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2018 National Survey of Children's Health

Topical Variable List

The U.S. Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY19-346

A1_ACTIVE - Adult 1 - Active Duty (T1 T2 T3)

Have you ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?
1 = Never served in the military
2 = Only on active duty for training in the Reserves or National Guard
3 = Now on active duty
4 = On active duty in the past, but not now

A1_AGE - Adult 1 - Age in Years (T1 T2 T3)

What is your age?
[18-75 or older]

A1_BORN - Adult 1 - Where Born (T1 T2 T3)

Where were you born?
1 = In the United States
2 = Outside of the United States

A1_DEPLSTAT - Adult 1 - Deployment Status (T1 T2 T3)

Were you deployed at any time during this child's life?
1 = Yes
2 = No
Skip if A1_ACTIVE in (1,2)

A1_GRADE - Adult 1 - Highest Completed Year of School (T1 T2 T3)

What is the highest grade or level of school you have completed?
1 = 8th grade or less
2 = 9th-12th grade; No diploma
3 = High School Graduate or GED Completed
4 = Completed a vocational, trade, or business school program
5 = Some College Credit, but No Degree
6 = Associate Degree (AA, AS)
7 = Bachelor's Degree (BA, BS, AB)
8 = Master's Degree (MA, MS, MSW, MBA)
9 = Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

A1_GRADE_IF - Imputation Flag for A1_GRADE (T1 T2 T3)

1 = Imputed
0 = Not imputed

A1_K11Q50_R - Adult 1 - Employed 50 Out Of Last 52 Weeks (T1 T2 T3)

Were you employed at least 50 out of the past 52 weeks?
1 = Yes
2 = No

A1_LIVEUSA - Adult 1 - Come to Live in the United States (Year) (T1 T2 T3)

When did you come to live in the United States?
[1970 or earlier-2018]
Skip if A1_BORN=1

A1_MARITAL - Adult 1 - Marital Status (T1 T2 T3)

What is your marital status?
1 = Married
2 = Not married, but living with a partner
3 = Never Married
4 = Divorced
5 = Separated
6 = Widowed

A1_MENTHEALTH - Adult 1 - Mental or Emotional Health (T1 T2 T3)

In general, how is your mental or emotional health?
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor

A1_PHYSHEALTH - Adult 1 - Physical Health (T1 T2 T3)

In general, how is your physical health?
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor

A1_RELATION - Adult 1 - How Related to Child (T1 T2 T3)

How are you related to this child?
1 = Biological or Adoptive Parent
2 = Step-parent
3 = Grandparent
4 = Foster Parent
6 = Other: Relative
7 = Other: Non-Relative

A1_SEX - Adult 1 - Sex (T1 T2 T3)

What is your sex?
1 = Male
2 = Female

A2_ACTIVE - Adult 2 - Active Duty (T1 T2 T3)

Has this primary caregiver ever served on active duty in the U.S. Armed Forces, Reserves, or the National Guard?
1 = Never served in the military
2 = Only on active duty for training in the Reserves or National Guard
3 = Now on active duty
4 = On active duty in the past, but not now
Skip if A2_RELATION = 8

A2_AGE - Adult 2 - Age in Years (T1 T2 T3)

What is this primary caregiver's age?
[18-75 or older]
Skip if A2_RELATION = 8

A2_BORN - Adult 2 - Where Born (T1 T2 T3)

Where was this primary caregiver born?
1 = In the United States
2 = Outside of the United States
Skip if A2_RELATION = 8

A2_DEPLSTAT - Adult 2 - Deployment Status (T1 T2 T3)

Was this primary caregiver deployed at any time during this child's life?
1 = Yes
2 = No
Skip if A2_RELATION = 8 or A2_ACTIVE in (1,2)

A2_GRADE - Adult 2 - Highest Completed Year of School (T1 T2 T3)

What is the highest grade or level of school this primary caregiver has completed?
1 = 8th grade or less
2 = 9th-12th grade; No diploma
3 = High School Graduate or GED Completed
4 = Completed a vocational, trade, or business school program
5 = Some College Credit, but No Degree
6 = Associate Degree (AA, AS)
7 = Bachelor's Degree (BA, BS, AB)
8 = Master's Degree (MA, MS, MSW, MBA)
9 = Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)
Skip if A2_RELATION = 8

A2_IF - Imputation Flag for A2 Variables (T1 T2 T3)

1 = Imputed
0 = Not imputed

A2_K11Q50_R - Adult 2 - Employed 50 Out Of Last 52 Weeks (T1 T2 T3)

Was this primary caregiver employed at least 50 out of the past 52 weeks?

1 = Yes
2 = No
Skip if A2_RELATION = 8

A2_LIVEUSA - Adult 2 - Come to Live in the United States (Year) (T1 T2 T3)

When did this primary caregiver come to live in the United States?
[1970 or earlier-2018]
Skip if A2_BORN in(1,.L)

A2_MARITAL - Adult 2 - Marital Status (T1 T2 T3)

What is this primary caregiver's marital status?
1 = Married
2 = Not married, but living with a partner
3 = Never Married
4 = Divorced
5 = Separated
6 = Widowed
Skip if A2_RELATION = 8

A2_MENTHEALTH - Adult 2 - Mental or Emotional Health (T1 T2 T3)

In general, how is this primary caregiver's mental or emotional health?
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor
Skip if A2_RELATION = 8

A2_PHYSHEALTH - Adult 2 - Physical Health (T1 T2 T3)

In general, how is this primary caregiver's physical health?
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor
Skip if A2_RELATION = 8

A2_RELATION - Adult 2 - How Related to Child (T1 T2 T3)

How is this adult primary caregiver related to this child?

1 = Biological or Adoptive Parent
2 = Step-parent
3 = Grandparent
4 = Foster Parent
6 = Other: Relative
7 = Other: Non-Relative
8 = There is only one primary adult caregiver for this child

A2_SEX - Adult 2 - Sex (T1 T2 T3)

What is this primary caregiver's sex?
1 = Male
2 = Female
Skip if A2_RELATION = 8

ACE1 - Hard to Cover Basics Like Food or Housing (T1 T2 T3)

SINCE this child WAS BORN, how often has it been very hard to cover the basics, like food or housing, on your family's income?
1 = Never
2 = Rarely
3 = Somewhat often
4 = Very often

ACE10 - Child Experienced - Treated Unfairly Because of Race (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Treated or judged unfairly because of his or her race or ethnic group
1 = Yes
2 = No

ACE3 - Child Experienced - Parent or Guardian Divorced (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Parent or guardian divorced or separated
1 = Yes
2 = No

ACE4 - Child Experienced - Parent or Guardian Died (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Parent or guardian died
1 = Yes
2 = No

ACE5 - Child Experienced - Parent or Guardian Time in Jail (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Parent or guardian served time in jail

1 = Yes
2 = No

ACE6 - Child Experienced - Adults Slap, Hit, Kick, Punch Others (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Saw or heard parents or adults slap, hit, kick, punch one another in the home
1 = Yes
2 = No

ACE7 - Child Experienced - Victim of Violence (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Was a victim of violence or witnessed violence in his or her neighborhood
1 = Yes
2 = No

ACE8 - Child Experienced - Lived with Mentally Ill (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Lived with anyone who was mentally ill, suicidal, or severely depressed
1 = Yes
2 = No

ACE9 - Child Experienced - Lived with Person with Alcohol/Drug Problem (T1 T2 T3)

Header: To the best of your knowledge, has this child EVER experienced any of the following?
Lived with anyone who had a problem with alcohol or drugs
1 = Yes
2 = No

ADDTREAT - ADD/ADHD - Behavioral Treatment (T1 T2 T3)

At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or this child received to help with his or her behavior?
1 = Yes
2 = No
Skip if K2Q31A=2

AGEPOS4 - Birth Order of Selected Children in Household (S1)

1 = Only child
2 = Oldest child
3 = Second oldest child
4 = Third oldest child
5 = Fourth or greater oldest child

ALLERGIES - Allergies (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Allergies (including food, drug, insect, or other)?
1 = Yes
2 = No

ALLERGIES_CURR - Allergies Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if ALLERGIES=2

ALLERGIES_DESC - Allergies Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if ALLERGIES_CURR in (2, .L)

ALTHEALTH - Alternative Health Care (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child use any type of alternative health care or treatment? Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.
1 = Yes
2 = No

ANYOTHER - Any Other Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Any other mental health condition?
1 = Yes
2 = No

ANYOTHER_CURR - Any Other Condition Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if ANYOTHER=2

ANYOTHER_DESC - Any Other Condition Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if ANYOTHER_CURR in (2, .L)

APPOINTMENT - Needed Health Care Not Received Due to - Getting Appointment (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
There were problems getting an appointment when this child needed one
1 = Yes
2 = No
Skip if K4Q27=2

ARRANGEHC - Hours Spent Arranging Health Medical Care (T1 T2 T3)

IN AN AVERAGE WEEK, how many hours do you or other family members spend arranging or coordinating health or medical care for this child, such as making appointments or locating services?
6 = This child does not need health care coordinated on a weekly basis
2 = Less than 1 hour per week
3 = 1-4 hours per week
4 = 5-10 hours per week
5 = 11 or more hours per week

ARTHRITIS - Arthritis (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Arthritis?
1 = Yes
2 = No

ARTHRITIS_CURR - Arthritis Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if ARTHRITIS=2

ARTHRITIS_DESC - Arthritis Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if ARTHRITIS_CURR in (2, .L)

ASKQUESTION - Ask Questions: Who, What, When, Where (T1)

Is this child able to do the following:
Ask questions like “who,” “what” “when” “where”?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

ASKQUESTION2 - Ask Questions: Why, How (T1)

Is this child able to do the following:
Ask questions like “why" and "how"?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

ATHOMEHC - Hours Spent Providing Home Health Care (T1 T2 T3)

IN AN AVERAGE WEEK, how many hours do you or other family members spend providing health care at home for this child?
Care might include changing bandages, or giving medication and therapies when needed.
6 = This child does not need health care provided on a weekly basis
2 = Less than 1 hour per week
3 = 1-4 hours per week
4 = 5-10 hours per week
5 = 11 or more hours per week

AUTISMMED - Autism ASD - Medication Currently (T1 T2 T3)

Is this child CURRENTLY taking medication for Autism, ASD, Asperger's Disorder or PDD?
1 = Yes
2 = No
Skip if K2Q35A=2

AUTISMTREAT - Autism ASD - Behavioral Treatment (T1 T2 T3)

At any time DURING THE PAST 12 MONTHS, did this child receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or this child received to help with his or her behavior?
1 = Yes
2 = No
Skip if K2Q35A=2

AVAILABLE - Needed Health Care Not Received Due to - Not Available (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
The services this child needed were not available in your area
1 = Yes
2 = No
Skip if K4Q27=2

AVOIDCHG - Past 12 Months - Avoided Changing Jobs to Maintain Health Insurance (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, have you or other family members:
Avoided changing jobs because of concerns about maintaining health insurance for this child?
1 = Yes
2 = No

BEDTIME - How Often - Go to Bed at Same Time (T1 T2 T3)

How often does this child go to bed at about the same time on weeknights?
1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never

BESTFORCHILD - How Often - Work to Decide Together Treatment (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Work with you to decide together which health care and treatment choices would be best for this
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if DECISIONS=2 or S4Q01=2

BIRTHWT - Birth Weight Status (T1 T2 T3)

1 = Very low birth weight (less than 1,500g)
2 = Low birth weight (less than 2,500g)
3 = Not low birth weight

BIRTHWT_L - Birth Weight is Low (<2500g) (T1 T2 T3)

1 = Yes
2 = No

BIRTHWT_OZ_S - Standardized Birth Weight, Ounces (T1 T2 T3)

How much did he or she weigh when born?
[72 or less-155 or more]

BIRTHWT_VL - Birth Weight is Very Low (<1500g) (T1 T2 T3)

1 = Yes
2 = No

BLINDNESS - Blindness (T1 T2 T3)

Header: Does this child have any of the following?
Blindness or problems with seeing, even when wearing glasses
1 = Yes
2 = No

BLOOD - Blood Disorder (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Blood Disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilia)?

1 = Yes
2 = No

BLOOD_DESC - Blood Disorder Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if BLOOD=2

BLOOD_OTHER - Blood Disorder Other (T1 T2 T3)

Was this child diagnosed with:
Other Blood Disorders
1 = Yes
2 = No
Skip if BLOOD_SCREEN in (2,.L)

BMICLASS - Body Mass Index, Percentile (T1 T2 T3)

1 = Less than the 5th percentile
2 = 5th percentile to less than the 85th percentile
3 = 85th percentile to less than the 95th percentile
4 = Equal to or greater than the 95th percentile
If FORMTYPE in ("T2","T3")

BORNUSA - Born in the United States (T1 T2 T3)

Was this child born in the United States?
1 = Yes
2 = No

BREASTFEDEND_DAY_S - Stopped Breastfeeding - Days (Standardized) (T1)

Header: How old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
Age in days
[1-6]
If FORMTYPE = "T1", Skip if K6Q41R_STILL = 1

BREASTFEDEND_MO_S - Stopped Breastfeeding - Months (Standardized) (T1)

Header: How old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
Age in months
[0-30 or more]
If FORMTYPE = "T1", Skip if K6Q41R_STILL = 1

BREASTFEDEND_WK_S - Stopped Breastfeeding - Weeks (Standardized) (T1)

Header: How old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
Age in weeks
[0-10]
If FORMTYPE = "T1", Skip if K6Q41R_STILL = 1

BREATHING - Difficulty Breathing Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Breathing or other respiratory problems (such as wheezing or shortness of breath)
1 = Yes
2 = No

BULLIED_R - Bullied, Picked On, or Excluded by Others (T2 T3)

DURING THE PAST 12 MONTHS, how often was this child bullied, picked on, or excluded by other children?
If the frequency changed throughout the year, report the highest frequency.
1 = Never (in the past 12 months)
2 = 1-2 times (in the past 12 months)
3 = 1-2 times per month
4 = 1-2 times per week
5 = Almost every day
If FORMTYPE in ("T2","T3")

BULLY - Bullies Others, Picks on Them, or Excludes Them (T2 T3)

DURING THE PAST 12 MONTHS, how often did this child bully others, pick on them, or exclude them?
If the frequency changed throughout the year, report the highest frequency.
1 = Never (in the past 12 months)
2 = 1-2 times (in the past 12 months)
3 = 1-2 times per month
4 = 1-2 times per week
5 = Almost every day
If FORMTYPE in ("T2","T3")

C4Q04 - Frustrated In Efforts to Get Service (T1 T2 T3)

DURING THE PAST 12 MONTHS, how often were you frustrated in your efforts to get services for this child?
1 = Never
2 = Sometimes
3 = Usually
4 = Always

CALMDOWN - How Often - Can Calm Down (T1)

When excited or all wound up, how often can this child calm down quickly?

1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

CAVITIES - Difficulty Cavities Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Decayed teeth or cavities
1 = Yes
2 = No

CBSAFP_YN - Core Based Statistical Area Status (Operational)

1 = Located within a CBSA
2 = Located outside a CBSA

CERPALS_DESC - Cerebral Palsy Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q61B in (2, .L)

CHANGEAGE - Doctor Worked with Child to Understand Health Care Changes (T3)

Header: Has this child's doctor or other health care provider actively worked with this child to:
Understand the changes in health care that happen at age 18.
For example, by understanding changes in privacy, consent, access to information, or decision-making?
1 = Yes
2 = No
3 = Don't Know
If FORMTYPE = "T3"

CLEAREXP - How Often - Explain Things Good Idea (T1)

How often can this child explain things he or she has seen or done so that you get a very good idea what happened?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

COLOR - Can Name Colors (T1)

Can this child identify the colors red, yellow, blue, and green by name?
1 = Yes, all of them
2 = Yes, some of them
3 = No, none of them
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

CONFIDENT - Confident Ready for School (T1)

How confident are you that this child is ready to be in school?
1 = Completely confident
2 = Mostly confident
3 = Somewhat confident
4 = Not at all confident
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

COORDINATION - Difficulty Coordination Past 12 Months (T1)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Coordination or moving around
1 = Yes
2 = No
If FORMTYPE = "T1"

COUNTTO - Can Count How High (T1)

How high can this child count?
1 = This child cannot count
2 = Up to five
3 = Up to ten
4 = Up to 20
5 = Up to 50
6 = Up to 100 or more
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

CURRCOV - Health Insurance Coverage - Currently Covered (Use CURRINS) (T1 T2 T3)

Is this child CURRENTLY covered by ANY kind of health insurance or health coverage plan?
1 = Yes
2 = No

CURRINS - Health Insurance Coverage - Currently Covered (T1 T2 T3)

1 = Currently insured (does not include Indian Health Service or a religious health share)
2 = Currently uninsured, or only insured through Indian Health Service or a religious health share

CUTHOURS - Past 12 Months -Cut Hours because of Health Conditions (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, have you or other family members:
Cut down on the hours you work because of this child's health or health conditions?
1 = Yes
2 = No

CYSTFIB - Cystic Fibrosis (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Cystic Fibrosis?
1 = Yes
2 = No

CYSTFIB_SCREEN - Cystic Fibrosis Newborn Screening (T1 T2 T3)

Was this condition identified through a blood test done shortly after birth?
These tests are sometimes called newborn screening.
1 = Yes
2 = No
Skip if CYSTFIB=2

DECISIONS - Health Care Decisions Needed (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child need any decisions to be made regarding his or her health care, such as whether to get prescriptions, referrals, or procedures?
1 = Yes
2 = No
Skip if S4Q01=2

DENTALSERV1 - Dental Service - Check-up (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Check-up
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV2 - Dental Service - Cleaning (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Cleaning
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV3 - Dental Service - Instructions on Toothbrushing (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Instruction on tooth brushing and oral health care
1 = selected
2 = not selected

Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV4 - Dental Service - X-Rays (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
X-Rays
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV5 - Dental Service - Fluoride Treatment (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Fluoride treatment
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV6 - Dental Service - Sealant (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Sealant (plastic coatings on back teeth)
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV7 - Dental Service - Don't Know (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did this child receive?
Don't know
1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTISTVISIT - Preventive Dental Visit - How Many Visits (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments?
1 = No preventive visits in past 12 months
2 = Yes, 1 visit
3 = Yes, 2 or more visits
Skip if K4Q30_R=3

DIRECTIONS - Follow Verbal Directions (T1)

Is this child able to do the following:
Follow a verbal direction without hand gestures, such as "Wash your hands."?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

DIRECTIONS2 - Follow Two Step Directions (T1)

Is this child able to do the following:
Follow 2-step directions, such as “Get your shoes and put them in the basket."?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

DISCUSSOPT - How Often - Provider Discussed Range of Options (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Discuss with you the range of options to consider for his or her health care or treatment?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if DECISIONS=2 or S4Q01=2

DISTRACTED - How Often - Easily Distracted (T1)

How often is this child easily distracted?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

DOCPRIVATE - Child Spoke with Doctor Privately (T3)

At his or her LAST medical care visit, did this child have a chance to speak with a doctor or other health care provider privately, without you or another caregiver in the room?
1 = Yes
2 = No
If FORMTYPE = "T3", Skip if S4Q01 = 2

DOCROOM - Preventive Visit - How Long with Doctor (T1 T2 T3)

Thinking about the LAST TIME you took this child for a PREVENTIVE check-up, about how long was the doctor or health care provider who examined this child in the room with you? Your best estimate is
1 = Less than 10 minutes
2 = 10-20 minutes
3 = More than 20 minutes
Skip if S4Q01 = 2 or K4Q20R = 1

DOWNSYN - Down Syndrome (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Down Syndrome?
1 = Yes
2 = No

DRESSING - Difficulty Dressing or Bathing (T2 T3)

Header: Does this child have any of the following?
Difficulty dressing or bathing
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

EMOSUPADV - Emotional Support - Health Condition Support Group (T1 T2 T3)

Header: Did you receive emotional support from:
Support or advocacy group related to specific health condition?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPFAM - Emotional Support - Other Family or Friend (T1 T2 T3)

Header: Did you receive emotional support from:
Family Member?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPHCP - Emotional Support - Health Care Provider (T1 T2 T3)

Header: Did you receive emotional support from:
Health care provider?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPMHP - Emotional Support - Counselor (T1 T2 T3)

Header: Did you receive emotional support from:
Counselor or other mental health professional?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPOTH - Emotional Support - Other (T1 T2 T3)

Header: Did you receive emotional support from:
Other

1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPPEER - Emotional Support - Peer Support Group (T1 T2 T3)

Header: Did you receive emotional support from:
Peer support group?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPSPO - Emotional Support - Spouse or Domestic Partner (T1 T2 T3)

Header: Did you receive emotional support from:
Spouse or Domestic Partner?
1 = Yes
2 = No
Skip if K8Q35=2

EMOSUPWOR - Emotional Support - Place of Worship (T1 T2 T3)

Header: Did you receive emotional support from:
Place of worship or religious leader?
1 = Yes
2 = No
Skip if K8Q35=2

ERRANDALONE - Difficulty Doing Errands Alone (T3)

Header: Does this child have any of the following?
Difficulty doing errands alone such as visiting a doctor's office or shopping, because of a physical, mental, or emotional condition
1 = Yes
2 = No
If FORMTYPE = "T3"

FAMCOUNT - Number of People That Are Family Members (T1 T2 T3)

How many of these people in your household are family members?
Family is defined as anyone related to this child by blood, marriage, adoption, or through foster care.
[1-8 or more]

FAMILY_R - Family Structure (T1 T2 T3)

1 = Two biogical/adoptive parents, currently married
2 = Two biogical/adoptive parents, not currently married
3 = Two parents (at least one not biological/adoptive), currently married
4 = Two parents (at least one not biological/adoptive), not currently married
5 = Single mother
6 = Single father
7 = Grandparent household
8 = Other relation

FIPSST - State FIPS Code (Operational)

[1-56]

FOODSIT - Food Situation In Household - Past 12 Months (T1 T2 T3)

Which of these statements best describes your household's ability to afford the food you need DURING THE PAST 12 MONTHS?
1 = We could always afford to eat good nutritious meals.
2 = We could always afford enough to eat but not always the kinds of food we should eat.
3 = Sometimes we could not afford enough to eat.
4 = Often we could not afford enough to eat.

FORMTYPE - Form Type (Operational)

T1
T2
T3

FPL_I1 - Family Poverty Ratio, First Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_I2 - Family Poverty Ratio, Second Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_I3 - Family Poverty Ratio, Third Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_I4 - Family Poverty Ratio, Fourth Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_I5 - Family Poverty Ratio, Fifth Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_I6 - Family Poverty Ratio, Sixth Implicate (T1 T2 T3)

[50 or less-400 or more]

FPL_IF - Imputation Flag for FPL (T1 T2 T3)

1 = Imputed
0 = Not imputed

FRSTFORMULA_DAY_S - First Fed Formula - Days (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed formula?
Age in days
[0-5]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

FRSTFORMULA_MO_S - First Fed Formula - Months (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed formula?
Age in months
[0-12 or more]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

FRSTFORMULA_WK_S - First Fed Formula - Weeks (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed formula?
Age in weeks
[0-10]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

FRSTSOLIDS_DAY_S - First Fed Solids - Days (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that this child might have been given, even water.
Age in days
[0-2]
If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

FRSTSOLIDS_MO_S - First Fed Solids - Months (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that this child might have been given, even water.
Age in months
[0-15 or more]
If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

FRSTSOLIDS_WK_S - First Fed Solids - Weeks (Standardized) (T1)

Header: How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that this child might have been given, even water.
Age in weeks
[0-4]
If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

FWC - Selected Child Weight (Operational)

[0-999999]

GAINSKILLS - Doctor Worked with Child to Gain Skills to Manage Health (T3)

Header: Has this child's doctor or other health care provider actively worked with this child to:
Gain skills to manage his or her health and health care.
For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?
1 = Yes
2 = No
3 = Don't Know
If FORMTYPE = "T3"

GENETIC - Genetic Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Other genetic or inherited condition?
1 = Yes
2 = No

GENETIC_DESC - Genetic Condition Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if GENETIC=2

GENETIC_SCREEN - Genetic Condition Newborn Screening (T1 T2 T3)

Was this condition identified through a blood test done shortly after birth?
These tests are sometimes called newborn screening.
1 = Yes
2 = No
Skip if GENETIC=2

GOFORHELP - Know Where to Go For Help (T1 T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
When we encounter difficulties, we know where to go for help in our community
1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree

GUMBLEED - Difficulty Bleeding Gums Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Bleeding gums
1 = Yes
2 = No

HANDS - Difficulty Hands Past 12 Months (T1)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Using his or her hands
1 = Yes
2 = No
If FORMTYPE = "T1"

HCABILITY - Health Affected Ability - How Often (T1 T2 T3)

DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected his or her ability to do things other children his or her age do?
Mark ONE only.
1 = This child does not have any conditions
2 = Never
3 = Sometimes
4 = Usually
5 = Always

HCCOVOTH - Health Insurance - Other (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Other type
1 = Yes
2 = No
Skip if CURRCOV=2

HCEXTENT - Health Affected Ability - Extent (T1 T2 T3)

To what extent do this child's health conditions or problems affect his or her ability to do things?
1 = Very little
2 = Somewhat
3 = A great deal
Skip if HCABILITY in (1,2)

HEADACHE - Headaches (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Frequent or severe headaches, including migraine?
1 = Yes
2 = No

HEADACHE_CURR - Headaches Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if HEADACHE=2

HEADACHE_DESC - Headaches Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if HEADACHE_CURR in (2,.L)

HEALTHKNOW - How Child Will Be Insured as an Adult (T3)

Eligibility for health insurance often changes in young adulthood. Do you know how this child will be insured as he or she becomes an adult?
1 = Yes
2 = No
If FORMTYPE = "T3"

HEART - Heart Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Heart Condition?
1 = Yes
2 = No

HEART_CURR - Heart Condition Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if HEART=2

HEART_DESC - Heart Condition Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if HEART_CURR in (2,.L)

HEIGHT - Height in CM (T2 T3)

What is this child's CURRENT height? Your best estimate is fine.
[80-230]
if FORMTYPE in ("T2","T3")

HHCOUNT - Number of People Living at Address (T1 T2 T3)

How many people are living or staying at this address?
Include everyone who usually lives or stays at this address. Do NOT include anyone who is living somewhere else for more than two months, such as a college student living away or someone in the Armed Forces on deployment.
[2-10 or more]

HHCOUNT_IF - Imputation Flag for HHCOUNT (T1 T2 T3)

1 = Imputed
0 = Not imputed

HHID - Unique Household ID (Operational)

[18000000-18999999]

HHLANGUAGE - Primary Household Language (S1)

What is the primary language spoken in the household?
1 = English
2 = Spanish
3 = Other

HIGRADE - Highest Level of Education among Reported Adults (T1 T2 T3)

1 = Less than high school
2 = High school (including vocational, trade, or business school)
3 = More than high school

HIGRADE_TVIS - Highest Level of Education among Reported Adults, Detail (T1 T2 T3)

1 = Less than high school
2 = High school (including vocational, trade, or business school)
3 = Some college or Associate Degree
4 = College degree or higher

HOPEFUL - Facing Problems - How Often Stay Hopeful (T1 T2 T3)

Header: When your family faces problems, how often are you likely to do each of the following?
Stay hopeful even in difficult times
1 = All of the time
2 = Most of the time
3 = Some of the time
4 = None of the time

HOSPITALER - Hospital Emergency Room Visits (T1 T2 T3)

DURING THE PAST 12 MONTHS, how many times did this child visit a hospital emergency room?

1 = None
2 = 1 time
3 = 2 or more times

HOSPITALSTAY - Admitted to Hospital (T1 T2 T3)

DURING THE PAST 12 MONTHS, was this child admitted to the hospital to stay for at least one night?
1 = Yes
2 = No

HOURSLEEP - Past Week - How Many Hours of Sleep Average (T2 T3)

DURING THE PAST WEEK, how many hours of sleep did this child get on most weeknights?
1 = Less than 6 hours
2 = 6 hours
3 = 7 hours
4 = 8 hours
5 = 9 hours
6 = 10 hours
7 = 11 or more hours
If FORMTYPE in ("T2","T3")

HOURSLEEP05 - Past Week - How Many Hours of Sleep Average (T1)

DURING THE PAST WEEK, how many hours of sleep did this child get during an average day (count both nighttime sleep and naps)?
1 = Less than 7 hours
2 = 7 hours
3 = 8 hours
4 = 9 hours
5 = 10 hours
6 = 11 hours
7 = 12 or more hours
If FORMTYPE = "T1"

HOUSE_GEN - Parental Nativity (T1 T2 T3)

1 = 1st generation household [Child is born outside the United States and all reported parents are born outside the United States. At least one parent must be reported as born outside the United States.]
2 = 2nd generation household [Child is born in the United States and at least one parent is born outside the United States OR child is born outside the United States, one parent is born in the United States and one parent is born outside the United States.]
3 = 3rd+ generation [All parents in the household are born in the United States]
4 = Other [Child is born in the United States, parents are not listed.]

HOWMUCH - How Much Medical Health Care - Past 12 Months (T1 T2 T3)

Including co-pays and amounts reimbursed from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for this child's medical, health, dental, and vision care DURING THE PAST 12 MONTHS?
Do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source.
1 = $0 (No medical or health-related expenses)
2 = $1-$249
3 = $250-$499
4 = $500-$999
5 = $1,000-$5,000
6 = More than $5,000

HURTSAD - How Often - Show Concern (T1)

How often does this child show concern when others are hurt or unhappy?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

INSGAP - Health Insurance Coverage - Past 12 Months (T1 T2 T3)

1 = Insured all 12 months
2 = Insured during the past 12 months but with gaps in coverage
3 = No coverage past 12 months

INSTYPE - Insurance Type (Revised) (T1 T2 T3)

1 = Public only (government assistance)
2 = Private only (privately purchased, including through ACA marketplace, through employer, or TRICARE)
3 = Private and public
5 = Not insured

ISSUECOST - Needed Health Care Not Received Due to - Cost (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
There were issues related to cost
1 = Yes
2 = No
Skip if K4Q27=2

K10Q11 - Neighborhood - Sidewalks or Walking Paths (T1 T2 T3)

Header: In your neighborhood, is/are there:
Sidewalks or walking paths?

1 = Yes
2 = No

K10Q12 - Neighborhood - Park or Playground (T1 T2 T3)

Header: In your neighborhood, is/are there:
A park or playground?
1 = Yes
2 = No

K10Q13 - Neighborhood - Recreation Center (T1 T2 T3)

Header: In your neighborhood, is/are there:
A recreation center, community center, or boys' and girls' club?
1 = Yes
2 = No

K10Q14 - Neighborhood - Library or Bookmobile (T1 T2 T3)

Header: In your neighborhood, is/are there:
A library or bookmobile?
1 = Yes
2 = No

K10Q20 - Neighborhood - Litter or Garbage (T1 T2 T3)

Header: In your neighborhood, is/are there:
Litter or garbage on the street or sidewalk?
1 = Yes
2 = No

K10Q22 - Neighborhood - Poorly Kept or Rundown Housing (T1 T2 T3)

Header: In your neighborhood, is/are there:
Poorly kept or rundown housing?
1 = Yes
2 = No

K10Q23 - Neighborhood - Vandalism (T1 T2 T3)

Header: In your neighborhood, is/are there:
Vandalism such as broken windows or graffiti?
1 = Yes
2 = No

K10Q30 - People In Neighborhood Help Each Other Out (T1 T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
People in this neighborhood help each other out

1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree

K10Q31 - Watch Out for Other's Children (T1 T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
We watch out for each other's children in this neighborhood
1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree

K10Q40_R - Child is Safe In Neighborhood (T1 T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
This child is safe in our neighborhood
1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree

K10Q41_R - Child Is Safe at School (T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
this child is safe at school
1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree
If FORMTYPE in ("T2","T3")

K11Q03R - Health Insurance - Indian Health Service (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Indian Health Service
1 = Yes
2 = No
Skip if CURRCOV=2

K11Q43R - How Many Times Moved to New Address (T1 T2 T3)

How many times has this child moved to a new address since he or she was born?
[0-15 or more]

K11Q60 - Cash Assistance from Government - Past 12 Months (T1 T2 T3)

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:
Cash assistance from a government welfare program?
1 = Yes
2 = No

K11Q61 - Food Stamps - Past 12 Months (T1 T2 T3)

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:
Food Stamps or Supplemental Nutrition Assistance Program (SNAP) benefits?
1 = Yes
2 = No

K11Q62 - Free or Reduced Cost Meals - Past 12 Months (T1 T2 T3)

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:
Free or reduced-cost breakfasts or lunches at school?
1 = Yes
2 = No

K12Q01_A - Reason Not Covered - Change in Employer/Employment (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Change in employer or employment status
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_B - Reason Not Covered - Cancellation Overdue Premiums (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Cancellation due to overdue premiums
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_C - Reason Not Covered - Unaffordable (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Dropped coverage because it was unaffordable
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_D - Reason Not Covered - Inadequate Benefits (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Dropped coverage because benefits were inadequate
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_E - Reason Not Covered - Inadequate Providers (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Dropped coverage because choice of health care providers was inadequate
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_F - Reason Not Covered - Application/Renewal Problems (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Problems with application or renewal process
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q01_G - Reason Not Covered - Other (T1 T2 T3)

Header: Indicate whether any of the following is a reason this child was not covered by health insurance DURING THE PAST 12 MONTHS:
Other reason
1 = Yes
2 = No
Skip if K3Q04_R=1

K12Q03 - Health Insurance - Current/Former Employer or Union (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Insurance through a current or former employer or union
1 = Yes
2 = No
Skip if CURRCOV=2

K12Q04 - Health Insurance - Insurance Company (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Insurance purchased directly from an insurance company

1 = Yes
2 = No
Skip if CURRCOV=2

K12Q12 - Health Insurance - Government Assistance Plan (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
1 = Yes
2 = No
Skip if CURRCOV=2

K2Q01 - General Health (T1 T2 T3)

In general, how would you describe this child's health?
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor

K2Q01_D - Teeth Description (T1 T2 T3)

How would you describe the condition of this child's teeth?
6 = This child does not have any teeth (T1 only)
1 = Excellent
2 = Very Good
3 = Good
4 = Fair
5 = Poor

K2Q05 - Born 3 or More Weeks Before Due Date (T1 T2 T3)

Was this child born more than 3 weeks before his or her due date?
1 = Yes
2 = No

K2Q30A - Learning Disability (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that this child has…
Learning Disability?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No

K2Q30B - Learning Disability Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the disability?

1 = Yes
2 = No
Skip if K2Q30A=2

K2Q30C - Learning Disability Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q30B in (2,.L)

K2Q31A - ADD/ADHD (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder, that is, ADD or ADHD?
1 = Yes
2 = No

K2Q31B - ADD/ADHD Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q31A=2

K2Q31C - ADD/ADHD Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q31B in (2,.L)

K2Q31D - ADD/ADHD - Medication Currently (T1 T2 T3)

Is this child CURRENTLY taking medication for ADD or ADHD?
1 = Yes
2 = No
Skip if K2Q31A=2

K2Q32A - Depression (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Depression?
1 = Yes
2 = No

K2Q32B - Depression Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?

1 = Yes
2 = No
Skip if K2Q32A=2

K2Q32C - Depression Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q32B in (2,.L)

K2Q33A - Anxiety (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Anxiety Problems?
1 = Yes
2 = No

K2Q33B - Anxiety Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q33A=2

K2Q33C - Anxiety Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q33B in (2,.L)

K2Q34A - Behavior Problems (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that this child has…
Behavioral or Conduct Problems?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No

K2Q34B - Behavior Problems Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q34A=2

K2Q34C - Behavior Problems Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q34B in (2,.L)

K2Q35A - Autism ASD (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Autism or Autism Spectrum Disorder (ASD)?
Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).
1 = Yes
2 = No

K2Q35A_1_YEARS - Autism ASD - First Told Age in Years (T1 T2 T3)

How old was this child when a doctor or other health care provider FIRST told you that he or she had Autism, ASD, Asperger's Disorder or PDD?
[1-15 or older]
Skip if K2Q35A=2

K2Q35B - Autism ASD Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q35A=2

K2Q35C - Autism ASD Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q35B in (2, .L)

K2Q35D - Autism ASD - First Told Doctor Type (T1 T2 T3)

What type of doctor or other health care provider was the FIRST to tell you that this child had Autism, ASD, Asperger's Disorder or PDD?
Mark ONE only.
1 = Primary Care Provider
2 = Specialist
3 = School Psychologist/Counselor
4 = Other Psychologist (Non-School)
5 = Psychiatrist
6 = Other
7 = Don't Know
Skip if K2Q35A=2

K2Q36A - Developmental Delay (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that this child has…
Developmental Delay?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No

K2Q36B - Developmental Delay Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q36A=2

K2Q36C - Developmental Delay Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q36B in (2,.L)

K2Q37A - Speech Disorder (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that this child has…
Speech or other language disorder?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No

K2Q37B - Speech Disorder Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q37A=2

K2Q37C - Speech Disorder Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q37B in (2,.L)

K2Q38A - Tourette Syndrome (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Tourette Syndrome?

1 = Yes
2 = No

K2Q38B - Tourette Syndrome Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q38A=2

K2Q38C - Tourette Syndrome Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
4 = Moderate/Severe
Skip if K2Q38B in (2,.L)

K2Q40A - Asthma (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Asthma?
1 = Yes
2 = No

K2Q40B - Asthma Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q40A=2

K2Q40C - Asthma Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q40B in (2, .L)

K2Q41A - Diabetes (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Diabetes?
1 = Yes
2 = No

K2Q41B - Diabetes Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No

Skip if K2Q41A=2

K2Q41C - Diabetes Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q41B in (2, .L)

K2Q42A - Epilepsy (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Epilepsy or seizure disorder?
1 = Yes
2 = No

K2Q42B - Epilepsy Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q42A=2

K2Q42C - Epilepsy Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q42B in (2, .L)

K2Q43B - Deafness (T1 T2 T3)

Header: Does this child have any of the following?
Deafness or problems with hearing
1 = Yes
2 = No

K2Q46A - Brain Injury (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Brain Injury, Concussion, or Head Injury?
1 = Yes
2 = No

K2Q46B - Brain Injury Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No

Skip if K2Q46A=2

K2Q46C - Brain Injury Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q46B in (2, .L)

K2Q60A - Intellectual Disability (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that this child has…
Intellectual Disability (formerly known as Mental Retardation)?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No

K2Q60B - Intellectual Disability Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the disability?
1 = Yes
2 = No
Skip if K2Q60A=2

K2Q60C - Intellectual Disability Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if K2Q60B in (2,.L)

K2Q61A - Cerebral Palsy (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Cerebral Palsy?
1 = Yes
2 = No

K2Q61B - Cerebral Palsy Currently (T1 T2 T3)

If yes, does this child CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q61A=2

K3Q04_R - Health Insurance Coverage - Past 12 Months (Use INSGAP) (T1 T2 T3)

DURING THE PAST 12 MONTHS, was this child EVER covered by ANY kind of health insurance or health coverage plan?

1 = Yes, this child was covered all 12 months
2 = Yes, but this child had a gap in coverage
3 = No

K3Q20 - Health Insurance - Benefits Cover Services (T1 T2 T3)

How often does this child's health insurance offer benefits or cover services that meet this child's needs?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if CURRCOV=2

K3Q21B - How Often Costs Reasonable (T1 T2 T3)

How often are these costs reasonable?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if HOWMUCH = 1

K3Q22 - Health Insurance - Allow to See Provider (T1 T2 T3)

How often does this child's health insurance allow him or her to see the health care providers he or she needs?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if CURRCOV=2

K3Q25 - Problems Paying for Medical or Health Care (T1 T2 T3)

DURING THE PAST 12 MONTHS, did your family have problems paying for any of this child's medical or health care bills?
1 = Yes
2 = No

K4Q01 - Place Usually Goes Sick (T1 T2 T3)

Is there a place you or another caregiver USUALLY take this child when he or she is sick or you need advice about his or her health?
1 = Yes
2 = No

K4Q02_R - Place Usually Goes Sick - Where (T1 T2 T3)

Where does this child USUALLY go first?
Mark ONE only.
1 = Doctor's Office
2 = Hospital Emergency Room
3 = Hospital Outpatient Department
4 = Clinic or Health Center
5 = Retail Store Clinic or "Minute Clinic"
6 = School (Nurse's Office, Athletic Trainer's Office)
7 = Some other place
Skip if K4Q01 = 2

K4Q04_R - Personal Doctor or Nurse - One or More (T1 T2 T3)

Do you have one or more persons you think of as this child's personal doctor or nurse?
A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.
1 = Yes, one person
2 = Yes, more than one person
3 = No

K4Q20R - Preventive Visit - How Many Times (T1 T2 T3)

DURING THE PAST 12 MONTHS, how many times did this child visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?
A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit.
1 = 0 visits
2 = 1 visit
3 = 2 or more visits
Skip if S4Q01 = 2

K4Q22_R - Mental Health Professional Treatment (T1 T2 T3)

DURING THE PAST 12 MONTHS, has this child received any treatment or counseling from a mental health professional?
Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers.
1 = Yes
2 = No, but this child needed to see a mental health professional
3 = No, this child did not need to see a mental health professional

K4Q23 - Emotions Concentration Behavior Medication (T1 T2 T3)

DURING THE PAST 12 MONTHS, has this child taken any medication because of difficulties with his or her emotions, concentration, or behavior?
1 = Yes
2 = No

K4Q24_R - Specialist Visit (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child see a specialist other than a mental health professional?
Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
1 = Yes
2 = No, but this child needed to see a specialist
3 = No, this child did not need to see a specialist

K4Q26 - Specialist Visit - Problem (T1 T2 T3)

How difficult was it to get the specialist care that this child needed?
1 = Not difficult
2 = Somewhat difficult
3 = Very difficult
4 = It was not possible to obtain care
Skip if K4Q24_R=3

K4Q27 - Needed Health Care Not Received (T1 T2 T3)

DURING THE PAST 12 MONTHS, was there any time when this child needed health care but it was not received?
By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.
1 = Yes
2 = No

K4Q28X_EAR - Needed Health Care Not Received - Hearing Care (T1 T2 T3)

Header: Which type of care was not received?
Hearing Care
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q28X01 - Needed Health Care Not Received - Medical Care (T1 T2 T3)

Header: Which type of care was not received?
Medical Care
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q28X02 - Needed Health Care Not Received - Dental Care (T1 T2 T3)

Header: Which type of care was not received?
Dental Care
1 = selected
2 = not selected

Skip if K4Q27=2

K4Q28X03 - Needed Health Care Not Received - Vision Care (T1 T2 T3)

Header: Which type of care was not received?
Vision Care
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q28X04 - Needed Health Care Not Received - Mental Health Services (T1 T2 T3)

Header: Which type of care was not received?
Mental Health Services
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q28X05 - Needed Health Care Not Received - Other (T1 T2 T3)

Header: Which type of care was not received?
Other care not received
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q30_R - Dental Provider Visit (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child see a dentist or other oral health care provider for any kind of dental or oral health care?
1 = Yes, saw a dentist
2 = Yes, saw other oral health care provider
3 = No

K4Q31_R - Vision Tested (T1 T2 T3)

DURING THE PAST 12 MONTHS, has this child EVER had his or her vision tested with pictures, shapes, or letters?
1 = Yes
2 = No

K4Q32X01 - Vision Tested - Eye Doctor or Eye Specialist (T1 T2 T3)

Header: Where was this child's vision tested?
Eye Doctor or Eye Specialist (Ophthalmologist, Optometrist) office
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X02 - Vision Tested - Pediatrician or General Doctor (T1 T2 T3)

Header: Where was this child's vision tested?
Pediatrician or Other General Doctor's office
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X03 - Vision Tested - Clinic or Health Center (T1 T2 T3)

Header: Where was this child's vision tested?
Clinic or Health Center
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X04 - Vision Tested - School (T1 T2 T3)

Header: Where was this child's vision tested?
School
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X05 - Vision Tested - Other (T1 T2 T3)

Header: Where was this child's vision tested?
Other place
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q36 - Received Special Services (T1 T2 T3)

Has this child EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?
1 = Yes
2 = No

K4Q37 - Received Special Services - Age in Years (T1 T2 T3)

How old was this child when he or she began receiving these special services?
[0-15 or older]
Skip if K4Q36=2

K4Q38 - Received Special Services - Currently (T1 T2 T3)

Is this child CURRENTLY receiving these special services?
1 = Yes
2 = No
Skip if K4Q36=2

K5Q10 - Need a Referral (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child need a referral to see any doctors or receive any services?

1 = Yes
2 = No

K5Q11 - Need a Referral - Problem (T1 T2 T3)

How difficult was it to get referrals?
1 = Not difficult
2 = Somewhat difficult
3 = Very difficult
4 = It was not possible to get a referral
Skip if S4Q01=2 or K5Q10 = 2

K5Q20_R - Arrange Or Coordinate Care Among Doctors (T1 T2 T3)

DURING THE PAST 12 MONTHS, did anyone help you arrange or coordinate this child's care among the different doctors or services that this child uses?
1 = Yes
2 = No
3 = Did not see more than one health care provider in past 12 months
Skip if S4Q01=2

K5Q21 - Arrange Or Coordinate Care Extra Help (T1 T2 T3)

DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating this child's care among the different health care providers or services?
1 = Yes
2 = No
Skip if S4Q01=2 or K5Q20_R = 3

K5Q22 - Arrange Or Coordinate As Much Help As Wanted (T1 T2 T3)

DURING THE PAST 12 MONTHS, how often did you get as much help as you wanted with arranging or coordinating this child's health care?
1 = Usually
2 = Sometimes
3 = Never
Skip if K5Q21 in (2, .L)

K5Q30 - Communication Satisfaction Among Doctors (T1 T2 T3)

DURING THE PAST 12 MONTHS, how satisfied are you with the communication among this child's doctors and other health care providers?
1 = Very Satisfied
2 = Somewhat satisfied
3 = Somewhat dissatisfied
4 = Very dissatisfied

Skip if S4Q01=2 or K5Q20_R = 3

K5Q31_R - Provider Communication with School, Child Care, Special Education Program (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child's health care provider communicate with this child's school, child care provider, or special education program?
1 = Yes
2 = No
3 = Did not need health care provider to communicate with these providers
Skip if S4Q01=2

K5Q32 - Communication Satisfaction with School, Child Care, Special Education Program (T1 T2 T3)

During this time, how satisfied were you with the health care provider's communication with the school, child care provider, or special education program?
1 = Very Satisfied
2 = Somewhat satisfied
3 = Somewhat dissatisfied
4 = Very dissatisfied
Skip if K5Q31 in (2,3) or S4Q01=2

K5Q40 - How Often - Spend Enough Time (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Spend enough time with this child?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if S4Q01=2

K5Q41 - How Often - Listen Carefully (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Listen carefully to you?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if S4Q01=2

K5Q42 - How Often - Show Sensitivity (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Show sensitivity to your family's values and customs?

1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if S4Q01=2

K5Q43 - How Often - Provide Specific Information (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Provide the specific information you needed concerning this child?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if S4Q01=2

K5Q44 - How Often - Feel Like a Partner (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Help you feel like a partner in this child's care?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if S4Q01=2

K6Q08_R - Learning to Do Things For Him or Herself (T1)

Are you concerned about how this child is learning to do things for him or herself?
1 = Yes, somewhat concerned
2 = Yes, very concerned
3 = No

If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

K6Q10 - Asked about Learning, Development, Behavior Concerns (T1)

DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?
1 = Yes
2 = No
If FORMTYPE = "T1"

K6Q12 - Questionnaire - Development Concerns (T1)

DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns or observations you may have about this child's development, communication, or social behaviors?
Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_LT10=1

K6Q13A - Questionnaire Covers Talks or Speech Sounds Concerns (T1)

Header: Did the questionnaire ask about your concerns or observations about:
How this child talks or makes speech sounds?
1 = selected
2 = not selected
If FORMTYPE = "T1", Skip if SC_AGE_YEARS>=2 or SC_AGE_LT9=1 or K6Q12=2

K6Q13B - Questionnaire Covers Interaction Concerns (T1)

Header: Did the questionnaire ask about your concerns or observations about:
How this child interacts with you and others?
1 = selected
2 = not selected
If FORMTYPE = "T1", Skip if SC_AGE_YEARS>=2 or SC_AGE_LT9=1 or K6Q12=2

K6Q14A - Questionnaire Covers Words and Phrases Concerns (T1)

Header: Did the questionnaire ask about your concerns or observations about:
Words and phrases this child uses and understands?
1 = selected
2 = not selected
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<2 or K6Q12=2

K6Q14B - Questionnaire Covers Behaves and Gets Along Concerns (T1)

Header: Did the questionnaire ask about your concerns or observations about:
How this child behaves and gets along with you and others?
1 = selected
2 = not selected
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<2 or K6Q12=2

K6Q15 - Special Education Plan (T1 T2 T3)

Has this child EVER had a special education or early intervention plan?
Children receiving these services often have an Individualized Family Service Plan or Individualized Education Plan.
1 = Yes
2 = No

K6Q20 - Receive Care From Others at Least 10 Hours Per Week (T1)

Does this child receive care for at least 10 hours per week from someone other than his or her parent or guardian?

This could be a day care center, preschool, Head Start program, family child care home, nanny, au pair, babysitter or relative.

1 = Yes

2 = No

If FORMTYPE = "T1"

K6Q27 - Job Change Because Problems with Child Care (T1)

DURING THE PAST 12 MONTHS, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for this child?

1 = Yes

2 = No

If FORMTYPE = "T1"

K6Q40 - Ever Breastfed (T1)

Was this child EVER breastfed or fed breast milk?

1 = Yes

2 = No

If FORMTYPE = "T1"

K6Q41R_STILL - Stopped Breastfeeding - Still Breastfeeding (T1)

Header: How old was this child when he or she COMPLETELY stopped breastfeeding or being fed breast milk?

Check this box if child is still breastfeeding

1 = selected

2 = not selected

If FORMTYPE = "T1", Skip if K6Q40 = 2

K6Q42R_NEVER - First Fed Formula - Never (T1)

Header: How old was this child when he or she was FIRST fed formula?

Check this box if child has never been fed formula

1 = selected

2 = not selected

If FORMTYPE = "T1"

K6Q43R_NEVER - First Fed Other - Never (T1)

Header: How old was this child when he or she was FIRST fed anything other than breast milk or formula? Include juice, cow's milk, sugar water, baby food, or anything else that this child might have been given, even water.

Check this box if child has never been fed anything other than breast milk or formula

1 = selected

2 = not selected

If FORMTYPE = "T1"

K6Q60_R - How Many Days Read to Child (T1)

DURING THE PAST WEEK, how many days did you or other family members read to this child?
1 = 0 days
2 = 1-3 days
3 = 4-6 days
4 = Every day
If FORMTYPE = "T1"

K6Q61_R - How Many Days Tell Stories or Sing to Child (T1)

DURING THE PAST WEEK, how many days did you or other family members tell stories or sing songs to this child?
1 = 0 days
2 = 1-3 days
3 = 4-6 days
4 = Every day
If FORMTYPE = "T1"

K6Q70_R - Affectionate (T1)

Header: How often:
Is this child is affectionate and tender with you?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE = "T1"

K6Q71_R - Show Interest and Curiosity (T1 T2 T3)

Header: How often?
Does this child show interest and curiosity in learning new things
1 = Always
2 = Usually
3 = Sometimes
4 = Never

K6Q72_R - Smiles Laughs (T1)

Header: How often?
Does this child smile and laugh?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE = "T1"

K6Q73_R - Bounces Back (T1)

Header: How often?

Does this child bounce back quickly when things do not go his or her way?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

If FORMTYPE = "T1"

K7Q02R_R - Days Child Missed School - Illness or Injury (T2 T3)

DURING THE PAST 12 MONTHS, about how many days did this child miss school because of an illness or injury? Include days missed from any formal home schooling.

1 = No missed school days

2 = 1 - 3 days

3 = 4 - 6 days

4 = 7 - 10 days

5 = 11 or more days

6 = This child was not enrolled in school

If FORMTYPE in ("T2","T3")

K7Q04R_R - Times School Contacted Household About Problems (T2 T3)

DURING THE PAST 12 MONTHS, how many times has this child's school contacted you or another adult in your household about any problems he or she is having with school?

1 = None

2 = 1 time

3 = 2 or more times

If FORMTYPE in ("T2","T3")

K7Q30 - Sports Team or Sports Lessons - Past 12 Months (T2 T3)

Header: DURING THE PAST 12 MONTHS, did this child participate in:

A sports team or did he or she take sports lessons after school or on weekends?

1 = Yes

2 = No

If FORMTYPE in ("T2","T3")

K7Q31 - Clubs or Organizations - Past 12 Months (T2 T3)

Header: DURING THE PAST 12 MONTHS, did this child participate in:

Any clubs or organizations after school or on weekends?

1 = Yes

2 = No

If FORMTYPE in ("T2","T3")

K7Q32 - Organized Activities or Lessons - Past 12 Months (T2 T3)

Header: DURING THE PAST 12 MONTHS, did this child participate in:
Any other organized activities or lessons, such as music, dance, language, or other arts?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

K7Q33 - How Often Attend Events or Activities (T2 T3)

DURING THE PAST 12 MONTHS, how often did you attend events or activities that this child participated in?
1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never
If FORMTYPE in ("T2","T3")

K7Q37 - Community Service or Volunteer Work - Past 12 Months (T2 T3)

Header: DURING THE PAST 12 MONTHS, did this child participate in:
Any type of community service or volunteer work at school, place of worship, or in the community?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

K7Q38 - Paid Work or Regular Job - Past 12 Months (T2 T3)

Header: DURING THE PAST 12 MONTHS, did this child participate in:
Any paid work including regular jobs as well as babysitting, cutting grass, or other occasional work?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

K7Q70_R - Argues Too Much (T2 T3)

Header: How often?
Does this child argue too much
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE in ("T2","T3")

K7Q82_R - Cares About Doing Well in School (T2 T3)

Header: How often?
Does this child care about doing well in school

1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE in ("T2","T3")

K7Q83_R - Does All Required Homework (T2 T3)

Header: How often?
Does this child do all required homework
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE in ("T2","T3")

K7Q84_R - Works to Finish Tasks Started (T2 T3)

Header: How often?
Does this child work to finish tasks he or she starts
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE in ("T2","T3")

K7Q85_R - Stays Calm and In Control When Challenged (T2 T3)

Header: How often?
Does this child stay calm and in control when faced with a challenge?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
If FORMTYPE in ("T2","T3")

K8Q11 - How Many Days - Family Eat Meal Together (T1 T2 T3)

DURING THE PAST WEEK, on how many days did all the family members who live in the household eat a meal together?
1 = 0 days
2 = 1-3 days
3 = 4-6 days
4 = Every day

K8Q21 - Share Ideas or Talk About Things That Matter (T2 T3)

How well can you and this child share ideas or talk about things that really matter?

1 = Very well
2 = Somewhat well
3 = Not very well
4 = Not well at all
If FORMTYPE in ("T2","T3")

K8Q30 - How Well Handling Demands of Raising Children (T1 T2 T3)

How well do you feel you are handling the day-to-day demands of raising children?
1 = Very well
2 = Somewhat well
3 = Not very well
4 = Not well at all

K8Q31 - How Often Have You Felt - Child Hard to Care For (T1 T2 T3)

Header: During the past month, how often have you felt:
That this child is much harder to care for than most children his or her age?
1 = Never
2 = Rarely
3 = Sometimes
4 = Usually
5 = Always

K8Q32 - How Often Have You Felt - Child Really Bothers You (T1 T2 T3)

Header: During the past month, how often have you felt:
That this child does things that really bother you a lot?
1 = Never
2 = Rarely
3 = Sometimes
4 = Usually
5 = Always

K8Q34 - How Often Have You Felt - Angry with Child (T1 T2 T3)

Header: During the past month, how often have you felt:
Angry with this child?
1 = Never
2 = Rarely
3 = Sometimes
4 = Usually
5 = Always

K8Q35 - Someone to Turn To for Emotional Support (T1 T2 T3)

DURING THE PAST 12 MONTHS, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

1 = Yes
2 = No

K9Q40 - Anyone in Household Use Cigarettes (T1 T2 T3)

Does anyone living in your household use cigarettes, cigars, or pipe tobacco?
1 = Yes
2 = No

K9Q41 - Anyone Smoke Inside of Home (T1 T2 T3)

Does anyone smoke inside your home?
1 = Yes
2 = No
Skip if K9Q40=2

K9Q96 - Other Adult Child Can Rely On For Advice (T2 T3)

Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who he or she can rely on for advice or guidance?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

KEEPINSADULT - How to Obtain/Keep Health Insurance as Child Becomes Adult (T3)

Has anyone discussed with you how to obtain or keep some type of health insurance coverage as this child becomes an adult?
1 = Yes
2 = No
If FORMTYPE = "T3", Skip if HEALTHKNOW=1

LIVEUSA_MO - How Long Living in the United States - Months (T1 T2 T3)

How long has this child been living in the United States?
[1, 4, 7, 10]
Skip if BORNUSA=1

LIVEUSA_YR - How Long Living in the United States - Years (T1 T2 T3)

How long has this child been living in the United States?
[0-17]
Skip if BORNUSA=1

MAKEFRIEND - Difficulty Making or Keeping Friends (T1 T2 T3)

Compared to other children his or her age, how much difficulty does this child have making or keeping friends?

3 = A lot of difficulty
2 = A little difficulty
1 = No difficulty
Skip if SC_AGE_YEARS<3

MEDHISTORY - Receive Summary of Medical History (T3)

Did you and this child receive a summary of this child's medical history (for example, medical conditions, allergies, medications, immunizations)?
1 = Yes
2 = No

MEMORYCOND - Serious Difficulty Concentrating, Remembering, or Making Decisions (T2 T3)

Header: Does this child have any of the following?
Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

MENBEVCOV - Health Insurance - Cover Mental Behavioral Needs (T1 T2 T3)

Thinking specifically about this child's mental or behavioral health needs, how often does this child's health insurance offer benefits or cover services that meet these needs?
5 = This child does not use mental or behavioral health services
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if CURRCOV=2

METRO_YN - Metropolitan Statistical Area Status (Operational)

1 = Metropolitan Statistical Area
2 = Not Metropolitan Statistical Area

MOLD - Mold Inside of Home (T1 T2 T3)

DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?
1 = Yes
2 = No

MOMAGE - Age of Mother - Years (T1 T2 T3)

What was the age of the mother when this child was born?
[18 or younger-45 or older]

MPC_YN - Metropolitan Principal City Status (Operational)

1 = Metropolitan Principal City
2 = Not Metropolitan Principal City

NEWACTIVITY - How Often - Become Angry or Anxious (T1)

How often does this child become angry or anxious when going from one activity to another?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

NOTELIG - Needed Health Care Not Received Due to - Not Eligible (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
This child was not eligible for the services
1 = Yes
2 = No
Skip if K4Q27=2

NOTOPEN - Needed Health Care Not Received Due to - Office Not Open (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
The clinic or doctor's office wasn't open when this child needed care
1 = Yes
2 = No
Skip if K4Q27=2

ONEWORD - Say One Word (T1)

Is this child able to do the following:
Say at least one word, such as "hi" or "dog"?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

OVERWEIGHT - Doctor Identified as Overweight (T1 T2 T3)

Has a doctor or other health care provider ever told you that this child is overweight?
1 = Yes
2 = No

PESTICIDE - Pesticides Used Inside of Home (T1 T2 T3)

DURING THE PAST 12 MONTHS, how often were pesticides used inside your residence to control for insects?

1 = More than once a week
2 = Once a week
3 = Once a month
4 = Once every 2-5 months
5 = Once every 6 months
6 = Once during the past 12 months
7 = Never
8 = Don't know

PHYSACTIV - Exercise, Play Sport, or Physical Activity for 60 Minutes (T2 T3)

DURING THE PAST WEEK, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes?
1 = 0 days
2 = 1 - 3 days
3 = 4 - 6 days
4 = Every day
If FORMTYPE in ("T2","T3")

PHYSICALPAIN - Difficulty Physical Pain Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Repeated or chronic physical pain, including headaches or other back or body pain
1 = Yes
2 = No

PLANNEEDS_R - Plan Address Transition (T3)

Does this plan of care address transition to doctors and other health care providers who treat adults?
1 = Yes
2 = No
3 = No, this child already sees providers who treat adults
If FORMTYPE = "T3", Skip if WRITEPLAN=2

PLAYWELL - How Often - Play Well with Others (T1)

How often does this child play well with others?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

POINT - Point to Things (T1)

Is this child able to do the following:
Point to things in a book when asked?

1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

POSCHOICE - Doctor Worked with Child to Make Positive Choices (T3)

Header: Has this child's doctor or other health care provider actively worked with this child to:
Make positive choices about his or her health.
For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?
1 = Yes
2 = No
3 = Don't Know
If FORMTYPE = "T3"

RAISECONC - How Often - Easy to Raise Concerns or Disagree (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, how often did this child's doctors or other health care providers:
Make it easy for you to raise concerns or disagree with recommendations for this child's health care?
1 = Always
2 = Usually
3 = Sometimes
4 = Never
Skip if DECISIONS=2 or S4Q01=2

RECEIVECOPY - Have Access to Plan of Care (T3)

Do you and this child have access to this plan of care?
1 = Yes
2 = No
If FORMTYPE = "T3", Skip if WRITEPLAN=2

RECOGABC - Recognize Letters of Alphabet (T1)

About how many letters of the alphabet can this child recognize?
1 = All of them
2 = Most of them
3 = About half of them
4 = Some of them
5 = None of them
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

RECOGBEGIN - Recognize Beginning Sound of a Word (T1)

How often can this child recognize the beginning sound of a word? For example, can this child tell you that the word “ball” starts with the “buh” sound?

1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

RECSHAPES - How Often - Identify Basic Shapes (T1)

How often can this child identify basic shapes such as a triangle, circle, or square?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

REPEATED - Child Repeated Any Grades (T2 T3)

SINCE STARTING KINDERGARTEN, has this child repeated any grades?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

RHYMEWORD - Rhyme Words (T1)

Can this child rhyme words?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

S4Q01 - Doctor Visit (T1 T2 T3)

DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for medical care (for example, preventive care, sick care, hospitalizations)?
1 = Yes
2 = No

S9Q34 - WIC Benefits - Past 12 Months (T1 T2 T3)

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive:
Benefits from the Women, Infants, and Children (WIC) Program?
1 = Yes
2 = No

SC_AGE_LT10 - Age of Selected Child - Less than 10 Months (S1)

1 = LT 10 Months Old
2 = GE 10 Months Old

SC_AGE_LT4 - Age of Selected Child - Less than 4 Months (S1)

1 = LT 4 Months Old
2 = GE 4 Months Old

SC_AGE_LT6 - Age of Selected Child - Less than 6 Months (S1)

1 = LT 6 Months Old
2 = GE 6 Months Old

SC_AGE_LT9 - Age of Selected Child - Less than 9 Months (S1)

1 = LT 9 Months Old
2 = GE 9 Months Old

SC_AGE_YEARS - Age of Selected Child - In Years (S1)

How old is this child?
[0-17]

SC_AIAN - American Indian or Alaska Native Alone or in Combination with Other Race (T1 T2 T3)

1 = American Indian or Alaska Native
2 = Not American Indian or Alaska Native

SC_ASIAN - Asian Alone or in Combination with Other Race (T1 T2 T3)

1 = Asian
2 = Not Asian

SC_CSHCN - Special Health Care Needs Status of Selected Child (S1)

1 = SHCN
2 = Non-SHCN

SC_HISPANIC_R - Hispanic Origin of Selected Child, Recode (S1)

Is this child of Hispanic, Latino, or Spanish origin?
1 = Hispanic or Latino Origin
2 = Not Hispanic or Latino Origin

SC_HISPANIC_R_IF - Imputation Flag for SC_HISPANIC_R (S1)

1 = Imputed
0 = Not imputed

SC_K2Q10 - SC Needs or Uses Medication Currently (S1)

Does this child CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?
1 = Yes
2 = No

SC_K2Q11 - SC Medication Used or Needed for Health Condition (S1)

If yes, is this child's need for prescription medicine because of ANY medical, behavioral, or other health condition?
1 = Yes
2 = No
Skip if SC_K2Q10 = 2

SC_K2Q12 - SC Medication Currently for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1 = Yes
2 = No
Skip if SC_K2Q11 in (2,.L)

SC_K2Q13 - SC Needs or Uses More Medical Care than Others (S1)

Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?
1 = Yes
2 = No

SC_K2Q14 - SC Medical Care Used or Needed for Health Condition (S1)

If yes, is this child's need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?
1 = Yes
2 = No
Skip if SC_K2Q13 = 2

SC_K2Q15 - SC Medical Care Currently for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1 = Yes
2 = No
Skip if SC_K2Q14 in (2,.L)

SC_K2Q16 - SC Limited Ability (S1)

Is this child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
1 = Yes
2 = No

SC_K2Q17 - SC Limited Ability from Health Condition (S1)

If yes, is this child's limitation in abilities because of ANY medical, behavioral, or other health condition?
1 = Yes
2 = No
Skip if SC_K2Q16 = 2

SC_K2Q18 - SC Limited Ability from Health Condition for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1 = Yes
2 = No
Skip if SC_K2Q17 in (2,.L)

SC_K2Q19 - SC Special Therapy (S1)

Does this child need or get special therapy, such as physical, occupational, or speech therapy?
1 = Yes
2 = No

SC_K2Q20 - SC Special Therapy for Health Condition (S1)

If yes, is this child's need for special therapy because of ANY medical, behavioral, or other health condition?
1 = Yes
2 = No
Skip if SC_K2Q19 = 2

SC_K2Q21 - SC Special Therapy for Health Condition for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?
1 = Yes
2 = No
Skip if SC_K2Q20 in (2,.L)

SC_K2Q22 - SC Needs Treatment for Emotion Develop Behave (S1)

Does this child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?
1 = Yes
2 = No

SC_K2Q23 - SC Treatment for Chronic Emotion Develop Behave (S1)

If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?
1 = Yes
2 = No
Skip if SC_K2Q22 = 2

SC_NHPI - Native Hawaiian or Other Pacific Islanders Alone or in Combination with Other Race (T1 T2 T3)

1 = Native Hawaiian or Other Pacific Islanders
2 = Not Native Hawaiian or Other Pacific Islanders

SC_RACE_R - Race of Selected Child, Detailed (S1)

What is this child's race?

1 = White alone
2 = Black or African American alone
3 = American Indian or Alaska Native alone
4 = Asian alone
5 = Native Hawaiian and Other Pacific Islander alone
7 = Two or More Races

SC_RACE_R_IF - Imputation Flag for SC_RACE_R (S1)

1 = Imputed
0 = Not imputed

SC_RACEAIAN - Race of Selected Child, Recode, AIAN Included, Reported for AK, AZ, NM, MT, ND, OK, SD (S1)

1 = White alone
2 = Black or African American alone
3 = American Indian or Alaska Native alone
4 = Other

SC_RACEASIA - Race of Selected Child, Recode, Asian Included, Reported for CA, HI, MA, MD, MN, NJ, NV, NY, VA, WA. (S1)

1 = White alone
2 = Black or African American alone
3 = Asian alone
4 = Other

SC_RACER - Race of Selected Child, Recode (S1)

1 = White alone
2 = Black or African American alone
3 = Other

SC_SEX - Sex of Selected Child (S1)

What is this child's sex?
1 = Male
2 = Female

SC_SEX_IF - Imputation Flag for SC_SEX (S1)

1 = Imputed
0 = Not imputed

SCREENTIME - How Much Time Spent with TV, Cellphone, Computer (T1 T2 T3)

ON MOST WEEKDAYS, about how much time did this child spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the internet or using social media?

1 = Less than 1 hour
2 = 1 hour
3 = 2 hours
4 = 3 hours
5 = 4 or more hours

SESCURRSVC - Special Education Plan - Currently (T1 T2 T3)

Is this child CURRENTLY receiving services under one of these plans?
1 = Yes
2 = No
Skip if K6Q15=2

SESPLANMO - Special Education Plan - Age in Months (use with SESPLANYR) (T1 T2 T3)

How old was this child at the time of the FIRST plan?
[0-11]
Skip if K6Q15=2

SESPLANYR - Special Education Plan - Age in Years (T1 T2 T3)

How old was this child at the time of the FIRST plan?
[0-16 or older]
Skip if K6Q15=2

SIMPLEINST - How Often - Follow Instructions for Simple Task (T1)

When this child is paying attention, how often can he or she follow instructions to complete a simple task?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

SITSTILL - How Often - Able to Sit Still (T1)

Compared to other children his or her age, how often is this child able to sit still?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

SLEEPPOS - Position Most Often Lay Your Baby Down to Sleep (T1)

In which position do you most often lay this baby down to sleep now?
Mark ONE only.

1 = On his or her side
2 = On his or her back
3 = On his or her stomach
If FORMTYPE = "T1", Skip if SC_AGE_YEARS>0

SPCSERVMO - Received Special Services - Age in Months (use with K4Q37) (T1 T2 T3)

How old was this child when he or she began receiving these special services?
[0-11]
Skip if K4Q36=2

STARTSCHOOL - Has Child Started School (T1)

Has this child started school?
Include any formal home schooling.
1 = Yes, preschool
2 = Yes, kindergarten
3 = Yes, first grade
4 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

STOMACH - Difficulty Stomach Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Digesting food, including stomach/intestinal problems, constipation, or diarrhea
1 = Yes
2 = No

STOPWORK - Past 12 Months - Stopped Working because of Health Status (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, have you or other family members:
Left a job or taken a leave or absence because of this child's health or health conditions?
1 = Yes
2 = No

STRATUM - Sampling Stratum (Operational)

1 = Stratum 1
2A = Stratum 2a

STRENGTHS - Facing Problems - How Often Draw on Strengths (T1 T2 T3)

Header: When your family faces problems, how often are you likely to do each of the following?
Know we have strengths to draw on
1 = All of the time
2 = Most of the time
3 = Some of the time
4 = None of the time

SUBABUSE - Substance Use Disorder (T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has…
Substance Use Disorder?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

SUBABUSE_CURR - Substance Use Disorder Currently (T2 T3)

If yes, does this child CURRENTLY have the disorder?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3"), Skip if SUBABUSE=2

SWALLOWING - Difficulty Swallowing Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Eating or swallowing because of a health condition
1 = Yes
2 = No

TALKABOUT - Facing Problems - How Often Talk Together (T1 T2 T3)

Header: When your family faces problems, how often are you likely to do each of the following?
Talk together about what to do
1 = All of the time
2 = Most of the time
3 = Some of the time
4 = None of the time

TELLSTORY - Tell a Story (T1)

Is this child able to do the following:
Tell a story with a beginning, middle, and end?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

TEMPER - How Often - Lose Control (T1)

How often does this child lose control of his or her temper when things do not go his or her way?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

TENURE - The Conditions under Which Land or Buildings Are Held or Occupied (S1)

Is this house, apartment, or mobile home
1 = Owned by you or someone in this household with a mortgage or loan? Include home equity loans
2 = Owned by you or someone in this household free and clear (without a mortgage or loan)?
3 = Rented?
4 = Occupied without payment of rent?

TENURE_IF - Imputation Flag for TENURE (Operational)

1 = Imputed
0 = Not imputed

THREEWORDS - Use Three Words Together (T1)

Is this child able to do the following:
Use 3 words together in a sentence, such as, "Mommy come now."?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

TOOTHACHES - Difficulty Toothaches Past 12 Months (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, has this child had FREQUENT or CHRONIC difficulty with any of the following?
Toothaches
1 = Yes
2 = No

TOTAGE_0_5 - Count of Children Ages 0 to 5 in Household (S1)

[0-4]

TOTAGE_12_17 - Count of Children Ages 12 to 17 in Household (S1)

[0-4]

TOTAGE_6_11 - Count of Children Ages 6 to 11 in Household (S1)

[0-4]

TOTCSHCN - Count of Children with Special Health Care Needs in Household (S1)

[0-4]

TOTFEMALE - Count of Female Children in Household (S1)

[0-4]

TOTKIDS_R - Number of Children in Household (S1)

How many?

1 = 1
2 = 2
3 = 3
4 = 4+

TOTMALE - Count of Male Children in Household (S1)

[0-4]

TOTNONSHCN - Count of Children without Special Health Care Needs in Household (S1)

[0-4]

TRANSPORTCC - Needed Health Care Not Received Due to - Getting Transportation (T1 T2 T3)

Header: Did any of the following reasons contribute to this child not receiving needed health services?
There were problems with getting transportation or child care
1 = Yes
2 = No
Skip if K4Q27=2

TREATADULT - Talked About Child Seeing Doctors Who Treat Adults (T3)

Have they talked with you about when this child will need to see doctors or other health care providers who treat adults?
1 = Yes
2 = No
If FORMTYPE = "T3", Skip if TREATCHILD=2

TREATCHILD - Doctors Treat Only Children (T3)

Do any of this child's doctors or other health care providers treat only children?
1 = Yes
2 = No
If FORMTYPE = "T3"

TREATNEED - Mental Health Professional Treatment - Problem (T1 T2 T3)

How difficult was it to get the mental health treatment or counseling that this child needed?
1 = Not difficult
2 = Somewhat difficult
3 = Very difficult
4 = It was not possible to obtain care
Skip if K4Q22_R=3

TRICARE - Health Insurance - TRICARE (T1 T2 T3)

Header: Is this child CURRENTLY covered by any of the following types of health insurance or health coverage plans?
TRICARE or other military health care

1 = Yes
2 = No
Skip if CURRCOV=2

TWOWORDS - Use Two Words Together (T1)

Is this child able to do the following:
Use 2 words together, such as "car go"?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

UNDERSTAND - Understand "No" (T1)

Is this child able to do the following:
Understand the meaning of the word “no"?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

UNDERSTAND2 - Understand "In", "On", "Under" (T1)

Is this child able to do the following:
Understand words such as “in,” “on,” and “under"?
1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

USEPENCIL - How Child Holds a Pencil (T1)

How does this child usually hold a pencil?
1 = Uses fingers to hold the pencil
2 = Grips the pencil in his or her fist
3 = This child cannot hold a pencil
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

USUALGO - Place Usually Goes for Preventive Care (T1 T2 T3)

Is there a place that this child USUALLY goes when he or she needs routine preventive care, such as a physical examination or well-child check-up?
1 = Yes
2 = No

USUALSICK - Place Usually Goes for Sick Same As Preventive (T1 T2 T3)

Is that the same place where this child goes when he or she is sick?
1 = Yes
2 = No
Skip if USUALGO = 2

WALKSTAIRS - Serious Difficulty Walking or Climbing Stairs (T2 T3)

Header: Does this child have any of the following?
Serious difficulty walking or climbing stairs
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

WEIGHT - Weight in KG (T2 T3)

What is this child's CURRENT weight? Your best estimate is fine.
[5-150]
if FORMTYPE in ("T2","T3")

WGTCONC - Concerned About Weight (T1 T2 T3)

Are you concerned about this child's weight?
1 = Yes, it's too high
2 = Yes, it's too low
3 = No, not concerned

WKTOSOLVE - Facing Problems - How Often Work Together (T1 T2 T3)

Header: When your family faces problems, how often are you likely to do each of the following?
Work together to solve our problems
1 = All of the time
2 = Most of the time
3 = Some of the time
4 = None of the time

WORKTOFIN - How Often - Work Until Finished (T1)

How often does this child keep working at something until he or she is finished?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

WRITENAME - How Often - Write First Name (T1)

How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?
1 = Always
2 = Most of the time
3 = About half the time
4 = Sometimes
5 = Never
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

WRITEPLAN - Doctor Worked with You and Child To Create Written Plan (T3)

Have this child's doctors or other health care providers worked with you and this child to create a written plan to meet his or her health goals and needs?

1 = Yes

2 = No

If FORMTYPE = "T3"

YEAR - Survey Year (Operational)

[2018-2018]