

Data Dictionary Name: Baseline Social Measures Questionnaire

Dataset Name: df_bsm_20240112.sas7bdat; df_bsm_20240112.xlsx

Description: The baseline social measures questionnaire contains raw participant level information on quality of life, perceptions of medical care, medical information received, physician relationship, social support, and breast cancer related symptoms. Please note that many of the raw data elements have been used to create preferred variables which may be found in other datasets.

Key Variables:

*Study identification number (studyid)

**primary key (use this variable to link to other datasets)*

Variable	Description	Values	Notes	Format Name
studyid	PATHWAYS PARTICIPANT STUDY IDENTIFICATION NUMBER			
bsm_a1	HOW DIFFICULT IS IT FOR YOU TO TAKE TIME OFF WHEN YOU ARE SICK AND/OR NEED TO GET MEDICAL TREATMENTS?	1 = NOT DIFFICULT AT ALL 2 = A LITTLE DIFFICULT 3 = MODERATELY DIFFICULT 4 = VERY DIFFICULT 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		DIFFF

Variable	Description	Values	Notes	Format Name
bsm_a2	HOW DIFFICULT IS IT FOR YOU TO GET TO APPOINTMENTS DUE TO DISTANCE AND/OR LACK OF TRANSPORTATION?	1 = NOT DIFFICULT AT ALL 2 = A LITTLE DIFFICULT 3 = MODERATELY DIFFICULT 4 = VERY DIFFICULT 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		DIFFF
bsm_a3	DOES ANYONE AT HOME DEPEND ON YOU FOR CARE OR FOR HELP?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_a4_child	CHILDREN OR GRANDCHILDREN DEPEND ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_code	SPECIFIED OTHER PERSON WHO DEPENDS ON ME FOR CARE OR HELP (CODE)		Please request codebook	
bsm_a4_dkna	DONT KNOW/NOT APPLICABLE WHO DEPENDS ON ME FOR CARE OR HELP	1 = YES		YESF

Variable	Description	Values	Notes	Format Name
bsm_a4_friend	FRIENDS OR NEIGHBORS DEPEND ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_other	OTHER PERSON DEPENDS ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_parent	MOTHER OR FATHER OR BOTH DEPEND ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_partner	HUSBAND OR PARTNER DEPENDS ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_pets	PETS DEPEND ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_refused	REFUSED TO STATE WHO DEPENDS ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_a4_relative	OTHER RELATIVES DEPEND ON ME FOR CARE OR HELP	1 = YES		YESF
bsm_b1	STATEMENT THAT BEST DESCRIBES YOUR FEELINGS ABOUT TREATMENT DECISIONS	1 = THE DOCTOR SHOULD MAKE THE DECISION USING ALL THAT IS KNOWN ABOUT THE TREATMENTS		B1F

Variable	Description	Values	Notes	Format Name
		2 = THE DOCTOR SHOULD MAKE THE DECISIONS BUT STRONGLY CONSIDER MY OPINION 3 = THE DOCTOR AND I SHOULD MAKE THE DECISIONS TOGETHER ON AN EQUAL BASIS 4 = I SHOULD MAKE THE DECISIONS, BUT STRONGLY CONSIDER THE DOCTORS OPINION 5 = I SHOULD MAKE THE DECISIONS, USING ALL I KNOW OR LEARN ABOUT THE TREATMENTS		
bsm_c1	IN THE PAST 7 DAYS, I HAVE A LACK OF ENERGY	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c2	IN THE PAST 7 DAYS, I HAVE NAUSEA	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT		AMOUNTF

Variable	Description	Values	Notes	Format Name
		3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		
bsm_c3	IN THE PAST 7 DAYS, BECAUSE OF MY PHYSICAL CONDITION, I HAVE TROUBLE MEETING THE NEEDS OF MY FAMILY	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c4	IN THE PAST 7 DAYS, I HAVE PAIN	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c5	IN THE PAST 7 DAYS, I AM BOTHERED BY SIDE EFFECTS OF TREATMENT	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT		AMOUNTF

Variable	Description	Values	Notes	Format Name
		3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		
bsm_c6	IN THE PAST 7 DAYS, I FEEL ILL	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c7	IN THE PAST 7 DAYS, I AM FORCED TO SPEND TIME IN BED	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c8	IN THE PAST 7 DAYS, HOW MUCH WOULD YOU SAY YOUR PHYSICAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF

Variable	Description	Values	Notes	Format Name
bsm_c9	IN THE PAST 7 DAYS, I FEEL DISTANT FROM MY FRIENDS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c10	IN THE PAST 7 DAYS, I GET EMOTIONAL SUPPORT FROM MY FAMILY	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c11	IN THE PAST 7 DAYS, I GET SUPPORT FROM MY FRIENDS AND NEIGHBORS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c12	IN THE PAST 7 DAYS, MY FAMILY HAS ACCEPTED MY ILLNESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c13	IN THE PAST 7 DAYS, FAMILY COMMUNICATION ABOUT MY ILLNESS IS POOR	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c14	IN THE PAST 7 DAYS, I FEEL CLOSE TO MY PARTNER (OR THE PERSON WHO IS MY MAIN SUPPORT)	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c15	HAVE YOU BEEN SEXUALLY ACTIVE IN THE PAST YEAR?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_c16	IF YOU WERE SEXUALLY ACTIVE IN THE PAST YEAR, WERE YOU SATISFIED WITH YOUR SEX LIFE?	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c17	HOW MUCH WOULD YOU SAY Y OUR SOCIAL/FAMILY WELL-BEING AFFECTS YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF
bsm_c18	IN THE PAST 7 DAYS, I HAVE CONFIDENCE IN MY DOCTOR(S)	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH		AMOUNTF

Variable	Description	Values	Notes	Format Name
		9 = NOT APPLICABLE		
bsm_c19	IN THE PAST 7 DAYS, MY DOCTOR IS AVAILABLE TO ANSWER MY QUESTIONS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c20	HOW MUCH WOULD YOU SAY YOUR RELATIONSHIP WITH YOUR DOCTOR AFFECTS YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF
bsm_c21	IN THE PAST 7 DAYS, I FEEL SAD	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c22	IN THE PAST 7 DAYS, I AM PROUD OF HOW I AM COPING WITH MY ILLNESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c23	IN THE PAST 7 DAYS, I AM LOSING HOPE IN THE FIGHT AGAINST MY ILLNESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c24	IN THE PAST 7 DAYS, I FEEL NERVOUS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c25	IN THE PAST 7 DAYS, I WORRY ABOUT DYING	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c26	IN THE PAST 7 DAYS, I WORRY THAT MY CONDITION WILL GET WORSE	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c27	HOW MUCH WOULD YOU SAY YOUR EMOTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF
bsm_c28	IN THE PAST 7 DAYS, I AM ABLE TO WORK (INCLUDING THE WORK AT HOME)	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT		AMOUNTF

Variable	Description	Values	Notes	Format Name
		4 = VERY MUCH 9 = NOT APPLICABLE		
bsm_c29	IN THE PAST 7 DAYS, MY WORK (INCLUDING WORK AT HOME) IS FULFILLING	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c30	IN THE PAST 7 DAYS, I AM ABLE TO ENJOY LIFE	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c31	IN THE PAST 7 DAYS, I HAVE ACCEPTED MY ILLNESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT		AMOUNTF

Variable	Description	Values	Notes	Format Name
		4 = VERY MUCH 9 = NOT APPLICABLE		
bsm_c32	IN THE PAST 7 DAYS, I AM SLEEPING WELL	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c33	IN THE PAST 7 DAYS, I AM ENJOYING THE THINGS I USUALLY DO FOR FUN	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c34	IN THE PAST 7 DAYS, I AM CONTENT WITH THE QUALITY OF MY LIFE RIGHT NOW	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT		AMOUNTF

Variable	Description	Values	Notes	Format Name
		4 = VERY MUCH 9 = NOT APPLICABLE		
bsm_c35	HOW MUCH WOULD YOU SAY YOUR FUNCTIONAL WELL-BEING AFFECTS YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF
bsm_c36	IN THE PAST 7 DAYS, I HAVE BEEN SHORT OF BREATH	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c37	IN THE PAST 7 DAYS, I AM SELF-CONSCIOUS ABOUT THE WAY I DRESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c38	IN THE PAST 7 DAYS, ONE OR BOTH OF MY ARMS ARE SWOLLEN OR TENDER	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c39	IN THE PAST 7 DAYS, I FEEL SEXUALLY ATTRACTIVE	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c40	IN THE PAST 7 DAYS, I AM BOTHERED BY HAIR LOSS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c41	IN THE PAST 7 DAYS, I WORRY ABOUT THE RISK OF CANCER IN OTHER FAMILY MEMBERS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c42	IN THE PAST 7 DAYS, I WORRY ABOUT THE EFFECT OF STRESS ON MY ILLNESS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c43	IN THE PAST 7 DAYS, I AM BOTHERED BY A CHANGE IN WEIGHT	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c44	IN THE PAST 7 DAYS, I AM ABLE TO FEEL LIKE A WOMAN	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c45	IN THE PAST 7 DAYS, I HAVE FELT EMBARRASSED ABOUT HAVING BREAST CANCER	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c46	IN THE PAST 7 DAYS, I HAVE FELT ASHAMED ABOUT MY CONDITION	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_c47	IN THE PAST 7 DAYS, I HAVE FELT STIGMATIZED ABOUT HAVING BREAST CANCER	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_c48	HOW MUCH WOULD YOU SAY YOUR ADDITIONAL CONCERNS AFFECT YOUR QUALITY OF LIFE?	0 = NOT AT ALL 10 = VERY MUCH		SCALEF
bsm_d1	I'M ALWAYS OPTIMISTIC ABOUT MY FUTURE	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d2	IN UNCERTAIN TIMES, I USUALLY EXPECT THE BEST	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF

Variable	Description	Values	Notes	Format Name
bsm_d3	I ALWAYS LOOK ON THE BRIGHT SIDE OF THINGS	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d4	IF SOMETHING CAN GO WRONG FOR ME, IT WILL	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d5	IT'S EASY FOR ME TO RELAX	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d6	I HARDLY EVER EXPECT THINGS TO GO MY WAY	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE		AGREEF

Variable	Description	Values	Notes	Format Name
		4 = DISAGREE 5 = STRONGLY DISAGREE		
bsm_d7	I ENJOY MY FRIENDS A LOT	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d8	IT'S IMPORTANT FOR ME TO KEEP BUSY	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d9	I RARELY COUNT ON GOOD THINGS HAPPENING TO ME	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF

Variable	Description	Values	Notes	Format Name
bsm_d10	I'M A BELIEVER IN THE IDEA THAT "EVERY CLOUD HAS A SILVER LINING"	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d11	I DON'T GET UPSET TOO EASILY	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_d12	THINGS NEVER WORK OUT THE WAY I WANT THEM TO	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_dt	DATE QUESTIONNAIRE COMPLETED			DATE9
bsm_e1	ABOUT HOW MANY CLOSE FRIENDS AND CLOSE RELATIVES DO YOU HAVE?			

Variable	Description	Values	Notes	Format Name
bsm_e2	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE YOU CAN COUNT ON TO LISTEN TO YOU WHEN YOU NEED TO TALK?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e3	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO GIVE YOU INFORMATION TO HELP YOU UNDERSTAND A SITUATION?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e4	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO GIVE YOU GOOD ADVICE ABOUT A CRISIS?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
bsm_e5	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO CONFIDE IN OR TALK TO ABOUT YOURSELF OR YOUR PROBLEMS?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e6	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHOSE ADVICE YOUR EALLY WANT?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e7	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO SHARE YOUR MOST PRIVATE WORRIES AND FEARS WITH?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
bsm_e8	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO TURN TO FOR SUGGESTIONS ABOUT HOW TO DEAL WITH A PERSONAL PROBLEM?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e9	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO UNDERSTANDS YOUR PROBLEMS?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e10	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HELP YOU IF YOU WERE CONFINED TO BED?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
bsm_e11	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO TAKE YOU TO THE DOCTOR IF YOU NEEDED IT?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e12	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO PREPARE YOUR MEALS IF YOU WERE UNABLE TO DO IT YOURSELF?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e13	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HELP WITH DAILY CHORES IF YOU WERE SICK?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e14	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO SHOWS YOU LOVE AND AFFECTION?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
		4 = MOST OF THE TIME 5 = ALL OF THE TIME		
bsm_e15	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO LOVE YOU AND MAKE YOU FEEL WANTED?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e16	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE WHO HUGS YOU?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e17	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO HAVE A GOOD TIME WITH?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
bsm_e18	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO GET TOGETHER WITH FOR RELAXATION?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e19	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO DO SOMETHING ENJOYABLE WITH?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F
bsm_e20	HOW MUCH OF THE TIME DO YOU HAVE SOMEONE TO DO THINGS WITH TO HELP YOU GET YOUR MIND OFF THINGS?	1 = NONE OF THE TIME 2 = A LITTLE OF THE TIME 3 = SOME OF THE TIME 4 = MOST OF THE TIME 5 = ALL OF THE TIME		TIME1F

Variable	Description	Values	Notes	Format Name
bsm_f1	HOW OFTEN DO YOU HAVE PROBLEMS LEARNING ABOUT YOUR MEDICAL CONDITION BECAUSE OF DIFFICULTY UNDERSTANDING WRITTEN INFORMATION?	1 = ALWAYS 2 = OFTEN 3 = SOMETIMES 4 = OCCASIONALLY 5 = NEVER		TIME2F
bsm_f2	HOW OFTEN ARE YOU CONFIDENT FILLING OUT MEDICAL FORMS BY YOURSELF?	1 = ALWAYS 2 = OFTEN 3 = SOMETIMES 4 = OCCASIONALLY 5 = NEVER		TIME2F
bsm_f3	HOW OFTEN DO YOU HAVE SOMEONE HELP YOU READ HOSPITAL MATERIALS?	1 = ALWAYS 2 = OFTEN 3 = SOMETIMES 4 = OCCASIONALLY 5 = NEVER		TIME2F

Variable	Description	Values	Notes	Format Name
bsm_f4	OVERALL, HOW WOULD YOU RATE YOUR CURRENT UNDERSTANDING OF BREAST CANCER AND ITS TREATMENT?	1 = EXCELLENT 2 = VERY GOOD 3 = GOOD 4 = FAIR 5 = POOR		RATEF
bsm_g1	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS SPEAK TOO FAST?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g2	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS USE WORDS THAT WERE HARD TO UNDERSTAND?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F

Variable	Description	Values	Notes	Format Name
bsm_g3	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS REALLY FIND OUT WHAT YOUR CONCERNS WERE?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g4	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS LET YOU SAY WHAT YOU THOUGHT WAS IMPORTANT?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g5	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS TAKE YOUR HEALTH CONCERNS VERY SERIOUSLY?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F

Variable	Description	Values	Notes	Format Name
bsm_g6	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS EXPLAIN YOUR TEST RESULTS SUCH AS BLOOD TESTS, X-RAYS, OR CANCER SCREENING TESTS?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g7	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS CLEARLY EXPLAIN THE RESULTS OF YOUR PHYSICAL EXAM?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g8	OVER THE PAST 12 MONTHS, HOW OFTEN DID YOU AND YOUR DOCTOR(S) WORK OUT A TREATMENT PLAN TOGETHER?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F

Variable	Description	Values	Notes	Format Name
bsm_g9	OVER THE PAST 12 MONTHS, IF THERE WERE TREATMENT CHOICES, HOW OFTEN DID DOCTORS ASK IF YOU WOULD LIKE TO HELP DECIDE YOUR TREATMENT?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g10	OVER THE PAST 12 MONTHS, HOW OFTEN WERE DOCTORS CONCERNED ABOUT YOUR FEELINGS?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g11	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS REALLY RESPECT YOU AS A PERSON?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F

Variable	Description	Values	Notes	Format Name
bsm_g12	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS TREAT YOU AS AN EQUAL?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g13	OVER THE PAST 12 MONTHS, HOW OFTEN DID DOCTORS PAYLESS ATTENTION TO YOU BECAUSE OF YOUR RACE OR ETHNICITY?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g14	OVER THE PAST 12 MONTHS, HOW OFTEN DID YOU FEEL DISCRIMINATED AGAINST BY DOCTORS BECAUSE OF YOUR RACE OR ETHNICITY?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g15	OVER THE PAST 12 MONTHS, HOW OFTEN WAS THE OFFICE STAFF RUDE TO YOU?	1 = NEVER 2 = RARELY 3 = SOMETIMES		TIME3F

Variable	Description	Values	Notes	Format Name
		4 = USUALLY 5 = ALWAYS		
bsm_g16	OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF TALK DOWN TO YOU?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g17	OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF GIVE YOU A HARD TIME?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F
bsm_g18	OVER THE PAST 12 MONTHS, HOW OFTEN DID THE OFFICE STAFF HAVE A NEGATIVE ATTITUDE TOWARD YOU?	1 = NEVER 2 = RARELY 3 = SOMETIMES 4 = USUALLY 5 = ALWAYS		TIME3F

Variable	Description	Values	Notes	Format Name
bsm_h1	MY DOCTOR CARES MORE ABOUT HOLDING DOWN COSTS THAN ABOUT DOING WHAT IS NEEDED FOR MY HEALTH	1 = STRONGLY AGREE 2 = AGREE 3 = AGREE NOR DISAGREE 4 = DISAGREE 5 = STRONGLY DISAGREE		AGREEF
bsm_h2	ALL THINGS CONSIDERED, HOW MUCH DO YOU TRUST YOUR DOCTOR?	0 = NOT AT ALL 10 = COMPLETELY		SCALEF2
bsm_i1	IN THE PAST 7 DAYS, I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i2	IN THE PAST 7 DAYS, I DID NOT FEEL LIKE EATING; MY APPETITE WAS POOR	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F

Variable	Description	Values	Notes	Format Name
bsm_i3	IN THE PAST 7 DAYS, I FELT THAT I COULD NOT SHAKE OFF THE BLUES EVEN WITH HELP FROM MY FAMILY OR FRIENDS	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i4	IN THE PAST 7 DAYS, I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i5	IN THE PAST 7 DAYS, I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS DOING	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i6	IN THE PAST 7 DAYS, I FELT DEPRESSED	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F

Variable	Description	Values	Notes	Format Name
bsm_i7	IN THE PAST 7 DAYS, I FELT THAT EVERYTHING I DID WAS AN EFFORT	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i8	IN THE PAST 7 DAYS, I FELT HOPEFUL ABOUT THE FUTURE	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i9	IN THE PAST 7 DAYS, I THOUGHT MY LIFE HAD BEEN A FAILURE	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i10	IN THE PAST 7 DAYS, I FELT FEARFUL	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F

Variable	Description	Values	Notes	Format Name
bsm_i11	IN THE PAST 7 DAYS, MY SLEEP WAS RESTLESS	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i12	IN THE PAST 7 DAYS, I WAS HAPPY	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i13	IN THE PAST 7 DAYS, I TALKED LESS THAN USUAL	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i14	IN THE PAST 7 DAYS, I FELT LONELY	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F

Variable	Description	Values	Notes	Format Name
bsm_i15	IN THE PAST 7 DAYS, PEOPLE WERE UNFRIENDLY	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i16	IN THE PAST 7 DAYS, I ENJOYED LIFE	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i17	IN THE PAST 7 DAYS, I HAD CRYING SPELLS	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i18	IN THE PAST 7 DAYS, I FELT SAD	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F

Variable	Description	Values	Notes	Format Name
bsm_i19	IN THE PAST 7 DAYS, I FELT THAT PEOPLE DISLIKED ME	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_i20	IN THE PAST 7 DAYS, I COULD NOT GET GOING	0 = RARELY (<1DAY) 1 = LITTLE (1-2DAYS) 2 = MODERATE (3-4DAYS) 3 = ALWAYS (5-7DAYS)		TIME4F
bsm_j1	HOW MUCH DID HEALTH STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j2	HOW MUCH DID MONEY STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F

Variable	Description	Values	Notes	Format Name
bsm_j3	HOW MUCH DID YOUR JOB STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j4	HOW MUCH DID FAMILY OR MARRIAGE STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j5	HOW MUCH DID OTHER PEOPLE STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j6	HOW MUCH DID CHILDREN STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j7	HOW MUCH DID CRIME STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT		TIME5F

Variable	Description	Values	Notes	Format Name
		3 = MODERATELY 4 = VERY MUCH		
bsm_j8	HOW MUCH DID POLICE STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j9	HOW MUCH DID YOUR LOVE LIFE STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_j10	HOW MUCH DID RACIAL CONFLICT STRESS YOU IN THE PAST 7 DAYS?	1 = NOT AT ALL 2 = SOMEWHAT 3 = MODERATELY 4 = VERY MUCH		TIME5F
bsm_k1	IF YOU FEEL YOU HAVE BEEN TREATED UNFAIRLY, WHAT DO YOU USUALLY DO?	1 = ACCEPT IT AS A FACT OF LIFE 2 = TRY TO DO SOMETHING ABOUT IT		K1F

Variable	Description	Values	Notes	Format Name
bsm_k2	IF YOU HAVE BEEN TREATED UNFAIRLY, WHAT DO YOU USUALLY DO?	1 = TALK TO OTHER PEOPLE ABOUT IT 2 = KEEP IT TO YOURSELF		K2F
bsm_k3	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT SCHOOL?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k3_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT SCHOOL?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F

Variable	Description	Values	Notes	Format Name
bsm_k4	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HIRED OR GETTING A JOB?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k4_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HIRED OR GETTING A JOB?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k5	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT WORK?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF

Variable	Description	Values	Notes	Format Name
bsm_k5_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR AT WORK?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k6	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HOUSING?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k6_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING HOUSING?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F

Variable	Description	Values	Notes	Format Name
bsm_k7	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING MEDICAL CARE?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k7_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING MEDICAL CARE?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k8	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING SERVICE IN A STORE OR RESTAURANT?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF

Variable	Description	Values	Notes	Format Name
bsm_k8_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING SERVICE IN A STORE OR RESTAURANT?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k9	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING CREDIT, BANK LOANS, OR A MORTGAGE?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k9_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN GETTING CREDIT, BANK LOANS, OR A MORTGAGE?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F

Variable	Description	Values	Notes	Format Name
bsm_k10	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN ON THE STREET OR IN A PUBLIC SETTING?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_k10_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR WHEN ON THE STREET OR IN A PUBLIC SETTING?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k11	HAVE YOU EVER EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR FROM THE POLICE OR IN THE COURTS?	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF

Variable	Description	Values	Notes	Format Name
bsm_k11_a	HOW MANY TIMES HAVE YOU EXPERIENCED DISCRIMINATION, BEEN PREVENTED FROM DOING SOMETHING, OR BEEN HASSLED OR MADE TO FEEL INFERIOR BECAUSE OF YOUR RACE, ETHNICITY, OR COLOR FROM THE POLICE OR IN THE COURTS?	1 = ONCE 2 = TWO OR THREE TIMES 3 = FOUR OR MORE TIMES		TIME6F
bsm_k12	IN THE PAST 12 MONTHS, WERE YOU PHYSICALLY ABUSED BY BEING HIT, SLAPPED, PUSHED, SHOVED, OR PUNCHED BY A CURRENT OR FORMER SPOUSE OR INTIMATE PARTNER?	0 = NO 1 = YES 2 = DON'T KNOW 8 = NOT APPLICABLE 9 = REFUSED		YESNONAF
bsm_k13	IN THE PAST 12 MONTHS, WERE YOU VERBALLY ABUSED BY BEING MADE FUN OF, SEVERELY CRITICIZED, TOLD YOU WERE A STUPID OR WORTHLESS PERSON, OR THREATENED WITH HARM TO YOURSELF, YOUR POSSESSIONS, OR YOUR PETS BY A CURRENT OR FORMER SPOUSE OR INTIMATE PARTNER?	0 = NO 1 = YES 2 = DON'T KNOW 8 = NOT APPLICABLE 9 = REFUSED		YESNONAF

Variable	Description	Values	Notes	Format Name
bsm_l1	IN THE PAST 7 DAYS, I HAVE NUMBNESS OR TINGLING IN MY HANDS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l2	IN THE PAST 7 DAYS, I HAVE NUMBNESS OR TINGLING IN MY FEET	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l3	IN THE PAST 7 DAYS, I FEEL DISCOMFORT IN MY HANDS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_l4	IN THE PAST 7 DAYS, I FEEL DISCOMFORT IN MY FEET	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l5	IN THE PAST 7 DAYS, I HAVE JOINT PAIN OR MUSCLE CRAMPS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l6	IN THE PAST 7 DAYS, I FEEL WEAK ALL OVER	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_l7	IN THE PAST 7 DAYS, I HAVE TROUBLE HEARING	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l8	IN THE PAST 7 DAYS, I GET A RINGING OR BUZZING IN MY EARS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l9	IN THE PAST 7 DAYS, I HAVE TROUBLE BUTTONING BUTTONS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_l10	IN THE PAST 7 DAYS, I HAVE TROUBLE FEELING THE SHAPE OF SMALL OBJECTS WHEN THEY ARE IN MY HAND	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l11	IN THE PAST 7 DAYS, I HAVE TROUBLE WALKING	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l12	IN THE PAST 7 DAYS, I FEEL BLOATED	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_l13	IN THE PAST 7 DAYS, MY HANDS ARE SWOLLEN	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l14	IN THE PAST 7 DAYS, MY LEGS OR FEET ARE SWOLLEN	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_l15	IN THE PAST 7 DAYS, I HAVE PAIN IN MY FINGERTIPS	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF

Variable	Description	Values	Notes	Format Name
bsm_l16	IN THE PAST 7 DAYS, I AM BOTHERED BY THE WAY MY HANDS OR NAILS LOOK	0 = NOT AT ALL 1 = A LITTLE BIT 2 = SOMEWHAT 3 = QUITE A BIT 4 = VERY MUCH 9 = NOT APPLICABLE		AMOUNTF
bsm_questlang	QUESTIONNAIRE LANGUAGE			
bsm_selfad	QUESTIONNAIRE SELF-ADMINISTERED	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF
bsm_smpart1	QUESTIONNAIRE PART 1 COMPLETED	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF

Variable	Description	Values	Notes	Format Name
bsm_smpart2	QUESTIONNAIRE PART 2 COMPLETED	0 = NO 1 = YES 8 = DON'T KNOW/NOT APPLICABLE 9 = REFUSED		YESNOF

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