

Explore ECHORN Data Glossary



Explore ECHORN includes selected data collected during the first wave (2013-2018) of the adult ECHORN cohort study.

Clinical and lab values were measured during in-person assessments at our study sites. All remaining data were collected from the self-administered survey instrument.

This document includes the survey items and response options for all of the variables displayed in Explore ECHORN.

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- BMI
- Elevated waist-hip ratio

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Location	Location of assessment center	Barbados Puerto Rico Trinidad & Tobago U.S. Virgin Islands
Age	Participant age at time of assessment	
Sex	Sex of participant	Male Female
Place of birth	Where were you born?	Barbados Puerto Rico Trinidad & Tobago U.S. Virgin Islands US Mainland Canada United Kingdom Other Eastern Caribbean Island Other Caribbean Island Other country
Relationship status	What is your current relationship status?	Married and living with your husband or wife Married and living apart from your husband or wife Divorced or separated Widowed Single, living with a male partner (common-law) Single, living with a female partner (common-law) Single, with a male partner living elsewhere (visiting) Single, with a female partner living elsewhere (visiting) Single
Work status	What were you doing during the past week? Were you:	Working Not working but have a job Not working Looking for work

VARIABLE

SURVEY QUESTION(S)

OPTIONS

Highest level of school

What is the highest year of school that you completed

- No schooling, or less than 1 year of school
- Nursery, kindergarten, and elementary (grades 1 thru 8)
- High school (grades 9 thru 12, no degree)
- High school graduate (or equivalent)
- Some college (1 to 4 years, no degree)
- Associate's degree (including occupational or academic degrees)
- Bachelor's degree (BA, BS, AB, etc.)
- Master's degree (MA, MS, MENG, MSW, etc.)
- Professional school degree (MD, DDC, JD, etc.)
- Doctorate degree (PhD, EdD, etc.)

Current religion or denomination

What is your current religious affiliation or denomination?

- None
- Anglican
- Baha'i
- Baptist
- Church of God of Prophecy
- Hinduism
- Islam
- Jehovah's Witness
- Judaism
- Lutheran
- Methodist
- Moravian
- Muslim
- New Testament Church of God
- Pentecostal
- Rastafarian
- Roman Catholic
- Seventh Day Adventist
- United Church
- Other

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Weight loss	Are you currently trying to lose weight, gain weight, stay the same weight, or not trying to do anything about your weight?	Lose weight Gain weight Stay the same weight Not trying to do anything about your weight
Ever told you have high blood pressure?	Have you EVER been told by a doctor or other health professional that you have any of the following: high blood pressure (also called hypertension), borderline high blood pressure or pre-hypertension?	Yes No
Ever told you had a stroke?	Have you EVER been told by a doctor or other health professional that you had a stroke?	Yes No
Ever told you have cancer?	Have you EVER been told by a doctor or other health professional that you have cancer?	Yes No
Ever told you have diabetes/high blood sugar?	Have you EVER been told by a doctor or other health professional that you have diabetes or high blood sugar?	Yes No
Ever told you have end stage renal disease?	Have you EVER been told by a doctor or other health professional that you have end stage renal disease? Do not include kidney stones, bladder infections or incontinence.	Yes No
Ever told you have sickle cell disease?	Have you EVER been told that you had sickle cell disease?	Yes No
Ever told you have lupus?	Have you EVER been told that you had lupus?	Yes No
PHQ-2 Depression Screener	Over the last two weeks, how often have you been bothered by the following problems? -Little interest or pleasure in doing things -Feeling down, depressed, or hopeless	Not at all (0), Several days (1) More than half the days (2), Nearly every day (3) <i>Answers to the two questions are summed. If the score is three or greater, major depressive disorder is likely.</i>

VARIABLE

**Have a place
for routine or
non-emergent
health care**

SURVEY QUESTION(S)

Is there one place you usually go when you need routine or non-emergent/non-emergency care (for example, regular check-up)?

OPTIONS

Yes
No, I don't seek routine care anywhere
No, I seek routine care at more than one place

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Current tobacco use	Do you still smoke cigarettes, e-cigarettes, cigars, or tobacco pipe regularly? By regularly we mean at least 20 cigarettes or 1 cigar or half an ounce sachet of loose tobacco per month.	Yes No
Current alcohol use	Do you currently drink alcohol?	Yes No
Ever substance use	Have you EVER taken a drug for the experience of feeling high?	Yes No
Physical activity category	Global Physical Activity Questionnaire Questions	<i>Answers are coded into low, moderate, and high categories based on World Health Organization recommendations</i>

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Someone who listens to me when needed	I have someone who will listen to me when I need to talk.	Never Rarely Usually Always
Someone to confide in	I have someone to confide in or talk to about myself or my problems.	Never Rarely Usually Always
Someone who appreciates me	I have someone who makes me feel appreciated.	Never Rarely Usually Always
Someone to talk to on a bad day	I have someone to talk with when I have a bad day.	Never Rarely Usually Always
Live in a close-knit neighborhood	I live in a close knit neighborhood.	Disagree strongly Disagree Agree Strongly agree
People around here help neighbors	People around here are willing to help neighbors.	Disagree strongly Disagree Agree Strongly agree
People in neighborhood don't get along	People in my neighborhood generally don't get along with each other.	Disagree strongly Disagree Agree Strongly agree

VARIABLE	SURVEY QUESTION(S)	OPTIONS
People in neighborhood can be trusted	People in this neighborhood can be trusted.	Disagree strongly Disagree Agree Strongly agree
People in neighborhood don't share my values	People in this neighborhood do not share my values.	Disagree strongly Disagree Agree Strongly agree
Feel same from crime in neighborhood	I feel safe from crime in this neighborhood.	Disagree strongly Disagree Agree Strongly agree
Problems in neighborhood: Excessive noise	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Excessive noise	Not really a problem Minor problem Somewhat a serious problem Serious problem
Problems in neighborhood: Heavy traffic or speeding cars	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Heavy traffic or speeding cars	Not really a problem Minor problem Somewhat a serious problem Serious problem
Problems in neighborhood: Trash or litter	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Trash or litter	Not really a problem Minor problem Somewhat a serious problem Serious problem
Problems in neighborhood: Violence	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Violence	Not really a problem Minor problem Somewhat a serious problem Serious problem

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Problems in neighborhood: Gang activity	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Gang activity	Not really a problem Minor problem Somewhat a serious problem Serious problem
Problems in neighborhood: Robbery	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Robbery	Not really a problem Minor problem Somewhat a serious problem Serious problem
Problems in neighborhood: Sexual assault	Thinking about your neighborhood as a whole, please tell us how much each of the following is a problem in your neighborhood: Sexual assault	Not really a problem Minor problem Somewhat a serious problem Serious problem

VARIABLE	SURVEY QUESTION(S)	OPTIONS
Number of meals you eat out	In a typical week, how many meals do you eat outside of home? Please include information on breakfast, lunch and dinner.	None or rarely 1 to 2 times per week 3 to 4 times per week 1 or more times per day 2 or more times per day
How often fresh fruits/vegetables available?	Now, think about the store where you usually buy most of your foods - How often is there a large selection of fresh fruits and vegetables, excluding provisions, available in this place?	Never Rarely Sometimes Usually Always
How often fruits/vegetables affordable?	Thinking about where you buy most of your foods, how often are the fruits and vegetables, excluding provisions, affordable for me?	Never Rarely Sometimes Usually Always
Took Vitamin D supplements (past month)	During the past MONTH, did you take any pills or supplements that contain VITAMIN D?	Yes No

VARIABLE**Household food insecurity****SURVEY QUESTION(S)**

Latin American and Caribbean Food Security Scale (ELCSA)

- During the last 3 months, because of lack of money or other resources, were you worried about running out of food?
- During the last 3 months, because of lack of money or other resources, did your home run out of food at any time?
- During the last 3 months, because of lack of money or other resources, were you or any other adult in your home unable to eat the kinds of nutritious foods that make people healthy?
- During the last 3 months, because of lack of money or other resources, did you or any other adult in your home usually have to eat the same foods almost every day?
- During the last 3 months, because of lack of money or other resources, was there any day that you or any other adult in your home skipped a meal because of lack of food?
- During the last 3 months, because of lack of money or other resources, did any adult in your home eat less food than what they needed because there wasn't enough food?
- During the last 3 months, because of lack of money or other resources, was there any day when you or any other adult in your home felt hungry but did not eat because there wasn't enough food?
- During the last 3 months, because of lack of money or other resources, was there any day when you or any other adult in your home didn't eat for a whole day or just ate once during the day because there wasn't enough food?
- During the last 3 months, because of lack of money or other resources, did you do things that you would have preferred not to do, such as begging or sending children to work, to get food?

OPTIONS

Participants who answer yes to any item they are food insecure.

VARIABLE**SURVEY QUESTION(S)****OPTIONS****HbA1c**

Hemoglobin A1c, %

Normal: less than 5.7%
Pre-diabetic: 5.7% to 6.4%
Diabetic: 6.5% or higher**Total cholesterol,
mg/dL**

Total cholesterol, mg/dL

Reported as raw lab value

VARIABLE	SURVEY QUESTION(S)	OPTIONS
BMI	Body mass index	Underweight : Below 18.5 Normal 18.5—24.9 Overweight: 25.0—29.9 Obese : 30.0 and Above
Elevated waist-hip ratio		Yes No