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2024 National Survey of Children's Health

Topical Variable List

The U.S. Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System (DMS) number: P-7502891, Disclosure Review Board (DRB) approval number: CBDRB-FY25-0273).

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?

[18-70 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_EMPLOYED_R - Adult 1 - Current Employment Status (T1 T2 T3)

Which of the following best describes your current employment status?

1 = Employed full-time

2 = Employed part-time

3 = Working WITHOUT pay

4 = Not employed but looking for work

5 = Not employed and not looking for work

6 = Retired

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)

0 = Not imputed
1 = Imputed

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 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 caregiver's age?
[18-70 or older]
Skip if A2_RELATION = 8

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

Where was this 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 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_EMPLOYED_R - Adult 2 - Current Employment Status (T1 T2 T3)

Which of the following best describes this caregiver's current employment status?
1 = Employed full-time
2 = Employed part-time
3 = Working WITHOUT pay
4 = Not employed but looking for work
5 = Not employed and not looking for work
6 = Retired
Skip if A2_RELATION = 8

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

What is the highest grade or level of school this 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_MARITAL - Adult 2 - Marital Status (T1 T2 T3)

What is this 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 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 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 other caregiver related to this child?

8 = There is only one primary adult caregiver in the household for this child

1 = Biological or Adoptive Parent

2 = Step-parent

3 = Grandparent

4 = Foster Parent

6 = Other: Relative

7 = Other: Non-Relative

A2_SEX - Adult 2 - Sex (T1 T2 T3)

What is this 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 their race or ethnic group

1 = Yes
2 = No

ACE11 - Child Experienced - Treated Unfairly Because of Health Condition (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 a health condition or disability

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 or prison

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 their 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 their 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 (such as food, drug, insect, seasonal, 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)

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

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

Header: 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)

Header: 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 at home 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 their behavior?
1 = Yes
2 = No
Skip if K2Q35A=2

AUTOIMMUNE - Autoimmune Disease (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has...
Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)?
1 = Yes
2 = No

AUTOIMMUNE_DESC - Autoimmune Disease Description (T1 T2 T3)

If yes, is it:
1 = Mild
2 = Moderate
3 = Severe
Skip if AUTOIMMUNE=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 child?

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

BIRTH_MO - Birth Month (T1 T2 T3)

What month was this child born?
1 = January
2 = February
3 = March
4 = April
5 = May
6 = June
7 = July
8 = August
9 = September
10 = October
11 = November
12 = December

BIRTH_YR - Birth Year (T1 T2 T3)

What year was this child born?
[2006-2024]

BIRTH_YR_F - BIRTH_YR Data Quality Flag (T1 T2 T3)

0 = No data quality concerns
1 = Child age, SC_AGE_YEARS, and birth year, BIRTH_YR, are inconsistent
2 = Reported birth year, BIRTH_YR, is missing
3 = Reported birth month, BIRTH_MO, is missing

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 they weigh when born? Your best estimate is fine.
[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 (includes Hemophilia) (T1 T2 T3)

HEADER: Was this child diagnosed with:
Other Blood Disorders?
1 = Yes
2 = No
Skip if BLOOD=2

BLOOD_SCREEN - Blood Disorder Newborn Screening (T1 T2 T3)

Were any of these blood disorders identified through a blood test done shortly after birth?
These tests are sometimes called newborn screening.
1 = Yes
2 = No
Skip if BLOOD=2

BMICLASS - Body Mass Index, Percentile (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")

BODYIMAGE - Child's concern over body image (T2 T3)

DURING THE PAST 12 MONTHS, how concerned was this child about their weight, body shape, or body size?
1 = Very much
2 = Somewhat
3 = Not at all
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

BOUNCEABALL - Bounce Ball (T1)

How well can this child bounce a ball for several seconds?
1 = This child cannot bounce a ball
2 = Not well
3 = Somewhat well
4 = Very well
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

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

Header: How old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?
Your best estimate is fine.
Age in days
[1-5]
If FORMTYPE = "T1", Skip if K6Q41R_STILL in (1,.L)

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

Header: How old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk?
Your best estimate is fine.
Age in months

[0-29 or more]
If FORMTYPE = "T1", Skip if K6Q41R_STILL in (1,.L)

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

Header: How old was this child when they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine.
Age in weeks
[0-8]
If FORMTYPE = "T1", Skip if K6Q41R_STILL in (1,.L)

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? Do not include siblings or dating partners. 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? Do not include siblings or dating partners. 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_R - How Often - Calms Down When Excited (T1)

How often does this child have trouble calming down?
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 K2Q61A=2

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 they have seen or done so that you know 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

CONCUSSION - Concussion/Brain Injury (T1 T2 T3)

Do you think this child has ever had a concussion or brain injury?
A concussion or brain injury is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, changes in mood or behavior, or being knocked out.
1 = Yes
2 = No

CONFIRMINJURY - Concussion/Brain Injury - Confirmed Injury (T1 T2 T3)

Did a doctor or other health care provider tell you that this child had a concussion or brain injury?

1 = Yes
2 = No
Skip if SEEKCARE in (2,.L)

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_R - Can Count How High (T1)

If asked to count objects, how high can this child count correctly?
1 = This child cannot count
2 = Up to five
3 = Up to ten
4 = Up to 20
5 = Up to 30 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_DESC - Cystic Fibrosis Severity Description (T1 T2 T3)

If yes, is it:
1 = Mild
4 = Moderate/Severe
Skip if CYSTFIB=2

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_R - Health Care Decisions Needed (T1 T2 T3)

DURING THE PAST 12 MONTHS, did you, another caregiver, or a health care provider need to make any decisions regarding this child's 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 service(s) did this child receive?
Check-up

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

DENTALSERV2 - Dental Service - Cleaning (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
Cleaning

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
Instruction on tooth brushing and oral health care

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
X-Rays

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
Fluoride treatment

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

DENTALSERV6 - Dental Service - Sealant (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
Sealant (plastic coatings on back teeth)

1 = selected
2 = not selected
Skip if K4Q30_R_3=1 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what PREVENTIVE dental service(s) did this child receive?
Don't know

1 = selected
2 = not selected

Skip if K4Q30_R_3=1 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=1

DIABETES - Diabetes (T1 T2 T3)

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

DIABETES_CURR - Diabetes Currently (T1 T2 T3)

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

DIABETES_DESC - Diabetes Severity Description (T1 T2 T3)

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

DIRECTIONS - Follow Verbal Directions (T1)

Header: 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)

Header: 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 their health care or treatment?

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

DISTRACTED - How Often - Easily Distracted (T1)

How often does this child get 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 their 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 fine.

1 = Less than 10 minutes
2 = 10-20 minutes
3 = More than 20 minutes
Skip if S4Q01 = 2

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

DRAWACIRCLE - Draw a Circle (T1)

How well can this child draw a circle?
1 = This child cannot draw a circle
2 = Not well
3 = Somewhat well
4 = Very well

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

DRAWAFACE - Draw a Face (T1)

How well can this child draw a face with eyes and mouth?
1 = This child cannot draw a face with eyes and a mouth
2 = Not well
3 = Somewhat well
4 = Very well
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

DRAWAPERSON - Draw a Person (T1)

How well can this child draw a person with a head, body, arms, and legs?
1 = This child cannot draw a person
2 = Not well
3 = Somewhat well
4 = Very well
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

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")

EBTCARDS - School Meal Debit (T1 T2 T3)

Header: At any time DURING THE PAST 12 MONTHS, even for one month, did anyone in your family receive...
School meal debit/Electronic Benefits Transfer (EBT) cards?
1 = Yes
2 = No

ENGAGE_BINGE - Eating Engagement - Binging (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Binge eating
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_EXERCISE - Eating Engagement - Over-Exercise (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Over-exercising
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_FAST - Eating Engagement - Fasting (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Skipping meals or fasting (Do NOT include skipping meals or fasting for religious reasons)
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_INTEREST - Eating Engagement - No Interest (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Having low interest in food
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_NOEAT - Eating Engagement - Not Eating (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Not eating due to fear of vomiting or choking
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_PICKY - Eating Engagement - Picky (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Extremely picky eating
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_PILLS - Eating Engagement - Pills (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Using diet pills, laxatives, or diuretics (water pills) to lose or maintain weight without a doctor's orders

1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGE_PURG - Eating Engagement - Purging (T2 T3)

DURING THE PAST 12 MONTHS, did this child engage in any of the following?
Purging or vomiting after eating
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

ENGAGECONCERN - Concerned over Child's Engagement in Eating Behaviors (T2 T3)

DURING THE PAST 12 MONTHS, how concerned were you about this child engaging in these behaviors?

1 = Very much
2 = Somewhat
3 = Not at all
If any of ENGAGE_FAST, ENGAGE_INTEREST, ENGAGE_PICKY, ENGAGE_BINGE, ENGAGE_PURG, ENGAGE_PILLS, ENGAGE_EXERCISE, ENGAGE_NOEAT = 1

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"

EVALFASD - Evaluation for a Fetal Alcohol Spectrum Disorder Recommended (T1 T2 T3)

Has a doctor, other health care provider, or educator EVER recommended that this child be evaluated for a Fetal Alcohol Spectrum Disorder?
Examples of educators are teachers and school nurses.
1 = Yes
2 = No
3 = Don't Know

EVERHOMELESS - Homeless or Lived in Shelter (T1 T2 T3)

SINCE this child WAS BORN, have they ever been homeless or lived in a shelter?
Include living in a shelter, motel, temporary or transitional living situation, scattered site housing, or having no steady place to sleep at night.
1 = Yes
2 = No
3 = Don't Know

EYECARE1 - Eye Doctor Care - Examination (T1 T2 T3)

What care has this child received from the eye doctor? Received eye examination
1 = selected
2 = not selected
Skip if EYEDOCTOR=2

EYECARE2 - Eye Doctor Care - Corrective Lenses (T1 T2 T3)

What care has this child received from the eye doctor? Prescribed eyeglasses or contact lenses

1 = selected
2 = not selected
Skip if EYEDOCTOR=2

EYECARE3 - Eye Doctor Care - Vision Disorder (T1 T2 T3)

What care has this child received from the eye doctor? Diagnosis of a vision disorder other than nearsighted, farsighted, or astigmatism
1 = selected
2 = not selected
Skip if EYEDOCTOR=2

EYECARE4 - Eye Doctor Care - Some other care (T1 T2 T3)

What care has this child received from the eye doctor? Some other care
1 = selected
2 = not selected
Skip if EYEDOCTOR=2

EYEDOCTOR - Vision Tested by Eye Doctor (T1 T2 T3)

(T1) Has this child EVER seen an eye doctor? (T2,T3) DURING THE PAST 2 YEARS, has this child seen an eye doctor?
An eye doctor may be referred to as an optometrist or ophthalmologist.
1 = Yes
2 = No

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

FASD - Fetal Alcohol Spectrum Disorder (FASD) (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that this child has...
Fetal Alcohol Spectrum Disorder (FASD)?
1 = Yes
2 = No

FIPSST - State FIPS Code (Operational)

[1-56]

FOCUSON - Focus on a Task (T1)

How often can this child focus on a task you give them for at least a few minutes?
For example, can this child focus on simple chores?
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

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)

0 = Not imputed
1 = Imputed

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

Header: How old was this child when they were FIRST fed formula? Your best estimate is fine.
Age in days
[0-6]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

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

Header: How old was this child when they were FIRST fed formula? Your best estimate is fine.
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 they were FIRST fed formula? Your best estimate is fine.
Age in weeks
[0-8]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

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

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

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

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

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

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

FRUIT - How Many Fruits (T1)

DURING THE PAST WEEK, how many times did this child eat fruit?
Include any that were fresh, frozen, canned, or dried. Do not include juice.

1 = This child did not eat fruit
2 = 1-3 times during the past week
3 = 4-6 times during the past week
4 = 1 time per day
5 = 2 times per day
6 = 3 or more times per day
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<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 their health and health care.
For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications they may need?
1 = Yes
2 = No
3 = Don't Know
If FORMTYPE = "T3"

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

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

Where does this child USUALLY go first?
1 = Doctor's Office
2 = Hospital Emergency Room
3 = Hospital Outpatient Department
8 = Urgent Care Center
5 = Clinic within a drug store or grocery store
6 = School (Nurse's Office, Athletic Trainer's Office)
4 = Other Clinic or Health Center
7 = Some other place
Skip if K4Q01 = 2

GRADES - Grades Received in School (T2 T3)

Across all subjects, what grades did this child get during [last] school year?

1 = Mostly A's
2 = Mostly A's and B's
3 = Mostly B's and C's
4 = Mostly C's and D's
5 = Mostly D's or lower
6 = This child's school does not give these grades
If FORMTYPE in ("T2","T3")

GROUPOFOBJECTS - Group of Objects (T1)

How often can this child tell which group of objects has more?
For example, can this child tell you a group of seven blocks has more than a group of four blocks?

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

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 their hands
1 = Yes
2 = No
If FORMTYPE = "T1"

HARDWORK - How Often - Work even when hard (T1)

How often does this child keep working at a task even when it is hard for them?
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

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 their ability to do things other children their age do?

1 = This child does not have any health 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 their 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 they become 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_BORN - Heart Born (T1 T2 T3)

Was this child born with the condition?
1 = Yes
2 = No
Skip if HEART=2

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 - Child's Height (CM) (T2 T3)

What is this child's CURRENT height?
[80-220]
If FORMTYPE in ("T2","T3")

HEMOPHILIA - Blood Disorder Hemophilia (T1 T2 T3)

HEADER: Was this child diagnosed with:
Hemophilia?
1 = Yes
2 = No
Skip if BLOOD=2

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)

0 = Not imputed
1 = Imputed

HHID - Unique Household ID (Operational)

[YY000000-YY999999]

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

HOMEEVIC - Worried about Being Evicted (T1 T2 T3)

DURING THE PAST 12 MONTHS, how often were you worried or stressed about being evicted, foreclosed on, or having your housing condemned?

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never

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? Do NOT include visits to urgent care centers.

1 = None
2 = 1 time
3 = 2-3 times
4 = 4 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 they see others who 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 they were born?
[0-10 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

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 their 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 these problems?
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 these problems?
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 they 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?
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)

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

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

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 them to see the health care providers they need?

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
Skip if HOWMUCH = 1

K4Q01 - Place Usually Goes Sick (T1 T2 T3)

Is there a place you or another caregiver USUALLY take this child when they are sick or you need advice about their health?
1 = Yes
2 = No

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 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 their 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 types of care were 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 types of care were 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 types of care were 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 types of care were 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 types of care were 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 types of care were not received?
Other care not received
1 = selected
2 = not selected
Skip if K4Q27=2

K4Q30_R_1 - Dental Provider Visit - Dentist (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?
Dentist
1 = selected
2 = not selected

K4Q30_R_2 - Dental Provider Visit - Other (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?
Other oral health care provider
1 = selected
2 = not selected

K4Q30_R_3 - Dental Provider Visit - No (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?
No
1 = selected
2 = not selected

K4Q36 - Received Special Services (T1 T2 T3)

Has this child EVER received special services to meet their developmental needs?
Special services can include therapies such as speech,
occupational, physical or behavioral or other services received to meet developmental needs.

1 = Yes
2 = No

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

How old was this child when they began receiving these special services?
Years
[0-16 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 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 the 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 were you with the communication between 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_R 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

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 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_LT9=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 (IFSP) or Individualized Education Plan (IEP).
1 = Yes
2 = No

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 they COMPLETELY stopped breastfeeding or being fed breast milk? Your best estimate is fine.
This 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 they were FIRST fed formula? Your best estimate is fine.
This 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 they were FIRST fed anything other than breast milk or formula? Include water, juice, cow's milk, sugar water, baby food, or anything else that this child might have been given. Your best estimate is fine.
This 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 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 their 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 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 they are having with school?
1 = None
2 = 1 time
3 = 2 or more times
If FORMTYPE in ("T2","T3"), Skip if K7Q02R_R = 6

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 they 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 they start?
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 think 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 their 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 they 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 = 0 to 2 months
4 = 3 to 5 months
7 = 6 to 8 months
10 = 9 to 11 months
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 (T2 T3)

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

1 = No difficulty
2 = A little difficulty
3 = A lot of difficulty
If FORMTYPE in ("T2","T3")

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
If FORMTYPE = "T3"

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")

METRO_YN - Metropolitan Statistical Area Status (Operational)

1 = Metropolitan Statistical Area
2 = Not Metropolitan Statistical Area

MISSMORTGAGE - Not Able to Pay Mortgage or Rent (T1 T2 T3)

DURING THE PAST 12 MONTHS, was there a time when you were not able to pay the mortgage or rent on time?
1 = Yes
2 = No
3 = Don't Know

MOVES - Number of Times Child Has Moved (T1 T2 T3)

DURING THE PAST 12 MONTHS, how many times has this child moved to a new address?
1 = 0 times
2 = 1 time
3 = 2 or more times

MPC_YN - Metropolitan Principal City Status (Operational)

1 = Metropolitan Principal City
2 = Not Metropolitan Principal City

NAMEEMOTIONS - Recognize Emotion (T1)

How often can this child recognize and name their own emotions?

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)

Header: 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

OUTDOORSWKDAY - Time Spent Playing Outdoors - Weekday (T1)

ON MOST WEEKDAYS, how much time does this child spend playing outdoors?
Include time spent playing in your yard or neighborhood, outside at school or child care, in a park, playground or other outdoor recreation area. Your best estimate is fine.
1 = Less than 1 hour per day
2 = 1 hour per day
3 = 2 hours per day
4 = 3 hours per day
5 = 4 or more hours per day
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

OUTDOORSWKEND - Time Spent Playing Outdoors - Weekend (T1)

ON AN AVERAGE WEEKEND DAY, how much time does this child spend playing outdoors?
Include time spent playing in your yard or neighborhood, in a park, playground or other outdoor recreation area. Your best estimate is fine.

1 = Less than 1 hour per day
2 = 1 hour per day
3 = 2 hours per day
4 = 3 hours per day
5 = 4 or more hours per day
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

OVERWEIGHT - Doctor Identified as Overweight (T1 T2 T3)

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

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 other children?
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)

Header: 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 their 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_R=2 or S4Q01=2

READONEDIGIT - Read One Digit (T1)

How often can this child read one-digit numbers?
For example, can this child read the numbers 2 or 8?
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

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

RECEVALFASD - Received an Evaluation for FASD (T1 T2 T3)

Has this child EVER received an evaluation for a Fetal Alcohol Spectrum Disorder?

1 = Yes
2 = No
3 = Don't Know

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

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_R - Rhyme Words (T1)

How well can this child come up with words that rhyme?
For example, can this child come up with “cat” and “mat?”
1 = This child cannot rhyme
2 = Not well
3 = Somewhat well
4 = Very well
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 sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care? Include health care visits done by video or phone.

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

SAMESOUND - Words with Same Start Sound (T1)

How often can this child come up with words that start with the same sound?

For example, can this child come up with "sock" and "sun"?

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

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_ENGLISH - SC Speaks English (S1)

How well does this child speak English?

1 = Very well

2 = Well

3 = Not well

4 = Not at all

Skip if SC_AGE_YEARS < 4

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)

0 = Not imputed

1 = 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 their 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 they need treatment or counseling?

1 = Yes

2 = No

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

If yes, has their 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)

0 = Not imputed

1 = Imputed

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)

0 = Not imputed
1 = 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? Do not include time spent doing schoolwork.

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

SEEKCARE - Concussion/Brain Injury - Seek Care (T1 T2 T3)

Did you seek medical care from a doctor or other health care provider?
1 = Yes
2 = No
Skip if CONCUSSION=2

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?
Months
[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?
Years
[0-16 or older]
Skip if K6Q15=2

SHARETOYS - Share Toys (T1)

How often does this child share toys or games with other children?

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

SICKLECELL - Blood Disorder Sickle Cell (T1 T2 T3)

HEADER: Was this child diagnosed with:
Sickle Cell Disease?
1 = Yes
2 = No
Skip if BLOOD=2

SIMPLEADDITION - Simple Addition (T1)

How often can this child correctly do simple addition?
For example, can this child tell you that two blocks and three blocks add to a total of five blocks?

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

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

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

SSI - Receive SSI (T1 T2 T3)

Does this child receive SSI, that is, Supplemental Security Income?
SSI is different from Social Security.
1 = Yes
2 = No

SSIDISABILITY - Receive SSI for Disability (T1 T2 T3)

Is this for a disability they have?
1 = Yes
2 = No
Skip if SSI = 2

STARTNEWACT - How Often - Difficulty End/Starting Activities (T1)

How often does this child have difficulty when asked to end one activity and start a new activity?

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

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 of 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

SUGARDRINK - How Many Surgary Drinks (T1 T2 T3)

DURING THE PAST WEEK, how many times did this child drink sugary drinks such as soda, fruit drinks, sports drinks, or sweet tea?
Include any that were fresh, frozen, canned, or dried. Do not include juice.

1 = This child did not drink sugary drinks
2 = 1-3 times during the past week
3 = 4-6 times during the past week
4 = 1 time per day
5 = 2 times per day
6 = 3 or more times per day
Skip if SC_AGE_YEARS<1

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)

Header: 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_R - How Often - Loses Temper (T1)

How often does this child lose their temper?
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)

0 = Not imputed
1 = Imputed

THALASSEMIA - Blood Disorder Thalassemia (T1 T2 T3)

HEADER: Was this child diagnosed with:
Thalassemia?
1 = Yes
2 = No
Skip if BLOOD=2

THREEWORDS - Use Three Words Together (T1)

Header: 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)

Header: 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)

Header: 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)

Header: 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

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

Is there a place that this child USUALLY goes when they need 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 this the same place this child goes when they are sick?
1 = Yes
2 = No
Skip if USUALGO = 2

VAPE - Vape/E-Cigarettes inside of Home (T1 T2 T3)

Does anyone vape or use e-cigarettes inside your home?
1 = Yes
2 = No

VEGETABLES - How Many Vegetables (T1)

DURING THE PAST WEEK, how many times did this child eat vegetables?
Include any that were fresh, frozen, or canned. Do not include French fries, fried potatoes, or potato chips.

1 = This child did not eat vegetables
2 = 1-3 times during the past week
3 = 4-6 times during the past week
4 = 1 time per day
5 = 2 times per day
6 = 3 or more times per day
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<1

VIDEOPHONE - Virtual Health Care Visits (T1 T2 T3)

DURING THE PAST 12 MONTHS, has this child had any health care visits by video or phone?
1 = Yes
2 = No

VISIONEXAMREC - Vision Test Recommended (T1 T2 T3)

Was it recommended that this child see an eye doctor or other eye care provider for an eye examination or additional vision services as a result of the vision screening?
An eye doctor may be referred to as an optometrist or ophthalmologist.

1 = Yes
2 = No
Skip if VISIONSCREENOTHER=2

VISIONSCREENOTHER - Vision Screening from Other Provider (T1 T2 T3)

(T1) Has this child EVER ... (T2,T3) DURING THE PAST 2 YEARS, has this child ... received a vision screening from a provider other than an eye doctor?
The screening could have occurred at a pediatrician’s office, in a school, preschool/child care center, or a community setting, using pictures, shapes, letters, or a camera like tool.
1 = Yes
2 = No

WAITFORTURN - How Often - Waits for Their Turn (T1)

How often does this child have difficulty waiting for their turn?
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

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 - Child's Weight (KG) (T2 T3)

What is this child's CURRENT weight?
[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, I am 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

WRITENAME - How Often - Write First Name (T1)

How often can this child write their 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 plan of care to meet their health goals and needs?
1 = Yes
2 = No
If FORMTYPE = "T3"

YEAR - Survey Year (Operational)

[2024-2024]