16A	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? church member
160	H16B	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? co-worker
161	H16C	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? family member

Num	Variable	Type	Len	Label
162	H16D	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? friend
163	H16E	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? neighbor
164	H16F	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? someone at school
165	H16G	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? other
166	H16H	Num	8	If you had to borrow \$30 in an emergency, who would you borrow it from? no one
167	H17MONTHS	Num	8	How long have you lived in this neighborhood/community? number of months if less than 12 months
168	H17YEARS	Num	8	How long have you lived in this neighborhood/community? number of years if 1 year or more
169	H19MONTHS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of months if less than 12 months
170	H19YEARS	Num	8	If you had to take your best guess, how long do you think you'll be living in this neighborhood/community? number of years if 1 year or more
171	H20	Num	8	Are you currently registered to vote?
172	H21	Num	8	Did you vote in the most recent election?
173	H22	Num	8	Did you vote in the 2008 presidential election?
174	H23	Num	8	Are you a member of a formal or informal organization in your community? [This includes things like local government, Rotary, gleaner groups, Parent Teacher Association (PTA), recovery or support groups, and/or sports teams. Do not include churches.]
175	H24	Num	8	How often, if ever, do you go to church, synagogue, or some other place of worship?
176	H27	Num	8	How many relatives do you see or hear from at least once a month?
177	H28	Num	8	How many relatives do you feel close to such that you would call on them for help?
178	H29	Num	8	How many relatives do you feel at ease enough with to talk with about private matters?
179	H30	Num	8	How many of your friends do you see or hear from at least once a month?
180	H31	Num	8	How many friends do you feel close to such that you would call on them for help?
181	H32	Num	8	How many friends do you feel at ease enough with to talk with about private matters?
182	H33	Num	8	If you had a very personal and serious problem, are there any people with whom you could discuss it?
183	Z_SAFETY	Num	8	Safety social determinant scale
184	Z_SOCIALCOHESION	Num	8	Social Cohesion social determinant scale
185	Z_SOCIALCAPITAL	Num	8	Social Capital social determinant scale
186	Z_YEARSALREADY	Num	8	Years lived in neighborhood
187	Z_YEARSFUTURE	Num	8	Years think will live in neighborhood

Num	Variable	Type	Len	Label
188	Z_SOCNETTOTAL	Num	8	Social Network Scale Total Score
189	Z_SOCIALISOLATION	Num	8	At risk for social isolation
190	Z_MARGINFAMTIES	Num	8	Marginal family ties
191	Z_MARGFRIENDTIES	Num	8	Marginal friendship ties
192	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
193	NUT2	Num	8	What type of butter or margarine do you usually use?
194	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
195	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
196	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
197	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
198	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
199	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
200	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
201	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
202	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
203	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
204	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
205	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
206	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
207	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
208	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt

Num	Variable	Type	Len	Label
209	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
210	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
211	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
212	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
213	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
214	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
215	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
216	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
217	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
218	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
219	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
220	ZFQS_TOTAL	Num	8	Fat Quality Score
221	Z_NUT_TOTAL	Num	8	Summary score for nuts
222	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
223	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
224	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
225	Z_DAIRY	Num	8	dairy products/day
226	Z_EGGS	Num	8	eggs/day
227	Z_DRA_TOTAL	Num	8	DRA total
228	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
229	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
230	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
231	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
232	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
233	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
234	PA2	Num	8	What is the total time you spend doing this activity?

Num	Variable	Type	Len	Label
235	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
236	PA4	Num	8	What is the total time you spend?
237	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
238	PA6	Num	8	What is the total time you spend doing this activity each day?
239	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
240	WALK_WORK	Num	8	walking at work score
241	MOD_LEISURE	Num	8	moderate leisure time activity score
242	VIG_LEISURE	Num	8	vigorous leisure time score
243	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
244	PHYSACT_TOT	Num	8	Total physical activity score
245	A1_L	Num	8	How many pats of margarine do you use each day?
246	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
247	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
248	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
249	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A4_L	Num	8	stick margarine?
251	A5_L	Num	8	shortening?
252	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
253	A7_L	Num	8	stick margarine?
254	A8_L	Num	8	shortening?
255	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
256	B19A_L	Num	8	If yes, how often?
257	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
258	B20A_L	Num	8	If yes, how often?
259	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
260	B21A_L	Num	8	If yes, how often?
261	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?
262	B22A_L	Num	8	If yes, how often?
263	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
264	B23A_L	Num	8	If yes, how often?
265	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.

Num	Variable	Type	Len	Label
266	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
267	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
268	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
269	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
270	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
271	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
272	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
273	COMMRESKNOWL	Num	8	Community Resource Knowledge
274	COMMRESUSE	Num	8	Community Resource Use
275	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
276	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
277	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
278	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
279	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
280	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
281	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
282	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
283	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
284	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
285	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
286	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
287	Z_WTLBS	Num	8	Weight in Pounds
288	Z_WTKG	Num	8	Weight in Kilogram
289	Z_BMI	Num	8	BMI
290	LAB2_INTERVAL	Num	8	# of days between enrollment visit and Time 2 lab visit
291	LABA1C	Num	8	hemoglobin a1c.
292	Z_SYSTOLIC	Num	8	Systolic BP
293	Z_DIASTOLIC	Num	8	Diastolic BP
294	ZEAXANTHIN__G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
295	CRYPTOXANTHIN__G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
296	LYCOPENE__G_DL	Num	8	Lycopene $\mu\text{g/dL}$
297	ALPHA_CAROTENE__G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
298	BETA_CAROTENE__G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
299	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
300	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL

Num	Variable	Type	Len	Label
301	CAROTENOID_INDEX	Num	8	Carotenoid index
302	ACC1A	Num	8	How helpful for improving your diet was Information on Nuts, Spreads, Dressings, and Oils?
303	ACC1B	Num	8	How helpful for improving your diet was Information on Vegetables, Fruit, Whole Grains, and Beans?
304	ACC1C	Num	8	How helpful for improving your diet was Information on Drinks, Desserts, Snacks, Eating Out, and Salt?
305	ACC1D	Num	8	How helpful for improving your diet was Information on Fish, Meat, Poultry, Dairy, and Eggs?
306	ACC1E	Num	8	How helpful for improving your diet was Reviewing your diet and choosing healthy eating goals?
307	ACC1F	Num	8	How helpful for improving your diet was Writing goals and first steps toward your healthy eating goals?
308	ACC1G	Num	8	How helpful for improving your diet was Handouts and resources (for example, Best Oils for Cooking, Eating Healthy on a Budget)?
309	ACC1H	Num	8	How helpful for improving your diet was the Community resource guide?
310	ACC1I	Num	8	How helpful for improving your diet was the Cookbook?
311	ACC2A	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Nuts, Spreads, Dressings, and Oils
312	ACC2B	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Vegetables, Fruit, Whole Grains, and Beans
313	ACC2C	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Drinks, Desserts, Snacks, Eating Out, and Salt
314	ACC2D	Num	8	Which of the sessions on healthy eating were most helpful to you? Information about Fish, Meat, Poultry, Dairy, and Eggs
315	ACC3E	Num	8	Which of the following were most useful to you in helping you to change your diet? Cookbook
316	ACC5	Num	8	Did you decide to work on physical activity as part of this program?
317	ACC6A	Num	8	How helpful for increasing your physical activity was Information about Why Physical Activity is Important
318	ACC6B	Num	8	How helpful for increasing your physical activity was Information about Walking
319	ACC6C	Num	8	How helpful for increasing your physical activity was Information on Muscle Strengthening Activities
320	ACC6D	Num	8	How helpful for increasing your physical activity was Information about Making Plans to Stay Active
321	ACC6E	Num	8	How helpful for increasing your physical activity was Reviewing your physical activity habits and choosing physical activity goals
322	ACC6F	Num	8	How helpful for increasing your physical activity was Writing goals and first steps toward your physical activity goals
323	ACC6G	Num	8	How helpful for increasing your physical activity was Handouts and resources (for example, Guide to Chair Exercises)
324	ACC6H	Num	8	How helpful for increasing your physical activity was Community Resource Guide
325	ACC6I	Num	8	How helpful for increasing your physical activity was Pedometer

Num	Variable	Type	Len	Label
326	ACC6J	Num	8	How helpful for increasing your physical activity was Physical activity logs (using steps or minutes)
327	ACC7A	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Why Physical Activity is Important
328	ACC7B	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Walking
329	ACC7C	Num	8	Which of the sessions on physical activity were most helpful to you? Information about Muscle Strengthening Activities
330	ACC7D	Num	8	Which of the sessions on physical were most helpful to you? Information about Making Plans to Stay Active
331	ACC8A	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Reviewing your physical activity habits and choosing physical activity goals
332	ACC8B	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Writing goals and first steps toward your physical activity goals
333	ACC8C	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Handouts and resources (for example, Guide to Chair Exercises)
334	ACC8D	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Community Resource Guide
335	ACC8E	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Pedometer
336	ACC8F	Num	8	Which of the following were most useful to you in helping you to increase your physical activity? Physical activity logs (using steps or minutes)
337	ACC10A	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information provided was easy to understand.
338	ACC10B	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The information was trustworthy.
339	ACC10C	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease
340	ACC10D	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: The program helped me improve my lifestyle to reduce the risk of heart disease.
341	ACC11	Num	8	Thinking about the Lifestyle Program as a whole, please indicate how much you agree or disagree with: I would recommend the program to others
342	ACC12	Num	8	Overall, how would you rate the number of sessions?
343	ACC13	Num	8	Overall, how would you rate the amount of time you spent in the sessions?
344	ACC14	Num	8	Did you feel that the counseling sessions were relevant to you?
345	ACC15	Num	8	Did you miss or have to reschedule any study visits?
346	ACC15A_1	Num	8	What kept you from getting to the study visits? getting time off work
347	ACC15A_2	Num	8	What kept you from getting to the study visits? childcare responsibilities
348	ACC15A_3	Num	8	What kept you from getting to the study visits? eldercare responsibilities

Num	Variable	Type	Len	Label
349	ACC15A_4	Num	8	What kept you from getting to the study visits? transportations issues (lack of transportation, costs)
350	ACC15A_5	Num	8	What kept you from getting to the study visits? other
351	ACC16A	Num	8	Who, if anyone, attended your sessions with you? friend
352	ACC16B	Num	8	Who, if anyone, attended your sessions with you? spouse or partner
353	ACC16C	Num	8	Who, if anyone, attended your sessions with you? family member
354	ACC16D	Num	8	Who, if anyone, attended your sessions with you? child/children
355	ACC16E	Num	8	Who, if anyone, attended your sessions with you? other
356	ACC16F	Num	8	Who, if anyone, attended your sessions with you? No one
357	ACC17	Num	8	Did you look at the binder outside of your counseling session?
358	ACC18	Num	8	How satisfied were you with the format in which you received the information (one-on-one with a counselor, versus in a group)?
359	ACC19	Num	8	If you had it to do over again, how would you choose to receive this intervention?

Data Set Name: hhl_time3all.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation (Group 1 wt loss maintenance; Group 2 wt loss maintenance; lifestyle phone counseling)
6	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who livewith you smoke anywhere inside your home?
12	B10	Num	8	do you currently have health insurance?
13	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
14	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
15	B11B	Num	8	What is the one main reason why you did not have any health insurance?
16	B12	Num	8	Which of the following best describes your current main daily activities and/or responsibilities?
17	B13	Num	8	What type of work do/did you do in your current or most recent job?
18	C7	Num	8	do you take prescription medicines?
19	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
20	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
21	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each ofthe following because of cost? How often did you: take fewer pills or a smallerdose because of cost?
22	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
23	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
24	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c

Num	Variable	Type	Len	Label
25	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the c
26	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
27	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
28	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
29	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
30	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
31	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
32	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
33	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
34	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
35	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
36	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
37	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
38	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
39	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
40	C12	Num	8	do you take medicine for high blood pressure or hypertension?
41	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?

Num	Variable	Type	Len	Label
42	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
43	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
44	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
45	C17	Char	1	Did you take your high blood pressure pills yesterday?
46	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
47	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
48	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
49	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
50	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
51	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
52	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
53	C22	Num	8	In general, would you say your health is
54	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
55	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
56	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
57	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
58	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
59	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
60	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
61	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
62	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
63	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?

Num	Variable	Type	Len	Label
64	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
65	PCS	Num	8	Physical Composite Score
66	MCS	Num	8	Mental Composite Score
67	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
68	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
69	C36	Num	8	How much of the time during the last month have you: been a happy person?
70	Z_MHI	Num	8	MHI-5 (max 30)
71	MHI_CONVERTED	Num	8	MHI converted
72	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
73	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
74	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
75	C37D	Char	1	I know what each of my prescribed medicines does.
76	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
77	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
78	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
79	C37H	Char	1	I understand the nature and causes of my health condition(s).
80	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
81	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
82	C37K	Char	1	I know how to prevent further problems with my health condition(s).
83	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
84	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
85	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
86	D2	Num	8	If the blood pressure is 130/80 it is:
87	D3	Num	8	If the blood pressure is 160/100 it is
88	D4	Num	8	Once someone has high blood pressure, it usually lasts
89	D5	Num	8	Exercising every day makes blood pressure
90	D6	Num	8	Losing weight usually makes blood pressure

Num	Variable	Type	Len	Label
91	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
92	D8	Num	8	People with high blood pressure should take their medicine
93	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
94	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
95	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
96	D12	Num	8	High blood pressure can cause heart attacks.
97	D13	Num	8	High blood pressure can cause cancer.
98	D14	Num	8	High blood pressure can cause strokes.
99	D15	Num	8	High blood pressure can cause kidney problems.
100	Z_HTN_BLFS	Num	8	HTN Belief Score
101	D16	Num	8	Do you know what your last blood pressure reading was?
102	D16SYS	Num	8	systolic.
103	D16DIAS	Num	8	diastolic.
104	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
105	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
106	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
107	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
108	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
109	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
110	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
111	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
112	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
113	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
114	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)

Num	Variable	Type	Len	Label
115	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
116	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
117	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
118	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
119	VIT_C	Num	8	Vitamin C (mg)
120	MG	Num	8	Magnesium (mg)
121	K	Num	8	Potassium (mg)
122	FIBER	Num	8	Dietary Fiber (grams)
123	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
124	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
125	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
126	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
127	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
128	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
129	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
130	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
131	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
132	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
133	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
134	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
135	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)? times
136	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) hours
137	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) minutes
138	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
139	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.

Num	Variable	Type	Len	Label
140	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
141	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
142	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
143	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
144	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
145	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
146	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
147	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
148	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
149	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
150	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
151	G9D	Num	8	fitness center.
152	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
153	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
154	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
155	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
156	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate? times
157	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) hours.
158	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) minutes.
159	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
160	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase i

Num	Variable	Type	Len	Label
161	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
162	G15HRS	Num	8	hours.
163	G15MINS	Num	8	minutes.
164	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
165	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
166	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
167	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
168	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
169	NUT2	Num	8	What type of butter or margarine do you usually use?
170	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
171	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
172	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
173	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
174	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
175	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
176	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
177	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
178	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
179	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
180	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
181	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat

Num	Variable	Type	Len	Label
182	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regularnon-diet sodas, bottled fruit drinks, Kool-Aid, iced or
183	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
184	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
185	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
186	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
187	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
188	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
189	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
190	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
191	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
192	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
193	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
194	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
195	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
196	ZFQS_TOTAL	Num	8	Fat Quality Score
197	Z_NUT_TOTAL	Num	8	Summary score for nuts
198	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
199	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
200	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
201	Z_DAIRY	Num	8	dairy products/day
202	Z_EGGS	Num	8	eggs/day
203	Z_DRA_TOTAL	Num	8	DRA total
204	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
205	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?

Num	Variable	Type	Len	Label
206	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
207	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
208	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
209	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
210	PA2	Num	8	What is the total time you spend doing this activity?
211	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
212	PA4	Num	8	What is the total time you spend?
213	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
214	PA6	Num	8	What is the total time you spend doing this activity each day?
215	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
216	WALK_WORK	Num	8	walking at work score
217	MOD_LEISURE	Num	8	moderate leisure time activity score
218	VIG_LEISURE	Num	8	vigorous leisure time score
219	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
220	PHYSACT_TOT	Num	8	Total physical activity score
221	A1_L	Num	8	How many pats of margarine do you use each day?
222	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
223	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
224	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
225	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
226	A4_L	Num	8	stick margarine?
227	A5_L	Num	8	shortening?
228	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
229	A7_L	Num	8	stick margarine?
230	A8_L	Num	8	shortening?
231	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
232	B19A_L	Num	8	If yes, how often?
233	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
234	B20A_L	Num	8	If yes, how often?
235	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
236	B21A_L	Num	8	If yes, how often?
237	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?

Num	Variable	Type	Len	Label
238	B22A_L	Num	8	If yes, how often?
239	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
240	B23A_L	Num	8	If yes, how often?
241	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
242	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
243	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
244	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
245	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
246	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
247	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
248	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
249	COMMRESKNOWL	Num	8	Community Resource Knowledge
250	COMMRESUSE	Num	8	Community Resource Use
251	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
252	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
253	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
254	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
255	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
256	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
257	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
258	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
259	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
260	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
261	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
262	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
263	Z_WTLBS	Num	8	Weight in Pounds
264	Z_WTKG	Num	8	Weight in Kilogram
265	Z_BMI	Num	8	BMI
266	LAB3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 lab visit
267	LABTC	Num	8	total cholesterol.
268	LABHDL	Num	8	hdl cholesterol.
269	LABCREAT	Num	8	creatine.
270	LABGFR	Num	8	gfr.

Num	Variable	Type	Len	Label
271	LABA1C	Num	8	hemoglobin a1c.
272	RISKSCORE	Num	8	RiskScore
273	Z_SYSTOLIC	Num	8	Systolic BP
274	Z_DIASTOLIC	Num	8	Diastolic BP
275	ZEAXANTHIN_G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
276	CRYPTOXANTHIN_G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
277	LYCOPENE_G_DL	Num	8	Lycopene $\mu\text{g/dL}$
278	ALPHA_CAROTENE_G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
279	BETA_CAROTENE_G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
280	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
281	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
282	CAROTENOID_INDEX	Num	8	Carotenoid index
283	COMB1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
284	COMB2	Num	8	Did you complete any phone contacts with the health counselor as part of the Heart Healthy Lenoir Weight Loss Program?
285	COMB3A	Num	8	Would you say that, overall a total of 15 sessions was:
286	COMB3B	Num	8	Would you say that 10 phone sessions were:
287	COMB3C	Num	8	Would you say that 5 group sessions were:
288	COMB4A	Num	8	How would you rate these things about the Program. the session materials (phone/group)
289	COMB4B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
290	COMB4C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
291	COMB4D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
292	COMB4E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
293	COMB4F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
294	COMB4G	Num	8	How would you rate these things about the Program. the phone coach
295	COMB5A	Num	8	How satisfied were you with the length of the calls?
296	COMB5B	Num	8	How satisfied were you with the content of the calls (what you discussed)?
297	COMB6	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
298	COMB6A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
299	COMB7	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
300	COMB7A	Num	8	If yes, how would you rate your record-keeping?
301	COMB7B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?

Num	Variable	Type	Len	Label
302	COMB8	Num	8	Thinking about the 15-week Program, how satisfied are you with what this weight loss program offered?
303	LSM1A	Num	8	How helpful was: the first session with information about identifying and handling high risk situations?
304	LSM1B	Num	8	How helpful was: the second session with information about problem solving?
305	LSM1C	Num	8	How helpful was: the third session with information about what everyone should know about maintaining heart health?
306	LSM2	Num	8	During the last six months, did you use the program binder with the information on diet and physical activity?
307	LSM3	Num	8	During the last six months, did you use the Community Resource Guide with the information on local resources that promote a healthy lifestyle?
308	LSM4	Num	8	During the last six months, did you use the cookbook?
309	LSM5	Num	8	Overall, how would you rate the number of phone sessions you received?
310	LSM6	Num	8	Overall, how would you rate the amount of time you spent on the phone during phone counseling sessions over the last 6 months?
311	LSM7	Num	8	Did you have to take time off from work for these phone calls?
312	LSM8	Num	8	How satisfied were you with the format of these phone counseling sessions?
313	LSM9	Num	8	How helpful would you say the sessions were?
314	WL1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
315	WL2	Num	8	The Program included 16 weekly group sessions. Would you say that the 16 sessions were:
316	WL3A	Num	8	How would you rate these things about the Program. the session materials
317	WL3B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
318	WL3C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
319	WL3D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
320	WL3E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
321	WL3F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
322	WL4	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
323	WL4A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
324	WL5	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
325	WL5A	Num	8	If yes, how would you rate your record-keeping?
326	WL5B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?
327	WL6	Num	8	Thinking about the 16-week Program, how satisfied are you with what this weight loss program offered?

Data Set Name: hhl_time3hbp.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation (Group 1 wt loss maintenance; Group 2 wt loss maintenance; lifestyle phone counseling)
6	ENRGROUP	Char	13	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who livewith you smoke anywhere inside your home?
12	B10	Num	8	do you currently have health insurance?
13	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
14	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
15	B11B	Num	8	What is the one main reason why you did not have any health insurance?
16	B12	Num	8	Which of the following best describes your current main daily activities and/or responsibilities?
17	B13	Num	8	What type of work do/did you do in your current or most recent job?
18	C7	Num	8	do you take prescription medicines?
19	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
20	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
21	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each ofthe following because of cost? How often did you: take fewer pills or a smallerdose because of cost?
22	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
23	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
24	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c

Num	Variable	Type	Len	Label
25	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the c
26	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
27	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
28	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
29	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
30	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
31	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
32	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
33	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
34	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
35	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
36	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
37	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
38	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
39	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
40	C12	Num	8	do you take medicine for high blood pressure or hypertension?
41	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?

Num	Variable	Type	Len	Label
42	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
43	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
44	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
45	C17	Char	1	Did you take your high blood pressure pills yesterday?
46	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
47	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
48	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
49	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
50	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
51	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
52	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
53	C22	Num	8	In general, would you say your health is
54	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
55	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
56	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
57	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
58	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
59	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
60	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
61	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
62	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
63	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?

Num	Variable	Type	Len	Label
64	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
65	PCS	Num	8	Physical Composite Score
66	MCS	Num	8	Mental Composite Score
67	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
68	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
69	C36	Num	8	How much of the time during the last month have you: been a happy person?
70	Z_MHI	Num	8	MHI-5 (max 30)
71	MHI_CONVERTED	Num	8	MHI converted
72	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
73	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
74	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
75	C37D	Char	1	I know what each of my prescribed medicines does.
76	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
77	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
78	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
79	C37H	Char	1	I understand the nature and causes of my health condition(s).
80	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
81	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
82	C37K	Char	1	I know how to prevent further problems with my health condition(s).
83	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
84	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
85	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
86	D2	Num	8	If the blood pressure is 130/80 it is:
87	D3	Num	8	If the blood pressure is 160/100 it is
88	D4	Num	8	Once someone has high blood pressure, it usually lasts
89	D5	Num	8	Exercising every day makes blood pressure
90	D6	Num	8	Losing weight usually makes blood pressure

Num	Variable	Type	Len	Label
91	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
92	D8	Num	8	People with high blood pressure should take their medicine
93	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
94	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
95	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
96	D12	Num	8	High blood pressure can cause heart attacks.
97	D13	Num	8	High blood pressure can cause cancer.
98	D14	Num	8	High blood pressure can cause strokes.
99	D15	Num	8	High blood pressure can cause kidney problems.
100	Z_HTN_BLFS	Num	8	HTN Belief Score
101	D16	Num	8	Do you know what your last blood pressure reading was?
102	D16SYS	Num	8	systolic.
103	D16DIAS	Num	8	diastolic.
104	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
105	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
106	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
107	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
108	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
109	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
110	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
111	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
112	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
113	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
114	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)

Num	Variable	Type	Len	Label
115	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
116	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
117	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
118	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
119	VIT_C	Num	8	Vitamin C (mg)
120	MG	Num	8	Magnesium (mg)
121	K	Num	8	Potassium (mg)
122	FIBER	Num	8	Dietary Fiber (grams)
123	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
124	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
125	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
126	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
127	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
128	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
129	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
130	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
131	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
132	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
133	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
134	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
135	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)? times
136	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) hours
137	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) minutes
138	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
139	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.

Num	Variable	Type	Len	Label
140	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
141	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
142	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
143	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
144	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
145	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
146	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
147	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
148	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
149	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
150	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
151	G9D	Num	8	fitness center.
152	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
153	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
154	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
155	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
156	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate? times
157	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) hours.
158	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) minutes.
159	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
160	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase i

Num	Variable	Type	Len	Label
161	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
162	G15HRS	Num	8	hours.
163	G15MINS	Num	8	minutes.
164	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
165	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
166	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
167	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
168	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
169	NUT2	Num	8	What type of butter or margarine do you usually use?
170	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
171	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
172	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
173	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
174	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
175	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
176	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
177	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
178	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
179	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
180	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
181	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat

Num	Variable	Type	Len	Label
182	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regularnon-diet sodas, bottled fruit drinks, Kool-Aid, iced or
183	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
184	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
185	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
186	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
187	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
188	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
189	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
190	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
191	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
192	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
193	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
194	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
195	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
196	ZFQS_TOTAL	Num	8	Fat Quality Score
197	Z_NUT_TOTAL	Num	8	Summary score for nuts
198	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
199	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
200	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
201	Z_DAIRY	Num	8	dairy products/day
202	Z_EGGS	Num	8	eggs/day
203	Z_DRA_TOTAL	Num	8	DRA total
204	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
205	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?

Num	Variable	Type	Len	Label
206	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
207	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
208	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
209	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
210	PA2	Num	8	What is the total time you spend doing this activity?
211	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
212	PA4	Num	8	What is the total time you spend?
213	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
214	PA6	Num	8	What is the total time you spend doing this activity each day?
215	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
216	WALK_WORK	Num	8	walking at work score
217	MOD_LEISURE	Num	8	moderate leisure time activity score
218	VIG_LEISURE	Num	8	vigorous leisure time score
219	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
220	PHYSACT_TOT	Num	8	Total physical activity score
221	A1_L	Num	8	How many pats of margarine do you use each day?
222	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
223	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
224	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
225	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
226	A4_L	Num	8	stick margarine?
227	A5_L	Num	8	shortening?
228	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
229	A7_L	Num	8	stick margarine?
230	A8_L	Num	8	shortening?
231	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
232	B19A_L	Num	8	If yes, how often?
233	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
234	B20A_L	Num	8	If yes, how often?
235	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
236	B21A_L	Num	8	If yes, how often?
237	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?

Num	Variable	Type	Len	Label
238	B22A_L	Num	8	If yes, how often?
239	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
240	B23A_L	Num	8	If yes, how often?
241	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
242	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
243	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
244	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
245	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
246	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
247	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
248	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
249	COMMRESKNOWL	Num	8	Community Resource Knowledge
250	COMMRESUSE	Num	8	Community Resource Use
251	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
252	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
253	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
254	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
255	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
256	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
257	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
258	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
259	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
260	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
261	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
262	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
263	Z_WTLBS	Num	8	Weight in Pounds
264	Z_WTKG	Num	8	Weight in Kilogram
265	Z_BMI	Num	8	BMI
266	LAB3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 lab visit
267	LABTC	Num	8	total cholesterol.
268	LABHDL	Num	8	hdl cholesterol.
269	LABCREAT	Num	8	creatine.
270	LABGFR	Num	8	gfr.

Num	Variable	Type	Len	Label
271	LABA1C	Num	8	hemoglobin a1c.
272	RISKSCORE	Num	8	RiskScore
273	Z_SYSTOLIC	Num	8	Systolic BP
274	Z_DIASTOLIC	Num	8	Diastolic BP
275	ZEAXANTHIN_G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
276	CRYPTOXANTHIN_G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
277	LYCOPENE_G_DL	Num	8	Lycopene $\mu\text{g/dL}$
278	ALPHA_CAROTENE_G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
279	BETA_CAROTENE_G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
280	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
281	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
282	CAROTENOID_INDEX	Num	8	Carotenoid index
283	COMB1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
284	COMB2	Num	8	Did you complete any phone contacts with the health counselor as part of the Heart Healthy Lenoir Weight Loss Program?
285	COMB3A	Num	8	Would you say that, overall a total of 15 sessions was:
286	COMB3B	Num	8	Would you say that 10 phone sessions were:
287	COMB3C	Num	8	Would you say that 5 group sessions were:
288	COMB4A	Num	8	How would you rate these things about the Program. the session materials (phone/group)
289	COMB4B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
290	COMB4C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
291	COMB4D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
292	COMB4E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
293	COMB4F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
294	COMB4G	Num	8	How would you rate these things about the Program. the phone coach
295	COMB5A	Num	8	How satisfied were you with the length of the calls?
296	COMB5B	Num	8	How satisfied were you with the content of the calls (what you discussed)?
297	COMB6	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
298	COMB6A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
299	COMB7	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
300	COMB7A	Num	8	If yes, how would you rate your record-keeping?
301	COMB7B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?

Num	Variable	Type	Len	Label
302	COMB8	Num	8	Thinking about the 15-week Program, how satisfied are you with what this weight loss program offered?
303	LSM1A	Num	8	How helpful was: the first session with information about identifying and handling high risk situations?
304	LSM1B	Num	8	How helpful was: the second session with information about problem solving?
305	LSM1C	Num	8	How helpful was: the third session with information about what everyone should know about maintaining heart health?
306	LSM2	Num	8	During the last six months, did you use the program binder with the information on diet and physical activity?
307	LSM3	Num	8	During the last six months, did you use the Community Resource Guide with the information on local resources that promote a healthy lifestyle?
308	LSM4	Num	8	During the last six months, did you use the cookbook?
309	LSM5	Num	8	Overall, how would you rate the number of phone sessions you received?
310	LSM6	Num	8	Overall, how would you rate the amount of time you spent on the phone during phone counseling sessions over the last 6 months?
311	LSM7	Num	8	Did you have to take time off from work for these phone calls?
312	LSM8	Num	8	How satisfied were you with the format of these phone counseling sessions?
313	LSM9	Num	8	How helpful would you say the sessions were?
314	WL1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
315	WL2	Num	8	The Program included 16 weekly group sessions. Would you say that the 16 sessions were:
316	WL3A	Num	8	How would you rate these things about the Program. the session materials
317	WL3B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
318	WL3C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
319	WL3D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
320	WL3E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
321	WL3F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
322	WL4	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
323	WL4A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
324	WL5	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
325	WL5A	Num	8	If yes, how would you rate your record-keeping?
326	WL5B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?
327	WL6	Num	8	Thinking about the 16-week Program, how satisfied are you with what this weight loss program offered?

Data Set Name: hhl_time3ls.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation (Group 1 wt loss maintenance; Group 2 wt loss maintenance; lifestyle phone counseling)
6	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who livewith you smoke anywhere inside your home?
12	B10	Num	8	do you currently have health insurance?
13	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
14	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
15	B11B	Num	8	What is the one main reason why you did not have any health insurance?
16	B12	Num	8	Which of the following best describes your current main daily activities and/or responsibilities?
17	B13	Num	8	What type of work do/did you do in your current or most recent job?
18	C7	Num	8	do you take prescription medicines?
19	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
20	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
21	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each ofthe following because of cost? How often did you: take fewer pills or a smallerdose because of cost?
22	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
23	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
24	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c

Num	Variable	Type	Len	Label
25	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to stretch out the time before getting a refill because of the c
26	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)
27	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
28	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
29	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
30	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
31	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
32	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
33	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
34	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
35	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
36	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
37	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
38	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
39	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
40	C12	Num	8	do you take medicine for high blood pressure or hypertension?
41	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?

Num	Variable	Type	Len	Label
42	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
43	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
44	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
45	C17	Char	1	Did you take your high blood pressure pills yesterday?
46	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
47	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
48	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
49	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
50	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
51	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
52	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
53	C22	Num	8	In general, would you say your health is
54	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
55	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
56	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
57	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
58	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
59	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
60	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
61	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
62	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
63	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?

Num	Variable	Type	Len	Label
64	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
65	PCS	Num	8	Physical Composite Score
66	MCS	Num	8	Mental Composite Score
67	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
68	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
69	C36	Num	8	How much of the time during the last month have you: been a happy person?
70	Z_MHI	Num	8	MHI-5 (max 30)
71	MHI_CONVERTED	Num	8	MHI converted
72	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
73	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
74	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
75	C37D	Char	1	I know what each of my prescribed medicines does.
76	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
77	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
78	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
79	C37H	Char	1	I understand the nature and causes of my health condition(s).
80	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
81	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
82	C37K	Char	1	I know how to prevent further problems with my health condition(s).
83	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
84	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
85	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
86	D2	Num	8	If the blood pressure is 130/80 it is:
87	D3	Num	8	If the blood pressure is 160/100 it is
88	D4	Num	8	Once someone has high blood pressure, it usually lasts
89	D5	Num	8	Exercising every day makes blood pressure
90	D6	Num	8	Losing weight usually makes blood pressure

Num	Variable	Type	Len	Label
91	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
92	D8	Num	8	People with high blood pressure should take their medicine
93	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
94	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
95	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
96	D12	Num	8	High blood pressure can cause heart attacks.
97	D13	Num	8	High blood pressure can cause cancer.
98	D14	Num	8	High blood pressure can cause strokes.
99	D15	Num	8	High blood pressure can cause kidney problems.
100	Z_HTN_BLFS	Num	8	HTN Belief Score
101	D16	Num	8	Do you know what your last blood pressure reading was?
102	D16SYS	Num	8	systolic.
103	D16DIAS	Num	8	diastolic.
104	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
105	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
106	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
107	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
108	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
109	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
110	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
111	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
112	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
113	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
114	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)

Num	Variable	Type	Len	Label
115	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
116	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
117	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
118	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
119	VIT_C	Num	8	Vitamin C (mg)
120	MG	Num	8	Magnesium (mg)
121	K	Num	8	Potassium (mg)
122	FIBER	Num	8	Dietary Fiber (grams)
123	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
124	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
125	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
126	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
127	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
128	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
129	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
130	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
131	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
132	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
133	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
134	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
135	G5	Num	8	In a usual week, how many times do you walk for recreation, health or fitness (including walking your dog)? times
136	G6HRS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) hours
137	G6MINS	Num	8	Please estimate the total time you spend walking for recreation, health or fitness in a usual week.(e.g., 5 times by 10 minutes = 50 minutes) minutes
138	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
139	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.

Num	Variable	Type	Len	Label
140	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
141	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
142	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
143	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
144	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
145	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
146	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.
147	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
148	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
149	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
150	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
151	G9D	Num	8	fitness center.
152	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
153	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
154	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
155	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
156	G11	Num	8	In a usual week, how many times do you do vigorous intensity leisure time physical activities which cause a large increase in breathing and heart rate? times
157	G12HRS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) hours.
158	G12MINS	Num	8	What do you estimate is the total time you spend doing vigorous intensity leisure time physical activities in a usual week. (e.g., 3 times by 20 minutes = 60 minutes) minutes.
159	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
160	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase i

Num	Variable	Type	Len	Label
161	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
162	G15HRS	Num	8	hours.
163	G15MINS	Num	8	minutes.
164	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
165	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
166	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
167	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
168	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
169	NUT2	Num	8	What type of butter or margarine do you usually use?
170	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
171	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
172	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
173	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
174	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
175	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
176	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
177	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
178	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
179	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
180	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
181	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat

Num	Variable	Type	Len	Label
182	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
183	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
184	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
185	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels
186	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
187	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
188	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
189	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
190	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
191	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
192	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
193	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
194	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
195	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
196	ZFQS_TOTAL	Num	8	Fat Quality Score
197	Z_NUT_TOTAL	Num	8	Summary score for nuts
198	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
199	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
200	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
201	Z_DAIRY	Num	8	dairy products/day
202	Z_EGGS	Num	8	eggs/day
203	Z_DRA_TOTAL	Num	8	DRA total
204	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
205	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?

Num	Variable	Type	Len	Label
206	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
207	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
208	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
209	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
210	PA2	Num	8	What is the total time you spend doing this activity?
211	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
212	PA4	Num	8	What is the total time you spend?
213	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
214	PA6	Num	8	What is the total time you spend doing this activity each day?
215	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
216	WALK_WORK	Num	8	walking at work score
217	MOD_LEISURE	Num	8	moderate leisure time activity score
218	VIG_LEISURE	Num	8	vigorous leisure time score
219	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
220	PHYSACT_TOT	Num	8	Total physical activity score
221	A1_L	Num	8	How many pats of margarine do you use each day?
222	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
223	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
224	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
225	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
226	A4_L	Num	8	stick margarine?
227	A5_L	Num	8	shortening?
228	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
229	A7_L	Num	8	stick margarine?
230	A8_L	Num	8	shortening?
231	B19_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a discount superstore such as WalMart or Fred's Foods?
232	B19A_L	Num	8	If yes, how often?
233	B20_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a supermarket such as Food Lion or Piggly-Wiggly?
234	B20A_L	Num	8	If yes, how often?
235	B21_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a dollar store such as Dollar General or Family Dollar?
236	B21A_L	Num	8	If yes, how often?
237	B22_L	Num	8	Do you (or the primary food shopper in your household) ever get groceries (food items) from a corner store or convenience store such as Wilco-Hess or Trade Mart?

Num	Variable	Type	Len	Label
238	B22A_L	Num	8	If yes, how often?
239	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
240	B23A_L	Num	8	If yes, how often?
241	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? 'Homegrown' is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
242	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
243	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
244	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
245	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
246	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
247	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
248	B31_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of healthy food options?
249	COMMRESKNOWL	Num	8	Community Resource Knowledge
250	COMMRESUSE	Num	8	Community Resource Use
251	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
252	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
253	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
254	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
255	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
256	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
257	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
258	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
259	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
260	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
261	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
262	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
263	Z_WTLBS	Num	8	Weight in Pounds
264	Z_WTKG	Num	8	Weight in Kilogram
265	Z_BMI	Num	8	BMI
266	LAB3_INTERVAL	Num	8	# of days between enrollment visit and Time 3 lab visit
267	LABTC	Num	8	total cholesterol.
268	LABHDL	Num	8	hdl cholesterol.
269	LABCREAT	Num	8	creatine.
270	LABGFR	Num	8	gfr.

Num	Variable	Type	Len	Label
271	LABA1C	Num	8	hemoglobin a1c.
272	RISKSCORE	Num	8	RiskScore
273	Z_SYSTOLIC	Num	8	Systolic BP
274	Z_DIASTOLIC	Num	8	Diastolic BP
275	ZEAXANTHIN_G_DL	Num	8	Zeaxanthin $\mu\text{g/dL}$
276	CRYPTOXANTHIN_G_DL	Num	8	Cryptoxanthin $\mu\text{g/dL}$
277	LYCOPENE_G_DL	Num	8	Lycopene $\mu\text{g/dL}$
278	ALPHA_CAROTENE_G_DL	Num	8	alpha-carotene $\mu\text{g/dL}$
279	BETA_CAROTENE_G_DL	Num	8	beta-carotene $\mu\text{g/dL}$
280	ALPHA_TOCOPHEROL_MG_DL	Num	8	alpha-tocopherol mg/dL
281	GAMMA_TOCOPHEROL_MG_DL	Num	8	gamma-tocopherol mg/dL
282	CAROTENOID_INDEX	Num	8	Carotenoid index
283	COMB1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
284	COMB2	Num	8	Did you complete any phone contacts with the health counselor as part of the Heart Healthy Lenoir Weight Loss Program?
285	COMB3A	Num	8	Would you say that, overall a total of 15 sessions was:
286	COMB3B	Num	8	Would you say that 10 phone sessions were:
287	COMB3C	Num	8	Would you say that 5 group sessions were:
288	COMB4A	Num	8	How would you rate these things about the Program. the session materials (phone/group)
289	COMB4B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
290	COMB4C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
291	COMB4D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
292	COMB4E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
293	COMB4F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
294	COMB4G	Num	8	How would you rate these things about the Program. the phone coach
295	COMB5A	Num	8	How satisfied were you with the length of the calls?
296	COMB5B	Num	8	How satisfied were you with the content of the calls (what you discussed)?
297	COMB6	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
298	COMB6A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
299	COMB7	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
300	COMB7A	Num	8	If yes, how would you rate your record-keeping?
301	COMB7B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?

Num	Variable	Type	Len	Label
302	COMB8	Num	8	Thinking about the 15-week Program, how satisfied are you with what this weight loss program offered?
303	LSM1A	Num	8	How helpful was: the first session with information about identifying and handling high risk situations?
304	LSM1B	Num	8	How helpful was: the second session with information about problem solving?
305	LSM1C	Num	8	How helpful was: the third session with information about what everyone should know about maintaining heart health?
306	LSM2	Num	8	During the last six months, did you use the program binder with the information on diet and physical activity?
307	LSM3	Num	8	During the last six months, did you use the Community Resource Guide with the information on local resources that promote a healthy lifestyle?
308	LSM4	Num	8	During the last six months, did you use the cookbook?
309	LSM5	Num	8	Overall, how would you rate the number of phone sessions you received?
310	LSM6	Num	8	Overall, how would you rate the amount of time you spent on the phone during phone counseling sessions over the last 6 months?
311	LSM7	Num	8	Did you have to take time off from work for these phone calls?
312	LSM8	Num	8	How satisfied were you with the format of these phone counseling sessions?
313	LSM9	Num	8	How helpful would you say the sessions were?
314	WL1	Num	8	Did you attend any Heart Healthy Lenoir Weight Loss Program group sessions?
315	WL2	Num	8	The Program included 16 weekly group sessions. Would you say that the 16 sessions were:
316	WL3A	Num	8	How would you rate these things about the Program. the session materials
317	WL3B	Num	8	How would you rate these things about the Program. the incentives or gifts provided at sessions
318	WL3C	Num	8	How would you rate these things about the Program. the physical activity done at the group sessions
319	WL3D	Num	8	How would you rate these things about the Program. the foods prepared or provided for you to taste
320	WL3E	Num	8	How would you rate these things about the Program. the way your group members interacted with each other
321	WL3F	Num	8	How would you rate these things about the Program. the group session leader (health counselor)
322	WL4	Num	8	Did you receive a scale from the Program that you could use to weigh yourself at home?
323	WL4A	Num	8	If yes, how helpful was it for you to be able to weigh yourself at home?
324	WL5	Num	8	As part of the weight loss program, you were asked to keep a record of your food intake and physical activity. Did you keep these records?
325	WL5A	Num	8	If yes, how would you rate your record-keeping?
326	WL5B	Num	8	If yes, how important would you say your record-keeping was to your weight loss success?
327	WL6	Num	8	Thinking about the 16-week Program, how satisfied are you with what this weight loss program offered?

Data Set Name: hhl_time4all.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT4_INTERVAL	Num	8	# of days between enrollment visit and Time 4 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation
6	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
12	C7	Num	8	do you take prescription medicines?
13	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
14	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
15	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
16	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
17	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
18	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c
19	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
20	C12	Num	8	do you take medicine for high blood pressure or hypertension?
21	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
22	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
23	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
24	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
25	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
26	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
27	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
28	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
29	C22	Num	8	In general, would you say your health is
30	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
31	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
32	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
33	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
34	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
35	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
36	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
37	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
38	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
39	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
40	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
41	PCS	Num	8	Physical Composite Score
42	MCS	Num	8	Mental Composite Score
43	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
44	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
45	C36	Num	8	How much of the time during the last month have you: been a happy person?
46	Z_MHI	Num	8	MHI-5 (max 30)
47	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
48	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
49	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
50	C37D	Char	1	I know what each of my prescribed medicines does.
51	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.

Num	Variable	Type	Len	Label
52	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
53	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
54	C37H	Char	1	I understand the nature and causes of my health condition(s).
55	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
56	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
57	C37K	Char	1	I know how to prevent further problems with my health condition(s).
58	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
59	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
60	D16	Num	8	Do you know what your last blood pressure reading was?
61	D16SYS	Num	8	systolic.
62	D16DIAS	Num	8	diastolic.
63	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
64	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
65	D17B_18M	Num	8	How often do you measure your blood pressure using the monitor given to you when you started the study?
66	D17C_18M	Num	8	How easy or difficult do you find using the home blood pressure monitor given to you when you started the study?
67	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
68	B23A_L	Num	8	If yes, how often?
69	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? Homegrown is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
70	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By farmer's market and produce stand, we mean places like a market where farmers come to sell their produce of like a roadside stand that s
71	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
72	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doing physical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
73	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
74	D4_L	Num	8	Thinking back to before you started the Heart Healthy Lenoir study, how often did you weigh yourself?
75	D5_L	Num	8	Do you have a scale at home?
76	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.
77	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
78	D6C_L	Num	8	When I feel anxious, I find myself eating.
79	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.

Num	Variable	Type	Len	Label
80	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
81	D6F_L	Num	8	When I feel blue, I often overeat.
82	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
83	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
84	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
85	D6J_L	Num	8	When I feel lonely, I console myself by eating.
86	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
87	D6L_L	Num	8	I do not eat some foods because they make me fat.
88	D6M_L	Num	8	I am always hungry enough to eat at any time.
89	D7_L	Num	8	How often do you feel hungry?
90	D8_L	Num	8	How frequently do you avoid stocking up on tempting foods?
91	D9_L	Num	8	How likely are you to consciously eat less than you want?
92	D10_L	Num	8	Do you go on eating binges though you are not hungry?
93	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never giving in), what number would you give yourself?
94	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b_L, D6k_L, D6l_L, D8_L, D9_L, Recoded_D11_L
95	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a_L, D6d_L, D6e_L, D6g_L, D6h_L, D6_Li, D6m_L, D7_L, D10_L
96	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c_L, D6f_L, D6j_L
97	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
98	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
99	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
100	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
101	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
102	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
103	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
104	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
105	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
106	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
107	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
108	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
109	Z_WTLBS	Num	8	Weight in Pounds
110	Z_WTKG	Num	8	Weight in Kilogram
111	Z_BMI	Num	8	BMI
112	Z_SYSTOLIC	Num	8	Systolic BP
113	Z_DIASTOLIC	Num	8	Diastolic BP
114	WLM1	Num	8	Have you spoken with your health counselor on any of the weight loss maintenance calls?
115	WLM2	Num	8	Would you say that the number of calls in the weight loss maintenance program are not enough, just about right, or too many?

Num	Variable	Type	Len	Label
116	WLM3	Num	8	If you could choose how often you were called for this program, what would you choose: monthly calls, calls every other week (2 times/moth), weekly calls, or other?
117	WLM4	Num	8	How comfortable do you feel when talking with your health counselor on the phone?

Data Set Name: hhl_time4hbp.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT4_INTERVAL	Num	8	# of days between enrollment visit and Time 4 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation
6	ENRGROUP	Char	13	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
12	C7	Num	8	do you take prescription medicines?
13	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
14	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
15	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
16	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
17	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
18	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c
19	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
20	C12	Num	8	do you take medicine for high blood pressure or hypertension?
21	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
22	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
23	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
24	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
25	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
26	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
27	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
28	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
29	C22	Num	8	In general, would you say your health is
30	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
31	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
32	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
33	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
34	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
35	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
36	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
37	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
38	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
39	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
40	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
41	PCS	Num	8	Physical Composite Score
42	MCS	Num	8	Mental Composite Score
43	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
44	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
45	C36	Num	8	How much of the time during the last month have you: been a happy person?
46	Z_MHI	Num	8	MHI-5 (max 30)
47	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
48	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
49	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
50	C37D	Char	1	I know what each of my prescribed medicines does.
51	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.

Num	Variable	Type	Len	Label
52	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
53	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
54	C37H	Char	1	I understand the nature and causes of my health condition(s).
55	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
56	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
57	C37K	Char	1	I know how to prevent further problems with my health condition(s).
58	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
59	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
60	D16	Num	8	Do you know what your last blood pressure reading was?
61	D16SYS	Num	8	systolic.
62	D16DIAS	Num	8	diastolic.
63	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
64	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
65	D17B_18M	Num	8	How often do you measure your blood pressure using the monitor given to you when you started the study?
66	D17C_18M	Num	8	How easy or difficult do you find using the home blood pressure monitor given to you when you started the study?
67	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
68	B23A_L	Num	8	If yes, how often?
69	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? Homegrown is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
70	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By farmer's market and produce stand, we mean places like a market where farmers come to sell their produce of like a roadside stand that s
71	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
72	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doing physical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
73	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
74	D4_L	Num	8	Thinking back to before you started the Heart Healthy Lenoir study, how often did you weigh yourself?
75	D5_L	Num	8	Do you have a scale at home?
76	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.
77	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
78	D6C_L	Num	8	When I feel anxious, I find myself eating.
79	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.

Num	Variable	Type	Len	Label
80	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
81	D6F_L	Num	8	When I feel blue, I often overeat.
82	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
83	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
84	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
85	D6J_L	Num	8	When I feel lonely, I console myself by eating.
86	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
87	D6L_L	Num	8	I do not eat some foods because they make me fat.
88	D6M_L	Num	8	I am always hungry enough to eat at any time.
89	D7_L	Num	8	How often do you feel hungry?
90	D8_L	Num	8	How frequently do you avoid stocking up on tempting foods?
91	D9_L	Num	8	How likely are you to consciously eat less than you want?
92	D10_L	Num	8	Do you go on eating binges though you are not hungry?
93	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never giving in), what number would you give yourself?
94	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b_L, D6k_L, D6l_L, D8_L, D9_L, Recoded_D11_L
95	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a_L, D6d_L, D6e_L, D6g_L, D6h_L, D6_Li, D6m_L, D7_L, D10_L
96	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c_L, D6f_L, D6j_L
97	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
98	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
99	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
100	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
101	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
102	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
103	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
104	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
105	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
106	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
107	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
108	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
109	Z_WTLBS	Num	8	Weight in Pounds
110	Z_WTKG	Num	8	Weight in Kilogram
111	Z_BMI	Num	8	BMI
112	Z_SYSTOLIC	Num	8	Systolic BP
113	Z_DIASTOLIC	Num	8	Diastolic BP
114	WLM1	Num	8	Have you spoken with your health counselor on any of the weight loss maintenance calls?
115	WLM2	Num	8	Would you say that the number of calls in the weight loss maintenance program are not enough, just about right, or too many?

Num	Variable	Type	Len	Label
116	WLM3	Num	8	If you could choose how often you were called for this program, what would you choose: monthly calls, calls every other week (2 times/moth), weekly calls, or other?
117	WLM4	Num	8	How comfortable do you feel when talking with your health counselor on the phone?

Data Set Name: hhl_time4ls.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT4_INTERVAL	Num	8	# of days between enrollment visit and Time 4 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	PARTICIPATION	Num	8	Participation
6	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
7	B8	Num	8	Do you smoke cigarettes now?
8	B8A	Num	8	packs per day.
9	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
10	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?
11	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
12	C7	Num	8	do you take prescription medicines?
13	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
14	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
15	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
16	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
17	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
18	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescripton medicine because of the c
19	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
20	C12	Num	8	do you take medicine for high blood pressure or hypertension?
21	C13	Char	1	Do you sometimes forget to take you high blood pressure medicine or pills?
22	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
23	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
24	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
25	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
26	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
27	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
28	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
29	C22	Num	8	In general, would you say your health is
30	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
31	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
32	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
33	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
34	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
35	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
36	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
37	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
38	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
39	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
40	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
41	PCS	Num	8	Physical Composite Score
42	MCS	Num	8	Mental Composite Score
43	C34	Num	8	How much of the time during the last month have you: been a very nervous person?
44	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
45	C36	Num	8	How much of the time during the last month have you: been a happy person?
46	Z_MHI	Num	8	MHI-5 (max 30)
47	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
48	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
49	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
50	C37D	Char	1	I know what each of my prescribed medicines does.
51	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.

Num	Variable	Type	Len	Label
52	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
53	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
54	C37H	Char	1	I understand the nature and causes of my health condition(s).
55	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
56	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
57	C37K	Char	1	I know how to prevent further problems with my health condition(s).
58	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
59	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
60	D16	Num	8	Do you know what your last blood pressure reading was?
61	D16SYS	Num	8	systolic.
62	D16DIAS	Num	8	diastolic.
63	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
64	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
65	D17B_18M	Num	8	How often do you measure your blood pressure using the monitor given to you when you started the study?
66	D17C_18M	Num	8	How easy or difficult do you find using the home blood pressure monitor given to you when you started the study?
67	B23_L	Num	8	Do you (or the primary food shopper in your household) ever get food from a family or friend's garden?
68	B23A_L	Num	8	If yes, how often?
69	B24_L	Num	8	How often do you and your family eat fruits and vegetables that have been homegrown? Homegrown is defined as fruits and vegetables that you, a friend, family member or a local farmer grew.
70	B25_L	Num	8	How often do you or the primary food shopper in your household shop for food at a farmer's market or produce stand? (By farmer's market and produce stand, we mean places like a market where farmers come to sell their produce of like a roadside stand that s
71	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
72	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doing physical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
73	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
74	D4_L	Num	8	Thinking back to before you started the Heart Healthy Lenoir study, how often did you weigh yourself?
75	D5_L	Num	8	Do you have a scale at home?
76	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.
77	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
78	D6C_L	Num	8	When I feel anxious, I find myself eating.
79	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.

Num	Variable	Type	Len	Label
80	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
81	D6F_L	Num	8	When I feel blue, I often overeat.
82	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
83	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
84	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
85	D6J_L	Num	8	When I feel lonely, I console myself by eating.
86	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
87	D6L_L	Num	8	I do not eat some foods because they make me fat.
88	D6M_L	Num	8	I am always hungry enough to eat at any time.
89	D7_L	Num	8	How often do you feel hungry?
90	D8_L	Num	8	How frequently do you avoid stocking up on tempting foods?
91	D9_L	Num	8	How likely are you to consciously eat less than you want?
92	D10_L	Num	8	Do you go on eating binges though you are not hungry?
93	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never giving in), what number would you give yourself?
94	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b_L, D6k_L, D6l_L, D8_L, D9_L, Recoded_D11_L
95	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a_L, D6d_L, D6e_L, D6g_L, D6h_L, D6_Li, D6m_L, D7_L, D10_L
96	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c_L, D6f_L, D6j_L
97	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
98	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
99	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
100	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
101	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
102	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
103	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
104	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
105	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
106	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
107	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
108	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
109	Z_WTLBS	Num	8	Weight in Pounds
110	Z_WTKG	Num	8	Weight in Kilogram
111	Z_BMI	Num	8	BMI
112	Z_SYSTOLIC	Num	8	Systolic BP
113	Z_DIASTOLIC	Num	8	Diastolic BP
114	WLM1	Num	8	Have you spoken with your health counselor on any of the weight loss maintenance calls?
115	WLM2	Num	8	Would you say that the number of calls in the weight loss maintenance program are not enough, just about right, or too many?

Num	Variable	Type	Len	Label
116	WLM3	Num	8	If you could choose how often you were called for this program, what would you choose: monthly calls, calls every other week (2 times/moth), weekly calls, or other?
117	WLM4	Num	8	How comfortable do you feel when talking with your health counselor on the phone?

Data Set Name: hhl_time5all.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
6	B8	Num	8	Do you smoke cigarettes now?
7	B8A	Num	8	packs per day.
8	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
9	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
10	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
11	B10	Num	8	do you currently have health insurance?
12	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
13	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
14	B11B	Num	8	What is the one main reason why you did not have any health insurance?
15	C7	Num	8	do you take prescription medicines?
16	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
17	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
18	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
19	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
20	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
21	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
22	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
23	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
24	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
25	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
26	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
27	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
28	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
29	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
30	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
31	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
32	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
33	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
34	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
35	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
36	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
37	C12	Num	8	do you take medicine for high blood pressure or hypertension?
38	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
39	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
40	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
41	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
42	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
43	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
44	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
45	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
46	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
47	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
48	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
49	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?

Num	Variable	Type	Len	Label
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
69	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
70	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
71	C37D	Char	1	I know what each of my prescribed medicines does.
72	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
73	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
74	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
75	C37H	Char	1	I understand the nature and causes of my health condition(s).
76	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
77	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
78	C37K	Char	1	I know how to prevent further problems with my health condition(s).
79	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
80	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
81	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
82	D2	Num	8	If the blood pressure is 130/80 it is:
83	D3	Num	8	If the blood pressure is 160/100 it is
84	D4	Num	8	Once someone has high blood pressure, it usually lasts
85	D5	Num	8	Exercising every day makes blood pressure
86	D6	Num	8	Losing weight usually makes blood pressure
87	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
88	D8	Num	8	People with high blood pressure should take their medicine
89	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
90	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
91	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
92	D12	Num	8	High blood pressure can cause heart attacks.
93	D13	Num	8	High blood pressure can cause cancer.

Num	Variable	Type	Len	Label
94	D14	Num	8	High blood pressure can cause strokes.
95	D15	Num	8	High blood pressure can cause kidney problems.
96	Z_HTN_BLFS	Num	8	HTN Belief Score
97	D16	Num	8	Do you know what your last blood pressure reading was?
98	D16SYS	Num	8	systolic.
99	D16DIAS	Num	8	diastolic.
100	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
101	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
102	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
103	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
104	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
105	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
106	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
107	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
108	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
109	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
110	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
111	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
112	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
113	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
114	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
115	VIT_C	Num	8	Vitamin C (mg)
116	MG	Num	8	Magnesium (mg)
117	K	Num	8	Potassium (mg)
118	FIBER	Num	8	Dietary Fiber (grams)

Num	Variable	Type	Len	Label
119	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
120	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
121	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
122	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
123	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
124	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
125	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
126	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
127	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
128	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
129	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
130	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
131	G5	Num	8	times
132	G6HRS	Num	8	hours
133	G6MINS	Num	8	minutes
134	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
135	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
136	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
137	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
138	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
139	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
140	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
141	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
142	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.

Num	Variable	Type	Len	Label
143	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
144	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
145	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
146	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
147	G9D	Num	8	fitness center.
148	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
149	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
150	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
151	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
152	G11	Num	8	times
153	G12HRS	Num	8	hours.
154	G12MINS	Num	8	minutes.
155	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
156	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
157	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
158	G15HRS	Num	8	hours.
159	G15MINS	Num	8	minutes.
160	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
161	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
162	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
163	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
164	H1	Num	8	In this study, we contacted you often by phone for counseling. Did you use a cell phone for one or more of these phone calls?
165	H1A	Num	8	If yes, was the expense in terms of 'phone minutes used' for these calls . . . ? (degree of concern)
166	H1B	Num	8	If yes, how did the expense of phone minutes limit your participation in this study, if at all?

Num	Variable	Type	Len	Label
167	H2	Num	8	In this study, we asked you to come to our research office or your clinic for several visits and for some, we asked you to come to the hospital for blood tests. Was the expense of transportation for these visits . . . ? (degree of concern)
168	H3	Num	8	How did the expense of transportation to study visits limit your participation in this study, if at all?
169	H4	Num	8	There is a possibility that we will be able to continue our research in the Lenoir County area in the future. If we are able to continue our research, would you be interested in participating? You can change your mind later if you want to.
170	H5	Num	8	In the high blood pressure portion of this program, you received one phone call per month for 12 months from a phone coach. Did you participate in at least one phone counseling call to discuss how to better control your blood pressure?
171	H6A	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach understood me and my challenges.
172	H6B	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me to make changes that were important to me.
173	H6C	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I think setting goals was helpful for me.
174	H6D	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me stick to my goals.
175	H6E	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I would recommend phone coaching to others.
176	H6F	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I liked that the counseling was by phone.
177	H6G	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The coach explained things to me in a way that was easy to understand.
178	H6H	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The information mailed to me was easy to understand.
179	H7	Num	8	Overall, how would you rate the amount of information you received in the high blood pressure coaching program?
180	H8	Num	8	Overall, how would you rate the number of phone sessions to discuss how to better control your blood pressure?
181	H9	Num	8	Overall, how would you rate the amount of time you spent in these phone sessions?
182	H10	Num	8	Were there any barriers to participating in the monthly phone coaching calls?
183	H10A_1	Num	8	I didn't have time.
184	H10A_2	Num	8	I didn't have regular access to a phone.
185	H10A_3	Num	8	I didn't have enough cell-phone minutes.

Num	Variable	Type	Len	Label
186	H10A_4	Num	8	I didn't feel I needed the calls.
187	H10A_5	Num	8	I had too many other issues going on in my life.
188	H10A_6	Num	8	Other
189	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
190	NUT2	Num	8	What type of butter or margarine do you usually use?
191	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
192	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
193	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
194	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
195	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
196	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
197	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
198	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
199	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
200	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
201	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
202	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
203	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
204	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
205	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
206	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels

Num	Variable	Type	Len	Label
207	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
208	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
209	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
210	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
211	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
212	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
213	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
214	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
215	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
216	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
217	ZFQS_TOTAL	Num	8	Fat Quality Score
218	Z_NUT_TOTAL	Num	8	Summary score for nuts
219	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
220	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
221	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
222	Z_DAIRY	Num	8	dairy products/day
223	Z_EGGS	Num	8	eggs/day
224	Z_DRA_TOTAL	Num	8	DRA total
225	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
226	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
227	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
228	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
229	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
230	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
231	PA2	Num	8	What is the total time you spend doing this activity?
232	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
233	PA4	Num	8	What is the total time you spend?

Num	Variable	Type	Len	Label
234	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
235	PA6	Num	8	What is the total time you spend doing this activity each day?
236	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
237	WALK_WORK	Num	8	walking at work score
238	MOD_LEISURE	Num	8	moderate leisure time activity score
239	VIG_LEISURE	Num	8	vigorous leisure time score
240	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
241	PHYSACT_TOT	Num	8	Total physical activity score
242	A1_L	Num	8	How many pats of margarine do you use each day?
243	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
244	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
245	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
246	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
247	A4_L	Num	8	stick margarine?
248	A5_L	Num	8	shortening?
249	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A7_L	Num	8	stick margarine?
251	A8_L	Num	8	shortening?
252	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer'smarket or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
253	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
254	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
255	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
256	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
257	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
258	B31_L	Num	8	How much would you say you currently make use of what your community has to offer interms of healthy food options?
259	COMMRESKNOWL	Num	8	Community Resource Knowledge
260	COMMRESUSE	Num	8	Community Resource Use
261	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
262	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doingphysical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
263	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
264	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep fromeating, even if I have just finished a meal.

Num	Variable	Type	Len	Label
265	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
266	D6C_L	Num	8	When I feel anxious, I find myself eating.
267	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.
268	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
269	D6F_L	Num	8	When I feel blue, I often overeat.
270	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
271	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
272	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
273	D6J_L	Num	8	When I feel lonely, I console myself by eating.
274	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
275	D6L_L	Num	8	I do not eat some foods because they make me fat.
276	D6M_L	Num	8	I am always hungry enough to eat at any time.
277	D7_L	Num	8	How often do you feel hungry?
278	D8_L	Num	8	How frequently do you avoid 'stocking up' on tempting foods?
279	D9_L	Num	8	How likely are you to consciously eat less than you want?
280	D10_L	Num	8	Do you go on eating binges though you are not hungry?
281	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never 'giving in'), what number would you give yourself?
282	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b, D6k, D6l, D8, D9, Recoded_D11
283	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a, D6d, D6e, D6g, D6h, D6i, D6m, D7, D10
284	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c, D6f, D6j
285	E1_L	Num	8	How much do you agree with 'Lack of money makes it hard for me to eat in a healthy way'?
286	E2_L	Num	8	How much do you agree with 'Family problems make it hard for me to eat in a healthy way'?
287	E3_L	Num	8	How much do you agree with 'Having to take care of someone who depends on me makes it hard for me to eat in a healthy way'?
288	F1_L	Num	8	Have you taken part in any other programs like the 'Heart Healthy Lenoir Lifestyle Program'? This would include programs that focused on improving your health through improvements in your eating and physical activity habits
289	G1A_L	Num	8	The reason I would eat in a healthy way is because I feel that I want to take responsibility for my own health
290	G1B_L	Num	8	The reason I would eat in a healthy way is because I would feel guilty or ashamed of myself if I did not eat a healthy diet
291	G1C_L	Num	8	The reason I would eat in a healthy way is because I personally believe it is the best thing for my health
292	G1D_L	Num	8	The reason I would eat in a healthy way is because others would be upset with me if I did not

Num	Variable	Type	Len	Label
293	G1E_L	Num	8	The reason I would eat in a healthy way is because I have carefully thought about it and believe it is very important for many aspects of my life
294	G1F_L	Num	8	The reason I would eat in a healthy way is because I would feel bad about myself if I did not eat a healthy diet
295	G1G_L	Num	8	The reason I would eat in a healthy way is because it is an important choice I really want to make
296	G1H_L	Num	8	The reason I would eat in a healthy way is because I feel pressure from others to do so
297	G1I_L	Num	8	The reason I would eat in a healthy way is because it is consistent with my life goals
298	G1J_L	Num	8	The reason I would eat in a healthy way is because I want others to approve of me
299	G1K_L	Num	8	The reason I would eat in a healthy way is because it is very important for being as healthy as possible
300	G1L_L	Num	8	The reason I would eat in a healthy way is because I want others to see that I can do it
301	Z_EAT_AUTONOMOUS	Num	8	Autonomous motivation subscale for eating behaviors
302	Z_EAT_CONTROLLED	Num	8	Controlled motivation subscale for eating behaviors
303	Z_EAT_RAM	Num	8	Relative Autonomous Motivation Index for eating behaviors=
304	G2A_L	Num	8	The reason I would exercise regularly is because I feel that I want to take responsibility for my own health
305	G2B_L	Num	8	The reason I would exercise regularly is because I would feel guilty or ashamed of myself if I did not exercise regularly
306	G2C_L	Num	8	The reason I would exercise regularly is because I personally believe it is the best thing for my health
307	G2D_L	Num	8	The reason I would exercise regularly is because others would be upset with me if I did not
308	G2E_L	Num	8	The reason I would exercise regularly is because I have carefully thought about it and believe it is very important for many aspects of my life
309	G2F_L	Num	8	The reason I would exercise regularly is because I would feel bad about myself if I did not exercise regularly
310	G2G_L	Num	8	The reason I would exercise regularly is because it is an important choice I really want to make
311	G2H_L	Num	8	The reason I would exercise regularly is because I feel pressure from others to do so
312	G2I_L	Num	8	The reason I would exercise regularly is because it is consistent with my life goals
313	G2J_L	Num	8	The reason I would exercise regularly I .because I want others to approve of me
314	G2K_L	Num	8	The reason I would exercise regularly is because it is very important for being as healthy as possible
315	G2L_L	Num	8	The reason I would exercise regularly is because I want others to see that I can do it
316	Z_PA_AUTONOMOUS	Num	8	Autonomous motivation subscale for PA behaviors
317	Z_PA_CONTROLLED	Num	8	Controlled motivation subscale for PA behaviors

Num	Variable	Type	Len	Label
318	Z_PA_RAM	Num	8	Relative Autonomous Motivation Index for PA behaviors
319	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
320	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
321	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
322	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
323	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
324	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
325	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
326	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
327	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
328	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
329	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
330	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
331	Z_WTLBS	Num	8	Weight in Pounds
332	Z_WTKG	Num	8	Weight in Kilogram
333	Z_BMI	Num	8	BMI
334	LAB5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 lab visit
335	LABTC	Num	8	LABtc
336	LABHDL	Num	8	LABhdl
337	LABCREAT	Num	8	LABcreat
338	LABGFR	Num	8	LABgfr
339	LABA1C	Num	8	LABa1c
340	RISKSCORE	Num	8	RiskScore
341	Z_SYSTOLIC	Num	8	Systolic BP
342	Z_DIASTOLIC	Num	8	Diastolic BP
343	ACCLS_1	Num	8	In the last 12 months, have you spoken with your health counselor over the phone about your diet and physical activity?
344	ACCLS_2	Num	8	Overall, would you say that the number of calls in the 12-month lifestyle change program (4 calls) was: not enough, just about right, or too many?
345	ACCLS_3	Num	8	Overall, would you say that the amount of time you spent on each phone call was: not enough, just about right, or too many?
346	ACCLS_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?
347	ACCWL_1	Num	8	In the last 6 months, have you spoken with your health counselor on any if the weight loss maintenance calls?
348	ACCWL_2	Num	8	If you could choose how often you were called during the last 6 months of this program, what would you choose?
349	ACCWL_3	Num	8	Overall, would you say that the number of calls in this 12-month weight loss maintenance program (Group 1 total of 39 planned calls Group 2 total of 19 planned calls) was: not enough, just about right, or too many?
350	ACCWL_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?

Data Set Name: hhl_time5hbp.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	ENRGROUP	Char	13	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
6	B8	Num	8	Do you smoke cigarettes now?
7	B8A	Num	8	packs per day.
8	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
9	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
10	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
11	B10	Num	8	do you currently have health insurance?
12	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
13	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
14	B11B	Num	8	What is the one main reason why you did not have any health insurance?
15	C7	Num	8	do you take prescription medicines?
16	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
17	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
18	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
19	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
20	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
21	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
22	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
23	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
24	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
25	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
26	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
27	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
28	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
29	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
30	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
31	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
32	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
33	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
34	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
35	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
36	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
37	C12	Num	8	do you take medicine for high blood pressure or hypertension?
38	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
39	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
40	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
41	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
42	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
43	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
44	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
45	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
46	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
47	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
48	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
49	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?

Num	Variable	Type	Len	Label
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
69	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
70	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
71	C37D	Char	1	I know what each of my prescribed medicines does.
72	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
73	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
74	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
75	C37H	Char	1	I understand the nature and causes of my health condition(s).
76	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
77	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
78	C37K	Char	1	I know how to prevent further problems with my health condition(s).
79	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
80	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
81	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
82	D2	Num	8	If the blood pressure is 130/80 it is:
83	D3	Num	8	If the blood pressure is 160/100 it is
84	D4	Num	8	Once someone has high blood pressure, it usually lasts
85	D5	Num	8	Exercising every day makes blood pressure
86	D6	Num	8	Losing weight usually makes blood pressure
87	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
88	D8	Num	8	People with high blood pressure should take their medicine
89	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
90	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
91	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
92	D12	Num	8	High blood pressure can cause heart attacks.
93	D13	Num	8	High blood pressure can cause cancer.

Num	Variable	Type	Len	Label
94	D14	Num	8	High blood pressure can cause strokes.
95	D15	Num	8	High blood pressure can cause kidney problems.
96	Z_HTN_BLFS	Num	8	HTN Belief Score
97	D16	Num	8	Do you know what your last blood pressure reading was?
98	D16SYS	Num	8	systolic.
99	D16DIAS	Num	8	diastolic.
100	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
101	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
102	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
103	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
104	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
105	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
106	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
107	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
108	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
109	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
110	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
111	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
112	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
113	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
114	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
115	VIT_C	Num	8	Vitamin C (mg)
116	MG	Num	8	Magnesium (mg)
117	K	Num	8	Potassium (mg)
118	FIBER	Num	8	Dietary Fiber (grams)

Num	Variable	Type	Len	Label
119	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
120	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
121	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
122	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
123	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
124	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
125	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
126	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
127	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
128	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
129	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
130	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
131	G5	Num	8	times
132	G6HRS	Num	8	hours
133	G6MINS	Num	8	minutes
134	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
135	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
136	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
137	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
138	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
139	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
140	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
141	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
142	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.

Num	Variable	Type	Len	Label
143	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
144	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
145	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
146	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
147	G9D	Num	8	fitness center.
148	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
149	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
150	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
151	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
152	G11	Num	8	times
153	G12HRS	Num	8	hours.
154	G12MINS	Num	8	minutes.
155	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
156	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
157	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
158	G15HRS	Num	8	hours.
159	G15MINS	Num	8	minutes.
160	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
161	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
162	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
163	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
164	H1	Num	8	In this study, we contacted you often by phone for counseling. Did you use a cell phone for one or more of these phone calls?
165	H1A	Num	8	If yes, was the expense in terms of 'phone minutes used' for these calls . . . ? (degree of concern)
166	H1B	Num	8	If yes, how did the expense of phone minutes limit your participation in this study, if at all?

Num	Variable	Type	Len	Label
167	H2	Num	8	In this study, we asked you to come to our research office or your clinic for several visits and for some, we asked you to come to the hospital for blood tests. Was the expense of transportation for these visits . . . ? (degree of concern)
168	H3	Num	8	How did the expense of transportation to study visits limit your participation in this study, if at all?
169	H4	Num	8	There is a possibility that we will be able to continue our research in the Lenoir County area in the future. If we are able to continue our research, would you be interested in participating? You can change your mind later if you want to.
170	H5	Num	8	In the high blood pressure portion of this program, you received one phone call per month for 12 months from a phone coach. Did you participate in at least one phone counseling call to discuss how to better control your blood pressure?
171	H6A	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach understood me and my challenges.
172	H6B	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me to make changes that were important to me.
173	H6C	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I think setting goals was helpful for me.
174	H6D	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me stick to my goals.
175	H6E	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I would recommend phone coaching to others.
176	H6F	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I liked that the counseling was by phone.
177	H6G	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The coach explained things to me in a way that was easy to understand.
178	H6H	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The information mailed to me was easy to understand.
179	H7	Num	8	Overall, how would you rate the amount of information you received in the high blood pressure coaching program?
180	H8	Num	8	Overall, how would you rate the number of phone sessions to discuss how to better control your blood pressure?
181	H9	Num	8	Overall, how would you rate the amount of time you spent in these phone sessions?
182	H10	Num	8	Were there any barriers to participating in the monthly phone coaching calls?
183	H10A_1	Num	8	I didn't have time.
184	H10A_2	Num	8	I didn't have regular access to a phone.
185	H10A_3	Num	8	I didn't have enough cell-phone minutes.

Num	Variable	Type	Len	Label
186	H10A_4	Num	8	I didn't feel I needed the calls.
187	H10A_5	Num	8	I had too many other issues going on in my life.
188	H10A_6	Num	8	Other
189	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
190	NUT2	Num	8	What type of butter or margarine do you usually use?
191	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
192	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
193	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
194	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
195	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
196	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
197	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
198	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
199	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
200	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
201	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
202	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
203	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
204	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
205	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
206	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels

Num	Variable	Type	Len	Label
207	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
208	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
209	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
210	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
211	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
212	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
213	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
214	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
215	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
216	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
217	ZFQS_TOTAL	Num	8	Fat Quality Score
218	Z_NUT_TOTAL	Num	8	Summary score for nuts
219	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
220	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
221	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
222	Z_DAIRY	Num	8	dairy products/day
223	Z_EGGS	Num	8	eggs/day
224	Z_DRA_TOTAL	Num	8	DRA total
225	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
226	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
227	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
228	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
229	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
230	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
231	PA2	Num	8	What is the total time you spend doing this activity?
232	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
233	PA4	Num	8	What is the total time you spend?

Num	Variable	Type	Len	Label
234	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
235	PA6	Num	8	What is the total time you spend doing this activity each day?
236	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
237	WALK_WORK	Num	8	walking at work score
238	MOD_LEISURE	Num	8	moderate leisure time activity score
239	VIG_LEISURE	Num	8	vigorous leisure time score
240	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
241	PHYSACT_TOT	Num	8	Total physical activity score
242	A1_L	Num	8	How many pats of margarine do you use each day?
243	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
244	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
245	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
246	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
247	A4_L	Num	8	stick margarine?
248	A5_L	Num	8	shortening?
249	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A7_L	Num	8	stick margarine?
251	A8_L	Num	8	shortening?
252	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer'smarket or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
253	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
254	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
255	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
256	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
257	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
258	B31_L	Num	8	How much would you say you currently make use of what your community has to offer interms of healthy food options?
259	COMMRESKNOWL	Num	8	Community Resource Knowledge
260	COMMRESUSE	Num	8	Community Resource Use
261	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
262	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doingphysical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
263	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
264	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep fromeating, even if I have just finished a meal.

Num	Variable	Type	Len	Label
265	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
266	D6C_L	Num	8	When I feel anxious, I find myself eating.
267	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.
268	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
269	D6F_L	Num	8	When I feel blue, I often overeat.
270	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
271	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
272	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
273	D6J_L	Num	8	When I feel lonely, I console myself by eating.
274	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
275	D6L_L	Num	8	I do not eat some foods because they make me fat.
276	D6M_L	Num	8	I am always hungry enough to eat at any time.
277	D7_L	Num	8	How often do you feel hungry?
278	D8_L	Num	8	How frequently do you avoid 'stocking up' on tempting foods?
279	D9_L	Num	8	How likely are you to consciously eat less than you want?
280	D10_L	Num	8	Do you go on eating binges though you are not hungry?
281	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never 'giving in'), what number would you give yourself?
282	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b, D6k, D6l, D8, D9, Recoded_D11
283	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a, D6d, D6e, D6g, D6h, D6i, D6m, D7, D10
284	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c, D6f, D6j
285	E1_L	Num	8	How much do you agree with 'Lack of money makes it hard for me to eat in a healthy way'?
286	E2_L	Num	8	How much do you agree with 'Family problems make it hard for me to eat in a healthy way'?
287	E3_L	Num	8	How much do you agree with 'Having to take care of someone who depends on me makes it hard for me to eat in a healthy way'?
288	F1_L	Num	8	Have you taken part in any other programs like the 'Heart Healthy Lenoir Lifestyle Program'? This would include programs that focused on improving your health through improvements in your eating and physical activity habits
289	G1A_L	Num	8	The reason I would eat in a healthy way is because I feel that I want to take responsibility for my own health
290	G1B_L	Num	8	The reason I would eat in a healthy way is because I would feel guilty or ashamed of myself if I did not eat a healthy diet
291	G1C_L	Num	8	The reason I would eat in a healthy way is because I personally believe it is the best thing for my health
292	G1D_L	Num	8	The reason I would eat in a healthy way is because others would be upset with me if I did not

Num	Variable	Type	Len	Label
293	G1E_L	Num	8	The reason I would eat in a healthy way is because I have carefully thought about it and believe it is very important for many aspects of my life
294	G1F_L	Num	8	The reason I would eat in a healthy way is because I would feel bad about myself if I did not eat a healthy diet
295	G1G_L	Num	8	The reason I would eat in a healthy way is because it is an important choice I really want to make
296	G1H_L	Num	8	The reason I would eat in a healthy way is because I feel pressure from others to do so
297	G1I_L	Num	8	The reason I would eat in a healthy way is because it is consistent with my life goals
298	G1J_L	Num	8	The reason I would eat in a healthy way is because I want others to approve of me
299	G1K_L	Num	8	The reason I would eat in a healthy way is because it is very important for being as healthy as possible
300	G1L_L	Num	8	The reason I would eat in a healthy way is because I want others to see that I can do it
301	Z_EAT_AUTONOMOUS	Num	8	Autonomous motivation subscale for eating behaviors
302	Z_EAT_CONTROLLED	Num	8	Controlled motivation subscale for eating behaviors
303	Z_EAT_RAM	Num	8	Relative Autonomous Motivation Index for eating behaviors=
304	G2A_L	Num	8	The reason I would exercise regularly is because I feel that I want to take responsibility for my own health
305	G2B_L	Num	8	The reason I would exercise regularly is because I would feel guilty or ashamed of myself if I did not exercise regularly
306	G2C_L	Num	8	The reason I would exercise regularly is because I personally believe it is the best thing for my health
307	G2D_L	Num	8	The reason I would exercise regularly is because others would be upset with me if I did not
308	G2E_L	Num	8	The reason I would exercise regularly is because I have carefully thought about it and believe it is very important for many aspects of my life
309	G2F_L	Num	8	The reason I would exercise regularly is because I would feel bad about myself if I did not exercise regularly
310	G2G_L	Num	8	The reason I would exercise regularly is because it is an important choice I really want to make
311	G2H_L	Num	8	The reason I would exercise regularly is because I feel pressure from others to do so
312	G2I_L	Num	8	The reason I would exercise regularly is because it is consistent with my life goals
313	G2J_L	Num	8	The reason I would exercise regularly I .because I want others to approve of me
314	G2K_L	Num	8	The reason I would exercise regularly is because it is very important for being as healthy as possible
315	G2L_L	Num	8	The reason I would exercise regularly is because I want others to see that I can do it
316	Z_PA_AUTONOMOUS	Num	8	Autonomous motivation subscale for PA behaviors
317	Z_PA_CONTROLLED	Num	8	Controlled motivation subscale for PA behaviors

Num	Variable	Type	Len	Label
318	Z_PA_RAM	Num	8	Relative Autonomous Motivation Index for PA behaviors
319	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
320	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
321	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
322	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
323	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
324	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
325	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
326	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
327	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
328	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
329	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
330	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
331	Z_WTLBS	Num	8	Weight in Pounds
332	Z_WTKG	Num	8	Weight in Kilogram
333	Z_BMI	Num	8	BMI
334	LAB5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 lab visit
335	LABTC	Num	8	LABtc
336	LABHDL	Num	8	LABhdl
337	LABCREAT	Num	8	LABcreat
338	LABGFR	Num	8	LABgfr
339	LABA1C	Num	8	LABa1c
340	RISKSCORE	Num	8	RiskScore
341	Z_SYSTOLIC	Num	8	Systolic BP
342	Z_DIASTOLIC	Num	8	Diastolic BP
343	ACCLS_1	Num	8	In the last 12 months, have you spoken with your health counselor over the phone about your diet and physical activity?
344	ACCLS_2	Num	8	Overall, would you say that the number of calls in the 12-month lifestyle change program (4 calls) was: not enough, just about right, or too many?
345	ACCLS_3	Num	8	Overall, would you say that the amount of time you spent on each phone call was: not enough, just about right, or too many?
346	ACCLS_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?
347	ACCWL_1	Num	8	In the last 6 months, have you spoken with your health counselor on any if the weight loss maintenance calls?
348	ACCWL_2	Num	8	If you could choose how often you were called during the last 6 months of this program, what would you choose?
349	ACCWL_3	Num	8	Overall, would you say that the number of calls in this 12-month weight loss maintenance program (Group 1 total of 39 planned calls Group 2 total of 19 planned calls) was: not enough, just about right, or too many?
350	ACCWL_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?

Data Set Name: hhl_time5ls.sas7bdat

Num	Variable	Type	Len	Label
1	GENERIC_ID	Num	8	Generic ID
2	VISIT5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 visit
3	STUDY_HTN	Num	8	Enrolled in Hypertension Study -Participant Table
4	STUDY_LIFESTYLE	Num	8	Enrolled in Lifestyle Study -Participant Table
5	ENRGROUP	Char	14	ENRgroup (Lifestyle only; HTN only; Lifestyle/HTN)
6	B8	Num	8	Do you smoke cigarettes now?
7	B8A	Num	8	packs per day.
8	B9	Num	8	In a usual week, do you or anyone who lives with you, smoke cigarettes, cigars, or pipes anywhere inside your home?
9	B9A	Num	8	If yes, in a usual week, how many people who live with you including yourself, smoke cigarettes, cigars, or pipes anywhere inside your home?.
10	B9B	Num	8	Usually about how many days per week do people who live with you smoke anywhere inside your home?
11	B10	Num	8	do you currently have health insurance?
12	B11	Num	8	During the past 12 months, was there any time when you had no health insurance at all?
13	B11A	Num	8	for how many months of the past 12 months did you have no health insurance?
14	B11B	Num	8	What is the one main reason why you did not have any health insurance?
15	C7	Num	8	do you take prescription medicines?
16	C8	Num	8	on average, about how much do you pay out-of-pocket per month for your prescriptions?
17	C9	Num	8	in the past 3 months, have you ever taken less medicine than prescribed by your doctor because of the cost?
18	C10A	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take fewer pills or a smaller dose because of cost?
19	C10B	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: not fill a prescription because of cost?
20	C10C	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: put off or postponed getting a prescription filled because of cost?
21	C10D	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: use herbal medicines or vitamins when you felt sick rather than take your prescription medicine because of the
22	C10E	Num	8	Thinking specifically about your medicines, in the past 3 months, how often did you do each of the following because of cost? How often did you: take medicine less frequently than recommended to 'stretch out' the time before getting a refill because of the
23	C11A	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fatigue (tiredness)

Num	Variable	Type	Len	Label
24	C11B	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of feet or ankles
25	C11C	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: increased urination
26	C11D	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: sexual problems
27	C11E	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: flushing (warmth or redness of face)
28	C11F	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: swelling of face or tongue
29	C11G	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: cough
30	C11H	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dizziness
31	C11I	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: fast heart beat
32	C11J	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: wheezing/shortness of breath
33	C11K	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: constipation
34	C11L	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: dry mouth
35	C11M	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: leg cramping or weakness
36	C11N	Num	8	Below is a list of possible side effects from medicines. If you have experienced any of these symptoms in the past four weeks, fill in the bubble next to it: other
37	C12	Num	8	do you take medicine for high blood pressure or hypertension?
38	C13	Char	1	Do you sometimes forget to take your high blood pressure medicine or pills?
39	C14	Char	1	Over the past 2 weeks, were there any days when you did not take your high blood pressure pills?
40	C15	Char	1	Have you ever cut back or stopped taking your high blood pressure pills without telling your doctor because the pills made you feel worse when you took them?
41	C16	Char	1	When you leave home or travel, do you sometimes forget to bring along your high blood pressure pills?
42	C17	Char	1	Did you take your high blood pressure pills yesterday?

Num	Variable	Type	Len	Label
43	C18	Char	1	When you feel like your blood pressure is under control, do you sometimes stop taking your pills?
44	C19	Char	1	Do you ever get fed up with having to stick to a blood pressure treatment plan?
45	C20	Char	1	How often do you have difficulty remembering to take all of your blood pressure pills?
46	C21A	Num	8	How likely is your doctor to involve you in treatment decisions?
47	C21B	Num	8	How likely is your doctor to ask you to take some responsibility in your care?
48	C21C	Num	8	How likely is your doctor to give you a sense of control over your medical care?
49	PART_DECISION	Num	8	Participatory decision making (Average of C21a C21b C21c)
50	C22	Num	8	In general, would you say your health is
51	C23	Num	8	Does your health now limit you in these activities? If so, how much: moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
52	C24	Num	8	Does your health now limit you in these activities? If so, how much: climbing several flights of stairs
53	C25	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: accomplished less than you would like
54	C26	Num	8	During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health: were limited in the kind of work or other activities.
55	C27	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): accomplished less than you would like.
56	C28	Num	8	During the past 4 weeks, were you limited in the kind of work you do or other regular activities as a result of any emotional problems (such as feeling depressed or anxious): didn't do work or other activities as carefully as usual.
57	C29	Num	8	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
58	C30	Num	8	How much of the time during the past 4 weeks: have you felt calm and peaceful?
59	C31	Num	8	How much of the time during the past 4 weeks: did you have a lot of energy?
60	C32	Num	8	How much of the time during the past 4 weeks: have you felt downhearted and blue?
61	C33	Num	8	How much of the time during the past 4 weeks: During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)
62	PCS	Num	8	Physical Composite Score
63	MCS	Num	8	Mental Composite Score
64	C34	Num	8	How much of the time during the last month have you: been a very nervous person?

Num	Variable	Type	Len	Label
65	C35	Num	8	How much of the time during the last month have you: felt so down in the dumps that nothing could cheer you up?
66	C36	Num	8	How much of the time during the last month have you: been a happy person?
67	Z_MHI	Num	8	MHI-5 (max 30)
68	C37A	Char	1	When all is said and done, I am the person who is responsible for managing my health condition(s).
69	C37B	Char	1	Taking an active role in my own health care is the most important factor in determining my health and ability to function.
70	C37C	Char	1	I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
71	C37D	Char	1	I know what each of my prescribed medicines does.
72	C37E	Char	1	I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
73	C37F	Char	1	I am confident I can tell a doctor concerns I have even when (s)he does not ask.
74	C37G	Char	1	I am confident that I can follow through on medical treatments I need to do at home.
75	C37H	Char	1	I understand the nature and causes of my health condition(s).
76	C37I	Char	1	I know the different medical treatment options available for my health condition(s).
77	C37J	Char	1	I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
78	C37K	Char	1	I know how to prevent further problems with my health condition(s).
79	C37L	Char	1	I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
80	C37M	Char	1	I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
81	D1	Num	8	Has your doctor ever told you that you have high blood pressure or hypertension?
82	D2	Num	8	If the blood pressure is 130/80 it is:
83	D3	Num	8	If the blood pressure is 160/100 it is
84	D4	Num	8	Once someone has high blood pressure, it usually lasts
85	D5	Num	8	Exercising every day makes blood pressure
86	D6	Num	8	Losing weight usually makes blood pressure
87	D7	Num	8	Having more than 2 drinks per day makes blood pressure (one drink is a glass of wine, a 12 oz. glass of beer, or one shot of hard liquor)
88	D8	Num	8	People with high blood pressure should take their medicine
89	D9	Num	8	When someone's blood pressure is too high, they usually have a headache.
90	D10	Num	8	When someone's blood pressure is too high, they usually feel dizzy
91	D11	Num	8	When someone's blood pressure is too high, they usually feel fine and don't know that it is high
92	D12	Num	8	High blood pressure can cause heart attacks.
93	D13	Num	8	High blood pressure can cause cancer.

Num	Variable	Type	Len	Label
94	D14	Num	8	High blood pressure can cause strokes.
95	D15	Num	8	High blood pressure can cause kidney problems.
96	Z_HTN_BLFS	Num	8	HTN Belief Score
97	D16	Num	8	Do you know what your last blood pressure reading was?
98	D16SYS	Num	8	systolic.
99	D16DIAS	Num	8	diastolic.
100	C21_6M	Num	8	Do you use a home blood pressure monitor to take your own blood pressure readings at home?
101	C21A_6M	Num	8	Have you talked to your doctor about your home blood pressure monitor readings in the past 6 months?
102	F1	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fruit juice, like orange, apple, grape, fresh, frozen or canned (not sodas or other drinks)
103	F2	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: How often do you eat any fruit, fresh or canned (not counting juice)?
104	F3	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable juice like tomato juice, V-8, or carrot
105	F4	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Green salad
106	F5	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Potatoes, any kind, including baked, mashed or french fried
107	F6	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Vegetable soup, or stew with vegetables
108	F7	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Any other vegetables, including string beans, peas, corn, broccoli or any other kind
109	F8	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber
110	F9	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Beans such as baked beans, pinto, kidney, or lentils (not green beans)
111	F10	Num	8	Thinking about your eating habits over the past year or so, about how often do you eat each of the following foods: Dark bread such as whole wheat or rye
112	FRT_VEG_B_SCORE	Num	8	Fruit Vegetable Bean Score
113	FRT_VEG_SCORE	Num	8	Fruit Vegetable Score
114	FRT_VEG_SERVE	Num	8	Fruit-Vegetable Servings
115	VIT_C	Num	8	Vitamin C (mg)
116	MG	Num	8	Magnesium (mg)
117	K	Num	8	Potassium (mg)
118	FIBER	Num	8	Dietary Fiber (grams)

Num	Variable	Type	Len	Label
119	G1	Num	8	In a usual week, do you walk to get to or from somewhere (such as walking to a store or bus stop) or for recreation, health or fitness (including walking your dog)?
120	G2	Num	8	In a usual week, how many times do you walk as a means of transportation, such as going to and from work, walking to the store, or walking to a bus stop?: times
121	G3HRS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): hours.
122	G3MINS	Num	8	Please estimate the total time you spend walking as a means of transportation in a usual week. (e.g., 5 times by 10 minutes = 50 minutes): minutes.
123	Z_MINUTES_WALK_TRANS	Num	8	Transportation Walk Time (Minutes/Week -g3hrs and g3mins)
124	G4A	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from work (or study)
125	G4B	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from bus stop
126	G4C	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from store
127	G4D	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from restaurant
128	G4E	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: to or from friend's house
129	G4F	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #1
130	G4G	Num	8	Let me know which of the following places you walk to as a means of transportation in a usual week: other place #2
131	G5	Num	8	times
132	G6HRS	Num	8	hours
133	G6MINS	Num	8	minutes
134	Z_MINUTES_WALK_RECREATION	Num	8	Recreational Walk Time (Minutes/Week -g6hrs and g6mins)
135	G7A	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: park.
136	G7B	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: neighborhood.
137	G7C	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: school.
138	G7D	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from restaurant.
139	G7E	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: to or from a store.
140	G7F	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: fitness center.
141	G7G	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #1.
142	G7H	Num	8	Could you tell me where you walk for recreation, health or fitness in a usual week: other place #2.

Num	Variable	Type	Len	Label
143	G8	Num	8	In a usual week, do you do any other vigorous or moderate intensity leisure time physical activities? Do not include any walking.
144	G9A	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: park
145	G9B	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: neighborhood
146	G9C	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: school.
147	G9D	Num	8	fitness center.
148	G9E	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #1.
149	G9F	Num	8	Could you tell me where you do these leisure time physical activities in a usual week: other place #2.
150	Z_MINUTES_WALK_TOTAL	Num	8	Total Walk Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins)
151	G10	Num	8	In a usual week, do you do any vigorous intensity leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis? Do not include walking or moderate intensity physical activities. Vigorous intensity physical activities cause
152	G11	Num	8	times
153	G12HRS	Num	8	hours.
154	G12MINS	Num	8	minutes.
155	Z_MINUTES_VIGOROUS	Num	8	Vigorous Leisure Activity Time (Minutes/Week -g12hrs and g12mins)
156	G13	Num	8	Apart from what you have already mentioned, in a usual week do you do any other moderate intensity leisure time physical activities like dancing, cycling, social tennis, golf, or gardening? Moderate intensity physical activities cause a moderate increase
157	G14	Num	8	In a usual week, how many times do you do moderate intensity leisure time physical activities which cause a moderate increase in breathing and heart rate?
158	G15HRS	Num	8	hours.
159	G15MINS	Num	8	minutes.
160	Z_MINUTES_MODERATE_NONWALK	Num	8	Moderate Leisure Non-Walk Activity Time (Minutes/Week -g15hrs and g15mins)
161	Z_TOTAL_MODERATE	Num	8	Total Moderate Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g15hrs and g15mins)
162	Z_TOTAL_ACTIVITY	Num	8	Total Activity Time (Minutes/Week -g3hrs and g3mins + g6hrs and g6mins +g12hrs and g12mins+g15hrs and g15mins)
163	G16	Num	8	How confident are you that you could exercise more if you wanted to? Would you say you are very confident, somewhat confident, or not at all confident?
164	H1	Num	8	In this study, we contacted you often by phone for counseling. Did you use a cell phone for one or more of these phone calls?
165	H1A	Num	8	If yes, was the expense in terms of 'phone minutes used' for these calls . . . ? (degree of concern)
166	H1B	Num	8	If yes, how did the expense of phone minutes limit your participation in this study, if at all?

Num	Variable	Type	Len	Label
167	H2	Num	8	In this study, we asked you to come to our research office or your clinic for several visits and for some, we asked you to come to the hospital for blood tests. Was the expense of transportation for these visits . . . ? (degree of concern)
168	H3	Num	8	How did the expense of transportation to study visits limit your participation in this study, if at all?
169	H4	Num	8	There is a possibility that we will be able to continue our research in the Lenoir County area in the future. If we are able to continue our research, would you be interested in participating? You can change your mind later if you want to.
170	H5	Num	8	In the high blood pressure portion of this program, you received one phone call per month for 12 months from a phone coach. Did you participate in at least one phone counseling call to discuss how to better control your blood pressure?
171	H6A	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach understood me and my challenges.
172	H6B	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me to make changes that were important to me.
173	H6C	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I think setting goals was helpful for me.
174	H6D	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The phone coach helped me stick to my goals.
175	H6E	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I would recommend phone coaching to others.
176	H6F	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: I liked that the counseling was by phone.
177	H6G	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The coach explained things to me in a way that was easy to understand.
178	H6H	Num	8	Thinking about the High Blood Pressure Phone Coaching Program as a whole, how much do you agree with the statement: The information mailed to me was easy to understand.
179	H7	Num	8	Overall, how would you rate the amount of information you received in the high blood pressure coaching program?
180	H8	Num	8	Overall, how would you rate the number of phone sessions to discuss how to better control your blood pressure?
181	H9	Num	8	Overall, how would you rate the amount of time you spent in these phone sessions?
182	H10	Num	8	Were there any barriers to participating in the monthly phone coaching calls?
183	H10A_1	Num	8	I didn't have time.
184	H10A_2	Num	8	I didn't have regular access to a phone.
185	H10A_3	Num	8	I didn't have enough cell-phone minutes.

Num	Variable	Type	Len	Label
186	H10A_4	Num	8	I didn't feel I needed the calls.
187	H10A_5	Num	8	I had too many other issues going on in my life.
188	H10A_6	Num	8	Other
189	NUT1	Num	8	How many servings of peanut butter or nuts (like peanuts, almonds, pecans, walnuts, or cashews) do you usually eat?
190	NUT2	Num	8	What type of butter or margarine do you usually use?
191	NUT3	Num	8	In an average week, how many times do you: Use trans fat free margarine as a topping for bread, biscuits, corn, potatoes, rice, or noodles?
192	NUT4A	Num	8	In an average week, how many times do you: Eat foods fried or sautéed at home using vegetable oil (olive, soybean, canola, corn oil, or tub/liquid margarine)?
193	NUT4B	Num	8	In an average week, how many times do you: Eat food baked at home using vegetable oil or trans fat free margarine?
194	NUT5	Num	8	In an average week, how many times do you: Use 'full fat' salad dressing (excluding NO FAT, FAT FREE, and LOW-FAT dressings)?
195	NUT6	Num	8	In an average week, how many times do you: Eat regular mayonnaise (excluding NO FAT, FAT FREE, and LOW-FAT mayonnaise) on sandwiches or in tuna, chicken, or egg salads?
196	VEG1A	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Dark-green or orange vegetables like collard greens, broccoli, tossed salad made with dark-green leafy lettuces, sweet potatoes, butternut squash, or carrots
197	VEG1B	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Other vegetables like corn, green peas, lima beans, okra, zucchini, turnips, onions, cabbage, green beans, or tomatoes (including tomato sauce)
198	VEG2	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Fresh, canned, or frozen fruit or 100% fruit juice (1/2 cup equals a serving)
199	VEG3	Num	8	On an average DAY, how many servings of these foods do you eat or drink: Bread, rolls, or tortillas made all or mostly with white flour
200	VEG4	Num	8	In an average WEEK, how many servings of these foods do you eat: Beans or peas like pinto beans, kidney beans, lentils, or black-eyed peas
201	VEG5	Num	8	In an average WEEK, how many servings of these foods do you eat: White rice or regular pasta, like noodles, spaghetti, or macaroni
202	VEG6	Num	8	In an average WEEK, how many servings of these foods do you eat: Regular cold or hot cereals, like sugar frosted flakes, cocoa cereals, grits, or cream of wheat
203	DDS1	Num	8	On an average DAY, how many 12-oz. servings of sugar-sweetened beverages do you drink with meals or in between meals? One regular can of a beverage is 12 oz.: Sugar sweetened beverages include regular non-diet sodas, bottled fruit drinks, Kool-Aid, iced or
204	DDS2	Num	8	In an average WEEK, how many servings of these foods do you eat: Doughnuts, sweet rolls, pies, cakes, cookies, or candy
205	DDS3	Num	8	In an average WEEK, how many servings of these foods do you eat: Ice cream, ice milk, sherbet, or frozen yogurt
206	DDS4	Num	8	In an average WEEK, how many servings of these foods do you eat: Snack chips (like potato chips, corn chips, tortilla chips, or cheese puffs), crackers, or pretzels

Num	Variable	Type	Len	Label
207	DDS5	Num	8	How many times do you eat out at restaurants, get food delivered, or eat restaurant carry-out at home? (Include food from fast-food restaurants.)
208	DDS6	Num	8	When you buy foods like canned soups or beans, snack chips, or crackers, do you usually get products that are low-sodium or have no added salt?
209	FMP1	Num	8	In an average WEEK, how many servings of these foods do you eat: Fish, including tuna and shell fish (like shrimp)
210	FMP2	Num	8	In an average WEEK, how many servings of these foods do you eat: Bacon, sausage, hot dogs or cold cuts like bologna, salami, Spam, or deli meats including turkey and beef
211	FMP3	Num	8	In an average WEEK, how many servings of these foods do you eat: Chicken or turkey, excluding chicken or turkey cold cuts
212	FMP4	Num	8	On an average DAY, how many servings of these foods do you eat: Red meat like roasts, steaks, stew meat, ribs, chops, BBQ, or ham; or hamburger, either alone or in dishes like meatloaf and spaghetti sauce
213	FMP5	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
214	FMP5A	Num	8	On average, how many servings of these foods do you eat: dairy products, such as milk, cheese, and yogurt
215	FMP6	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
216	FMP6A	Num	8	On average, how many servings of these foods do you eat: eggs, including in cooking
217	ZFQS_TOTAL	Num	8	Fat Quality Score
218	Z_NUT_TOTAL	Num	8	Summary score for nuts
219	Z_VEG_TOTAL	Num	8	Summary score for fruits and vegetables
220	Z_DDS_TOTAL	Num	8	Summary score for drinks, desserts, snacks
221	Z_FMP_TOTAL	Num	8	Summary score for fish, meat, poultry
222	Z_DAIRY	Num	8	dairy products/day
223	Z_EGGS	Num	8	eggs/day
224	Z_DRA_TOTAL	Num	8	DRA total
225	WLK1	Num	8	How many times do you walk for recreation, health, fitness, or transportation such as walking around the block, walking your dog, or walking to work? (Do not include walking that you do as part of your job.)
226	WLK2	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is the total time you spend walking?
227	WLK3	Num	8	On a typical DAY, when you WALK for recreation, health, fitness, or transportation: What is your usual speed?
228	WLK4	Num	8	On a typical DAY, at work: What is the total time you spend walking?
229	WLK5	Num	8	On a typical DAY, at work: What is your usual speed?
230	PA1	Num	8	How many times do you do moderate leisure time physical activities like dancing, cycling, social tennis, golf, or gardening?
231	PA2	Num	8	What is the total time you spend doing this activity?
232	PA3	Num	8	How many times do you do vigorous leisure time physical activities like jogging, aerobics, swimming laps, or competitive tennis?
233	PA4	Num	8	What is the total time you spend?

Num	Variable	Type	Len	Label
234	PA5	Num	8	On a typical WORK DAY do you do MODERATE or VIGOROUS ACTIVITY other than walking?
235	PA6	Num	8	What is the total time you spend doing this activity each day?
236	WALK_NONWORK	Num	8	Walk for recreation, health,fitness, or transportation score ?
237	WALK_WORK	Num	8	walking at work score
238	MOD_LEISURE	Num	8	moderate leisure time activity score
239	VIG_LEISURE	Num	8	vigorous leisure time score
240	MOD_VIG_WORKDAY	Num	8	workday moderate or vigorous activity score
241	PHYSACT_TOT	Num	8	Total physical activity score
242	A1_L	Num	8	How many pats of margarine do you use each day?
243	A2A_L	Num	8	Is your margarine liquid, tub or stick? Liquid.
244	A2B_L	Num	8	Is your margarine liquid, tub or stick? Tub.
245	A2C_L	Num	8	Is your margarine liquid, tub or stick? Stick.
246	A3_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
247	A4_L	Num	8	stick margarine?
248	A5_L	Num	8	shortening?
249	A6_L	Num	8	olive oil, soybean or canola oil, corn oil, vegetable oil or tub/liquid margarine?
250	A7_L	Num	8	stick margarine?
251	A8_L	Num	8	shortening?
252	B25_L	Num	8	How often do your or the primary food shopper in your household shop for food at a farmer'smarket or produce stand? (By 'farmer's market' and 'produce stand,' we mean places like a market where farmers come to sell their produce of like a roadside stand t
253	B26_L	Num	8	what classes or sessions you could attend to learn how to get healthier?
254	B27_L	Num	8	where to shop to get fruits and vegetables for the least money?
255	B28_L	Num	8	affordable exercise places where you could join classes or use equipment?
256	B29_L	Num	8	parks, walking trails or tracks where you could go to get more exercise?
257	B30_L	Num	8	How much would you say you currently make use of what your community has to offer in terms of being more physically active?
258	B31_L	Num	8	How much would you say you currently make use of what your community has to offer interms of healthy food options?
259	COMMRESKNOWL	Num	8	Community Resource Knowledge
260	COMMRESUSE	Num	8	Community Resource Use
261	D1_L	Num	8	During the last week, on how many days did you keep track of what you ate?[Ex. keeping track on paper (in food and fitness diary), or online.]
262	D2_L	Num	8	During the last week, how many days did you keep track of the time you spent doingphysical activity? [Ex. keeping track on paper (in food and fitness diary), or online.]
263	D3_L	Num	8	During the last week, on how many days did you weigh yourself?
264	D6A_L	Num	8	When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep fromeating, even if I have just finished a meal.

Num	Variable	Type	Len	Label
265	D6B_L	Num	8	I deliberately take small helpings as a means of controlling my weight.
266	D6C_L	Num	8	When I feel anxious, I find myself eating.
267	D6D_L	Num	8	Sometimes when I start eating, I just can't seem to stop.
268	D6E_L	Num	8	Being with someone who is eating often makes me hungry enough to eat also.
269	D6F_L	Num	8	When I feel blue, I often overeat.
270	D6G_L	Num	8	When I see a real delicacy, I often get so hungry that I have to eat right away.
271	D6H_L	Num	8	I get so hungry that my stomach often seems like a bottomless pit.
272	D6I_L	Num	8	I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
273	D6J_L	Num	8	When I feel lonely, I console myself by eating.
274	D6K_L	Num	8	I consciously hold back at meals in order not to gain weight.
275	D6L_L	Num	8	I do not eat some foods because they make me fat.
276	D6M_L	Num	8	I am always hungry enough to eat at any time.
277	D7_L	Num	8	How often do you feel hungry?
278	D8_L	Num	8	How frequently do you avoid 'stocking up' on tempting foods?
279	D9_L	Num	8	How likely are you to consciously eat less than you want?
280	D10_L	Num	8	Do you go on eating binges though you are not hungry?
281	D11_L	Num	8	On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never 'giving in'), what number would you give yourself?
282	Z_COG_RESTRAINT	Num	8	Cognitive restrain scale -sum of D6b, D6k, D6l, D8, D9, Recoded_D11
283	Z_UNCONT_EAT	Num	8	Uncontrolled eating scale -sum of D6a, D6d, D6e, D6g, D6h, D6i, D6m, D7, D10
284	Z_EMOT_EAT	Num	8	Emotional eating scale -sum of D6c, D6f, D6j
285	E1_L	Num	8	How much do you agree with 'Lack of money makes it hard for me to eat in a healthy way'?
286	E2_L	Num	8	How much do you agree with 'Family problems make it hard for me to eat in a healthy way'?
287	E3_L	Num	8	How much do you agree with 'Having to take care of someone who depends on me makes it hard for me to eat in a healthy way'?
288	F1_L	Num	8	Have you taken part in any other programs like the 'Heart Healthy Lenoir Lifestyle Program'? This would include programs that focused on improving your health through improvements in your eating and physical activity habits
289	G1A_L	Num	8	The reason I would eat in a healthy way is because I feel that I want to take responsibility for my own health
290	G1B_L	Num	8	The reason I would eat in a healthy way is because I would feel guilty or ashamed of myself if I did not eat a healthy diet
291	G1C_L	Num	8	The reason I would eat in a healthy way is because I personally believe it is the best thing for my health
292	G1D_L	Num	8	The reason I would eat in a healthy way is because others would be upset with me if I did not

Num	Variable	Type	Len	Label
293	G1E_L	Num	8	The reason I would eat in a healthy way is because I have carefully thought about it and believe it is very important for many aspects of my life
294	G1F_L	Num	8	The reason I would eat in a healthy way is because I would feel bad about myself if I did not eat a healthy diet
295	G1G_L	Num	8	The reason I would eat in a healthy way is because it is an important choice I really want to make
296	G1H_L	Num	8	The reason I would eat in a healthy way is because I feel pressure from others to do so
297	G1I_L	Num	8	The reason I would eat in a healthy way is because it is consistent with my life goals
298	G1J_L	Num	8	The reason I would eat in a healthy way is because I want others to approve of me
299	G1K_L	Num	8	The reason I would eat in a healthy way is because it is very important for being as healthy as possible
300	G1L_L	Num	8	The reason I would eat in a healthy way is because I want others to see that I can do it
301	Z_EAT_AUTONOMOUS	Num	8	Autonomous motivation subscale for eating behaviors
302	Z_EAT_CONTROLLED	Num	8	Controlled motivation subscale for eating behaviors
303	Z_EAT_RAM	Num	8	Relative Autonomous Motivation Index for eating behaviors=
304	G2A_L	Num	8	The reason I would exercise regularly is because I feel that I want to take responsibility for my own health
305	G2B_L	Num	8	The reason I would exercise regularly is because I would feel guilty or ashamed of myself if I did not exercise regularly
306	G2C_L	Num	8	The reason I would exercise regularly is because I personally believe it is the best thing for my health
307	G2D_L	Num	8	The reason I would exercise regularly is because others would be upset with me if I did not
308	G2E_L	Num	8	The reason I would exercise regularly is because I have carefully thought about it and believe it is very important for many aspects of my life
309	G2F_L	Num	8	The reason I would exercise regularly is because I would feel bad about myself if I did not exercise regularly
310	G2G_L	Num	8	The reason I would exercise regularly is because it is an important choice I really want to make
311	G2H_L	Num	8	The reason I would exercise regularly is because I feel pressure from others to do so
312	G2I_L	Num	8	The reason I would exercise regularly is because it is consistent with my life goals
313	G2J_L	Num	8	The reason I would exercise regularly I .because I want others to approve of me
314	G2K_L	Num	8	The reason I would exercise regularly is because it is very important for being as healthy as possible
315	G2L_L	Num	8	The reason I would exercise regularly is because I want others to see that I can do it
316	Z_PA_AUTONOMOUS	Num	8	Autonomous motivation subscale for PA behaviors
317	Z_PA_CONTROLLED	Num	8	Controlled motivation subscale for PA behaviors

Num	Variable	Type	Len	Label
318	Z_PA_RAM	Num	8	Relative Autonomous Motivation Index for PA behaviors
319	MEAN500ALL	Num	8	Mean (500 steps+) -ALL
320	MEAN1000ALL	Num	8	Mean (1000 steps+)-ALL
321	AEROMEAN500ALL	Num	8	Mean (500 aerobic steps+) -ALL
322	AEROMEAN1000ALL	Num	8	Mean (1000 aerobic steps+)-ALL
323	MEAN500FW	Num	8	Mean (500 steps+) -FIRST WEEK
324	MEAN1000FW	Num	8	Mean (1000 steps+)-FIRST WEEK
325	AEROMEAN500FW	Num	8	Mean (500 aerobic steps+) -FIRST WEEK
326	AEROMEAN1000FW	Num	8	Mean (1000 aerobic steps+)-FIRST WEEK
327	MEAN500LW	Num	8	Mean (500 steps+) -LAST WEEK
328	MEAN1000LW	Num	8	Mean (1000 steps+)-LAST WEEK
329	AEROMEAN500LW	Num	8	Mean (500 aerobic steps+) -LAST WEEK
330	AEROMEAN1000LW	Num	8	Mean (1000 aerobic steps+)-LAST WEEK
331	Z_WTLBS	Num	8	Weight in Pounds
332	Z_WTKG	Num	8	Weight in Kilogram
333	Z_BMI	Num	8	BMI
334	LAB5_INTERVAL	Num	8	# of days between enrollment visit and Time 5 lab visit
335	LABTC	Num	8	LABtc
336	LABHDL	Num	8	LABhdl
337	LABCREAT	Num	8	LABcreat
338	LABGFR	Num	8	LABgfr
339	LABA1C	Num	8	LABa1c
340	RISKSCORE	Num	8	RiskScore
341	Z_SYSTOLIC	Num	8	Systolic BP
342	Z_DIASTOLIC	Num	8	Diastolic BP
343	ACCLS_1	Num	8	In the last 12 months, have you spoken with your health counselor over the phone about your diet and physical activity?
344	ACCLS_2	Num	8	Overall, would you say that the number of calls in the 12-month lifestyle change program (4 calls) was: not enough, just about right, or too many?
345	ACCLS_3	Num	8	Overall, would you say that the amount of time you spent on each phone call was: not enough, just about right, or too many?
346	ACCLS_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?
347	ACCWL_1	Num	8	In the last 6 months, have you spoken with your health counselor on any if the weight loss maintenance calls?
348	ACCWL_2	Num	8	If you could choose how often you were called during the last 6 months of this program, what would you choose?
349	ACCWL_3	Num	8	Overall, would you say that the number of calls in this 12-month weight loss maintenance program (Group 1 total of 39 planned calls Group 2 total of 19 planned calls) was: not enough, just about right, or too many?
350	ACCWL_4	Num	8	In general, how comfortable did you feel when talking with your health counselor on the phone?

