HHID - Unique Household ID (Operational)

[17000000-17999999]

FWC - Selected Child Weight (Operational)

[0-999999]

YEAR - Survey Year (Operational)

[2017-2017]

FIPSST - State FIPS Code (Operational)

[1-56]

STRATUM - Sampling Stratum (Operational)

1 = Stratum 1
2A = Stratum 2a

CBSAFP_YN - Core Based Statistical Area Status (Operational)

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

FORMTYPE - Form Type (Operational)

T1
T2
T3

TOTKIDS_R - Number of Children in Household (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

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

How old is (fill with CN_NAME)?
[0-17]

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_LT10 - Age of Selected Child - Less than 10 Months (S1)

1 = LT 10 Months Old

2 = GE 10 Months Old

SC_SEX - Sex of Selected Child (S1)

What is (fill with CN_NAME)'s sex?

1 = Male

2 = Female

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

1 = SHCN

2 = Non-SHCN

SC_RACE_R - Race of Selected 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

SC_RACER - Race of Selected Child, Recode (S1)

1 = White alone

2 = Black or African American alone

3 = Other

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

1 = White alone

2 = Black or African American alone

3 = Asian alone

4 = Other

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

1 = White alone

2 = Black or African American alone

3 = American Indian or Alaska Native alone

4 = Other

SC_HISPANIC_R - Hispanic Origin of Selected 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

SC_K2Q10 - SC 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

SC_K2Q11 - SC 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 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 (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

SC_K2Q14 - SC 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 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 (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

SC_K2Q17 - SC 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 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 (fill with CN_NAME) 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 (fill with CN_NAME)'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 (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

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

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

1 = Yes

2 = No

Skip if SC_K2Q22 = 2

TOTMALE - Count of Male Children in Household (S1)

[0-4]

TOTFEMALE - Count of Female Children in Household (S1)

[0-4]

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

[0-4]

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

[0-4]

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

[0-4]

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

[0-4]

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

[0-4]

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

K2Q01 - General Health (T1 T2 T3)

In general, how would you describe (fill with SC_NAME)'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 (fill with SC_NAME)'s teeth?

6 = (fill with SC_NAME) does not have any teeth [T1 only]

1 = Excellent

2 = Very Good

3 = Good

4 = Fair

5 = Poor

K6Q70_R - Affectionate (T1)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) is affectionate and tender with you

1 = Definitely true

2 = Somewhat true

3 = Not true

If FORMTYPE = "T1"

K6Q73_R - Bounces Back (T1)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) bounces back quickly when things do not go his or her way

1 = Definitely true

2 = Somewhat true

3 = Not true

If FORMTYPE = "T1"

K6Q71_R - Show Interest and Curiosity (T1 T2 T3)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) shows interest and curiosity in learning new things

1 = Definitely true

2 = Somewhat true

3 = Not true

K6Q72_R - Smiles Laughs (T1)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) smiles and laughs a lot

1 = Definitely true

2 = Somewhat true

3 = Not true

If FORMTYPE = "T1"

K7Q84_R - Works to Finish Tasks Started (T2 T3)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) works to finish tasks he or she starts

1 = Definitely true

2 = Somewhat true

3 = Not true

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

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

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) stays calm and in control when faced with a challenge

1 = Definitely true

2 = Somewhat true

3 = Not true

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

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

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) cares about doing well in school

1 = Definitely true

2 = Somewhat true

3 = Not true

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

K7Q83_R - Does All Required Homework (T2 T3)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) does all required homework

1 = Definitely true

2 = Somewhat true

3 = Not true

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

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

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) is bullied, picked on, or excluded by other children

1 = Definitely true

2 = Somewhat true

3 = Not true

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

K7Q71_R - Bullies Others, Picks on Them, or Excludes Them (T2 T3)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) bullies others, picks on them, or excludes them

1 = Definitely true

2 = Somewhat true

3 = Not true

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

K7Q70_R - Argues Too Much (T2 T3)

Header: How well do each of the following phrases describe (fill with SC_NAME)?

(fill with SC_NAME) argues too much

1 = Definitely true

2 = Somewhat true

3 = Not true

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

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Breathing or other respiratory problems (such as wheezing or shortness of breath)

1 = Yes

2 = No

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Eating or swallowing because of a health condition

1 = Yes

2 = No

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Digesting food, including stomach/intestinal problems, constipation, or diarrhea

1 = Yes

2 = No

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Repeated or chronic physical pain, including headaches or other back or body pain

1 = Yes

2 = No

HANDS - Difficulty Hands Past 12 Months (T1)

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Using his or her hands

1 = Yes

2 = No

If FORMTYPE = "T1"

COORDINATION - Difficulty Coordination Past 12 Months (T1)

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Coordination or moving around

1 = Yes

2 = No

If FORMTYPE = "T1"

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Toothaches

1 = Yes

2 = No

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Bleeding gums

1 = Yes

2 = No

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

Header: DURING THE PAST 12 MONTHS, has (fill with SC_NAME) had difficulty with or experienced any of the following?

Decayed teeth or cavities

1 = Yes

2 = No

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

Header: Does (fill with SC_NAME) 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")

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

Header: Does (fill with SC_NAME) have any of the following?

Serious difficulty walking or climbing stairs

1 = Yes

2 = No

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

DRESSING - Difficulty Dressing or Bathing (T2 T3)

Header: Does (fill with SC_NAME) have any of the following?

Difficulty dressing or bathing

1 = Yes

2 = No

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

ERRANDALONE - Difficulty Doing Errands Alone (T3)

Header: Does (fill with SC_NAME) 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"

K2Q43B - Deafness (T1 T2 T3)

Header: Does (fill with SC_NAME) have any of the following?

Deafness or problems with hearing

1 = Yes

2 = No

BLINDNESS - Blindness (T1 T2 T3)

Header: Does (fill with SC_NAME) have any of the following?

Blindness or problems with seeing, even when wearing glasses

1 = Yes

2 = No

ALLERGIES - Allergies (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…

Allergies (including food, drug, insect, or other)?

1 = Yes

2 = No

ALLERGIES_CURR - Allergies Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

ARTHRITIS - Arthritis (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…

Arthritis?

1 = Yes

2 = No

ARTHRITIS_CURR - Arthritis Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if ARTHRITIS=2

ARTHRITIS_DESC - Arthritis Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

4 = Moderate/Severe

Skip if ARTHRITIS_CURR in (2, .L)

K2Q40A - Asthma (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Asthma?

1 = Yes

2 = No

K2Q40B - Asthma Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

BLOOD - Blood Disorder (T1 T2 T3)

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

1 = Yes

2 = No

BLOOD_CURR - Blood Disorder Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if BLOOD=2

BLOOD_DESC - Blood Disorder Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if BLOOD_CURR in (2, .L)

K2Q46A - Brain Injury (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…

Brain Injury, Concussion, or Head Injury?

1 = Yes

2 = No

K2Q46B - Brain Injury Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if K2Q46A=2

K2Q46C - Brain Injury Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if K2Q46B in (2, .L)

K2Q61A - Cerebral Palsy (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…

Cerebral Palsy?

1 = Yes

2 = No

K2Q61B - Cerebral Palsy Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if K2Q61A=2

CERPALS_DESC - Cerebral Palsy Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if K2Q61B in (2, .L)

CYSTFIB - Cystic Fibrosis (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Cystic Fibrosis?

1 = Yes
2 = No

CYSTFIB_CURR - Cystic Fibrosis Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?
1 = Yes
2 = No
Skip if CYSTFIB=2

K2Q41A - Diabetes (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Diabetes?

1 = Yes
2 = No

K2Q41B - Diabetes Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?
1 = Yes
2 = No
Skip if K2Q41A=2

K2Q41C - Diabetes Severity Description (T1 T2 T3)

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

DOWNSYN - Down Syndrome (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Down Syndrome?

1 = Yes
2 = No

DOWNSYN_CURR - Down Syndrome Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?
1 = Yes
2 = No
Skip if DOWNSYN=2

DOWNSYN_DESC - Down Syndrome Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

4 = Moderate/Severe

Skip if DOWNSYN_CURR in (2, .L)

K2Q42A - Epilepsy (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Epilepsy or seizure disorder?

1 = Yes

2 = No

K2Q42B - Epilepsy Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

GENETIC - Genetic Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Other genetic or inherited condition?

1 = Yes

2 = No

GENETIC_CURR - Genetic Condition Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if GENETIC=2

GENETIC_DESC - Genetic Condition Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if GENETIC_CURR in (2,.L)

HEART - Heart Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Heart Condition?

1 = Yes
2 = No

HEART_CURR - Heart Condition Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

HEADACHE - Headaches (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Frequent or severe headaches including migraine?

1 = Yes
2 = No

HEADACHE_CURR - Headaches Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

K2Q38A - Tourette Syndrome (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has...
Tourette Syndrome?

1 = Yes
2 = No

K2Q38B - Tourette Syndrome Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

K2Q33A - Anxiety (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Anxiety Problems?

1 = Yes

2 = No

K2Q33B - Anxiety Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if K2Q33A=2

K2Q33C - Anxiety Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if K2Q33B in (2,.L)

K2Q32A - Depression (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Depression?

1 = Yes

2 = No

K2Q32B - Depression Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

K2Q34A - Behavior Problems (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) 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 (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

Skip if K2Q34A=2

K2Q34C - Behavior Problems Severity Description (T1 T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

Skip if K2Q34B in (2,.L)

SUBABUSE - Substance Abuse Disorder (T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) has…

Substance Abuse Disorder?

Examples of educators are teachers and school nurses.

1 = Yes

2 = No

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

SUBABUSE_CURR - Substance Abuse Disorder Currently (T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?

1 = Yes

2 = No

If FORMTYPE in ("T2","T3"), Skip if SUBABUSE=2

SUBABUSE_DESC - Substance Abuse Disorder Severity Description (T2 T3)

If yes, is it:

1 = Mild

2 = Moderate

3 = Severe

If FORMTYPE in ("T2","T3"), Skip if SUBABUSE_CURR in (2,.L)

K2Q36A - Developmental Delay (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) 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 (fill with SC_NAME) 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)

K2Q60A - Intellectual Disability (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) has...

Intellectual Disability (also 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 (fill with SC_NAME) CURRENTLY have the condition?

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)

K2Q37A - Speech Disorder (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) 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 (fill with SC_NAME) 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)

K2Q30A - Learning Disability (T1 T2 T3)

Header: Has a doctor, other health care provider, or educator EVER told you that (fill with SC_NAME) 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 (fill with SC_NAME) CURRENTLY have the condition?

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)

ANYOTHER - Any Other Condition (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Any other mental health condition?

1 = Yes
2 = No

ANYOTHER_CURR - Any Other Condition Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) CURRENTLY have the condition?
1 = Yes
2 = No
Skip if ANYOTHER=2

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

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

K2Q35A - Autism ASD (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) has…
Autism or Autism Spectrum Disorder (ASD)?
Include diagnoses of Asperger's Disorder or Pervasive Developmental Disorder (PDD).

1 = Yes
2 = No

K2Q35B - Autism ASD Currently (T1 T2 T3)

If yes, does (fill with SC_NAME) 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)

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

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

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 (fill with SC_NAME) had Autism, ASD, Asperger's Disorder or PDD?

Mark ONE only.

1 = Primary Care Provider

2 = Specialist

3 = School Psychologist/Counselor

4 = Other Psychologist (Non-School)

5 = Psychiatrist

6 = Other

7 = Don't Know

Skip if K2Q35A=2

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

Is (fill with SC_NAME) CURRENTLY taking medication for Autism, ASD, 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 (fill with SC_NAME) receive behavioral treatment for Autism, ASD, Asperger's Disorder or PDD, such as training or an intervention that you or (fill with SC_NAME) received to help with his or her behavior?

1 = Yes

2 = No

Skip if K2Q35A=2

K2Q31A - ADD/ADHD (T1 T2 T3)

Header: Has a doctor or other health care provider EVER told you that (fill with SC_NAME) 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 (fill with SC_NAME) 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 (fill with SC_NAME) CURRENTLY taking medication for ADD or ADHD?

1 = Yes

2 = No

Skip if K2Q31A=2

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

At any time DURING THE PAST 12 MONTHS, did (fill with SC_NAME) receive behavioral treatment for ADD or ADHD, such as training or an intervention that you or (fill with SC_NAME) received to help with his or her behavior?

1 = Yes

2 = No

Skip if K2Q31A=2

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

DURING THE PAST 12 MONTHS, how often have (fill with SC_NAME)'s health conditions or problems affected his or her ability to do things other children his or her age do?

Mark ONE only.

1 = This child does not have any conditions

2 = Never

3 = Sometimes

4 = Usually

5 = Always

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

To what extent do (fill with SC_NAME)'s health conditions or problems affect his or her ability to do things?

1 = Very little

2 = Somewhat

3 = A great deal

Skip if HCABILITY in (1,2)

K6Q40 - Ever Breastfed (T1)

Was (fill with SC_NAME) EVER breastfed or fed breast milk?

1 = Yes

2 = No

If FORMTYPE = "T1"

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

Header: How old was (fill with SC_NAME) when he or she COMPLETELY stopped breastfeeding or being fed breast milk?

Age in days

[1-5]

If FORMTYPE = "T1", Skip if K6Q41R_STILL = 1

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

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

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

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

K6Q41R_STILL - Stopped Breastfeeding - Still Breastfeeding (T1)

Header: How old was (fill with SC_NAME) when he or she COMPLETELY stopped breastfeeding or being fed breast milk?
Check this box if (fill with SC_SEX_SUB) is still breastfeeding
1 = selected
2 = not selected
If FORMTYPE = "T1", Skip if K6Q40 = 2

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

Header: How old was (fill with SC_NAME) when he or she was FIRST fed formula?
Age in days
[0-6]
If FORMTYPE = "T1", Skip if K6Q42R_NEVER=1

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

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

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

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

K6Q42R_NEVER - First Fed Formula - Never (T1)

Header: How old was (fill with SC_NAME) when he or she was FIRST fed formula?
Check this box if (fill with SC_SEX_SUB) has never been fed formula
1 = selected
2 = not selected
If FORMTYPE = "T1"

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

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

Age in days

[0-1]

If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

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

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

Age in weeks

[0-4]

If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

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

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

Age in months

[0-15 or more]

If FORMTYPE = "T1", Skip if K6Q43R_NEVER=1

K6Q43R_NEVER - First Fed Other - Never (T1)

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

Check this box if (fill with SC_SEX_SUB) has never been fed anything other than breast milk or formula

1 = selected

2 = not selected

If FORMTYPE = "T1"

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

Was (fill with SC_NAME) born more than 3 weeks before his or her due date?

1 = Yes

2 = No

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

1 = Yes

2 = No

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

1 = Yes

2 = No

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

How much did he or she weigh when born?

[72 or less-155 or more]

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

What was the age of the mother when (fill with SC_NAME) was born?

[18 or younger-45 or older]

S4Q01 - Doctor Visit (T1 T2 T3)

DURING THE PAST 12 MONTHS, did (fill with SC_NAME) 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?

1 = Yes

2 = No

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

DURING THE PAST 12 MONTHS, how many times did (fill with SC_NAME) visit a doctor, nurse, or other health care professional to receive a PREVENTIVE check-up?

A preventive check-up is when (fill with SC_NAME) 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

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

Thinking about the LAST TIME you took (fill with SC_NAME) for a preventive check-up, about how long was the doctor or health care provider who examined (fill with SC_NAME) 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

DOCPRIVATE - Child Spoke with Doctor Privately (T3)

At his or her last preventive check-up, did (fill with SC_NAME) have a chance to speak with a doctor or other health care provider privately, without you or another adult in the room?

1 = Yes

2 = No

If FORMTYPE = "T3", Skip if S4Q01 = 2

WGTCONC - Concerned About Weight (T1 T2 T3)

Are you concerned about (fill with SC_NAME)'s weight?

1 = Yes, it's too high
2 = Yes, it's too low
3 = No, not concerned

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

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

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

Header: Did the questionnaire ask about your concerns or observations about: Select ALL that apply.
How (fill with SC_NAME) 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: Select ALL that apply.
How (fill with SC_NAME) 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: Select ALL that apply.
Words and phrases (fill with SC_NAME) 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: Select ALL that apply.
How (fill with SC_NAME) 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

K4Q01 - Place Usually Goes Sick (T1 T2 T3)

Is there a place that (fill with SC_NAME) USUALLY goes when he or she is sick or you or another caregiver
needs advice about his or her health?
1 = Yes
2 = No

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

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

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

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

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

Is that the same place where (fill with SC_NAME) goes when he or she is sick?
1 = Yes
2 = No
Skip if USUALGO = 2

K4Q31_R - Vision Tested (T1 T2 T3)

Has (fill with SC_NAME) EVER had his or her vision tested with pictures, shapes, or letters?
1 = Yes
2 = No

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

Header: What kind of place or places did (fill with SC_NAME) have his or her vision tested?
Eye Doctor or Eye Specialist (Ophthalmologist, Optometrist) office

1 = selected
2 = not selected
Skip if K4Q31_R = 2

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

Header: What kind of place or places did (fill with SC_NAME) have his or her vision tested?
Pediatrician or Other General Doctor's office
1 = selected
2 = not selected
Skip if K4Q31_R = 2

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

Header: What kind of place or places did (fill with SC_NAME) have his or her vision tested?
Clinic or Health Center
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X04 - Vision Tested - School (T1 T2 T3)

Header: What kind of place or places did (fill with SC_NAME) have his or her vision tested?
School
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q32X05 - Vision Tested - Other (T1 T2 T3)

Header: What kind of place or places did (fill with SC_NAME) have his or her vision tested?
Other place
1 = selected
2 = not selected
Skip if K4Q31_R = 2

K4Q30_R - Dental Provider Visit (T1 T2 T3)

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

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

Did (fill with SC_NAME) see a dentist or other oral health care provider for preventive dental care, such as check‑ups and 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

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

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Check-up

1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV2 - Dental Service - Cleaning (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Cleaning

1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Instruction on tooth brushing and oral health care

1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
X-Rays

1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Fluoride treatment

1 = selected
2 = not selected
Skip if K4Q30_R=3 or DENTISTVISIT=1

DENTALSERV6 - Dental Service - Sealant (T1 T2 T3)

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Sealant (plastic coatings on back teeth)

1 = selected

2 = not selected

Skip if K4Q30_R=3 or DENTISTVISIT=1

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

Header: DURING THE PAST 12 MONTHS, what preventive dental services did (fill with SC_NAME) receive?
Don't know

1 = selected

2 = not selected

Skip if K4Q30_R=3 or DENTISTVISIT=1

K4Q22_R - Mental Health Professional Treatment (T1 T2 T3)

DURING THE PAST 12 MONTHS, has (fill with SC_NAME) 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

---

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

How much of a problem was it to get the mental health treatment or counseling that (fill with SC_NAME) needed?

1 = Not a problem

2 = Small problem

3 = Big problem

Skip if K4Q22_R=3

K4Q23 - Emotions Concentration Behavior Medication (T1 T2 T3)

DURING THE PAST 12 MONTHS, has (fill with SC_NAME) taken any medication because of difficulties with his or her emotions, concentration, or behavior?

1 = Yes

2 = No

K4Q24_R - Specialist Visit (T1 T2 T3)

DURING THE PAST 12 MONTHS, did (fill with SC_NAME) 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 much of a problem was it to get the specialist care that (fill with SC_NAME) needed?

1 = Not a problem

2 = Small problem

3 = Big problem

Skip if K4Q24_R=3

ALTHEALTH - Alternative Health Care (T1 T2 T3)

DURING THE PAST 12 MONTHS, did (fill with SC_NAME) use any type of alternative health care or treatment?

Alternative health care can include acupuncture, chiropractic care, relaxation therapies, herbal supplements, and others. Some therapies involve seeing a health care provider, while others can be done on your own.

1 = Yes

2 = No

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

DURING THE PAST 12 MONTHS, was there any time when (fill with SC_NAME) 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

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

Header: Which type of care was not received?

Medical Care

1 = selected

2 = not selected

Skip if K4Q27=2

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

Header: Which type of care was not received?

Dental Care

1 = selected

2 = not selected

Skip if K4Q27=2

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

Header: Which type of care was not received?

Vision Care

1 = selected

2 = not selected

Skip if K4Q27=2

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

Header: Which type of care was not received?

Hearing Care

1 = selected
2 = not selected
Skip if K4Q27=2

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

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

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

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

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
(fill with SC_NAME) was not eligible for the services

1 = Yes
2 = No
Skip if K4Q27=2

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
The services (fill with SC_NAME) needed were not available in your area

1 = Yes
2 = No
Skip if K4Q27=2

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
There were problems getting an appointment when (fill with SC_NAME) needed one

1 = Yes
2 = No
Skip if K4Q27=2

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
There were problems with getting transportation or child care

1 = Yes
2 = No
Skip if K4Q27=2

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
The (clinic/doctor's) office wasn't open when (fill with SC_NAME) needed care

1 = Yes
2 = No
Skip if K4Q27=2

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

Header: Which of the following contributed to (fill with SC_NAME) not receiving needed health services?
There were issues related to cost

1 = Yes
2 = No
Skip if K4Q27=2

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 (fill with SC_NAME)?
1 = Never
2 = Sometimes
3 = Usually
4 = Always

HOSPITALER - Hospital Emergency Room Visits (T1 T2 T3)

DURING THE PAST 12 MONTHS, how many times did (fill with SC_NAME) visit a hospital emergency room?

1 = Never
2 = 1 time
3 = 2 or more times

K6Q15 - Special Education Plan (T1 T2 T3)

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

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

How old was (fill with SC_NAME) at the time of the FIRST plan?
[0-16 or older]
Skip if K6Q15=2

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

How old was (fill with SC_NAME) at the time of the FIRST plan?

[0-11]

Skip if K6Q15=2

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

Is (fill with SC_NAME) CURRENTLY receiving services under one of these plans?

1 = Yes

2 = No

Skip if K6Q15=2

K4Q36 - Received Special Services (T1 T2 T3)

Has (fill with SC_NAME) EVER received special services to meet his or her developmental needs such as speech, occupational, or behavioral therapy?

1 = Yes

2 = No

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

How old was (fill with SC_NAME) when he or she began receiving these special services?

[0-15 or older]

Skip if K4Q36=2

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

How old was (fill with SC_NAME) when he or she began receiving these special services?

[0-11]

Skip if K4Q36=2

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

Is (fill with SC_NAME) CURRENTLY receiving these special services?

1 = Yes

2 = No

Skip if K4Q36=2

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

Do you have one or more persons you think of as (fill with SC_NAME)'s personal doctor or nurse? A personal doctor or nurse is a health professional who knows this child well and is familiar with this child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

1 = Yes, one person

2 = Yes, more than one person

3 = No

K5Q10 - Need a Referral (T1 T2 T3)

DURING THE PAST 12 MONTHS, did (fill with SC_NAME) need a referral to see any doctors or receive any services?

1 = Yes

2 = No

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

How much of a problem was it to get referrals?

1 = Not a problem

2 = Small problem

3 = Big problem

Skip if S4Q01=2

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

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC_NAME)'s doctors or other health care providers:

Spend enough time with (fill with SC_NAME)?

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 (fill with SC_NAME)'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 (fill with SC_NAME)'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 (fill with SC_NAME)'s doctors or other health care providers:

Provide the specific information you needed concerning (fill with SC_NAME)?

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 (fill with SC_NAME)'s doctors or other health care providers:

Help you feel like a partner in (fill with SC_NAME)'s care?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if S4Q01=2

DECISIONS - Health Care Decisions Needed (T1 T2 T3)

DURING THE PAST 12 MONTHS, were any decisions needed about (fill with SC_NAME)'s health care services or treatment, such as whether to start or stop a prescription or therapy services, get a referral to a specialist, or have a medical procedure?

1 = Yes

2 = No

Skip if S4Q01=2

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

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC_NAME)'s doctors or other health care providers:

Discuss with you the range of options to consider for his or her health care or treatment?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

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

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC_NAME)'s doctors or other health care providers:

Make it easy for you to raise concerns or disagree with recommendations for (fill with SC_NAME)'s health care?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

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

Header: DURING THE PAST 12 MONTHS, how often did (fill with SC_NAME)'s doctors or other health care providers:

Work with you to decide together which health care and treatment choices would be best for (fill with SC_NAME)?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if DECISIONS=2 or S4Q01=2

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

Does anyone help you arrange or coordinate (fill with SC_NAME)'s care among the different doctors or services that (fill with SC_NAME) uses?

1 = Yes

2 = No

3 = Did not see more than one health care provider in past 12 months

Skip if S4Q01=2

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

DURING THE PAST 12 MONTHS, have you felt that you could have used extra help arranging or coordinating (fill with SC_NAME)'s care among the different health care providers or services?

1 = Yes

2 = No

Skip if S4Q01=2

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 (fill with SC_NAME)'s health care?

1 = Usually

2 = Sometimes

3 = Never

Skip if K5Q21 in (2, .L)

K5Q30 - Communication Satisfaction Among Doctors (T1 T2 T3)

Overall, how satisfied are you with the communication among (fill with SC_NAME)'s doctors and other health care providers?

1 = Very Satisfied

2 = Somewhat satisfied

3 = Somewhat dissatisfied

4 = Very dissatisfied

Skip if S4Q01=2

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

DURING THE PAST 12 MONTHS, did (fill with SC_NAME)'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)

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

TREATCHILD - Doctors Treat Only Children (T3)
Do any of (fill with SC_NAME)'s doctors or other health care providers treat only children?
1 = Yes
2 = No
If FORMTYPE = "T3"

TREATADULT - Talked About Child Seeing Doctors Who Treat Adults (T3)
Have they talked with you about having (fill with SC_NAME) eventually see doctors or other health care providers who treat adults?
1 = Yes
2 = No
If FORMTYPE = "T3", Skip if TREATCHILD=2

PLANFUTURE - Doctor Worked with Child to Plan For Future (T3)
Header: Has (fill with SC_NAME)'s doctor or other health care provider actively worked with (fill with SC_NAME) to:
Think about and plan for his or her future.
For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?
1 = Yes
2 = No
3 = Don't Know
If FORMTYPE = "T3"

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

Header: Has (fill with SC_NAME)'s doctor or other health care provider actively worked with (fill with SC_NAME) to:

Make positive choices about his or her health.

For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?

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

If FORMTYPE = "T3"

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

Header: Has (fill with SC_NAME)'s doctor or other health care provider actively worked with (fill with SC_NAME) to:

Gain skills to manage his or her health and health care.

For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?

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

If FORMTYPE = "T3"

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

Header: Has (fill with SC_NAME)'s doctor or other health care provider actively worked with (fill with SC_NAME) 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"

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

Has (fill with SC_NAME)'s doctors or other health care providers worked with you and (fill with SC_NAME) to create a written plan to meet his or her health goals and needs?

1 = Yes
2 = No

If FORMTYPE = "T3"

PLANNEEDS - Plan Identify Specific Health Goals or Needs (T3)

Does this plan identify specific health goals for (fill with SC_NAME) and any health needs or problems (fill with SC_NAME) may have and how to get these needs met?

1 = Yes
2 = No

If FORMTYPE = "T3", Skip if WRITEPLAN=2

RECEIVECOPY - Receive Written Copy of Plan (T3)

Did you and (fill with SC_NAME) receive a written copy of this plan of care?

1 = Yes

2 = No

If FORMTYPE = "T3", Skip if WRITEPLAN=2

PLANUTD - Plan Currently Up-To-Date (T3)

Is this plan CURRENTLY up-to-date for (fill with SC_NAME)?

1 = Yes

2 = No

If FORMTYPE = "T3", Skip if WRITEPLAN=2

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

Eligibility for health insurance often changes in young adulthood. Do you know how (fill with SC_NAME) will be insured as he or she becomes an adult?

1 = Yes

2 = No

If FORMTYPE = "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 (fill with SC_NAME) becomes an adult?

1 = Yes

2 = No

If FORMTYPE = "T3", Skip if HEALTHKNOW=1

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

DURING THE PAST 12 MONTHS, was (fill with SC_NAME) 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

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

Header: Indicate whether any of the following is a reason (fill with SC_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Change in employer or employment status

1 = Yes

2 = No

Skip if K3Q04_R=1

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

Header: Indicate whether any of the following is a reason (fill with SC_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:

Cancellation due to overdue premiums

1 = Yes
2 = No
Skip if K3Q04_R=1

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

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

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

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

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

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

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

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

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

Header: Indicate whether any of the following is a reason (fill with SC_NAME) was not covered by health insurance DURING THE PAST 12 MONTHS:
Other - Please specify
1 = Yes
2 = No
Skip if K3Q04_R=1

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

Is (fill with SC_NAME) CURRENTLY covered by ANY kind of health insurance or health coverage plan?

1 = Yes
2 = No

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

Header: Is (fill with SC_NAME) 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 (fill with SC_NAME) 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 (fill with SC_NAME) 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

TRICARE - Health Insurance - TRICARE (T1 T2 T3)

Header: Is (fill with SC_NAME) 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

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

Header: Is (fill with SC_NAME) 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

HCCOVOTH - Health Insurance - Other (T1 T2 T3)

Header: Is (fill with SC_NAME) covered by any of the following types of health insurance or health coverage plans?

Other - Please specify

1 = Yes

2 = No

Skip if CURRCOV=2

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

How often does (fill with SC_NAME)'s health insurance offer benefits or cover services that meet (fill with SC_NAME)'s needs?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

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

How often does (fill with SC_NAME)'s health insurance allow him or her to see the health care providers he or she needs?

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

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

Thinking specifically about (fill with SC_NAME)'s mental or behavioral health needs, how often does (fill with SC_NAME)'s health insurance offer benefits or cover services that meet these needs?

5 = (fill with SC_NAME) does not use mental or behavioral health services

1 = Always

2 = Usually

3 = Sometimes

4 = Never

Skip if CURRCOV=2

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

Including co-pays and amounts from Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA), how much money did you pay for (fill with SC_NAME) 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

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

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 (fill with SC_NAME)'s medical or health care bills?

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:

Stopped working because of (fill with SC_NAME)'s health or health conditions?

1 = Yes

2 = No

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 (fill with SC_NAME)'s health or health conditions?

1 = Yes

2 = No

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 (fill with SC_NAME)?

1 = Yes

2 = No

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 (fill with SC_NAME)?

Care might include changing bandages, or giving medication and therapies when needed.

6 = (fill with SC_NAME) does not need health care provided on a weekly basis

1 = No at home care was provided by me or other family members

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

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 (fill with SC_NAME), such as making appointments or locating services?

6 = (fill with SC_NAME) does not need health care provided on a weekly basis

1 = No health or medical care was arranged or coordinated by me or other family members

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

STARTSCHOOL - Has Child Started School (T1)

Has (fill with SC_NAME) started school?

Include homeschooling.

1 = Yes, preschool

2 = Yes, kindergarten

3 = Yes, first grade

4 = No

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

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

How concerned are you about how (fill with SC_NAME) is learning to do things for him or herself?

1 = Very concerned

2 = Somewhat concerned

3 = Not at all concerned

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

CONFIDENT - Confident Ready for School (T1)

How confident are you that (fill with SC_NAME) is ready to be in school?

1 = Completely confident

2 = Mostly confident

3 = Somewhat confident

4 = Not at all confident

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

RECOGBEGIN - Recognize Beginning Sound of a Word (T1)

How often can (fill with SC_NAME) recognize the beginning sound of a word? For example, can (fill with SC_NAME) 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

RECOGABC - Recognize Letters of Alphabet (T1)

About how many letters of the alphabet can (fill with SC_NAME) 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

RHYMEWORD - Rhyme Words (T1)

Can (fill with SC_NAME) rhyme words?

1 = Yes
2 = No
If FORMTYPE = "T1", Skip if SC_AGE_YEARS<3

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

How often can (fill with SC_NAME) explain things he or she has seen or done so that you get a very good idea what happened?

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

WRITENAME - How Often - Write First Name (T1)

How often can (fill with SC_NAME) write his or her first name, even if some of the letters aren't quite right or are backwards?

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

COUNTTO - Can Count How High (T1)

How high can (fill with SC_NAME) count?

1 = This child cannot count

2 = Up to five

3 = Up to ten

4 = Up to 20

5 = Up to 50

6 = Up to 100

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

RECSHAPES - How Often - Identify Basic Shapes (T1)

How often can (fill with SC_NAME) identify basic shapes such as a triangle, circle, or square?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

COLOR - Can Name Colors (T1)

Can (fill with SC_NAME) identify the colors red, yellow, blue, and green by name?

1 = Yes, all of them

2 = Yes, some of them

3 = No, none of them

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

DISTRACTED - How Often - Easily Distracted (T1)

How often is (fill with SC_NAME) 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

WORKTOFIN - How Often - Work Until Finished (T1)

How often does (fill with SC_NAME) keep working at something until he or she is finished?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

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

When he or she is paying attention, how often can (fill with SC_NAME) follow instructions to complete a simple task?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

USEPENCIL - How Child Holds a Pencil (T1)

How does (fill with SC_NAME) usually hold a pencil?

1 = Uses fingers to hold the pencil

2 = Grips the pencil in his or her fist

3 = This child cannot hold a pencil

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

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

How often does (fill with SC_NAME) play well with others?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

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

How often does (fill with SC_NAME) become angry or anxious when going from one activity to another?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

HURTSAD - How Often - Show Concern (T1)

How often does (fill with SC_NAME) show concern when others are hurt or unhappy?

1 = Always

2 = Most of the time

3 = About half the time

4 = Sometimes

5 = Never

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

CALMDOWN - How Often - Can Calm Down (T1)

When excited or all wound up, how often can (fill SC_NAME) calm down quickly?

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

TEMPER - How Often - Lose Control (T1)

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

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

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

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

DURING THE PAST 12 MONTHS, about how many days did (fill with SC_NAME) miss school because of an illness or injury? Include days missed from any formal home schooling.
1 = No missed school days
2 = 1 - 3 days
3 = 4 - 6 days
4 = 7 - 10 days
5 = 11 or more days
6 = This child was not enrolled in school
If FORMTYPE in ("T2","T3")

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

DURING THE PAST 12 MONTHS, how many times has (fill with SC_NAME)'s school contacted you or another adult in your household about any problems he or she is having with school?
1 = No times
2 = 1 time
3 = 2 or more times
If FORMTYPE in ("T2","T3")

REPEATED - Child Repeated Any Grades (T2 T3)

SINCE STARTING KINDERGARTEN, has (fill with SC_NAME) repeated any grades?

1 = Yes

2 = No

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

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

Header: DURING THE PAST 12 MONTHS, did (fill with SC_NAME) participate in:

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

1 = Yes

2 = No

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

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

Header: DURING THE PAST 12 MONTHS, did (fill with SC_NAME) 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 (fill with SC_NAME) 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")

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

Header: DURING THE PAST 12 MONTHS, did (fill with SC_NAME) 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 (fill with SC_NAME) 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")

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

DURING THE PAST 12 MONTHS, how often did you attend events or activities that (fill with SC_NAME) participated in?

1 = Always

2 = Usually

3 = Sometimes

4 = Rarely

5 = Never

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

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

During the past week, on how many days did (fill with SC_NAME) 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")

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

Compared to other children his or her age, how much difficulty does (fill with SC_NAME) have making or keeping friends?

3 = A lot of difficulty

2 = A little difficulty

1 = No difficulty

Skip if SC_AGE_YEARS<3

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

Was (fill with SC_NAME) born in the United States?

1 = Yes

2 = No

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

How long has (fill with SC_NAME) been living in the United States?

[0-17]

Skip if BORNUSA=1

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

How long has (fill with SC_NAME) been living in the United States?

[1, 4, 7, 10]

Skip if BORNUSA=1

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

How many times has (fill with SC_NAME) moved to a new address since he or she was born?

[0-13 or more]

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

How often does (fill with SC_NAME) go to bed at about the same time on weeknights?

1 = Always

2 = Usually

3 = Sometimes

4 = Rarely

5 = Never

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

DURING THE PAST WEEK, how many hours of sleep did (fill with SC_NAME) get on 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"

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

DURING THE PAST WEEK, how many hours of sleep did (fill with SC_NAME) get on an average weeknight?

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")

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

In which position do you most often lay (fill with SC_NAME) down to sleep now?

Mark ONE only.

1 = On his or her side

2 = On his or her back

3 = On his or her stomach

If FORMTYPE = "T1", Skip if SC_AGE_YEARS>0

K7Q60_R - How Much Time Spent Watching TV (T1 T2 T3)

ON AN AVERAGE WEEKDAY, about how much time does (fill with SC_NAME) usually spend in front of a TV watching TV programs, videos, or playing video games?

1 = None

2 = Less than 1 hour

3 = 1 hour

4 = 2 hours

5 = 3 hours

6 = 4 or more hours

K7Q91_R - How Much Time Spent with Computers (T1 T2 T3)

ON AN AVERAGE WEEKDAY, about how much time does (fill with SC_NAME) usually spend with computers, cell phones, handheld video games, and other electronic devices, doing things other than schoolwork?

1 = None
2 = Less than 1 hour
3 = 1 hour
4 = 2 hours
5 = 3 hours
6 = 4 or more hours

K6Q60_R - How Many Days Read to Child (T1)

DURING THE PAST WEEK, how many days did you or other family members read to (fill with SC_NAME)?

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 (fill with SC_NAME)?
1 = 0 days
2 = 1-3 days
3 = 4-6 days
4 = Every day
If FORMTYPE = "T1"

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

How well can you and (fill with SC_NAME) share ideas or talk about things that really matter?
1 = Very well
2 = Somewhat well
3 = Not very well
4 = Not at all
If FORMTYPE in ("T2","T3")

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

In general, how well do you feel you are handling the day-to-day demands of raising children?

1 = Very well
2 = Somewhat well
3 = Not very well
4 = Not 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 (fill with SC_NAME) is much harder to care for than most children his or her age?

1 = Never

2 = Rarely

3 = Sometimes

4 = Usually

5 = Always

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

Header: During the past month, how often have you felt:

That (fill with SC_NAME) 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 (fill with SC_NAME)?

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

EMOSUPSPO - Emotional Support - Spouse (T1 T2 T3)

Header: Did you receive emotional support from:

Spouse?

1 = Yes

2 = No

Skip if K8Q35=2

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

Header: Did you receive emotional support from:

Family Member?

1 = Yes

2 = No

Skip if K8Q35=2

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

Header: Did you receive emotional support from:

Health care provider?

1 = Yes

2 = No

Skip if K8Q35=2

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

Header: Did you receive emotional support from:

Place of worship or religious leader?

1 = Yes

2 = No

Skip if K8Q35=2

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

Header: Did you receive emotional support from:

Support or advocacy group related to specific health condition?

1 = Yes

2 = No

Skip if K8Q35=2

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

Header: Did you receive emotional support from:

Peer support group?

1 = Yes

2 = No

Skip if K8Q35=2

EMOSUPMHP - Emotional Support - Counselor (T1 T2 T3)

Header: Did you receive emotional support from:

Counselor or other mental health professional?

1 = Yes

2 = No

Skip if K8Q35=2

EMOSUPOTH - Emotional Support - Other (T1 T2 T3)

Header: Did you receive emotional support from:

Other - Please specify

1 = Yes

2 = No

Skip if K8Q35=2

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

Does (fill with SC_NAME) receive care for at least 1 hours per week from someone other than his or her parent or guardian?

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

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

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

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

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

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

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

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

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

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

MOLD - Mold Inside of Home (T1 T2 T3)

DURING THE PAST 12 MONTHS, other than in a shower or bathtub, have you seen any mold, mildew or other signs of water damage on walls or other surfaces inside your home?

1 = Yes
2 = No

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

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

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

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

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

SINCE (fill with SC_NAME) WAS BORN, how often has it been very hard to get by on your family's income - hard to cover the basics like food or housing?

1 = Never

2 = Rarely

3 = Somewhat often

4 = Very often

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

The next question is about whether you were able to afford the food you need. Which of these statements best describes the food situation in your household IN 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.

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

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

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

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

K10Q41_R - Child Is Safe at School (T2 T3)

Header: To what extent do you agree with these statements about your neighborhood or community?
(fill with SC_NAME) is safe at school

1 = Definitely agree
2 = Somewhat agree
3 = Somewhat disagree
4 = Definitely disagree
If FORMTYPE in ("T2","T3")

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 (fill with SC_NAME)'s school, neighborhood, or community who knows (fill with SC_NAME) well and who he or she can rely on for advice or guidance?
1 = Yes
2 = No
If FORMTYPE in ("T2","T3")

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

Header: To the best of your knowledge, has (fill with SC_NAME) 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 (fill with SC_NAME) 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 (fill with SC_NAME) EVER experienced any of the following?
Parent or guardian served time in jail

1 = Yes
2 = No

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

Header: To the best of your knowledge, has (fill with SC_NAME) 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 (fill with SC_NAME) EVER experienced any of the following?
Was a victim of violence or witnessed violence in his or her neighborhood

1 = Yes
2 = No

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

Header: To the best of your knowledge, has (fill with SC_NAME) 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 (fill with SC_NAME) EVER experienced any of the following?
Lived with anyone who had a problem with alcohol or drugs

1 = Yes
2 = No

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

Header: To the best of your knowledge, has (fill with SC_NAME) EVER experienced any of the following?
Treated or judged unfairly because of his or her race or ethnic group

1 = Yes
2 = No

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

How are you related to (fill with SC_NAME)?
1 = Biological or Adoptive Parent
2 = Step-parent
3 = Grandparent
4 = Foster Parent
5 = Aunt or Uncle
6 = Other: Relative
7 = Other: Non-Relative

A1_SEX - Adult 1 - Sex (T1 T2 T3)

What is your sex?
1 = Male
2 = Female

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

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

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

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

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

When did you come to live in the United States?
[1970 or earlier-2017]
Skip if A1_BORN=1

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_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_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_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_ACTIVE - Adult 1 - Active Duty (T1 T2 T3)

Have you ever served on active duty in the U.S. Armed Forces, military 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_DEPLSTAT - Adult 1 - Deployment Status (T1 T2 T3)

Were you deployed at any time during (fill with SC_NAME)'s life?

1 = Yes

2 = No

Skip if A1_ACTIVE in (1,2)

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

Were you employed at least 50 out of the past 52 weeks?

1 = Yes

2 = No

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

How is Adult 2 related to (fill with SC_NAME)?

1 = Biological or Adoptive Parent

2 = Step-parent

3 = Grandparent

4 = Foster Parent

5 = Aunt or Uncle

6 = Other: Relative

7 = Other: Non-Relative

8 = There is only one primary adult caregiver for [fill SC_NAME]

A2_SEX - Adult 2 - Sex (T1 T2 T3)

What is Adult 2's sex?

1 = Male

2 = Female

Skip if A2_RELATION = 8

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

What is Adult 2's age?

[18-75 or older]

Skip if A2_RELATION = 8

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

Where was Adult 2 born?

1 = In the United States

2 = Outside of the United States

Skip if A2_RELATION = 8

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

When did Adult 2 come to live in the United States?

[1970 or earlier-2017]

Skip if A2_BORN in(1,.L)

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

What is the highest grade or level of school Adult 2 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 Adult 2'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_PHYSHEALTH - Adult 2 - Physical Health (T1 T2 T3)

In general, how is Adult 2's physical health?

1 = Excellent

2 = Very Good

3 = Good

4 = Fair

5 = Poor

Skip if A2_RELATION = 8

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

In general, how is Adult 2's mental or emotional health?

1 = Excellent

2 = Very Good

3 = Good

4 = Fair

5 = Poor

Skip if A2_RELATION = 8

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

Has Adult 2 ever served on active duty in the U.S. Armed Forces, military 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_DEPLSTAT - Adult 2 - Deployment Status (T1 T2 T3)

Was Adult 2 deployed at any time during (fill with SC_NAME)'s life?

1 = Yes

2 = No

Skip if A2_RELATION = 8 or A2_ACTIVE in (1,2)

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

Was Adult 2 employed at least 50 out of the past 52 weeks?

1 = Yes

2 = No

Skip if A2_RELATION = 8

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]

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

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.]

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

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

1 = Less than the 5th percentile

2 = 5th percentile to less than the 85th percentile

3 = 85th percentile to less than the 95th percentile

4 = Equal to or greater than the 95th percentile

Skip if SC_AGE_YEARS<10

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

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

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

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

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

HHCOUNT_IF - Imputation Flag for HHCOUNT (T1 T2 T3)

1 = Imputed

0 = Not imputed

SC_SEX_IF - Imputation Flag for SC_SEX (S1)

1 = Imputed

0 = Not imputed

SC_RACE_R_IF - Imputation Flag for SC_RACE_R (S1)

1 = Imputed

0 = Not imputed

SC_HISPANIC_R_IF - Imputation Flag for SC_HISPANIC_R (S1)

1 = Imputed

0 = Not imputed

A1_GRADE_IF - Imputation Flag for A1_GRADE (T1 T2 T3)

1 = Imputed

0 = Not imputed

FPL_IF - Imputation Flag for FPL (T1 T2 T3)

1 = Imputed

0 = Not imputed

FPL_I6 - Family Poverty Ratio, Sixth 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_I4 - Family Poverty Ratio, Fourth 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_I2 - Family Poverty Ratio, Second Implicate (T1 T2 T3)

[50 or less-400 or more]

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

[50 or less-400 or more]