2019 National Survey of Children’s Health

Screener 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-FY20-278
<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>C_AGE_YEARS - Child Age - Years (S1)</strong></td>
<td>How old is this child?</td>
</tr>
<tr>
<td>[0-17]</td>
<td></td>
</tr>
</tbody>
</table>
| **C_CSHCN - Special Health Care Needs Status of Child (S1)** | 1 = Special Health Care Needs  
2 = No Special Health Care Needs |
| **C_ENGLISH - Child Speak English (S1)**       | How well does this child speak English?                                     |
| 1 = Very well  
2 = Well  
3 = Not well  
4 = Not at all | Skip if C_AGE_YEARS < 4                                                    |
| **C_FWS - Child Weight (Operational)**        | [0-99999]                                                                   |
| **C_HISPANIC_R - Hispanic Origin of Child, Recode (S1)** | Is this child of Hispanic, Latino, or Spanish origin?  
1 = Hispanic or Latino Origin  
2 = Not Hispanic or Latino Origin |
| **C_HISPANIC_R_IF - Imputation Flag for C_HISPANIC_R (S1)** | 1 = Imputed  
0 = Not imputed |
| **C_K2Q10 - Child 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 |
| **C_K2Q11 - Child 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 C_K2Q10 = 2 |
| **C_K2Q12 - Child 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 C_K2Q11 in (2,.L)

**C_K2Q13 - Child 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

**C_K2Q14 - Child 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 C_K2Q13 = 2

**C_K2Q15 - Child 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 C_K2Q14 in (2,.L)

**C_K2Q16 - Child 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

**C_K2Q17 - Child 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 C_K2Q16 = 2

**C_K2Q18 - Child 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 C_K2Q17 in (2,.L)

**C_K2Q19 - Child Special Therapy (S1)**
Does this child need or get special therapy, such as physical, occupational, or speech therapy?

1 = Yes
2 = No

**C_K2Q20 - Child 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 C_K2Q19 = 2

**C_K2Q21 - Child 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 C_K2Q20 in (2,.L)

**C_K2Q22 - Child 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

**C_K2Q23 - Child 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 C_K2Q22 = 2

**C_RACE_R - Race of 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

**C_RACE_R_IF - Imputation Flag for C_RACE_R (S1)**
1 = Imputed
0 = Not imputed
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| **C_SEX - Child Sex (S1)** | What is this child’s sex?  
1 = Male  
2 = Female                        |
| **C_SEX_IF - Imputation Flag for C_SEX (S1)** | 1 = Imputed  
0 = Not imputed                        |
| **CBSAFP_YN - Core Based Statistical Area Status (Operational)** | 1 = Located within a CBSA  
2 = Located outside a CBSA            |
| **FIPSST - State FIPS Code (Operational)** | [1-56]                |
| **FWH - Household Weight (Operational)** | [0-99999]                  |
| **HHIDS - Unique Household ID (Screener) (Operational)** | [19000000-19999999]          |
| **HHLANGUAGE - Primary Household Language (S1)** | What is the primary language spoken in the household?  
1 = English  
2 = Spanish  
3 = Other                                        |
| **LINENUM - Child Line Number (Operational)** | [1-4]                    |
| **METRO_YN - Metropolitan Statistical Area Status (Operational)** | 1 = Metropolitan Statistical Area  
2 = Not Metropolitan Statistical Area |
| **MPC_YN - Metropolitan Principal City Status (Operational)** | 1 = Metropolitan Principal City  
2 = Not Metropolitan Principal City               |
| **RACEAIAN - Race of 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

**RACEASIA - Race of 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

**RACER - Race of Child, Recode (S1)**

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

**STRATUM - Sampling Stratum (Operational)**

1 = Stratum 1
2A = Stratum 2a

**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

**TOTKIDS_R - Number of Children in Household (S1)**

How many?
1 = 1
2 = 2
3 = 3
4 = 4+

**YEAR - Survey Year (Operational)**

[2019-2019]