
HHIDS - Unique Household ID (Screener) (Operational)

[17000000-17999999]

STRATUM - Sampling Stratum (Operational)

1 = Stratum 1

2A = Stratum 2a

FWH - Household Weight (Operational)

[0-99999]

FIPST - State FIPS Code (Operational)

[1-56]

TOTKIDS_R - Number of Children (S1)

How many?

1 = 1

2 = 2

3 = 3

4 = 4+

HHLANGUAGE - Primary Household Language (S1)

What is the primary language spoken in the household?

1 = English

2 = Spanish

3 = Other

CBSAFP_YN - Core Based Statistical Area Status (Operational)

1 = Located within a CBSA

2 = Located outside a CBSA

METRO_YN - Metropolitan Statistical Area Status (Operational)

1 = Metropolitan Statistical Area

2 = Not Metropolitan Statistical Area

MPC_YN - Metropolitan Principal City Status (Operational)

1 = Metropolitan Principal City

2 = Not Metropolitan Principal City

LINENUM - Child Line Number (Operational)

[1-4]

YEAR - Survey Year (Operational)

[2017-2017]

C_AGE_YEARS - Child Age - Years (S1)

How old is (fill with CN_NAME)?

[0-17]

C_RACE_R - Race of Child, Detailed (S1)

What is (fill with CN_NAME)'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
- 6 = Some Other Race alone
- 7 = Two or More Races

RACER - Race of Child, Recode (S1)

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

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

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

RACEAIAN - Race of Child, Recode, AIAN included. Reported for AK, AZ, NM, MT, ND, OK, SD. (S1)

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

C_HISPANIC_R - Hispanic Origin of Child, Recode (S1)

Is (fill with CN_NAME) of Hispanic, Latino, or Spanish origin?

- 1 = Hispanic or Latino Origin
- 2 = Not Hispanic or Latino Origin

C_SEX - Child Sex (S1)

What is (fill with CN_NAME)'s sex?

- 1 = Male
- 2 = Female

C_ENGLISH - Child Speak English (S1)

How well does (fill with CN_NAME) speak English?

- 1 = Very well
2 = Well
3 = Not well
4 = Not at all
Skip if C_AGE_YEARS < 4

C_SEX_IF - Imputation Flag for C_SEX (S1)

- 1 = Imputed
0 = Not imputed

C_HISPANIC_R_IF - Imputation Flag for C_HISPANIC_R (S1)

- 1 = Imputed
0 = Not imputed

C_RACE_R_IF - Imputation Flag for C_RACE_R (S1)

- 1 = Imputed
0 = Not imputed

C_K2Q10 - Child Needs or Uses Medication Currently (S1)

Does (fill with CN_NAME) CURRENTLY need or use medicine prescribed by a doctor, other than vitamins?

- 1 = Yes
2 = No

C_K2Q11 - Child Medication Used or Needed for Health Condition (S1)

If yes, is (fill with CN_NAME)'s need for prescription medicine because of ANY medical, behavioral, or other health condition?

- 1 = Yes
2 = No
Skip if C_K2Q10 = 2

C_K2Q12 - Child Medication Currently for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?

- 1 = Yes
2 = No
Skip if C_K2Q11 in (2,.L)

C_K2Q13 - Child Needs or Uses More Medical Care than Others (S1)

Does (fill with CN_NAME) need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- 1 = Yes
2 = No

C_K2Q14 - Child Medical Care Used or Needed for Health Condition (S1)

If yes, is (fill with CN_NAME)'s need for medical care, mental health, or educational services because of ANY medical, behavioral, or other health condition?

1 = Yes

2 = No

Skip if C_K2Q13 = 2

C_K2Q15 - Child Medical Care Currently for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?

1 = Yes

2 = No

Skip if C_K2Q14 in (2,.L)

C_K2Q16 - Child Limited Ability (S1)

Is (fill with CN_NAME) limited or prevented in any way in his or her ability to do the things most children of the same age can do?

1 = Yes

2 = No

C_K2Q17 - Child Limited Ability from Health Condition (S1)

If yes, is (fill with CN_NAME)'s limitation in abilities because of ANY medical, behavioral, or other health condition?

1 = Yes

2 = No

Skip if C_K2Q16 = 2

C_K2Q18 - Child Limited Ability from Health Condition for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?

1 = Yes

2 = No

Skip if C_K2Q17 in (2,.L)

C_K2Q19 - Child Special Therapy (S1)

Does (fill with CN_NAME) need or get special therapy, such as physical, occupational, or speech therapy?

1 = Yes

2 = No

C_K2Q20 - Child Special Therapy for Health Condition (S1)

If yes, is (fill with CN_NAME)'s need for special therapy because of ANY medical, behavioral, or other health condition?

1 = Yes

2 = No

Skip if C_K2Q19 = 2

C_K2Q21 - Child Special Therapy for Health Condition for 12 Months (S1)

If yes, is this a condition that has lasted or is expected to last 12 months or longer?

1 = Yes

2 = No

Skip if C_K2Q20 in (2,.L)

C_K2Q22 - Child Needs Treatment for Emotion Develop Behave (S1)

Does (fill with CN_NAME) have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?

1 = Yes

2 = No

C_K2Q23 - Child Treatment for Chronic Emotion Develop Behave (S1)

If yes, has his or her emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

1 = Yes

2 = No

Skip if C_K2Q22 = 2

C_CSHCN - Special Health Care Needs Status of Child (S1)

1 = Special Health Care Needs

2 = No Special Health Care Needs

C_FWS - Child Weight (Operational)

[0-99999]