

2005-06 CSHCN Main Interview File
 Inhouse Variables not on the Public Use File

The CONTENTS Procedure

Variables in Creation Order

#	Variable	Type	Len	Label
1	IDNUM	Char	8	HOUSEHOLD ID NUMBER
2	IDNUMX	Char	9	UNIQUE CHILD ID NUMBER
3	INT_LANG	Num	3	LANGUAGE IN WHICH INTERVIEW WAS CONDUCTED (OTHER THAN ENGLISH OR SPANISH)
4	AGE_MOS	Num	3	DERIVED. CHILD'S AGE IN MONTHS AT INTERVIEW
5	AGE_YEARS	Num	3	DERIVED. CHILD'S AGE IN YEARS AT INTERVIEW
6	C2Q04	Num	3	RELATIONSHIP OF RESPONDENT TO CHILDD
7	RELATION	Num	3	DERIVED. RESPONDENT'S RELATION TO S.C.
8	S3Q15A	Char	250	WHY NO DIFFICULTY (VERBATIM)
9	C3Q14	Num	3	PAST 12 MOS, SCHOOL DAYS MISSED DUE TO ILL/INJURY
10	C6Q00	Num	3	PAST 12 MOS, VISITS TO EMERGENCY ROOM
11	C6Q01	Num	3	IN PAST 12 MONTHS NUMBER OF DOCTOR VISITS
12	C4Q0B	Num	3	KIND OF PLACE CHILD GOES TO FOR HEALTH CARE
13	C4Q0C	Char	255	KIND OF PLACE CHILD GOES TO FOR HEALTH CARE (VERBATIM)
14	C4Q02	Num	3	PLACE WHERE CHILD GOES FOR ROUTINE CARE
15	C4Q02_1	Char	255	PLACE WHERE CHILD GOES FOR ROUTINE CARE (VERBATIM)
16	C4Q02BX01	Num	3	PERSONAL DOCTOR OR NURSE - GENERAL DOCTOR
17	C4Q02BX02	Num	3	PERSONAL DOCTOR OR NURSE - PEDIATRICIAN
18	C4Q02BX03	Num	3	PERSONAL DOCTOR OR NURSE - SPECIALIST
19	C4Q02BX04	Num	3	PERSONAL DOCTOR OR NURSE - NURSE PRACTITIONER
20	C4Q02BX05	Num	3	PERSONAL DOCTOR OR NURSE - PHYSICIAN'S ASSISTANT
21	C4Q02BX06	Num	3	PERSONAL DOCTOR OR NURSE - MOTHER/FRIEND/RELATIVE
22	C4Q02BX07	Num	3	PERSONAL DOCTOR OR NURSE - OTHER
23	C4Q02B_1	Char	255	PERSONAL DOCTOR OR NURSE - OTHER (VERBATIM)
24	C40501BX01	Num	3	ROUTINE CARE - COST TOO MUCH
25	C40501BX02	Num	3	ROUTINE CARE - NO INSURANCE
26	C40501BX03	Num	3	ROUTINE CARE - HEALTH PLAN PROBLEM
27	C40501BX04	Num	3	ROUTINE CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
28	C40501BX05	Num	3	ROUTINE CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
29	C40501BX06	Num	3	ROUTINE CARE - NOT CONVENIENT TIMES
30	C40501BX07	Num	3	ROUTINE CARE - DOCTOR DID NOT KNOW HOW TO TREAT
31	C40501BX08	Num	3	ROUTINE CARE - DISSATISFACTION WITH PROVIDER
32	C40501BX09	Num	3	ROUTINE CARE - DIDN'T KNOW WHERE TO GO
33	C40501BX10	Num	3	ROUTINE CARE - CHILD REFUSED TO GO
34	C40501BX11	Num	3	ROUTINE CARE - TREATMENT IS ONGOING
35	C40501BX12	Num	3	ROUTINE CARE - VACCINE SHORTAGE
36	C40501BX13	Num	3	ROUTINE CARE - NO REFERRAL
37	C40501BX14	Num	3	ROUTINE CARE - LACK OF RESOURCES AT SCHOOL
38	C40501BX15	Num	3	ROUTINE CARE - NEGLECTED OR FORGOT ANY APPT
39	C40501BX16	Num	3	ROUTINE CARE - OTHER
40	C4Q0501OE	Char	255	ROUTINE CARE - OTHER (VERBATIM)
41	C40502BX01	Num	3	SPECIALIST - COST TOO MUCH
42	C40502BX02	Num	3	SPECIALIST - NO INSURANCE
43	C40502BX03	Num	3	SPECIALIST - HEALTH PLAN PROBLEM

44	C40502BX04	Num	3	SPECIALIST - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
45	C40502BX05	Num	3	SPECIALIST - NOT AVAILABLE IN AREA/TRANSPORTATION
46	C40502BX06	Num	3	SPECIALIST - NOT CONVENIENT TIMES
47	C40502BX07	Num	3	SPECIALIST - DOCTOR DID NOT KNOW HOW TO TREAT
48	C40502BX08	Num	3	SPECIALIST - DISSATISFACTION WITH PROVIDER
49	C40502BX09	Num	3	SPECIALIST - DIDN'T KNOW WHERE TO GO
50	C40502BX10	Num	3	SPECIALIST - CHILD REFUSED TO GO
51	C40502BX11	Num	3	SPECIALIST - TREATMENT IS ONGOING
52	C40502BX12	Num	3	SPECIALIST - VACCINE SHORTAGE
53	C40502BX13	Num	3	SPECIALIST - NO REFERRAL
54	C40502BX14	Num	3	SPECIALIST - LACK OF RESOURCES AT SCHOOL
55	C40502BX15	Num	3	SPECIALIST - NEGLECTED OR FORGOT ANY APPT
56	C40502BX16	Num	3	SPECIALIST - OTHER
57	C4Q0502OE	Char	255	SPECIALIST - OTHER (VERBATIM)
58	C4Q05X02AA	Num	3	PAST 12 MOS, HOW MANY SPECIALTY DOCTORS
59	C405031BX01	Num	3	PREVENTIVE DENTAL CARE - COST TOO MUCH
60	C405031BX02	Num	3	PREVENTIVE DENTAL CARE - NO INSURANCE
61	C405031BX03	Num	3	PREVENTIVE DENTAL CARE - HEALTH PLAN PROBLEM
62	C405031BX04	Num	3	PREVENTIVE DENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
63	C405031BX05	Num	3	PREVENTIVE DENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
64	C405031BX06	Num	3	PREVENTIVE DENTAL CARE - NOT CONVENIENT TIMES
65	C405031BX07	Num	3	PREVENTIVE DENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
66	C405031BX08	Num	3	PREVENTIVE DENTAL CARE - DISSATISFACTION WITH PROVIDER
67	C405031BX09	Num	3	PREVENTIVE DENTAL CARE - DIDN'T KNOW WHERE TO GO
68	C405031BX10	Num	3	PREVENTIVE DENTAL CARE - CHILD REFUSED TO GO
69	C405031BX11	Num	3	PREVENTIVE DENTAL CARE - TREATMENT IS ONGOING
70	C405031BX12	Num	3	PREVENTIVE DENTAL CARE - VACCINE SHORTAGE
71	C405031BX13	Num	3	PREVENTIVE DENTAL CARE - NO REFERRAL
72	C405031BX14	Num	3	PREVENTIVE DENTAL CARE - LACK OF RESOURCES AT SCHOOL
73	C405031BX15	Num	3	PREVENTIVE DENTAL CARE - NEGLECTED OR FORGOT ANY APPT
74	C405031BX16	Num	3	PREVENTIVE DENTAL CARE - OTHER
75	C4Q05031OE	Char	255	PREVENTIVE DENTAL CARE - OTHER (VERBATIM)
76	C405032BX01	Num	3	OTHER DENTAL CARE - COST TOO MUCH
77	C405032BX02	Num	3	OTHER DENTAL CARE - NO INSURANCE
78	C405032BX03	Num	3	OTHER DENTAL CARE - HEALTH PLAN PROBLEM
79	C405032BX04	Num	3	OTHER DENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
80	C405032BX05	Num	3	OTHER DENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
81	C405032BX06	Num	3	OTHER DENTAL CARE - NOT CONVENIENT TIMES
82	C405032BX07	Num	3	OTHER DENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
83	C405032BX08	Num	3	OTHER DENTAL CARE - DISSATISFACTION WITH PROVIDER
84	C405032BX09	Num	3	OTHER DENTAL CARE - DIDN'T KNOW WHERE TO GO
85	C405032BX10	Num	3	OTHER DENTAL CARE - CHILD REFUSED TO GO
86	C405032BX11	Num	3	OTHER DENTAL CARE - TREATMENT IS ONGOING
87	C405032BX12	Num	3	OTHER DENTAL CARE - VACCINE SHORTAGE
88	C405032BX13	Num	3	OTHER DENTAL CARE - NO REFERRAL
89	C405032BX14	Num	3	OTHER DENTAL CARE - LACK OF RESOURCES AT SCHOOL
90	C405032BX15	Num	3	OTHER DENTAL CARE - NEGLECTED OR FORGOT ANY APPT
91	C405032BX16	Num	3	OTHER DENTAL CARE - OTHER
92	C4Q05032OE	Char	255	OTHER DENTAL CARE - OTHER (VERBATIM)
93	C40504BX01	Num	3	PRESCRIPTIONS - COST TOO MUCH
94	C40504BX02	Num	3	PRESCRIPTIONS - NO INSURANCE
95	C40504BX03	Num	3	PRESCRIPTIONS - HEALTH PLAN PROBLEM

96	C40504BX04	Num	3	PRESCRIPTIONS - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
97	C40504BX05	Num	3	PRESCRIPTIONS - NOT AVAILABLE IN AREA/TRANSPORTATION
98	C40504BX06	Num	3	PRESCRIPTIONS - NOT CONVENIENT TIMES
99	C40504BX07	Num	3	PRESCRIPTIONS - DOCTOR DID NOT KNOW HOW TO TREAT
100	C40504BX08	Num	3	PRESCRIPTIONS - DISSATISFACTION WITH PROVIDER
101	C40504BX09	Num	3	PRESCRIPTIONS - DIDN'T KNOW WHERE TO GO
102	C40504BX10	Num	3	PRESCRIPTIONS - CHILD REFUSED TO GO
103	C40504BX11	Num	3	PRESCRIPTIONS - TREATMENT IS ONGOING
104	C40504BX12	Num	3	PRESCRIPTIONS - VACCINE SHORTAGE
105	C40504BX13	Num	3	PRESCRIPTIONS - NO REFERRAL
106	C40504BX14	Num	3	PRESCRIPTIONS - LACK OF RESOURCES AT SCHOOL
107	C40504BX15	Num	3	PRESCRIPTIONS - NEGLECTED OR FORGOT ANY APPT
108	C40504BX16	Num	3	PRESCRIPTIONS - OTHER
109	C4Q0504OE	Char	255	PRESCRIPTIONS - OTHER (VERBATIM)
110	C40505BX01	Num	3	THERAPY - COST TOO MUCH
111	C40505BX02	Num	3	THERAPY - NO INSURANCE
112	C40505BX03	Num	3	THERAPY - HEALTH PLAN PROBLEM
113	C40505BX04	Num	3	THERAPY - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
114	C40505BX05	Num	3	THERAPY - NOT AVAILABLE IN AREA/TRANSPORTATION
115	C40505BX06	Num	3	THERAPY - NOT CONVENIENT TIMES
116	C40505BX07	Num	3	THERAPY - DOCTOR DID NOT KNOW HOW TO TREAT
117	C40505BX08	Num	3	THERAPY - DISSATISFACTION WITH PROVIDER
118	C40505BX09	Num	3	THERAPY - DIDN'T KNOW WHERE TO GO
119	C40505BX10	Num	3	THERAPY - CHILD REFUSED TO GO
120	C40505BX11	Num	3	THERAPY - TREATMENT IS ONGOING
121	C40505BX12	Num	3	THERAPY - VACCINE SHORTAGE
122	C40505BX13	Num	3	THERAPY - NO REFERRAL
123	C40505BX14	Num	3	THERAPY - LACK OF RESOURCES AT SCHOOL
124	C40505BX15	Num	3	THERAPY - NEGLECTED OR FORGOT ANY APPT
125	C40505BX16	Num	3	THERAPY - OTHER
126	C4Q0505OE	Char	255	THERAPY - OTHER (VERBATIM)
127	C40506BX01	Num	3	MENTAL HEALTH CARE - COST TOO MUCH
128	C40506BX02	Num	3	MENTAL HEALTH CARE - NO INSURANCE
129	C40506BX03	Num	3	MENTAL HEALTH CARE - HEALTH PLAN PROBLEM
130	C40506BX04	Num	3	MENTAL HEALTH CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
131	C40506BX05	Num	3	MENTAL HEALTH CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
132	C40506BX06	Num	3	MENTAL HEALTH CARE - NOT CONVENIENT TIMES
133	C40506BX07	Num	3	MENTAL HEALTH CARE - DOCTOR DID NOT KNOW HOW TO TREAT
134	C40506BX08	Num	3	MENTAL HEALTH CARE - DISSATISFACTION WITH PROVIDER
135	C40506BX09	Num	3	MENTAL HEALTH CARE - DIDN'T KNOW WHERE TO GO
136	C40506BX10	Num	3	MENTAL HEALTH CARE - CHILD REFUSED TO GO
137	C40506BX11	Num	3	MENTAL HEALTH CARE - TREATMENT IS ONGOING
138	C40506BX12	Num	3	MENTAL HEALTH CARE - VACCINE SHORTAGE
139	C40506BX13	Num	3	MENTAL HEALTH CARE - NO REFERRAL
140	C40506BX14	Num	3	MENTAL HEALTH CARE - LACK OF RESOURCES AT SCHOOL
141	C40506BX15	Num	3	MENTAL HEALTH CARE - NEGLECTED OR FORGOT ANY APPT
142	C40506BX16	Num	3	MENTAL HEALTH CARE - OTHER
143	C4Q0506OE	Char	255	MENTAL HEALTH CARE - OTHER (VERBATIM)
144	C40507BX01	Num	3	SUB ABUSE TREATMENT - COST TOO MUCH
145	C40507BX02	Num	3	SUB ABUSE TREATMENT - NO INSURANCE
146	C40507BX03	Num	3	SUB ABUSE TREATMENT - HEALTH PLAN PROBLEM
147	C40507BX04	Num	3	SUB ABUSE TREATMENT - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE

148	C40507BX05	Num	3	SUB ABUSE TREATMENT - NOT AVAILABLE IN AREA/TRANSPORTATION
149	C40507BX06	Num	3	SUB ABUSE TREATMENT - NOT CONVENIENT TIMES
150	C40507BX07	Num	3	SUB ABUSE TREATMENT - DOCTOR DID NOT KNOW HOW TO TREAT
151	C40507BX08	Num	3	SUB ABUSE TREATMENT - DISSATISFACTION WITH PROVIDER
152	C40507BX09	Num	3	SUB ABUSE TREATMENT - DIDN'T KNOW WHERE TO GO
153	C40507BX10	Num	3	SUB ABUSE TREATMENT - CHILD REFUSED TO GO
154	C40507BX11	Num	3	SUB ABUSE TREATMENT - TREATMENT IS ONGOING
155	C40507BX12	Num	3	SUB ABUSE TREATMENT - VACCINE SHORTAGE
156	C40507BX13	Num	3	SUB ABUSE TREATMENT - NO REFERRAL
157	C40507BX14	Num	3	SUB ABUSE TREATMENT - LACK OF RESOURCES AT SCHOOL
158	C40507BX15	Num	3	SUB ABUSE TREATMENT - NEGLECTED OR FORGOT ANY APPT
159	C40507BX16	Num	3	SUB ABUSE TREATMENT - OTHER
160	C4Q0507OE	Char	255	SUB ABUSE TREATMENT - OTHER (VERBATIM)
161	C40601BX01	Num	3	RESPITE CARE - COST TOO MUCH
162	C40601BX02	Num	3	RESPITE CARE - NO INSURANCE
163	C40601BX03	Num	3	RESPITE CARE - HEALTH PLAN PROBLEM
164	C40601BX04	Num	3	RESPITE CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
165	C40601BX05	Num	3	RESPITE CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
166	C40601BX06	Num	3	RESPITE CARE - NOT CONVENIENT TIMES
167	C40601BX07	Num	3	RESPITE CARE - DOCTOR DID NOT KNOW HOW TO TREAT
168	C40601BX08	Num	3	RESPITE CARE - DISSATISFACTION WITH PROVIDER
169	C40601BX09	Num	3	RESPITE CARE - DIDN'T KNOW WHERE TO GO
170	C40601BX10	Num	3	RESPITE CARE - CHILD REFUSED TO GO
171	C40601BX11	Num	3	RESPITE CARE - TREATMENT IS ONGOING
172	C40601BX12	Num	3	RESPITE CARE - VACCINE SHORTAGE
173	C40601BX13	Num	3	RESPITE CARE - NO REFERRAL
174	C40601BX14	Num	3	RESPITE CARE - LACK OF RESOURCES AT SCHOOL
175	C40601BX15	Num	3	RESPITE CARE - NEGLECTED OR FORGOT ANY APPT
176	C40601BX16	Num	3	RESPITE CARE - OTHER
177	C4Q0601OE	Char	255	RESPITE CARE - OTHER (VERBATIM)
178	C40602BX01	Num	3	GENETIC COUNSELING - COST TOO MUCH
179	C40602BX02	Num	3	GENETIC COUNSELING - NO INSURANCE
180	C40602BX03	Num	3	GENETIC COUNSELING - HEALTH PLAN PROBLEM
181	C40602BX04	Num	3	GENETIC COUNSELING - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
182	C40602BX05	Num	3	GENETIC COUNSELING - NOT AVAILABLE IN AREA/TRANSPORTATION
183	C40602BX06	Num	3	GENETIC COUNSELING - NOT CONVENIENT TIMES
184	C40602BX07	Num	3	GENETIC COUNSELING - DOCTOR DID NOT KNOW HOW TO TREAT
185	C40602BX08	Num	3	GENETIC COUNSELING - DISSATISFACTION WITH PROVIDER
186	C40602BX09	Num	3	GENETIC COUNSELING - DIDN'T KNOW WHERE TO GO
187	C40602BX10	Num	3	GENETIC COUNSELING - CHILD REFUSED TO GO
188	C40602BX11	Num	3	GENETIC COUNSELING - TREATMENT IS ONGOING
189	C40602BX12	Num	3	GENETIC COUNSELING - VACCINE SHORTAGE
190	C40602BX13	Num	3	GENETIC COUNSELING - NO REFERRAL
191	C40602BX14	Num	3	GENETIC COUNSELING - LACK OF RESOURCES AT SCHOOL
192	C40602BX15	Num	3	GENETIC COUNSELING - NEGLECTED OR FORGOT ANY APPT
193	C40602BX16	Num	3	GENETIC COUNSELING - OTHER
194	C4Q0602OE	Char	255	GENETIC COUNSELING - OTHER (VERBATIM)
195	C40603BX01	Num	3	FAMILY MENTAL CARE - COST TOO MUCH
196	C40603BX02	Num	3	FAMILY MENTAL CARE - NO INSURANCE
197	C40603BX03	Num	3	FAMILY MENTAL CARE - HEALTH PLAN PROBLEM
198	C40603BX04	Num	3	FAMILY MENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
199	C40603BX05	Num	3	FAMILY MENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION

200	C40603BX06	Num	3	FAMILY MENTAL CARE - NOT CONVENIENT TIMES
201	C40603BX07	Num	3	FAMILY MENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
202	C40603BX08	Num	3	FAMILY MENTAL CARE - DISSATISFACTION WITH PROVIDER
203	C40603BX09	Num	3	FAMILY MENTAL CARE - DIDN'T KNOW WHERE TO GO
204	C40603BX10	Num	3	FAMILY MENTAL CARE - CHILD REFUSED TO GO
205	C40603BX11	Num	3	FAMILY MENTAL CARE - TREATMENT IS ONGOING
206	C40603BX12	Num	3	FAMILY MENTAL CARE - VACCINE SHORTAGE
207	C40603BX13	Num	3	FAMILY MENTAL CARE - NO REFERRAL
208	C40603BX14	Num	3	FAMILY MENTAL CARE - LACK OF RESOURCES AT SCHOOL
209	C40603BX15	Num	3	FAMILY MENTAL CARE - NEGLECTED OR FORGOT ANY APPT
210	C40603BX16	Num	3	FAMILY MENTAL CARE - OTHER
211	C4Q0603OE	Char	255	FAMILY MENTAL CARE - OTHER (VERBATIM)
212	C5Q14X01	Num	3	HELP ARRANGING CARE - PARENT
213	C5Q14X02	Num	3	HELP ARRANGING CARE - GUARDIAN
214	C5Q14X03	Num	3	HELP ARRANGING CARE - OTHER FAMILY MEMBER
215	C5Q14X04	Num	3	HELP ARRANGING CARE - FRIEND
216	C5Q14X05	Num	3	HELP ARRANGING CARE - NURSE
217	C5Q14X06	Num	3	HELP ARRANGING CARE - THERAPIST
218	C5Q14X07	Num	3	HELP ARRANGING CARE - SOCIAL WORKER
219	C5Q14X08	Num	3	HELP ARRANGING CARE - HOSPITAL DISCHARGE PLANNER
220	C5Q14X09	Num	3	HELP ARRANGING CARE - CASE MANAGER
221	C5Q14X10	Num	3	HELP ARRANGING CARE - SOMEONE ELSE
222	C5Q14_XOE	Char	30	HELP ARRANGING CARE - SOMEONE ELSE (VERBATIM)
223	C5Q16X01	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - PARENT
224	C5Q16X02	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - GUARDIAN
225	C5Q16X03	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - OTHER FAMILY MEMBER
226	C5Q16X04	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - FRIEND
227	C5Q16X05	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - NURSE
228	C5Q16X06	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - THERAPIST
229	C5Q16X07	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - SOCIAL WORKER
230	C5Q16X08	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - HOSPITAL DISCHARGE PLANNER
231	C5Q16X09	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - CASE MANAGER
232	C5Q16X10	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - SOMEONE ELSE
233	C5Q16_XOE	Char	30	HELP ARRANGING CARE (BESIDES DOCTOR) - SOMEONE ELSE (VERBATIM)
234	K1	Num	3	HURRICANE - LEAVE HOME ONE NIGHT OR LONGER
235	K2	Num	3	HURRICANE - NEED SPECIAL ARRANGEMENTS TO LEAVE HOME
236	K2A	Char	255	HURRICANE - SPECIAL ARRANGEMENT EXPLANATION
237	K3	Num	3	HURRICANE - TROUBLE FINDING SHELTER
238	K3A	Char	255	HURRICANE - HLTH COND MADE
239	K4A	Num	3	HURRICANE - MOVE BACK TO SAME HOME
240	K4B	Num	3	HURRICANE - # NIGHTS AWAY FROM HOME
241	K4B_1	Num	3	HURRICANE - PERIOD OF TIME AWAY FROM HOME
242	K5	Num	3	HURRICANE - CURRENTLY SHORT TERM OR TEMP HOUSING
243	K6A	Num	3	HURRICANE - CHILD LIVE IN TEMP HOUSING ONE NIGHT OR LONGER
244	K6B	Num	3	HURRICANE - # NIGHTS IN TEMP HOUSING
245	K6B_1	Num	3	HURRICANE - PERIOD OF TIME TEMP HOUSING
246	K7	Num	3	HURRICANE - CHILD NEED HLTH CARE WHILE AWAY FROM HOME
247	K8	Num	3	HURRICANE - CHILD RECEIVE ANY HLTH CARE WHILE AWAY FROM HOME
248	K9X01	Num	3	HURRICANE - RECEIVE HLTH CARE, EVACUATION CENTER
249	K9X02	Num	3	HURRICANE - RECEIVE HLTH CARE, SHCN SHELTER
250	K9X03	Num	3	HURRICANE - RECEIVE HLTH CARE, MOBILE HLTH UNIT
251	K9X04	Num	3	HURRICANE - RECEIVE HLTH CARE, DOCTOR OFFICE

252	K9X05	Num	3	HURRICANE - RECEIVE HLTH CARE, ER
253	K9X06	Num	3	HURRICANE - RECEIVE HLTH CARE, OUTPATIENT
254	K9X07	Num	3	HURRICANE - RECEIVE HLTH CARE, CLINIC
255	K9X08	Num	3	HURRICANE - RECEIVE HLTH CARE, SCHOOL
256	K9X09	Num	3	HURRICANE - RECEIVE HLTH CARE, OTHER
257	K9_OTHER	Char	255	HURRICANE - RECEIVE HLTH CARE, SPECIFY
258	K10	Num	3	HURRICANE - CHILD RECEIVE ALL HLTH CARE WHILE AWAY FROM HOME
259	K11	Num	3	HURRICANE - CHILD NEED EQUIP WHILE AWAY FROM HOME
260	K12	Num	3	HURRICANE - CHILD RECEIVE ANY EQUIP WHILE AWAY FROM HOME
261	K13	Num	3	HURRICANE - CHILD RECEIVE ALL EQUIP WHILE AWAY FROM HOME
262	C7Q10X01	Num	3	CHILD COVERED BY MEDICAID
263	C7Q10X02	Num	3	CHILD COVERED BY MEDICARE
264	C7Q10X04	Num	3	CHILD COVERED BY S-CHIP
265	C7Q10X05	Num	3	CHILD COVERED BY MEDIGAP
266	C7Q10X06	Num	3	CHILD COVERED BY MILITARY
267	C7Q10X07	Num	3	CHILD COVERED BY INDIAN HEALTH SERVICE
268	C7Q10X08	Num	3	CHILD COVERED BY PRIVATE INSURANCE
269	C7Q10X09	Num	3	CHILD COVERED BY SINGLE SERVICE PLAN
270	C7Q10X10	Num	3	CHILD COVERED BY OTHER TYPE INSURANCE
271	C7Q10B	Num	3	OTHER HEALTH INSURANCE PAYS BOTH DOCTOR/HOSPITAL
272	C7Q11	Num	3	PAST 12 MOS, CHILD EVER NOT COVERED BY HEALTH INS
273	C7Q12	Num	3	PAST 12 MOS, # OF MONTHS WITHOUT COVERAGE
274	C7Q13	Num	3	HOW LONG SINCE CHILD HAD HEALTH COVERAGE
275	C7Q14	Num	3	PAST 12 MOS, HOW MANY MONTHS CHILD NOT COVERED
276	C7Q15X01	Num	3	WHEN INS, CHILD COVERED BY MEDICAID
277	C7Q15X02	Num	3	WHEN INS, CHILD COVERED BY MEDICARE
278	C7Q15X04	Num	3	WHEN INS, CHILD COVERED BY S-CHIP
279	C7Q15X05	Num	3	WHEN INS, CHILD COVERED BY MEDIGAP
280	C7Q15X06	Num	3	WHEN INS, CHILD COVERED BY MILITARY
281	C7Q15X07	Num	3	WHEN INS, CHILD COVERED BY INDIAN HEALTH SVC
282	C7Q15X08	Num	3	WHEN INS, CHILD COVERED BY PRIVATE INSURANCE
283	C7Q15X09	Num	3	WHEN INS, CHILD COVERED BY SINGLE-SERVICE PLAN
284	C7Q15X10	Num	3	WHEN INS, CHILD COVERED BY OTHER
285	C7Q15A	Char	255	WHEN INS, CHILD COVERED BY OTHER (VERBATIM)
286	C7Q15B	Num	3	OTHER HEALTH INSURANCE PAID BOTH DOCTOR/HOSPITAL
287	C9Q03	Num	3	HOURS PER WEEK SPENT PROVIDING THIS CARE
288	C9Q04	Num	3	HOURS PER WEEK SPENT ARRANGING/COORDINATING CARE
289	S10Q00	Num	3	TYPE OF MOTHER/FATHER
290	S10Q01	Num	3	OTHER PARENTS
291	S10Q02X01	Num	3	OTHER PARENTS - BIOLOGICAL MOTHER
292	S10Q02X02	Num	3	OTHER PARENTS - STEP MOTHER
293	S10Q02X03	Num	3	OTHER PARENTS - FOSTER MOTHER
294	S10Q02X04	Num	3	OTHER PARENTS - ADOPTIVE MOTHER
295	S10Q02X05	Num	3	OTHER PARENTS - BIOLOGICAL FATHER
296	S10Q02X06	Num	3	OTHER PARENTS - STEP FATHER
297	S10Q02X07	Num	3	OTHER PARENTS - FOSTER FATHER
298	S10Q02X08	Num	3	OTHER PARENTS - ADOPTIVE FATHER
299	S10Q02X09	Num	3	OTHER PARENTS - SISTER/BROTHER
300	S10Q02X10	Num	3	OTHER PARENTS - IN-LAW
301	S10Q02X11	Num	3	OTHER PARENTS - AUNT/UNCLE
302	S10Q02X12	Num	3	OTHER PARENTS - GRANDMOTHER
303	S10Q02X13	Num	3	OTHER PARENTS - GRANDFATHER

304	S10Q02X14	Num	3	OTHER PARENTS - OTHER FAMILY MEMBER
305	S10Q02X15	Num	3	OTHER PARENTS - FEMALE GUARDIAN
306	S10Q02X16	Num	3	OTHER PARENTS - MALE GUARDIAN
307	S10Q02X17	Num	3	OTHER PARENTS - RESPONDENTS PARTNER
308	S10Q02X18	Num	3	OTHER PARENTS - OTHER NON-RELATIVE
309	S10Q02X19	Num	3	OTHER PARENTS - 2+ SAME RELATIONSHIP TYPE
310	S10Q02_T	Char	30	NUMBER/TYPER OF SAME-RELATIONSHIP MEMBERS (VERBATIM)
311	S10Q02_A	Num	3	CONFIRM S10Q02
312	C10Q03	Num	3	AGE WHEN ADOPTION FINALIZED (VALUE)
313	C10Q03A	Num	3	AGE WHEN ADOPTION FINALIZED (UNITS)
314	C10Q04	Num	3	ADOPTED FROM ANOTHER COUNTRY
315	C10Q05	Num	3	IN FOSTER CARE BEFORE ADOPTION
316	YEAR_QTR	Char	6	YEAR AND QUARTER OF DATA COLLECTION

2005 CSHCN Main Household File
 Inhouse Variables not on the Public Use File

The CONTENTS Procedure

Variables in Creation Order

#	Variable	Type	Len	Label
1	IDNUM	Char	8	HOUSEHOLD NUMBER
2	MSASTAT	Num	3	MSA STATUS, BASED ON TELEPHONE EXCHANGE
3	SPANISH	Num	3	FLAG. CASE PLACED IN SPANISH QUEUE
4	INT_LANG	Num	3	LANGUAGE IN WHICH INTERVIEW WAS CONDUCTED (OTHER THAN ENGLISH OR SPANISH)
5	OTH_LANG	Num	3	DERIVED. INTERVIEW CONDUCTED IN LANGUAGE OTHER THAN ENGLISH
6	TOTPERS	Num	3	DERIVED. TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (RENAMED QUESTION C11Q01_A)
7	TOTADULT	Num	3	DERIVED. TOTAL NUMBER OF ADULTS IN HOUSEHOLD
8	TOTKIDS	Num	3	DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD 0-17 YEARS
9	TOTKIDSM	Num	3	DERIVED. TOTAL NUMBER OF MALE CHILDREN IN HOUSEHOLD
10	TOTKIDSF	Num	3	DERIVED. TOTAL NUMBER OF FEMALE CHILDREN IN HOUSEHOLD
11	HHTOTALS_FLAG	Num	3	FLAG. THIS HOUSEHOLD HAS DISCREPANT TOTALS BETWEEN TOTAL PERSONS AND TOTAL KIDS
12	NM_SP	Num	3	DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD WITH A SPECIAL HEALTH CARE NEED
13	NM_NSP	Num	3	DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD WITHOUT A SPECIAL HEALTH CARE NEED
14	NM_SPM	Num	3	DERIVED. TOTAL NUMBER OF MALE CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
15	NM_SPF	Num	3	DERIVED. TOTAL NUMBER OF FEMALE CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
16	NM_NSPM	Num	3	DERIVED. TOTAL NUMBER OF MALE CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
17	NM_NSPF	Num	3	DERIVED. TOTAL NUMBER OF FEMALE CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
18	CW10Q04	Num	3	HIGHEST LEVEL OF SCHOOL COMPLETED BY ANYONE IN HOUSEHOLD
19	EDUC	Num	3	DERIVED. HIGHEST EDUCATION LEVEL OF ANYONE IN HOUSEHOLD
20	C2Q05	Num	3	PRIMARY LANGUAGE SPOKEN IN HOUSEHOLD
21	C11Q01	Num	6	TOTAL COMBINED INCOME OF FAMILY
22	C11CONF	Num	3	CONFIRM INCOME
23	W9Q02	Num	3	INCOME ABOVE, AT, OR BELOW 20K
24	W9Q03	Num	3	INCOME ABOVE, AT, OR BELOW 10K
25	W9Q04	Num	3	INCOME MORE THAN 7.5K
26	W9Q05	Num	3	INCOME MORE THAN 15K
27	W9Q05A	Num	3	INCOME MORE THAN 17.5K
28	W9Q05B	Num	3	INCOME MORE THAN 12.5K
29	W9Q06	Num	3	INCOME ABOVE, AT, OR BELOW 40K
30	W9Q06A	Num	3	INCOME ABOVE, AT, OR BELOW 60K
31	W9Q06B	Num	3	INCOME ABOVE, AT, OR BELOW 50K
32	W9Q06C	Num	3	INCOME ABOVE, AT, OR BELOW 45K
33	W9Q07	Num	3	INCOME ABOVE, AT, OR BELOW 30K
34	W9Q07A	Num	3	INCOME ABOVE, AT, OR BELOW 35K
35	W9Q07B	Num	3	INCOME ABOVE, AT, OR BELOW 25K
36	W9Q08	Num	3	INCOME ABOVE, AT, OR BELOW 75K
37	W9Q12	Num	3	INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
38	W9Q12A	Num	3	INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
39	POVERTY_YR	Num	4	INDICATES YEAR OF DHHS POVERTY GUIDELINES USED TO CALCULATE POVERTY VARIABLES
40	INC_YR	Num	4	INCOME REFERENCE YEAR
41	INCQ298	Num	3	DERIVED. INCOME RANGE

42	BESTINCOME	Num	6	DERIVED. BEST INCOME VALUE FOR THIS HOUSEHOLD
43	POVERTY_LEVEL	Num	3	DERIVED. POVERTY LEVEL OF THIS HH BASED ON DHHS GUIDELINES
44	POV200	Num	3	DERIVED. THIS HOUSEHOLD IS AT, ABOVE, OR BELOW 200% OF DHHS POVERTY GUIDELINES
45	C11Q14	Num	3	OTHER HOME NUMBERS IN ADDITION TO THIS ONE
46	C11Q14_R	Num	3	REVISED VERSION OF C11Q14, BEGINNING Q3/2006
47	C11Q14_A	Num	3	NUMBER OF RESIDENTIAL NUMBERS -- Asked beginning Q3/2006
48	C11Q15	Num	3	SECOND NUMBER FOR HOME/BUSINESS/BOTH -- Asked through Q2/2006
49	C11Q16	Num	3	SECOND NUMBER FOR COMPUTER/FAX -- Asked through Q2/2006
50	C11Q17	Num	3	THIRD PHONE NUMBER -- Asked through Q2/2006
51	C11Q18	Num	3	THIRD NUMBER FOR HOME/BUSINESS/BOTH -- Asked through Q2/2006
52	C11Q19	Num	3	THIRD NUMBER FOR COMPUTER/FAX -- Asked through Q2/2006
53	NUM_PHON	Num	3	DERIVED. NUMBER OF TELEPHONES FOR HOME USE
54	C11Q20	Num	3	HOUSE WITHOUT PHONE 1 WEEK OR MORE PAST 12 MOS
55	C11Q21_A	Num	3	HOW LONG WITHOUT PHONE PAST 12 MOS, AMOUNT
56	C11Q21_B	Num	3	HOW LONG WITHOUT PHONE, UNIT OF MEASURE
57	NOPHONE	Num	3	DERIVED. NUMBER OF DAYS WITHOUT TELEPHONE SERVICE
58	C11Q22	Char	5	RESPONDENT'S ZIP CODE
59	C11Q22_STATE	Char	2	RESPONDENT'S STATE USING ZIP CODE TABLE
60	C11Q22_CONF	Num	3	CONFIRM ZIP CODE
61	LOC_CONF	Num	3	CONFIRM STATE
62	LOC_STATE_CODE	Char	2	RESPONDENT'S STATE
63	YEAR_QTR	Char	6	YEAR AND QUARTER OF DATA COLLECTION

2005 CSHCN Main Screener File
 Inhouse Variables not on the Public Use File
 Variables in Creation Order

#	Variable	Type	Len	Label
1	IDNUM	Char	8	HOUSEHOLD ID NUMBER
2	IDNUMX	Char	9	UNIQUE CHILD ID NUMBER
3	INTDATE	Char	40	INTERVIEW/ELIGIBILITY DATE FOR THIS CHILD
4	AGE_MOS	Num	3	DERIVED. CHILD'S AGE IN MONTHS AT INTERVIEW
5	AGE_YEARS	Num	3	DERIVED. CHILD'S AGE IN YEARS AT INTERVIEW
6	CW10Q01	Num	3	CHILD IS OF HISPANIC ORIGIN / ETHNICITY (pre-backcoding)
7	CW10Q02_01	Num	3	CHILD IS WHITE
8	CW10Q02_02	Num	3	CHILD IS BLACK/AFRICAN AMERICAN
9	CW10Q02_03	Num	3	CHILD IS AMERICAN INDIAN
10	CW10Q02_04	Num	3	CHILD IS ALASKA NATIVE
11	CW10Q02_05	Num	3	CHILD IS ASIAN
12	CW10Q02_06	Num	3	CHILD IS NATIVE HAWAIIAN
13	CW10Q02_07	Num	3	CHILD IS PACIFIC ISLANDER
14	CW10Q02_08	Num	3	CHILD IS OTHER RACE
15	CW10Q02A	Char	35	OTHER RACE SPECIFIED
16	RACE_RECDE	Num	3	RECODE VALUE FOR OTHER RACE RESPONSE
17	CWTYPE	Num	3	FLAG. SAMPLE SELECTION DECISION FLAG FOR THIS RECORD
18	YEAR_QTR	Char	6	YEAR AND QUARTER OF DATA COLLECTION
19	RACE	Num	3	DERIVED. RACE OF CHILD

Inhouse Variables not on the Public Use File

The CONTENTS Procedure

Variables in Creation Order

#	Variable	Type	Len	Label
1	IDNUM	Char	8	HOUSEHOLD NUMBER
2	STATE	Num	3	GEOGRAPHICAL LOCATION FOR THIS HOUSEHOLD
3	SPANISH	Num	3	FLAG. CASE PLACED IN SPANISH QUEUE
4	INT_LANG	Num	3	LANGUAGE IN WHICH INTERVIEW WAS CONDUCTED (OTHER THAN ENGLISH OR SPANISH)
5	OTH_LANG	Num	3	DERIVED. INTERVIEW CONDUCTED IN LANGUAGE OTHER THAN ENGLISH
6	TOTPER	Num	3	DERIVED. TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (RENAMED QUESTION C11Q01_A)
7	TOTADULT	Num	3	DERIVED. TOTAL NUMBER OF ADULTS IN HOUSEHOLD
8	TOTKIDS	Num	3	DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD 0-17 YEARS
9	HHTOTALS_FLAG	Num	3	FLAG. THIS HOUSEHOLD HAS DISCREPANT TOTALS BETWEEN TOTAL PERSONS AND TOTAL KIDS
10	CW10Q04	Num	3	HIGHEST LEVEL OF SCHOOL COMPLETED BY ANYONE IN HOUSEHOLD
11	EDUC	Num	3	DERIVED. HIGHEST EDUCATION LEVEL OF ANYONE IN HOUSEHOLD
12	C2Q05	Num	3	PRIMARY LANGUAGE SPOKEN IN HOUSEHOLD
13	C11Q01	Num	6	TOTAL COMBINED INCOME OF FAMILY
14	C11CONF	Num	3	CONFIRM INCOME
15	W9Q02	Num	3	INCOME ABOVE, AT, OR BELOW 20K
16	W9Q03	Num	3	INCOME ABOVE, AT, OR BELOW 10K
17	W9Q04	Num	3	INCOME MORE THAN 7.5K
18	W9Q05	Num	3	INCOME MORE THAN 15K
19	W9Q05A	Num	3	INCOME MORE THAN 17.5K
20	W9Q05B	Num	3	INCOME MORE THAN 12.5K
21	W9Q06	Num	3	INCOME ABOVE, AT, OR BELOW 40K
22	W9Q06A	Num	3	INCOME ABOVE, AT, OR BELOW 60K
23	W9Q06B	Num	3	INCOME ABOVE, AT, OR BELOW 50K
24	W9Q06C	Num	3	INCOME ABOVE, AT, OR BELOW 45K
25	W9Q07	Num	3	INCOME ABOVE, AT, OR BELOW 30K
26	W9Q07A	Num	3	INCOME ABOVE, AT, OR BELOW 35K
27	W9Q07B	Num	3	INCOME ABOVE, AT, OR BELOW 25K
28	W9Q08	Num	3	INCOME ABOVE, AT, OR BELOW 75K
29	W9Q12	Num	3	INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
30	W9Q12A	Num	3	INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
31	POVERTY_YR	Num	4	INDICATES YEAR OF DHHS POVERTY GUIDELINES USED TO CALCULATE POVERTY VARIABLES
32	INC_YR	Num	4	INCOME REFERENCE YEAR
33	INCQ298	Num	3	DERIVED. INCOME RANGE
34	BESTINCOME	Num	5	DERIVED. BEST INCOME VALUE FOR THIS HOUSEHOLD

35	POVERTY_LEVEL	Num	3	DERIVED. POVERTY LEVEL OF THIS HH BASED ON DHHS GUIDELINES
36	POV200	Num	3	DERIVED. THIS HOUSEHOLD IS AT, ABOVE, OR BELOW 200% OF DHHS POVERTY GUIDELINES
37	C11Q14	Num	3	OTHER HOME NUMBERS IN ADDITION TO THIS ONE
38	C11Q14_R	Num	3	REVISED VERSION OF C11Q14, BEGINNING Q3/2006
39	C11Q14_A	Num	3	NUMBER OF RESIDENTIAL NUMBERS -- Asked beginning Q3/2006
40	C11Q15	Num	3	SECOND NUMBER FOR HOME/BUSINESS/BOTH -- Asked through Q2/2006
41	C11Q16	Num	3	SECOND NUMBER FOR COMPUTER/FAX -- Asked through Q2/2006
42	C11Q17	Num	3	THIRD PHONE NUMBER -- Asked through Q2/2006
43	C11Q18	Num	3	THIRD NUMBER FOR HOME/BUSINESS/BOTH -- Asked through Q2/2006
44	C11Q19	Num	3	THIRD NUMBER FOR COMPUTER/FAX -- Asked through Q2/2006
45	NUM_PHON	Num	3	DERIVED. NUMBER OF TELEPHONES FOR HOME USE
46	C11Q20	Num	3	HOUSE WITHOUT PHONE 1 WEEK OR MORE PAST 12 MOS
47	C11Q21_A	Num	3	HOW LONG WITHOUT PHONE PAST 12 MOS, AMOUNT
48	C11Q21_B	Num	3	HOW LONG WITHOUT PHONE, UNIT OF MEASURE
49	NOPHONE	Num	3	DERIVED. NUMBER OF DAYS WITHOUT TELEPHONE SERVICE
50	C11Q22	Char	5	RESPONDENT'S ZIP CODE
51	C11Q22_STATE	Char	2	RESPONDENT'S STATE USING ZIP CODE TABLE
52	C11Q22_CONF	Num	3	CONFIRM ZIP CODE
53	LOC_CONF	Num	3	CONFIRM STATE
54	LOC_STATE_CODE	Char	2	RESPONDENT'S STATE
55	HHSTATUS	Num	3	FLAG. INTERVIEW STATUS OF THIS HOUSEHOLD
56	INTDATE	Char	40	INTERVIEW/ELIGIBILITY DATE FOR THIS CHILD
57	AGE_MOS	Num	3	DERIVED. CHILD'S AGE IN MONTHS AT INTERVIEW
58	AGE_YEARS	Num	3	DERIVED. CHILD'S AGE IN YEARS AT INTERVIEW
59	CW10Q01	Num	3	CHILD IS OF HISPANIC ORIGIN / ETHNICITY (pre-backcoding)
60	CW10Q02_01	Num	3	CHILD IS WHITE
61	CW10Q02_02	Num	3	CHILD IS BLACK/AFRICAN AMERICAN
62	CW10Q02_03	Num	3	CHILD IS AMERICAN INDIAN
63	CW10Q02_04	Num	3	CHILD IS ALASKA NATIVE
64	CW10Q02_05	Num	3	CHILD IS ASIAN
65	CW10Q02_06	Num	3	CHILD IS NATIVE HAWAIIAN
66	CW10Q02_07	Num	3	CHILD IS PACIFIC ISLANDER
67	CW10Q02_08	Num	3	CHILD IS OTHER RACE
68	CW10Q02A	Char	35	OTHER RACE SPECIFIED
69	RACE_RECODE	Num	3	RECODE VALUE FOR OTHER RACE RESPONSE
70	RACE	Num	3	DERIVED. RACE OF TARGET CHILD
71	INTVIEW	Num	3	FLAG. INTERVIEW STATUS FOR THIS CHILD
72	C2Q04	Num	3	RELATIONSHIP OF RESPONDENT TO CHILD
73	RELATION	Num	3	DERIVED. RESPONDENT'S RELATION TO S.C.
74	S3Q15A	Char	250	WHY NO DIFFICULTY (VERBATIM)
75	C3Q14	Num	3	PAST 12 MOS, SCHOOL DAYS MISSED DUE TO ILL/INJURY
76	C6Q00	Num	3	PAST 12 MOS, VISITS TO EMERGENCY ROOM
77	C6Q01	Num	3	IN PAST 12 MONTHS NUMBER OF DOCTOR VISITS
78	C4Q0B	Num	3	KIND OF PLACE CHILD GOES TO FOR HEALTH CARE
79	C4Q0C	Char	255	KIND OF PLACE CHILD GOES TO FOR HEALTH CARE (VERBATIM)
80	C4Q02	Num	3	PLACE WHERE CHILD GOES FOR ROUTINE CARE
81	C4Q02_1	Char	255	PLACE WHERE CHILD GOES FOR ROUTINE CARE (VERBATIM)
82	C4Q02BX01	Num	3	PERSONAL DOCTOR OR NURSE - GENERAL DOCTOR
83	C4Q02BX02	Num	3	PERSONAL DOCTOR OR NURSE - PEDIATRICIAN
84	C4Q02BX03	Num	3	PERSONAL DOCTOR OR NURSE - SPECIALIST
85	C4Q02BX04	Num	3	PERSONAL DOCTOR OR NURSE - NURSE PRACTITIONER
86	C4Q02BX05	Num	3	PERSONAL DOCTOR OR NURSE - PHYSICIAN'S ASSISTANT

87	C4Q02BX06	Num	3	PERSONAL DOCTOR OR NURSE - MOTHER/FRIEND/RELATIVE
88	C4Q02BX07	Num	3	PERSONAL DOCTOR OR NURSE - OTHER
89	C4Q02B_1	Char	255	PERSONAL DOCTOR OR NURSE - OTHER (VERBATIM)
90	C40501BX01	Num	3	ROUTINE CARE - COST TOO MUCH
91	C40501BX02	Num	3	ROUTINE CARE - NO INSURANCE
92	C40501BX03	Num	3	ROUTINE CARE - HEALTH PLAN PROBLEM
93	C40501BX04	Num	3	ROUTINE CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
94	C40501BX05	Num	3	ROUTINE CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
95	C40501BX06	Num	3	ROUTINE CARE - NOT CONVENIENT TIMES
96	C40501BX07	Num	3	ROUTINE CARE - DOCTOR DID NOT KNOW HOW TO TREAT
97	C40501BX08	Num	3	ROUTINE CARE - DISSATISFACTION WITH PROVIDER
98	C40501BX09	Num	3	ROUTINE CARE - DIDN'T KNOW WHERE TO GO
99	C40501BX10	Num	3	ROUTINE CARE - CHILD REFUSED TO GO
100	C40501BX11	Num	3	ROUTINE CARE - TREATMENT IS ONGOING
101	C40501BX12	Num	3	ROUTINE CARE - VACCINE SHORTAGE
102	C40501BX13	Num	3	ROUTINE CARE - NO REFERRAL
103	C40501BX14	Num	3	ROUTINE CARE - LACK OF RESOURCES AT SCHOOL
104	C40501BX15	Num	3	ROUTINE CARE - NEGLECTED OR FORGOT ANY APPT
105	C40501BX16	Num	3	ROUTINE CARE - OTHER
106	C4Q0501OE	Char	255	ROUTINE CARE - OTHER (VERBATIM)
107	C40502BX01	Num	3	SPECIALIST - COST TOO MUCH
108	C40502BX02	Num	3	SPECIALIST - NO INSURANCE
109	C40502BX03	Num	3	SPECIALIST - HEALTH PLAN PROBLEM
110	C40502BX04	Num	3	SPECIALIST - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
111	C40502BX05	Num	3	SPECIALIST - NOT AVAILABLE IN AREA/TRANSPORTATION
112	C40502BX06	Num	3	SPECIALIST - NOT CONVENIENT TIMES
113	C40502BX07	Num	3	SPECIALIST - DOCTOR DID NOT KNOW HOW TO TREAT
114	C40502BX08	Num	3	SPECIALIST - DISSATISFACTION WITH PROVIDER
115	C40502BX09	Num	3	SPECIALIST - DIDN'T KNOW WHERE TO GO
116	C40502BX10	Num	3	SPECIALIST - CHILD REFUSED TO GO
117	C40502BX11	Num	3	SPECIALIST - TREATMENT IS ONGOING
118	C40502BX12	Num	3	SPECIALIST - VACCINE SHORTAGE
119	C40502BX13	Num	3	SPECIALIST - NO REFERRAL
120	C40502BX14	Num	3	SPECIALIST - LACK OF RESOURCES AT SCHOOL
121	C40502BX15	Num	3	SPECIALIST - NEGLECTED OR FORGOT ANY APPT
122	C40502BX16	Num	3	SPECIALIST - OTHER
123	C4Q0502OE	Char	255	SPECIALIST - OTHER (VERBATIM)
124	C4Q05X02AA	Num	3	PAST 12 MOS, HOW MANY SPECIALTY DOCTORS
125	C405031BX01	Num	3	PREVENTIVE DENTAL CARE - COST TOO MUCH
126	C405031BX02	Num	3	PREVENTIVE DENTAL CARE - NO INSURANCE
127	C405031BX03	Num	3	PREVENTIVE DENTAL CARE - HEALTH PLAN PROBLEM
128	C405031BX04	Num	3	PREVENTIVE DENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
129	C405031BX05	Num	3	PREVENTIVE DENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
130	C405031BX06	Num	3	PREVENTIVE DENTAL CARE - NOT CONVENIENT TIMES
131	C405031BX07	Num	3	PREVENTIVE DENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
132	C405031BX08	Num	3	PREVENTIVE DENTAL CARE - DISSATISFACTION WITH PROVIDER
133	C405031BX09	Num	3	PREVENTIVE DENTAL CARE - DIDN'T KNOW WHERE TO GO
134	C405031BX10	Num	3	PREVENTIVE DENTAL CARE - CHILD REFUSED TO GO
135	C405031BX11	Num	3	PREVENTIVE DENTAL CARE - TREATMENT IS ONGOING
136	C405031BX12	Num	3	PREVENTIVE DENTAL CARE - VACCINE SHORTAGE
137	C405031BX13	Num	3	PREVENTIVE DENTAL CARE - NO REFERRAL
138	C405031BX14	Num	3	PREVENTIVE DENTAL CARE - LACK OF RESOURCES AT SCHOOL

139	C405031BX15	Num	3	PREVENTIVE DENTAL CARE - NEGLECTED OR FORGOT ANY APPT
140	C405031BX16	Num	3	PREVENTIVE DENTAL CARE - OTHER
141	C4Q05031OE	Char	255	PREVENTIVE DENTAL CARE - OTHER (VERBATIM)
142	C405032BX01	Num	3	OTHER DENTAL CARE - COST TOO MUCH
143	C405032BX02	Num	3	OTHER DENTAL CARE - NO INSURANCE
144	C405032BX03	Num	3	OTHER DENTAL CARE - HEALTH PLAN PROBLEM
145	C405032BX04	Num	3	OTHER DENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
146	C405032BX05	Num	3	OTHER DENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
147	C405032BX06	Num	3	OTHER DENTAL CARE - NOT CONVENIENT TIMES
148	C405032BX07	Num	3	OTHER DENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
149	C405032BX08	Num	3	OTHER DENTAL CARE - DISSATISFACTION WITH PROVIDER
150	C405032BX09	Num	3	OTHER DENTAL CARE - DIDN'T KNOW WHERE TO GO
151	C405032BX10	Num	3	OTHER DENTAL CARE - CHILD REFUSED TO GO
152	C405032BX11	Num	3	OTHER DENTAL CARE - TREATMENT IS ONGOING
153	C405032BX12	Num	3	OTHER DENTAL CARE - VACCINE SHORTAGE
154	C405032BX13	Num	3	OTHER DENTAL CARE - NO REFERRAL
155	C405032BX14	Num	3	OTHER DENTAL CARE - LACK OF RESOURCES AT SCHOOL
156	C405032BX15	Num	3	OTHER DENTAL CARE - NEGLECTED OR FORGOT ANY APPT
157	C405032BX16	Num	3	OTHER DENTAL CARE - OTHER
158	C4Q05032OE	Char	255	OTHER DENTAL CARE - OTHER (VERBATIM)
159	C40504BX01	Num	3	PRESCRIPTIONS - COST TOO MUCH
160	C40504BX02	Num	3	PRESCRIPTIONS - NO INSURANCE
161	C40504BX03	Num	3	PRESCRIPTIONS - HEALTH PLAN PROBLEM
162	C40504BX04	Num	3	PRESCRIPTIONS - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
163	C40504BX05	Num	3	PRESCRIPTIONS - NOT AVAILABLE IN AREA/TRANSPORTATION
164	C40504BX06	Num	3	PRESCRIPTIONS - NOT CONVENIENT TIMES
165	C40504BX07	Num	3	PRESCRIPTIONS - DOCTOR DID NOT KNOW HOW TO TREAT
166	C40504BX08	Num	3	PRESCRIPTIONS - DISSATISFACTION WITH PROVIDER
167	C40504BX09	Num	3	PRESCRIPTIONS - DIDN'T KNOW WHERE TO GO
168	C40504BX10	Num	3	PRESCRIPTIONS - CHILD REFUSED TO GO
169	C40504BX11	Num	3	PRESCRIPTIONS - TREATMENT IS ONGOING
170	C40504BX12	Num	3	PRESCRIPTIONS - VACCINE SHORTAGE
171	C40504BX13	Num	3	PRESCRIPTIONS - NO REFERRAL
172	C40504BX14	Num	3	PRESCRIPTIONS - LACK OF RESOURCES AT SCHOOL
173	C40504BX15	Num	3	PRESCRIPTIONS - NEGLECTED OR FORGOT ANY APPT
174	C40504BX16	Num	3	PRESCRIPTIONS - OTHER
175	C4Q0504OE	Char	255	PRESCRIPTIONS - OTHER (VERBATIM)
176	C40505BX01	Num	3	THERAPY - COST TOO MUCH
177	C40505BX02	Num	3	THERAPY - NO INSURANCE
178	C40505BX03	Num	3	THERAPY - HEALTH PLAN PROBLEM
179	C40505BX04	Num	3	THERAPY - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
180	C40505BX05	Num	3	THERAPY - NOT AVAILABLE IN AREA/TRANSPORTATION
181	C40505BX06	Num	3	THERAPY - NOT CONVENIENT TIMES
182	C40505BX07	Num	3	THERAPY - DOCTOR DID NOT KNOW HOW TO TREAT
183	C40505BX08	Num	3	THERAPY - DISSATISFACTION WITH PROVIDER
184	C40505BX09	Num	3	THERAPY - DIDN'T KNOW WHERE TO GO
185	C40505BX10	Num	3	THERAPY - CHILD REFUSED TO GO
186	C40505BX11	Num	3	THERAPY - TREATMENT IS ONGOING
187	C40505BX12	Num	3	THERAPY - VACCINE SHORTAGE
188	C40505BX13	Num	3	THERAPY - NO REFERRAL
189	C40505BX14	Num	3	THERAPY - LACK OF RESOURCES AT SCHOOL
190	C40505BX15	Num	3	THERAPY - NEGLECTED OR FORGOT ANY APPT

191	C40505BX16	Num	3	THERAPY - OTHER
192	C4Q05050E	Char	255	THERAPY - OTHER (VERBATIM)
193	C40506BX01	Num	3	MENTAL HEALTH CARE - COST TOO MUCH
194	C40506BX02	Num	3	MENTAL HEALTH CARE - NO INSURANCE
195	C40506BX03	Num	3	MENTAL HEALTH CARE - HEALTH PLAN PROBLEM
196	C40506BX04	Num	3	MENTAL HEALTH CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
197	C40506BX05	Num	3	MENTAL HEALTH CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
198	C40506BX06	Num	3	MENTAL HEALTH CARE - NOT CONVENIENT TIMES
199	C40506BX07	Num	3	MENTAL HEALTH CARE - DOCTOR DID NOT KNOW HOW TO TREAT
200	C40506BX08	Num	3	MENTAL HEALTH CARE - DISSATISFACTION WITH PROVIDER
201	C40506BX09	Num	3	MENTAL HEALTH CARE - DIDN'T KNOW WHERE TO GO
202	C40506BX10	Num	3	MENTAL HEALTH CARE - CHILD REFUSED TO GO
203	C40506BX11	Num	3	MENTAL HEALTH CARE - TREATMENT IS ONGOING
204	C40506BX12	Num	3	MENTAL HEALTH CARE - VACCINE SHORTAGE
205	C40506BX13	Num	3	MENTAL HEALTH CARE - NO REFERRAL
206	C40506BX14	Num	3	MENTAL HEALTH CARE - LACK OF RESOURCES AT SCHOOL
207	C40506BX15	Num	3	MENTAL HEALTH CARE - NEGLECTED OR FORGOT ANY APPT
208	C40506BX16	Num	3	MENTAL HEALTH CARE - OTHER
209	C4Q05060E	Char	255	MENTAL HEALTH CARE - OTHER (VERBATIM)
210	C40507BX01	Num	3	SUB ABUSE TREATMENT - COST TOO MUCH
211	C40507BX02	Num	3	SUB ABUSE TREATMENT - NO INSURANCE
212	C40507BX03	Num	3	SUB ABUSE TREATMENT - HEALTH PLAN PROBLEM
213	C40507BX04	Num	3	SUB ABUSE TREATMENT - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
214	C40507BX05	Num	3	SUB ABUSE TREATMENT - NOT AVAILABLE IN AREA/TRANSPORTATION
215	C40507BX06	Num	3	SUB ABUSE TREATMENT - NOT CONVENIENT TIMES
216	C40507BX07	Num	3	SUB ABUSE TREATMENT - DOCTOR DID NOT KNOW HOW TO TREAT
217	C40507BX08	Num	3	SUB ABUSE TREATMENT - DISSATISFACTION WITH PROVIDER
218	C40507BX09	Num	3	SUB ABUSE TREATMENT - DIDN'T KNOW WHERE TO GO
219	C40507BX10	Num	3	SUB ABUSE TREATMENT - CHILD REFUSED TO GO
220	C40507BX11	Num	3	SUB ABUSE TREATMENT - TREATMENT IS ONGOING
221	C40507BX12	Num	3	SUB ABUSE TREATMENT - VACCINE SHORTAGE
222	C40507BX13	Num	3	SUB ABUSE TREATMENT - NO REFERRAL
223	C40507BX14	Num	3	SUB ABUSE TREATMENT - LACK OF RESOURCES AT SCHOOL
224	C40507BX15	Num	3	SUB ABUSE TREATMENT - NEGLECTED OR FORGOT ANY APPT
225	C40507BX16	Num	3	SUB ABUSE TREATMENT - OTHER
226	C4Q05070E	Char	255	SUB ABUSE TREATMENT - OTHER (VERBATIM)
227	C40601BX01	Num	3	RESPIRE CARE - COST TOO MUCH
228	C40601BX02	Num	3	RESPIRE CARE - NO INSURANCE
229	C40601BX03	Num	3	RESPIRE CARE - HEALTH PLAN PROBLEM
230	C40601BX04	Num	3	RESPIRE CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
231	C40601BX05	Num	3	RESPIRE CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
232	C40601BX06	Num	3	RESPIRE CARE - NOT CONVENIENT TIMES
233	C40601BX07	Num	3	RESPIRE CARE - DOCTOR DID NOT KNOW HOW TO TREAT
234	C40601BX08	Num	3	RESPIRE CARE - DISSATISFACTION WITH PROVIDER
235	C40601BX09	Num	3	RESPIRE CARE - DIDN'T KNOW WHERE TO GO
236	C40601BX10	Num	3	RESPIRE CARE - CHILD REFUSED TO GO
237	C40601BX11	Num	3	RESPIRE CARE - TREATMENT IS ONGOING
238	C40601BX12	Num	3	RESPIRE CARE - VACCINE SHORTAGE
239	C40601BX13	Num	3	RESPIRE CARE - NO REFERRAL
240	C40601BX14	Num	3	RESPIRE CARE - LACK OF RESOURCES AT SCHOOL
241	C40601BX15	Num	3	RESPIRE CARE - NEGLECTED OR FORGOT ANY APPT
242	C40601BX16	Num	3	RESPIRE CARE - OTHER

243	C4Q06010E	Char	255	RESPIRE CARE - OTHER (VERBATIM)
244	C40602BX01	Num	3	GENETIC COUNSELING - COST TOO MUCH
245	C40602BX02	Num	3	GENETIC COUNSELING - NO INSURANCE
246	C40602BX03	Num	3	GENETIC COUNSELING - HEALTH PLAN PROBLEM
247	C40602BX04	Num	3	GENETIC COUNSELING - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
248	C40602BX05	Num	3	GENETIC COUNSELING - NOT AVAILABLE IN AREA/TRANSPORTATION
249	C40602BX06	Num	3	GENETIC COUNSELING - NOT CONVENIENT TIMES
250	C40602BX07	Num	3	GENETIC COUNSELING - DOCTOR DID NOT KNOW HOW TO TREAT
251	C40602BX08	Num	3	GENETIC COUNSELING - DISSATISFACTION WITH PROVIDER
252	C40602BX09	Num	3	GENETIC COUNSELING - DIDN'T KNOW WHERE TO GO
253	C40602BX10	Num	3	GENETIC COUNSELING - CHILD REFUSED TO GO
254	C40602BX11	Num	3	GENETIC COUNSELING - TREATMENT IS ONGOING
255	C40602BX12	Num	3	GENETIC COUNSELING - VACCINE SHORTAGE
256	C40602BX13	Num	3	GENETIC COUNSELING - NO REFERRAL
257	C40602BX14	Num	3	GENETIC COUNSELING - LACK OF RESOURCES AT SCHOOL
258	C40602BX15	Num	3	GENETIC COUNSELING - NEGLECTED OR FORGOT ANY APPT
259	C40602BX16	Num	3	GENETIC COUNSELING - OTHER
260	C4Q06020E	Char	255	GENETIC COUNSELING - OTHER (VERBATIM)
261	C40603BX01	Num	3	FAMILY MENTAL CARE - COST TOO MUCH
262	C40603BX02	Num	3	FAMILY MENTAL CARE - NO INSURANCE
263	C40603BX03	Num	3	FAMILY MENTAL CARE - HEALTH PLAN PROBLEM
264	C40603BX04	Num	3	FAMILY MENTAL CARE - CAN'T FIND PROVIDER WHO ACCEPTS INSURANCE
265	C40603BX05	Num	3	FAMILY MENTAL CARE - NOT AVAILABLE IN AREA/TRANSPORTATION
266	C40603BX06	Num	3	FAMILY MENTAL CARE - NOT CONVENIENT TIMES
267	C40603BX07	Num	3	FAMILY MENTAL CARE - DOCTOR DID NOT KNOW HOW TO TREAT
268	C40603BX08	Num	3	FAMILY MENTAL CARE - DISSATISFACTION WITH PROVIDER
269	C40603BX09	Num	3	FAMILY MENTAL CARE - DIDN'T KNOW WHERE TO GO
270	C40603BX10	Num	3	FAMILY MENTAL CARE - CHILD REFUSED TO GO
271	C40603BX11	Num	3	FAMILY MENTAL CARE - TREATMENT IS ONGOING
272	C40603BX12	Num	3	FAMILY MENTAL CARE - VACCINE SHORTAGE
273	C40603BX13	Num	3	FAMILY MENTAL CARE - NO REFERRAL
274	C40603BX14	Num	3	FAMILY MENTAL CARE - LACK OF RESOURCES AT SCHOOL
275	C40603BX15	Num	3	FAMILY MENTAL CARE - NEGLECTED OR FORGOT ANY APPT
276	C40603BX16	Num	3	FAMILY MENTAL CARE - OTHER
277	C4Q06030E	Char	255	FAMILY MENTAL CARE - OTHER (VERBATIM)
278	C5Q14X01	Num	3	HELP ARRANGING CARE - PARENT
279	C5Q14X02	Num	3	HELP ARRANGING CARE - GUARDIAN
280	C5Q14X03	Num	3	HELP ARRANGING CARE - OTHER FAMILY MEMBER
281	C5Q14X04	Num	3	HELP ARRANGING CARE - FRIEND
282	C5Q14X05	Num	3	HELP ARRANGING CARE - NURSE
283	C5Q14X06	Num	3	HELP ARRANGING CARE - THERAPIST
284	C5Q14X07	Num	3	HELP ARRANGING CARE - SOCIAL WORKER
285	C5Q14X08	Num	3	HELP ARRANGING CARE - HOSPITAL DISCHARGE PLANNER
286	C5Q14X09	Num	3	HELP ARRANGING CARE - CASE MANAGER
287	C5Q14X10	Num	3	HELP ARRANGING CARE - SOMEONE ELSE
288	C5Q14_X0E	Char	30	HELP ARRANGING CARE - SOMEONE ELSE (VERBATIM)
289	C5Q16X01	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - PARENT
290	C5Q16X02	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - GUARDIAN
291	C5Q16X03	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - OTHER FAMILY MEMBER
292	C5Q16X04	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - FRIEND
293	C5Q16X05	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - NURSE
294	C5Q16X06	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - THERAPIST

295	C5Q16X07	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - SOCIAL WORKER
296	C5Q16X08	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - HOSPITAL DISCHARGE PLANNER
297	C5Q16X09	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - CASE MANAGER
298	C5Q16X10	Num	3	HELP ARRANGING CARE (BESIDES DOCTOR) - SOMEONE ELSE
299	C5Q16_XOE	Char	30	HELP ARRANGING CARE (BESIDES DOCTOR) - SOMEONE ELSE (VERBATIM)
300	K1	Num	3	HURRICANE - LEAVE HOME ONE NIGHT OR LONGER
301	K2	Num	3	HURRICANE - NEED SPECIAL ARRANGEMENTS TO LEAVE HOME
302	K2A	Char	255	HURRICANE - SPECIAL ARRANGEMENT EXPLANATION
303	K3	Num	3	HURRICANE - TROUBLE FINDING SHELTER
304	K3A	Char	255	HURRICANE - HLTH COND MADE
305	K4A	Num	3	HURRICANE - MOVE BACK TO SAME HOME
306	K4B	Num	3	HURRICANE - # NIGHTS AWAY FROM HOME
307	K4B_1	Num	3	HURRICANE - PERIOD OF TIME AWAY FROM HOME
308	K5	Num	3	HURRICANE - CURRENTLY SHORT TERM OR TEMP HOUSING
309	K6A	Num	3	HURRICANE - CHILD LIVE IN TEMP HOUSING ONE NIGHT OR LONGER
310	K6B	Num	3	HURRICANE - # NIGHTS IN TEMP HOUSING
311	K6B_1	Num	3	HURRICANE - PERIOD OF TIME TEMP HOUSING
312	K7	Num	3	HURRICANE - CHILD NEED HLTH CARE WHILE AWAY FROM HOME
313	K8	Num	3	HURRICANE - CHILD RECEIVE ANY HLTH CARE WHILE AWAY FROM HOME
314	K9X01	Num	3	HURRICANE - RECEIVE HLTH CARE, EVACUATION CENTER
315	K9X02	Num	3	HURRICANE - RECEIVE HLTH CARE, SHCN SHELTER
316	K9X03	Num	3	HURRICANE - RECEIVE HLTH CARE, MOBILE HLTH UNIT
317	K9X04	Num	3	HURRICANE - RECEIVE HLTH CARE, DOCTOR OFFICE
318	K9X05	Num	3	HURRICANE - RECEIVE HLTH CARE, ER
319	K9X06	Num	3	HURRICANE - RECEIVE HLTH CARE, OUTPATIENT
320	K9X07	Num	3	HURRICANE - RECEIVE HLTH CARE, CLINIC
321	K9X08	Num	3	HURRICANE - RECEIVE HLTH CARE, SCHOOL
322	K9X09	Num	3	HURRICANE - RECEIVE HLTH CARE, OTHER
323	K9_OTHER	Char	255	HURRICANE - RECEIVE HLTH CARE, SPECIFY
324	K10	Num	3	HURRICANE - CHILD RECEIVE ALL HLTH CARE WHILE AWAY FROM HOME
325	K11	Num	3	HURRICANE - CHILD NEED EQUIP WHILE AWAY FROM HOME
326	K12	Num	3	HURRICANE - CHILD RECEIVE ANY EQUIP WHILE AWAY FROM HOME
327	K13	Num	3	HURRICANE - CHILD RECEIVE ALL EQUIP WHILE AWAY FROM HOME
328	C7Q10X01	Num	3	CHILD COVERED BY MEDICAID
329	C7Q10X02	Num	3	CHILD COVERED BY MEDICARE
330	C7Q10X04	Num	3	CHILD COVERED BY S-CHIP
331	C7Q10X05	Num	3	CHILD COVERED BY MEDIGAP
332	C7Q10X06	Num	3	CHILD COVERED BY MILITARY
333	C7Q10X07	Num	3	CHILD COVERED BY INDIAN HEALTH SERVICE
334	C7Q10X08	Num	3	CHILD COVERED BY PRIVATE INSURANCE
335	C7Q10X09	Num	3	CHILD COVERED BY SINGLE SERVICE PLAN
336	C7Q10X10	Num	3	CHILD COVERED BY OTHER TYPE INSURANCE
337	C7Q10B	Num	3	OTHER HEALTH INSURANCE PAYS BOTH DOCTOR/HOSPITAL
338	C7Q11	Num	3	PAST 12 MOS, CHILD EVER NOT COVERED BY HEALTH INS
339	C7Q12	Num	3	PAST 12 MOS, # OF MONTHS WITHOUT COVERAGE
340	C7Q13	Num	3	HOW LONG SINCE CHILD HAD HEALTH COVERAGE
341	C7Q14	Num	3	PAST 12 MOS, HOW MANY MONTHS CHILD NOT COVERED
342	C7Q15X01	Num	3	WHEN INS, CHILD COVERED BY MEDICAID
343	C7Q15X02	Num	3	WHEN INS, CHILD COVERED BY MEDICARE
344	C7Q15X04	Num	3	WHEN INS, CHILD COVERED BY S-CHIP
345	C7Q15X05	Num	3	WHEN INS, CHILD COVERED BY MEDIGAP
346	C7Q15X06	Num	3	WHEN INS, CHILD COVERED BY MILITARY

347	C7Q15X07	Num	3	WHEN INS, CHILD COVERED BY INDIAN HEALTH SVC
348	C7Q15X08	Num	3	WHEN INS, CHILD COVERED BY PRIVATE INSURANCE
349	C7Q15X09	Num	3	WHEN INS, CHILD COVERED BY SINGLE-SERVICE PLAN
350	C7Q15X10	Num	3	WHEN INS, CHILD COVERED BY OTHER
351	C7Q15A	Char	255	WHEN INS, CHILD COVERED BY OTHER (VERBATIM)
352	C7Q15B	Num	3	OTHER HEALTH INSURANCE PAID BOTH DOCTOR/HOSPITAL
353	C9Q03	Num	3	HOURS PER WEEK SPENT PROVIDING THIS CARE
354	C9Q04	Num	3	HOURS PER WEEK SPENT ARRANGING/COORDINATING CARE
355	S10Q00	Num	3	TYPE OF MOTHER/FATHER
356	S10Q01	Num	3	OTHER PARENTS
357	S10Q02X01	Num	3	OTHER PARENTS - BIOLOGICAL MOTHER
358	S10Q02X02	Num	3	OTHER PARENTS - STEP MOTHER
359	S10Q02X03	Num	3	OTHER PARENTS - FOSTER MOTHER
360	S10Q02X04	Num	3	OTHER PARENTS - ADOPTIVE MOTHER
361	S10Q02X05	Num	3	OTHER PARENTS - BIOLOGICAL FATHER
362	S10Q02X06	Num	3	OTHER PARENTS - STEP FATHER
363	S10Q02X07	Num	3	OTHER PARENTS - FOSTER FATHER
364	S10Q02X08	Num	3	OTHER PARENTS - ADOPTIVE FATHER
365	S10Q02X09	Num	3	OTHER PARENTS - SISTER/BROTHER
366	S10Q02X10	Num	3	OTHER PARENTS - IN-LAW
367	S10Q02X11	Num	3	OTHER PARENTS - AUNT/UNCLE
368	S10Q02X12	Num	3	OTHER PARENTS - GRANDMOTHER
369	S10Q02X13	Num	3	OTHER PARENTS - GRANDFATHER
370	S10Q02X14	Num	3	OTHER PARENTS - OTHER FAMILY MEMBER
371	S10Q02X15	Num	3	OTHER PARENTS - FEMALE GUARDIAN
372	S10Q02X16	Num	3	OTHER PARENTS - MALE GUARDIAN
373	S10Q02X17	Num	3	OTHER PARENTS - RESPONDENTS PARTNER
374	S10Q02X18	Num	3	OTHER PARENTS - OTHER NON-RELATIVE
375	S10Q02X19	Num	3	OTHER PARENTS - 2+ SAME RELATIONSHIP TYPE
376	S10Q02_T	Char	30	NUMBER/TYPE OF SAME-RELATIONSHIP MEMBERS (VERBATIM)
377	S10Q02_A	Num	3	CONFIRM S10Q02
378	C10Q03	Num	3	AGE WHEN ADOPTION FINALIZED (VALUE)
379	C10Q03A	Num	3	AGE WHEN ADOPTION FINALIZED (UNITS)
380	C10Q04	Num	3	ADOPTED FROM ANOTHER COUNTRY
381	C10Q05	Num	3	IN FOSTER CARE BEFORE ADOPTION
382	YEAR_QTR	Char	6	YEAR AND QUARTER OF DATA COLLECTION