

NSCH INTERVIEW FILE VARIABLES

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The CONTENTS Procedure

Data Set Name:	PUF.NSCH_PUF3_FORMATTED	Observations:	102353
Member Type:	DATA	Variables:	301
Engine:	V8	Indexes:	0
Created:	10:38 Thursday, February 24, 2005	Observation Length:	1056
Last Modified:	10:38 Thursday, February 24, 2005	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	16384
Number of Data Set Pages:	6828
First Data Page:	4
Max Obs per Page:	15
Obs in First Data Page:	1
Number of Data Set Repairs:	0
File Name:	H:\Data\NSCH\PUF3\nsch_puf3_formatted.sas7bdat
Release Created:	8.0202MO
Host Created:	WIN_PRO

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
1	IDNUMR	Num	8		Unique ID number for this household
2	STATE	Num	3	STATE.	State of residence
3	MSA_STAT	Num	8	MSASTAT.	Metropolitan Statistical Area (Only in states that meet the 500,000 threshold)
4	AGEYR_	Num	3		Derived. Age in years of selected child
	CHILD				
5	TOTKIDS4	Num	8	TOTKIDS.	How many people less than 18 years old live in this household (top coded to 4)
6	AGEPOS4	Num	8	BIRTHP.	Age position of the S.C relative to other children in the household
7	S1Q01	Num	3	S1Q01C.	Is [S.C.] male or female?
8	RELATION	Num	8	RELATION.	Derived. Respondent's Relationship To Child
9	TOTADULT3	Num	8	TOTADULT.	Total number of adults in the household (top coded to 3)
10	EDUCATIONR	Num	8	EDR.	What is the highest level of education attained by anyone in your household
11	PLANGUAGE	Num	8	PLANG.	What is the primary language spoken in your home
12	S2Q01	Num	3	S2Q01C.	In general, how would you describe [S.C.]'s health? Would you say [his/her] health is excellent, very good, good, fair, or poor?
13	S2Q02R	Num	8	FEET.	How tall is [S.C.] now? (STANDARDIZED TO INCHES)
14	HGHT_FLG	Num	8		Flag indicating sample child's height was bottom or top coded
15	S2Q03R	Num	8	POUNDS.	How much does [S.C.] weigh now? (STANDARDIZED TO POUNDS)
16	WGHT_FLG	Num	8		Flag indicating sample child's weight was bottom or top coded
17	BMICLASS	Num	8	BMI.	Derived. BMI for age classification for sample child
18	S2Q04	Num	3	YN.	Does [S.C.] currently need or use medicine prescribed by a doctor, other than vitamins?
19	S2Q05	Num	3	YN.	Is [his/her] need for prescription medicine because of any medical, behavioral, or other health condition?
20	S2Q06	Num	3	YN.	Is this a condition that has lasted or is expected to last 12 months or longer?
21	S2Q07	Num	3	YN.	Does [S.C.] need or use more medical care, mental health, or educational services than is usual for most children of the same age?
22	S2Q08	Num	3	YN.	Is [his/her] need for medical care, mental health or educational services because of any medical, behavioral, or other health condition?
23	S2Q09	Num	3	YN.	Is this a condition that has lasted or is expected to last 12 months or longer?
24	S2Q10	Num	3	YN.	Is [S.C.] limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?
25	S2Q11	Num	3	YN.	Is [his/her] limitation in abilities because of any medical, behavioral, or other health condition?
26	S2Q12	Num	3	YN.	Is this a condition that has lasted or is expected to last 12 months or longer?
27	S2Q13	Num	3	YN.	Does [S.C.] need or get special therapy, such as physical, occupational, or speech therapy?
28	S2Q14	Num	3	YN.	Is [his/her] need for special therapy because of any medical, behavioral, or other health condition?
29	S2Q15	Num	3	YN.	Is this a condition that has lasted or is expected to last 12 months or longer?
30	S2Q16	Num	3	YN.	Does [S.C.] have any kind of emotional, developmental, or behavioral problem for which [he/she] needs treatment or counseling?
31	S2Q17	Num	3	YN.	Has [his/her] emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?
32	S2Q18	Num	3	YN.	Has a doctor, health professional, teacher, or school official ever told you [S.C.] has a learning disability?
33	S2Q19	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has asthma?
34	S2Q20	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has hearing problems or vision problems that cannot be corrected with glasses or contact lenses?
35	S2Q21	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has attention deficit disorder or attention deficit hyperactive disorder, that is, ADD or ADHD?
36	S2Q22	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has depression or anxiety problems?
37	S2Q23	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has behavioral or conduct problems?
38	S2Q24	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has bone, joint, or muscle problems?
39	S2Q26	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has diabetes?
40	S2Q35	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has autism?
41	S2Q37	Num	3	YN.	Has a doctor or health professional ever told you that [S.C.] has any developmental delay or physical impairment?
42	S2Q38	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had hay fever or any kind of respiratory allergy?
43	S2Q39	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had any kind of food or digestive allergy?
44	S2Q40	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had eczema or any kind of skin allergy?
45	S2Q41	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had frequent or severe headaches, including migraines?
46	S2Q42	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had stuttering, stammering, or other speech problems?
47	S2Q44	Num	3	YN.	During the past 12 months, that is since [MONTH/YEAR], have you been told by a doctor or other health care professional that [he/she] had three or more ear infections?
48	S2Q47	Num	3	S2Q47C.	Would you describe [his/her] health condition[s] as minor, moderate, or severe?
49	S2Q49	Num	3	YN.	Does [S.C.] still have asthma?
50	S2Q50	Num	3	S2Q50C.	Would you describe the health difficulties caused by [his/her] asthma as minor, moderate, or severe?
51	S2Q51	Num	3	S2Q51C.	Overall, would you say [his/her] asthma puts a burden on your family a great deal, a medium amount, a little, or not at all?
52	S2Q52	Num	3	S2Q52C.	How long has it been since [he/she] last took asthma medication?
53	S2Q52A	Num	3	YN.	During the past 12 months, has [S.C.] had an episode of asthma or an asthma attack?
54	S2Q53	Num	3	YN.	During the past 12 months, has [S.C.] stayed overnight in a hospital because of [his/her] asthma?
55	S2Q54	Num	3	S2Q54C.	How would you describe the condition of [S.C.]'S teeth: excellent, very good, good, fair, poor?
56	S2Q55X01	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: pain
57	S2Q55X02	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: cavities

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
58	S2Q55X03	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: broken front tooth, or teeth that need repair
59	S2Q55X04	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: crooked teeth, or teeth that need braces
60	S2Q55X05	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: other
61	S2Q55X06	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: hygiene (plaque/doesn't brush regularly/needs cleaning etc.)
62	S2Q55X07	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: discoloration (staining/yellow teeth/blackend teeth etc.)
63	S2Q55X08	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: enamel problems (poor enamel/no enamel etc.)
64	S2Q55X09	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: gum problems (/gum disease/bleeding gums etc.)
65	S2Q55X10	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: teeth problems (grinding/soft teeth/teeth pulled/teeth falling out etc.)
66	S2Q55X11	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: nerves (root canal/nerve problems etc.)
67	S2Q55X12	Num	3	MARK.	What specific problems does [S.C.] have with [his/her] teeth: no problems with teeth
68	S2Q56	Num	3	S2Q56C.	About how long has it been since [he/she] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.
69	S2Q59	Num	3	YN.	Overall, do you think that [S.C.] has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?
70	S2Q60	Num	3	S2Q47C.	Would you describe these difficulties as minor, moderate, or severe?
71	S2Q61	Num	3	S2Q51C.	Overall, would you say [S.C.]'s mental and emotional health puts a burden on your family a great deal, a medium amount, a little, or not at all?
72	S2Q62	Num	3	YN.	Is [S.C.] currently taking medication for ADD or ADHD?
73	S3Q01	Num	3	YN.	Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
74	S3Q02	Num	3	YN.	[Is that coverage/Is [he/she] insured by] Medicaid or the State Children's Health Insurance Program, SCHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, SCHIP NAME].
75	S3Q04	Num	3	YN.	[During the past 12 months/Since [his/her] birth], was there any time when [he/she] was not covered by any health insurance?
76	S3Q05	Num	3	YN.	[During the last 12 months/Since [his/her] birth], has [S.C.] had health coverage?
77	S3Q03	Num	3	YN.	Does [S.C.] have insurance that helps pay for any routine dental care including cleanings, x-rays and examinations?
78	S4Q01	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] see a doctor, nurse, or other health care professional for any kind of medical care, including sick-child care, well-child check-ups, physical exams, and hospitalizations?
79	S4Q02	Num	3	YN.	[During the past 12 months/Since [his/her] birth], was there any time when [he/she] needed any kind of medical care?
80	S4Q03R	Num	8	TOPCDA.	[During the past 12 months/Since [his/her] birth], how many times did [S.C.] see a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well-child check-up?
81	S4Q04R	Num	8	TOPCDB.	[During the past 12 months/Since [his/her] birth], how many times did [S.C.] go to a hospital emergency room about [his/her] health? This includes emergency room visits that resulted in a hospital admission.
82	S4Q04A	Num	3	YN.	Was this visit because of an accident, injury, or poisoning?
83	S4Q05R	Num	8	TOPCDB.	How many emergency room visits were because of an accident, injury, or poisoning?
84	S4Q06R	Num	8	TOPCDA.	Excluding emergency room visits, hospitalizations, and well-child care, how many times [during the past 12 months/since [his/her] birth], did [he/she] see a doctor, nurse, or other health care professional for sick-child care?
85	S4Q07	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] receive all the medical care [he/she] needed?
86	S4Q08X01	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: costs too much
87	S4Q08X02	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: no insurance
88	S4Q08X03	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: health plan problem
89	S4Q08X04	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: can't find doctor who accepts child's insurance
90	S4Q08X05	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: not available in area/transport problems
91	S4Q08X06	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: not convenient times/could not get
92	S4Q08X07	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: doctor did not know how to treat or provide care
93	S4Q08X08	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: dissatisfaction with doctor
94	S4Q08X09	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: did not know where to go for treatment
95	S4Q08X10	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: child refused to go
96	S4Q08X11	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: treatment is ongoing
97	S4Q08X12	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: vaccine shortage
98	S4Q08X13	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: other
99	S4Q08X14	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: no referral
100	S4Q08X15	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: lack of resources at school
101	S4Q08X16	Num	3	MARK.	Why did [S.C.] not get all the medical care that [he/she] needed: did not go to appointment/neglected appointment/forgot appointment
102	S4Q09	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] see a dentist for any routine preventive dental care?
103	S4Q10	Num	3	YN.	[During the past 12 months/Since [his/her] birth], was there any time when [S.C.] needed routine preventive dental care?
104	S4Q13	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [he/she] receive all the routine preventive dental care [he/she] needed?
105	S4Q14X01	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: costs too much
106	S4Q14X02	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: no insurance
107	S4Q14X03	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: health plan problem
108	S4Q14X04	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: can't find dentist who accepts child's insurance
109	S4Q14X05	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: not available in area/transport problems

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
110	S4Q14X06	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: not convenient times/could not get appointment
111	S4Q14X07	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: dentist did not know how to treat or provide care
112	S4Q14X08	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: dissatisfaction with dentist
113	S4Q14X09	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: did not know where to go for treatment
114	S4Q14X10	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: child refused to go
115	S4Q14X11	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: treatment is ongoing
116	S4Q14X13	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: other
117	S4Q14X14	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: no referral
118	S4Q14X15	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: lack of resources at school
119	S4Q14X16	Num	3	MARK.	Why did [S.C.] not get all the dental care that [he/she] needed: did not go to appointment/neglected appointment/forgot appointment
120	S4Q15	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] use any prescription medication?
121	S4Q16	Num	3	YN.	[During the past 12 months/Since [his/her] birth], was there any time when [he/she] needed prescription medication?
122	S4Q17	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] receive all the prescription medication [he/she] needed?
123	S4Q18X01	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: costs too much
124	S4Q18X02	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: no insurance
125	S4Q18X03	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: health plan problem
126	S4Q18X04	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: can't find doctor who accepts child's insurance
127	S4Q18X05	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: not available in area/transport problems
128	S4Q18X06	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: not convenient times/could not get appointment
129	S4Q18X07	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: doctor did not know how to treat or provide care
130	S4Q18X08	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: dissatisfaction with doctor
131	S4Q18X09	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: did not know where to go for treatment
132	S4Q18X10	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: child refused to go
133	S4Q18X11	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: treatment is ongoing
134	S4Q18X13	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: other
135	S4Q18X14	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: no referral
136	S4Q18X15	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: lack of resources at school
137	S4Q18X16	Num	3	MARK.	Why did [S.C.] not get all the prescription medication that [he/she] needed: did not go to appointment/neglected appointment/forgot appointment
138	S4Q23	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] receive any mental health care or counseling?
139	S4Q27	Num	3	YN.	Has [S.C.] ever received any Hepatitis A vaccine shots?
140	S4Q28	Num	3	S4Q28C.	Please tell me how many Hepatitis A vaccine shots [S.C.] has received.
141	S4Q29	Num	3	S4Q29C.	Where did [he/she] get [his/her] first Hepatitis A vaccine shot?
142	S4Q30	Num	3	YN.	Has a doctor or other health care professional ever recommended that [he/she] be vaccinated for Hepatitis A?
143	S5Q01	Num	3	YN.	Do you have one or more persons you think of as [S.C.]'s personal doctor or nurse?
144	S5Q02	Num	3	S7Q23C.	How often does [S.C.]'s personal doctor or nurse spend enough time with [him/her]? Would you say never, sometimes, usually, or always?
145	S5Q04	Num	3	S7Q23C.	How often does [S.C.]'s personal doctor or nurse explain things in a way that you can understand? Would you say never, sometimes, usually, or always?
146	S5Q06	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], have you needed to call [his/her] personal doctor or nurse for help or advice over the phone?
147	S5Q06A	Num	3	S7Q23C.	When you have called [S.C.]'s personal doctor or nurse for help or advice over the phone, how often were you able to get the help or advice you needed for [him/her]? Would you say never, sometimes, usually, or always?
148	S5Q07	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], has [he/she] needed care right away from [his/her] personal doctor or nurse for an illness or injury?
149	S5Q07A	Num	3	S7Q23C.	When [S.C.] needed care right away for an illness or injury, how often did [he/she] get this care from [his/her] personal doctor or nurse as soon as you wanted? Would you say never, sometimes, usually, or always?
150	S5Q08A	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], did [he/she] visit [his/her] personal doctor or nurse for preventive care?
151	S5Q08B	Num	3	YN.	During the past 24 months, did [he/she] visit [his/her] personal doctor or nurse for preventive care?
152	S5Q09	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], did you or [S.C.]'s personal doctor or nurse think that [he/she] needed to see any specialist doctor or doctors?
153	S5Q09A	Num	3	S5Q09A.	How much of a problem, if any, was it to get the care from the specialist doctor or doctors? Would you say you had a big problem, moderate problem, small problem, or no problem at all?
154	S5Q09B	Num	3	YN.	Did [S.C.]'s personal doctor or nurse or someone from their office or clinic do anything to help you get the care from the specialist doctor or doctors?
155	S5Q09C	Num	3	S5Q09C.	How often did [S.C.]'s personal doctor or nurse talk with you about what happens during [his/her] visit to a specialist doctor or doctors? Would you say never, sometimes, usually, or always?
156	S5Q10	Num	3	YN.	[During the past 12 months/Since [his/her] birth], did [S.C.] need any type of special services, equipment, or other care for [his/her] health?
157	S5Q10A	Num	3	S5Q09A.	How much of a problem, if any, did you have getting the special services, equipment, or other care [he/she] needed? Would you say you had a big problem, moderate problem, small problem, or no problem at all?
158	S5Q10B	Num	3	YN.	Did [S.C.]'s personal doctor or nurse or someone from their office or clinic do anything to help you get the special care or medical equipment that [he/she] needed?
159	S5Q10C	Num	3	S5Q10C.	How often did [S.C.]'s personal doctor or nurse talk with you about the special care or equipment that [he/she] gets? Would you say never, sometimes, usually, or always?

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----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
160	S5Q13	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], did you [or [S.C.]] need an interpreter to help speak with his or her doctors or nurses?
161	S5Q13A	Num	3	S7Q23C.	When you [or [S.C.]] needed an interpreter, how often were you able to get someone other than a family member to help you speak with the doctors or nurses? Would you say never, sometimes, usually, or always?
162	S6Q08	Num	3	YN.	Do you have any concerns about [S.C.]'s learning, development, or behavior?
163	S6Q09	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [S.C.] makes speech sounds?
164	S6Q10	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] understands what you say?
165	S6Q11	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] hands and fingers to do things?
166	S6Q12	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] arms and legs?
167	S6Q13	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [S.C.] talks and makes speech sounds?
168	S6Q14	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] understands what you say?
169	S6Q15	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] hands and fingers to do things?
170	S6Q16	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] arms and legs?
171	S6Q17	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] behaves?
172	S6Q18	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] gets along with others?
173	S6Q19	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] is learning to do things for [himself/herself]?
174	S6Q20	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [S.C.] talks and makes speech sounds?
175	S6Q21	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] understands what you say?
176	S6Q22	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] hands and fingers to do things?
177	S6Q23	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] uses [his/her] arms and legs?
178	S6Q24	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] behaves?
179	S6Q25	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] gets along with others?
180	S6Q26	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] is learning to do things for [himself/herself]?
181	S6Q27	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] is learning preschool or school skills?
182	S6Q28	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], did [S.C.]'s doctors or other health care professionals ask if you have concerns about [his/her] learning, development, or behavior?
183	S6Q29	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], did [his/her] doctors or other health care professionals give you specific information to address your concerns about [his/her] learning, development, or behavior?
184	S6Q48	Num	3	YN.	During the past month, did [S.C.] regularly attend a child-care center?
185	S6Q49	Num	3	YN.	During the past month, did [S.C.] regularly attend family-based child-care outside of your home?
186	S6Q50	Num	3	YN.	During the past month, did [S.C.] regularly attend child-care in your home provided by a nanny or relative other than a parent or guardian?
187	S6Q51	Num	3	YN.	During the past month, did [S.C.] regularly attend nursery school, preschool, or kindergarten?
188	S6Q52	Num	3	YN.	During the past month, did [S.C.] regularly attend a Head Start or Early Start program?
189	S6Q53	Num	3	S4Q03C.	During the past month, how many times have you had to make different arrangements for child-care at the last minute because your usual plans changed due to circumstances beyond your control?
190	S6Q54	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], 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 [S.C.]?
191	S6Q55	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], has [S.C.] been injured and required medical attention?
192	S6Q56X01	Num	3	MARK.	Did the injury occur at home, at child-care, or some other place: home
193	S6Q56X02	Num	3	MARK.	Did the injury occur at home, at child-care, or some other place: child-care
194	S6Q56X03	Num	3	MARK.	Did the injury occur at home, at child-care, or some other place: some other place
195	S6Q57	Num	3	YN.	[During the past 12 months/Since [S.C.]'s birth], has [S.C.] been poisoned by accident and required medical attention?
196	S6Q58X01	Num	3	MARK.	Did the poisoning occur at home, at child-care, or some other place: home
197	S6Q58X02	Num	3	MARK.	Did the poisoning occur at home, at child-care, or some other place: child-care
198	S6Q58X03	Num	3	MARK.	Did the poisoning occur at home, at child-care, or some other place: some other place
199	S6Q59	Num	3	YN.	Was [S.C.] ever breastfed or fed breast milk?
200	S6Q60R	Num	8	S6Q60CR.	How old was [he/she] when [he/she] completely stopped breastfeeding or being fed breast milk? (AGE IN DAYS)
201	S6Q62	Num	3	DAYS.	During the past week, how many days did you or other family members read stories to [S.C.]?
202	S7Q01	Num	3	S7Q01C.	What kind of school is [S.C.] currently enrolled in? Is it a public school, private school, or home school?
203	S7Q01F	Num	3	YN.	During the past 12 months, was [S.C.] enrolled in a public school, a private school, or home school?
204	S7Q02R	Num	8	S7Q02CR.	During the past 12 months that is, since [FILL: CURRENT MONTH, 1 YEAR AGO] about how many days did [S.C.] miss school because of illness or injury?
205	S7Q04	Num	3	S7Q04C.	During the past 12 months, how many times has [S.C.]'s school contacted you or another adult in your household about any problems [he/she] is having with school?
206	S7Q09	Num	3	YN.	Since starting kindergarten, has [S.C.] repeated any grades?
207	S7Q10	Num	3	YN.	During the past 12 months, was [S.C.] on a sports team or did [he/she] take sports lessons after school or on weekends?
208	S7Q11	Num	3	YN.	During the past 12 months, did [he/she] participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or [Boy/Girl]'s Club?
209	S7Q11A	Num	3	YN.	During the past 12 months, did [he/she] participate in any other organized events or activities?
210	S7Q12	Num	3	DAYS.	During the past week, how many days did [S.C.] participate in clubs, organizations, or sports teams?
211	S7Q13	Num	3	S7Q23C.	During the past 12 months, how often did you attend events or activities that [S.C.] and [his/her] friends participated in? Would you say never, sometimes, usually, or always?
212	S7Q14	Num	3	S7Q14C.	Regarding [S.C.]'s friends, would you say that you have met all of [his/her] friends, most of [his/her] friends, some of [his/her] friends, or none of [his/her] friends?
213	S7Q15	Num	3	YN.	During the past week, did [S.C.] spend time caring for [himself/herself] for even a small amount of time?
214	S7Q16	Num	3	S7Q16C.	During the past week, how many hours did [S.C.] take care of [himself/herself]?
215	S7Q17	Num	3	YN.	During the past 12 months, has [S.C.] been involved in any type of community service or volunteer work at school, church, or in the community?
216	S7Q19	Num	3	S7Q19C.	During the past week, how many hours did [S.C.] work for pay?

NSCH INTERVIEW FILE VARIABLES

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The CONTENTS Procedure

----Variables Ordered by Position----

#	Variable	Type	Len	Format	Label
217	S7Q20	Num	3	DAYS.	During the past week, on how many nights did [S.C.] get enough sleep for a child [his/her] age?
218	S7Q21	Num	3	DAYS.	During the past week, on how many days did [S.C.] exercise or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard, such as basketball, soccer, running or similar aerobic activities?
219	S7Q22	Num	3	YN.	During the past 12 months, has [S.C.] ridden a bike, scooter, skateboard, roller skates, or rollerblades?
220	S7Q23	Num	3	S7Q23C.	How often does [he/she] wear a helmet when riding a bike, scooter, skateboard, roller skates, or rollerblades? Would you say never, sometimes, usually or always?
221	S7Q26	Num	3	S7Q26C.	On an average school day, about how much time does [he/she] usually spend reading for pleasure? (NUMBER)
222	S7Q26A	Num	3	S7Q26A.	On an average school day, about how much time does [he/she] usually spend reading for pleasure? (PERIOD)
223	S7Q27	Num	3	S7Q27C.	On an average school day, about how many hours does [S.C.] use a computer for purposes other than schoolwork?
224	S7Q28	Num	3	S7Q28C.	On an average school day, about how many hours does [S.C.] usually watch TV, watch videos, or play video games?
225	S7Q29	Num	3	YN.	Are there family rules about what television programs [he/she] is allowed to watch?
226	S7Q30	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about [S.C.]'s achievement?
227	S7Q31	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about having enough time with [S.C.]?
228	S7Q32	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about your relationship with [him/her]?
229	S7Q33	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about [his/her] self-esteem?
230	S7Q34	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about how [he/she] copes with stressful things?
231	S7Q35	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about learning difficulties?
232	S7Q36	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about depression or anxiety?
233	S7Q37	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about substance abuse?
234	S7Q38	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about eating disorders?
235	S7Q39	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about being "bullied" by classmates?
236	S7Q40	Num	3	S6Q9N.	Are you concerned a lot, a little, or not at all about violence in the home, school, or neighborhood?
237	S7Q56	Num	3	S7Q23C.	[He/She] argues too much.
238	S7Q45	Num	3	S7Q23C.	[He/She] bullies, or is cruel or mean to others.
239	S7Q53	Num	3	S7Q23C.	[He/She] shows respect for teachers and neighbors.
240	S7Q52	Num	3	S7Q23C.	[He/She] gets along well with other children.
241	S7Q44	Num	3	S7Q23C.	[He/She] is disobedient.
242	S7Q41	Num	3	S7Q23C.	[He/She] is stubborn, sullen, or irritable.
243	S7Q54	Num	3	S7Q23C.	[He/She] tries to understand other people's feelings.
244	S7Q59	Num	3	S7Q23C.	[He/She] tries to resolve conflicts with classmates, family, or friends.
245	S7Q48	Num	3	S7Q23C.	[He/She] feels worthless or inferior.
246	S7Q62	Num	3	S7Q23C.	[He/She] is unhappy, sad, or depressed.
247	S7Q63	Num	3	S7Q23C.	[He/She] is withdrawn, and does not get involved with others.
248	S8Q01R	Num	8	TOPCDA.	During the past week, how many times did you or any family member take [S.C.] on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings?
249	S8Q03	Num	3	DAYS.	During the past week, on how many days did all the family members who live in this household eat a meal together?
250	S8Q02R	Num	8	RELIGION.	About how often does [S.C.] attend a religious service?
251	S8Q04	Num	3	S8Q04C.	Is your relationship with [S.C.] very close, somewhat close, not very close, or not close at all?
252	S8Q05	Num	3	S8Q06C.	How well can you and [S.C.] share ideas or talk about things that really matter? Would you say very well, somewhat well, not very well, or not well at all?
253	S8Q06	Num	3	S8Q06C.	In general, how well do you feel you are coping with the day-to-day demands of [parenthood/raising children]? Would you say that you are coping very well, somewhat well, not very well, or not well at all?
254	S8Q07	Num	3	S7Q23C.	During the past month, how often have you felt [S.C.] is much harder to care for than most children [his/her] age? Would you say never, sometimes, usually, or always?
255	S8Q08	Num	3	S7Q23C.	During the past month, how often have you felt [he/she] does things that really bother you a lot? Would you say never, sometimes, usually, or always?
256	S8Q09	Num	3	S7Q23C.	During the past month, how often have you felt you are giving up more of your life to meet [S.C.]'s needs than you ever expected? Would you say never, sometimes, usually, or always?
257	S8Q10	Num	3	S7Q23C.	During the past month, how often have you felt you are angry with [him/her]? Would you say never, sometimes, usually, or always?
258	S8Q11	Num	3	YN.	Is there someone that you can turn to for day-to-day emotional help with [parenthood/raising children]?
259	S8Q12	Num	3	NRSUADR.	When you have a serious disagreement with your household members, how often do you just keep your opinions to yourself?
260	S8Q13	Num	3	NRSUADR.	When you have a serious disagreement with your household members, how often do you discuss your disagreements calmly?
261	S8Q14	Num	3	NRSUADR.	When you have a serious disagreement with your household members, how often do you argue heatedly or shout?
262	S8Q15	Num	3	NRSUADR.	When you have a serious disagreement with your household members, how often do you end up hitting or throwing things?
263	FAMSTRUCT	Num	8	FAMS.	Family structure type
264	S9Q05R	Num	8	S9Q05C.	During the past 12 months, how often has [S.C.] seen [his/her] biological mother or biological father?
265	S9Q08	Num	3	EVGFPPDR.	Would you say that in general [[S.C.]'s MOTHER TYPE's/your] health is excellent, very good, good, fair, or poor?
266	S9Q09	Num	3	EVGFPPDR.	Would you say that in general [[S.C.]'s FATHER TYPE's/your] health is excellent, very good, good, fair, or poor?
267	S9Q10	Num	3	EVGFPPDR.	Would you say that in general your health is excellent, very good, good, fair, or poor?
268	S9Q18	Num	3	EVGFPPDR.	Would you say that in general [[S.C.]'s MOTHER TYPE's/your] mental and emotional health is excellent, very good, good, fair, or poor?
269	S9Q19	Num	3	EVGFPPDR.	Would you say that in general [[S.C.]'s FATHER TYPE's/your] mental and emotional health is excellent, very good, good, fair, or poor?
270	S9Q20	Num	3	EVGFPPDR.	Would you say that in general your mental and emotional health is excellent, very good, good, fair, or poor?
271	S9Q15	Num	3	YN.	During the past month, did [you/[S.C.]'s MOTHER TYPE] regularly exercise or play sports hard enough to make [you/her] breathe hard, make [your/her] heart beat fast, or make [you/her] sweat for 20 minutes or more?

NSCH INTERVIEW FILE VARIABLES

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----Variables Ordered by Position----

# Variable	Type	Len	Format	Label
272 S9Q15A	Num	3	YN.	During the past month, did [you/[S.C.]'s FATHER TYPE] regularly exercise or play sports hard enough to make [you/him] breathe hard, make [your/his] heart beat fast, or make [you/him] sweat for 20 minutes or more?
273 S9Q15B	Num	3	YN.	During the past month, did you regularly exercise or play sports hard enough to make you breath hard, make your heart beat fast, or make you sweat for 20 minutes or more?
274 S9Q15C	Num	3	YN.	[Do you/Does [S.C.]'s MOTHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
275 S9Q15D	Num	3	YN.	[Do you/Does [S.C.]'s FATHER TYPE] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
276 S9Q15E	Num	3	YN.	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
277 S9Q11B	Num	3	YNX.	Does anyone in the household use cigarettes, cigars, or pipe tobacco?
278 S10Q01	Num	3	S10Q01C.	"People in this neighborhood help each other out." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
279 S10Q02	Num	3	S10Q01C.	"We watch out for each other's children in this neighborhood." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
280 S10Q03	Num	3	S10Q01C.	"There are people I can count on in this neighborhood." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
281 S10Q04	Num	3	S10Q01C.	"There are people in this neighborhood who might be a bad influence on my [child/children]." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
282 S10Q05	Num	3	S10Q01C.	"If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child." Would you say that you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with this statement?
283 S10Q06	Num	3	S7Q23C.	How often do you feel [S.C.] is safe in your community or neighborhood? Would you say never, sometimes, usually, or always?
284 S10Q07	Num	3	S7Q23C.	How often do you feel [he/she] is safe at school? Would you say never, sometimes, usually, or always?
285 S10Q08	Num	3	S7Q23C.	How often do you feel [he/she] is safe at home? Would you say never, sometimes, usually, or always?
286 S11Q01	Num	3	YN.	Is [S.C.] of Hispanic or Latino origin?
287 RACE_MAIN	Num	8	RACEM.	Race classification for all states (White,Black,Mutiracial,Other)
288 RACEAIAN	Num	8	RACENAAN.	Race classification for select states
289 RACEASIA	Num	8	RACEASIA.	Race classification for select states
290 RACE_HI	Num	8	RACEHI.	Race classification for Hawaii
291 S11Q03	Num	3	YN.	[Was [S.C.]'s [FILL MOTHER TYPE FROM S9Q02]/Were you] born in the United States?
292 S11Q04	Num	3	YN.	[Was [S.C.]'s [FILL FATHER TYPE FROM S9Q02]/Were you] born in the United States?
293 S11Q05	Num	3	YN.	Was [S.C.] born in the United States?
294 S11Q06R	Num	8	S4Q03CRR.	How many times has [S.C.] ever moved to a new address?
295 S11Q08	Num	3	YN.	Was anyone in the household employed at least 50 weeks out of the past 52 weeks?
296 POVERTY_LEVELR	Num	8	POVLVLR.	Derived. Poverty level of this household based on DHHS guidelines
297 C11Q11	Num	3	YN.	At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as [STATE TANF NAME]?
298 C11Q11A	Num	3	YN.	During the past 12 months, did [[S.C.]/ any child in the household] receive food stamps?
299 C11Q11B	Num	3	YN.	During the past 12 months, did [[S.C.]/ any child in the household] receive free or reduced-cost breakfasts or lunches at school?
300 S9Q34	Num	3	S9Q34C.	Does anyone who lives in the household currently receive benefits from the women, infants, and children (WIC) program?
301 WEIGHT_I	Num	8		POST-STRATIFIED ADJUSTED INTERVIEW WEIGHT