

2001 CSHCN Main Interview and Insurance File  
 Inhouse Variables not on the Public Use File

The CONTENTS Procedure  
 Variables in Creation Order

#	Variable	Type	Len	Format	Informat	Label
1	IDNUM	Num	8	BEST8.	BEST8.	HOUSEHOLD ID NUMBER
2	IDNUMX	Num	8	BEST10.	10.	UNIQUE CHILD ID NUMBER
3	INT_LANG	Num	8	7.	7.	FLAG. LANGUAGE, OTHER THAN ENGLISH OR SPANISH, IN WHICH INTERVIEW WAS CONDUCTED
4	AGE_YEARS	Num	8			DERIVED. CHILD'S AGE IN YEARS AT TIME OF INTERVIEW
5	AGE_MOS	Num	8			DERIVED. CHILD'S AGE IN MONTHS AT TIME OF INTERVIEW
6	AGERANGE	Num	8			DERIVED. AGE RANGE FOR WEIGHTING
7	C2Q04	Num	8			RELATIONSHIP OF RESPONDENT TO CHILD
8	CW10Q04	Num	8			HIGHEST SCHOOL GRADE COMPLETED BY RESPONDENT
9	CW10Q04A	Num	8			HIGHEST SCHOOL GRADE COMPLETED BY CHILD'S MOTHER
10	MOTHER_EDUC	Num	8			DERIVED. EDUCATION LEVEL OF CHILD'S MOTHER
11	C2Q04_A	Num	8			MOTHER RESIDES IN HOUSEHOLD
12	RES_MOTHER	Num	8			DERIVED. MOTHER IS RESIDENT IN CHILD'S HOUSEHOLD
13	SKIPC3Q12	Num	8			FLAG. CHILD IS > 24 MONTHS OLD, SKIPS C3Q12
14	C3Q12	Num	8			CHILD RECEIVES EARLY INTERVENTION SERVICES
15	C3Q13	Num	8			CHILD RECEIVES SPECIAL EDUCATIONAL SERVICES
16	SKIPC3Q14	Num	8			FLAG. CHILD IS LESS THAN 5 YEARS OLD, SKIPS C3Q14
17	C3Q14	Num	8			PAST 12 MOS, SCHOOL DAYS MISSED DUE TO ILL/INJURY
18	SKIPC4Q05_07	Num	8			FLAG. CHILD AGE LESS THAN 8 YEARS OLD, SKIPS C4Q05_07
19	C4Q05_07	Num	8			PAST 12 MOS, NEEDED SUBSTANCE ABUSE TREATMENT
20	C4Q5_7A	Num	8			RECEIVED ALL NEEDED SUBSTANCE ABUSE TREATMENT
21	C4Q5_7B1	Num	8		9.	SUB ABUSE TREATMENT - COST TOO MUCH
22	C4Q5_7B2	Num	8		9.	SUB ABUSE TREATMENT - HEALTH PLAN PROBLEM
23	C4Q5_7B3	Num	8			SUB ABUSE TREATMENT - NOT AVAILABLE IN AREA/TRANSPORTATION
24	C4Q5_7B4	Num	8			SUB ABUSE TREATMENT - NOT CONVENIENT TIMES
25	C4Q5_7B5	Num	8			SUB ABUSE TREATMENT - DOCTOR DID NOT KNOW HOW TO TREAT
26	C4Q5_7B6	Num	8			SUB ABUSE TREATMENT - SOME OTHER REASON
27	C4Q05_11	Num	8			PAST 12 MOS, NEEDED MOBILITY AIDS OR DEVICES
28	C4Q5_11A	Num	8			RECEIVED ALL NEEDED MOBILITY AIDS OR DEVICES
29	C4Q05_12	Num	8			PAST 12 MOS, NEEDED COMMUNICATION AIDS OR DEVICES
30	C4Q5_12A	Num	8			RECEIVED ALL NEEDED COMMUNICATION AIDS OR DEVICES
31	C6Q01	Num	8			IN PAST 12 MONTHS NUMBER OF DOCTOR VISITS
32	C6Q01_A	Num	8			CONFIRM NUMBER OF DOCTOR VISITS
33	C6Q0A	Num	8			DOCTORS HAVE DISCUSSED CHILD'S HEALTH WHEN BECOMES ADULT
34	C6Q0A_A	Num	8			PLAN FOR DEALING W/CHANGING NEEDS MADE
35	C6Q0A_B	Num	8			DOCTORS HAVE DISCUSSED CHILD'S FUTURE NEED FOR ADULT DOCTORS
36	C6Q0B	Num	8			CHILD RECEIVED JOB TRAINING FOR FUTURE WORK
37	C7Q03	Num	8			CHILD COVERED BY PRIVATE HEALTH INSURANCE
38	C7Q03A	Num	8			PRIVATE HEALTH INSURANCE PAYS BOTH MD/HOSP
39	C7Q01	Num	8			CHILD COVERED BY MEDICAID
40	NOSCHIP	Num	8			FLAG. CHILD'S STATE HAS NO S-CHIP PLAN OR IS SAME AS MEDICAID
41	C7Q02	Num	8			CHILD COVERED BY S-CHIP
42	C7Q04	Num	8			CHILD COVERED BY MILITARY HEALTH
43	C7Q06	Num	8			CHILD COVERED BY STATE TITLE V PLAN
44	C7Q07	Num	8			CHILD COVERED BY ANY OTHER HEALTH INSURANCE

45	C7Q08	Char	50		KIND OF OTHER HEALTH INSURANCE/HEALTH PLAN
46	C7Q08A	Num	8		OTHER HEALTH INSURANCE PAYS BOTH DOCTOR/HOSPITAL
47	C7Q08B	Num	8		OTHER HEALTH INSURANCE PROVIDED THROUGH AN EMPLOYER
48	FLAGC7Q09	Num	8		FLAG. THIS CHILD NO Y RESPONSES TO ANY COMPREHENSIVE INSURANCE Q01-Q08
49	C7Q09	Num	8	7.	CONFIRM CHILD HAS NO HEALTH INSURANCE COVERAGE
50	C7Q10_01	Num	8	10.	CHILD COVERED BY MEDICAID
51	C7Q10_02	Num	8		CHILD COVERED BY MEDICARE
52	C7Q10_03	Num	8		CHILD COVERED BY TITLE V
53	C7Q10_04	Num	8		CHILD COVERED BY S-CHIP
54	C7Q10_05	Num	8		CHILD COVERED BY MEDIGAP
55	C7Q10_06	Num	8		CHILD COVERED BY MILITARY
56	C7Q10_07	Num	8	10.	CHILD COVERED BY INDIAN HEALTH SERVICE
57	C7Q10_08	Num	8	10.	CHILD COVERED BY PRIVATE INSURANCE
58	C7Q10_09	Num	8	10.	CHILD COVERED BY SINGLE SERVICE PLAN
59	C7Q10_10	Num	8		CHILD COVERED BY OTHER TYPE INSURANCE
60	C7Q10_11	Num	8		INSURED-UNKNOWN WHETHER IT IS COMPHREHENSIVE
61	C7Q10_12	Num	8		OTHER PUBLIC INSURANCE
62	C7Q10A	Num	8		PRIVATE HEALTH INSURANCE PAYS BOTH MD/HOSP
63	C7Q10B	Num	8		OTHER HEALTH INSURANCE PAYS BOTH DOCTOR/HOSPITAL
64	C7Q11	Num	8		PAST 12 MOS, CHILD EVER NOT COVERED BY HEALTH INS
65	C7Q12	Num	8		PAST 12 MOS, # OF MONTHS WITHOUT COVERAGE
66	C7Q13	Num	8		HOW LONG SINCE CHILD HAD HEALTH COVERAGE
67	C7Q14	Num	8		PAST 12 MOS, HOW MANY MONTHS CHILD NOT COVERED
68	C7Q15_01	Num	8	10.	WHEN INS, CHILD COVERED BY MEDICAID
69	C7Q15_02	Num	8		WHEN INS, CHILD COVERED BY MEDICARE
70	C7Q15_03	Num	8		WHEN INS, CHILD COVERED BY TITLE V
71	C7Q15_04	Num	8	10.	WHEN INS, CHILD COVERED BY S-CHIP
72	C7Q15_05	Num	8		WHEN INS, CHILD COVERED BY MEDIGAP
73	C7Q15_06	Num	8		WHEN INS, CHILD COVERED BY MILITARY
74	C7Q15_07	Num	8	10.	WHEN INS, CHILD COVERED BY INDIAN HEALTH SVC
75	C7Q15_08	Num	8	10.	WHEN INS, CHILD COVERED BY PRIVATE INSURANCE
76	C7Q15_09	Num	8	10.	WHEN INS, CHILD COVERED BY SINGLE-SERVICE PLAN
77	C7Q15_10	Num	8		WHEN INS, CHILD COVERED BY OTHER
78	C7Q15_11	Num	8		INSURED - UNKNOWN WHETHER IT IS COMPREHENSIVE
79	C7Q15_12	Num	8		OTHER PUBLIC INSURANCE
80	SOMEINSQ10	Num	8		DERIVED. RESPONDENT INDICATED SOME TYPE OF INSURANCE IN QUESTION C7Q10_1-10
81	F_INSURE	Num	8		FLAG. CATI SYSTEM DETERMINATION OF INSURANCE STATUS
82	FLAGSEC8	Num	8		FLAG. CHILD HAS SPECIAL HEALTH CARE NEEDS & IS INSURED (ELIGIBLE FOR SECTION 8)
83	C9Q03	Num	8		HOURS PER WEEK SPENT PROVIDING THIS CARE
84	C9Q03_A	Num	8		CONFIRM HOURS SPENT PROVIDING HEALTH CARE
85	C9Q04	Num	8		HOURS PER WEEK SPENT ARRANGING/COORDINATING CARE
86	C9Q04_A	Num	8		CONFIRM HOURS SPENT ARRANGING/COORDINATING
87	F_BELOW200	Num	8		FLAG. CATI SYSTEM DETERMINATION OF HOUSEHOLD POVERTY STATUS
88	ELIG12	Num	8		FLAG. HH UNDER 200% POVERTY & CHILD NOT INSURED (ELIGIBLE FOR SECTION 12)
89	ELIG13	Num	8		FLAG. HH UNDER 200% POVERTY & CHILD NOT INSURED & NO SPECIAL HEALTH CARE NEEDS (ELIGIBLE
FOR SECTION 13)					
90	MO_FLAG	Num	8		FLAG. MISSOURI SUPPLEMENTAL SAMPLE
91	C13Q1	Num	8		DAYS CHILD MISSED SCHOOL BECAUSE OF ILLNESS/INJURY
92	C13Q2	Num	8		CHILD HAS REGULAR HEALTH CARE SOURCE
93	C13Q3	Num	8	9.	KIND OF PLACE CHILD RECEIVES CARE
94	C13Q4	Num	8		REGULAR AND ROUTINE HEALTH CARE SOURCES THE SAME
95	C13Q4A	Num	8	12.	PLACE WHERE CHILD RECEIVES ROUTINE CARE

96	C13Q4B	Num	8		CHILD HAS ONE PERSONAL CARE PROVIDER
97	C13Q4C	Num	8	7.	KIND OF PERSONAL CARE PROVIDER
98	C13Q5	Num	8		LAST 12 MOS, R DELAYED OR WENT WITHOUT HEALTH CARE
99	C13Q6_01	Num	8		LAST 12 MOS, CHILD NEEDED ROUTINE PREVENTIVE CARE
100	C13Q601A	Num	8		CHILD RECEIVED ALL NEEDED ROUTINE PREVENTIVE CARE
101	C13Q61B1	Num	8	9.	ROUTINE CARE - COST TOO MUCH
102	C13Q61B2	Num	8	10.	ROUTINE CARE - HEALTH PLAN PROBLEM
103	C13Q61B3	Num	8		ROUTINE CARE - NOT AVAILABLE/TRANSPORTATION
104	C13Q61B4	Num	8		ROUTINE CARE - NOT CONVENIENT TIMES
105	C13Q61B5	Num	8		ROUTINE CARE - DR DID NOT KNOW HOW TO TREAT
106	C13Q61B6	Num	8		ROUTINE CARE - OTHER
107	C13Q61B7	Num	8	10.	ROUTINE CARE - NO INSURANCE
108	C13Q61B9	Num	8		ROUTINE CARE - CHILD REFUSED TO GO
109	C13Q61B10	Num	8		ROUTINE CARE - DIFFICULTY GETTING APPOINTMENT
110	C13Q61B11	Num	8		ROUTINE CARE - DISSATISFACTION WITH PROVIDER
111	C13Q61B12	Num	8		ROUTINE CARE - TREATMENT IS ONGOING
112	C13Q61B15	Num	8		ROUTINE CARE - COULDN'T FIND SOMEONE
113	C13Q61B16	Num	8		ROUTINE CARE - DIDN'T KNOW WHERE TO GO
114	C13Q6_02	Num	8		LAST 12 MOS, CHILD NEEDED CARE FROM SPECIALTY DOCTOR
115	C13Q602A	Num	8		CHILD RECEIVED ALL THE SPECIALTY CARE THAT HE/SHE NEEDED
116	C13Q62B1	Num	8		SPECIALIST - COST TOO MUCH
117	C13Q62B2	Num	8	10.	SPECIALIST - HEALTH PLAN PROBLEM
118	C13Q62B3	Num	8		SPECIALIST - NOT AVAILABLE/TRANSPORTATION
119	C13Q62B4	Num	8		SPECIALIST - NOT CONVENIENT TIMES
120	C13Q62B5	Num	8	10.	SPECIALIST - DR DID NOT KNOW HOW TO TREAT
121	C13Q62B6	Num	8		SPECIALIST - OTHER
122	C13Q62B7	Num	8	10.	SPECIALIST - NO INSURANCE
123	C13Q62B8	Num	8		SPECIALIST - COULDN'T GET A REFERRAL
124	C13Q62B9	Num	8		SPECIALIST - CHILD REFUSED TO GO
125	C13Q62B10	Num	8		SPECIALIST - DIFFICULTY GETTING APPOINTMENT
126	C13Q62B11	Num	8		SPECIALIST - DISSATISFACTION WITH PROVIDER
127	C13Q62B12	Num	8		SPECIALIST - TREATMENT IS ONGOING
128	C13Q62B16	Num	8		SPECIALIST - DIDN'T KNOW WHERE TO GO
129	C13Q6_03	Num	8		LAST 12 MOS, CHILD NEEDED DENTAL CARE
130	C13Q603A	Num	8		CHILD RECEIVED ALL THE DENTAL CARE THAT HE/SHE NEEDED
131	C13Q63B1	Num	8	10.	DENTAL CARE - COST TOO MUCH
132	C13Q63B2	Num	8	10.	DENTAL CARE - HEALTH PLAN PROBLEM
133	C13Q63B3	Num	8	10.	DENTAL CARE - NOT AVAILABLE/TRANSPORTATION
134	C13Q63B4	Num	8	10.	DENTAL CARE - NOT CONVENIENT TIMES
135	C13Q63B5	Num	8		DENTAL CARE - DR DID NOT KNOW HOW TO TREAT
136	C13Q63B6	Num	8		DENTAL CARE - OTHER
137	C13Q63B7	Num	8	10.	DENTAL CARE - NO INSURANCE
138	C13Q63B9	Num	8		DENTAL CARE - CHILD REFUSED TO GO
139	C13Q63B10	Num	8		DENTAL CARE - DIFFICULTY GETTING APPOINTMENT
140	C13Q63B11	Num	8		DENTAL CARE - DISSATISFACTION WITH PROVIDER
141	C13Q63B12	Num	8		DENTAL CARE - TREATMENT IS ONGOING
142	C13Q63B15	Num	8		DENTAL CARE - COULDN'T FIND SOMEONE
143	C13Q63B16	Num	8		DENTAL CARE - DIDN'T KNOW WHERE TO GO
144	C13Q6_04	Num	8		LAST 12 MOS, CHILD NEEDED PRESCRIPTION MEDS
145	C13Q604A	Num	8		CHILD RECEIVED ALL THE MEDS THAT HE/SHE NEEDED
146	C13Q64B1	Num	8	10.	PRESCRIPTIONS - COST TOO MUCH
147	C13Q64B2	Num	8		PRESCRIPTIONS - HEALTH PLAN PROBLEM

148	C13Q64B3	Num	8		PRESCRIPTIONS - NOT AVAILABLE/TRANSPORTATION
149	C13Q64B4	Num	8		PRESCRIPTIONS - NOT CONVENIENT TIMES
150	C13Q64B5	Num	8		PRESCRIPTIONS - DR DID NOT KNOW HOW TO TREAT
151	C13Q64B6	Num	8		PRESCRIPTIONS - OTHER
152	C13Q64B7	Num	8	10.	PRESCRIPTIONS - NO INSURANCE
153	C13Q64B9	Num	8		PRESCRIPTIONS - CHILD REFUSED TO GO
154	C13Q64B11	Num	8		PRESCRIPTIONS - DISSATISFACTION WITH PROVIDER
155	C13Q64B12	Num	8		PRESCRIPTIONS - TREATMENT IS ONGOING
156	C13Q64B15	Num	8		PRESCRIPTIONS - COULDN'T FIND SOMEONE
157	C13Q64B16	Num	8		PRESCRIPTIONS - DIDN'T KNOW WHERE TO GO
158	C13Q6_05	Num	8		LAST 12 MOS, CHILD NEEDED PHYS/OCCUP/SPEECH
159	C13Q605A	Num	8		CHILD RECEIVED ALL THE THERAPY THAT HE/SHE NEEDED
160	C13Q65B1	Num	8		THERAPY - COST TOO MUCH
161	C13Q65B2	Num	8		THERAPY - HEALTH PLAN PROBLEM
162	C13Q65B3	Num	8		THERAPY - NOT AVAILABLE/TRANSPORTATION
163	C13Q65B4	Num	8		THERAPY - NOT CONVENIENT TIMES
164	C13Q65B5	Num	8		THERAPY - DR DID NOT KNOW HOW TO TREAT
165	C13Q65B6	Num	8		THERAPY - OTHER
166	C13Q65B7	Num	8		THERAPY - NO INSURANCE
167	C13Q65B9	Num	8		THERAPY - CHILD REFUSED TO GO
168	C13Q65B12	Num	8		THERAPY - TREATMENT IS ONGOING
169	C13Q6_06	Num	8		LAST 12 MOS, CHILD NEEDED MENTAL HEALTH CARE
170	C13Q606A	Num	8		CHILD RECEIVED ALL THE MENTAL HEALTH CARE THAT HE/SHE NEEDED
171	C13Q66B1	Num	8	9.	MENTAL HEALTH CARE - COST TOO MUCH
172	C13Q66B2	Num	8		MENTAL HEALTH CARE - HEALTH PLAN PROBLEM
173	C13Q66B3	Num	8		MENTAL HEALTH CARE - NOT AVAILABLE/TRANSPORTATION
174	C13Q66B4	Num	8		MENTAL HEALTH CARE - NOT CONVENIENT TIMES
175	C13Q66B5	Num	8		MENTAL HEALTH CARE - DR DID NOT KNOW HOW TO TREAT
176	C13Q66B6	Num	8		MENTAL HEALTH CARE - OTHER
177	C13Q66B7	Num	8	9.	MENTAL HEALTH CARE - NO INSURANCE
178	C13Q66B9	Num	8		MENTAL HEALTH CARE - CHILD REFUSED TO GO
179	C13Q66B11	Num	8		MENTAL HEALTH CARE - DISSATISFACTION WITH PROVIDER
180	C13Q66B16	Num	8		MENTAL HEALTH CARE - DIDN'T KNOW WHERE TO GO
181	SKIPPC13Q6_07	Num	8		FLAG. CHILD AGE LESS THAN 8 YEARS OLD, SKIPS C13Q6_07
182	C13Q6_07	Num	8		LAST 12 MOS, CHILD NEEDED SUBSTANCE ABUSE TREATMENT
183	C13Q607A	Num	8		CHILD RECEIVED ALL THE TREATMENT HE/SHE NEEDED
184	C13Q67B1	Num	8		SUB ABUSE TREATMENT - COST TOO MUCH
185	C13Q67B2	Num	8		SUB ABUSE TREATMENT - HEALTH PLAN PROBLEM
186	C13Q67B3	Num	8		SUB ABUSE TREATMENT - NOT AVAILABLE/TRANSPORTATION
187	C13Q67B4	Num	8		SUB ABUSE TREATMENT - NOT CONVENIENT TIMES
188	C13Q67B5	Num	8		SUB ABUSE TREATMENT - DR DID NOT KNOW HOW TO TREAT
189	C13Q67B6	Num	8		SUB ABUSE TREATMENT - OTHER
190	C13Q67B11	Num	8		SUB ABUSE TREATMENT - DISSATISFACTION WITH PROVIDER
191	C13Q67B16	Num	8		SUB ABUSE TREATMENT - DIDN'T KNOW WHERE TO GO
192	C13Q6_09	Num	8		LAST 12 MOS, CHILD NEEDED EYEGLASSES/VISION CARE
193	C13Q609A	Num	8		CHILD RECEIVED ALL THE VISION CARE THAT HE/SHE NEEDED
194	C13Q6_10	Num	8		LAST 12 MOS, CHILD NEEDED HEARING AIDS OR CARE
195	C13Q610A	Num	8		CHILD RECEIVED ALL THE HEARING CARE THAT HE/SHE NEEDED
196	C13Q7	Num	8		12 MOS, # OF VISITS TO DOCTOR OR HEALTH CARE PROVIDER
197	C13Q8	Num	8		LAST 12 MOS,OUT-OF-POCKET MED EXPENSES <=\$500
198	C13Q9	Num	8		LAST 12 MOS, OUT-OF-POCKET MED EXPENSES >\$500
199	C13Q10	Num	8		CHILDS HEALTH CARE CAUSED FINANCIAL PROBLEMS

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 Inhouse Variables not on the Public Use File

The CONTENTS Procedure  
 Variables in Creation Order

#	Variable	Type	Len	Format	Informat	Label
1	IDNUM	Num	8	BEST8.	BEST8.	HOUSEHOLD ID NUMBER
2	INT_LANG	Num	8	7.	7.	LANGUAGE IN WHICH INTERVIEW WAS CONDUCTED (OTHER THAN ENGLISH OR SPANISH)
3	SPANISH	Num	8			FLAG. CASE PLACED IN SPANISH QUEUE
4	HH_STATUS	Num	8			FLAG. INTERVIEW STATUS OF THIS HOUSEHOLD
5	HHTOTALS_FLAG	Num	8			FLAG. THIS HOUSEHOLD HAS DISCREPANT TOTALS BETWEEN TOTAL PERSONS AND TOTAL CHILDREN
6	TOTPERS	Num	8			DERIVED. TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD (RENAMED QUESTION C11Q01_A)
7	TOTKIDS	Num	8	1.	1.	DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD 0-17 YEARS
8	TOTKIDSM	Num	8	1.	1.	DERIVED. TOTAL MALE CHILDREN 0-17 YEARS IN HOUSEHOLD
9	TOTKIDSF	Num	8	1.	1.	DERIVED. TOTAL FEMALE CHILDREN 0-17 YEARS IN HOUSEHOLD
10	NM_SP	Num	8			DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD WITH A SPECIAL HEALTH CARE NEED
11	NM_NSP	Num	8			DERIVED. TOTAL NUMBER OF CHILDREN IN THE HOUSEHOLD WITHOUT A SPECIAL HEALTH CARE NEED
12	NM_SPM	Num	8	1.	1.	DERIVED. TOTAL MALE CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
13	NM_SPF	Num	8	1.	1.	DERIVED. TOTAL FEMALE CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
14	NM_NSPM	Num	8	1.	1.	DERIVED. TOTAL MALE CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
15	NM_NSPF	Num	8	1.	1.	DERIVED. TOTAL FEMALE CHILDREN WITHOUT SPECIAL HEALTH CARE NEEDS IN HOUSEHOLD
16	C11Q01	Num	8			TOTAL COMBINED INCOME OF FAMILY
17	C11CONF	Num	8			CONFIRM INCOME
18	W9Q02	Num	8			INCOME ABOVE, AT, OR BELOW 20K
19	W9Q03	Num	8			INCOME ABOVE, AT, OR BELOW 10K
20	W9Q04	Num	8			INCOME MORE THAN 7.5K
21	W9Q05	Num	8			INCOME MORE THAN 15K
22	W9Q05A	Num	8			INCOME MORE THAN 17.5K
23	W9Q05B	Num	8			INCOME MORE THAN 12.5K
24	W9Q06	Num	8			INCOME ABOVE, AT, OR BELOW 40K
25	W9Q06A	Num	8			INCOME ABOVE, AT, OR BELOW 60K
26	W9Q06B	Num	8			INCOME ABOVE, AT, OR BELOW 50K
27	W9Q06C	Num	8			INCOME MORE OR LESS THAN 45K
28	W9Q07	Num	8			INCOME ABOVE, AT, OR BELOW 30K
29	W9Q07A	Num	8			INCOME MORE OR LESS THAN 35K
30	W9Q07B	Num	8			INCOME MORE OR LESS THAN 25K
31	W9Q08	Num	8			INCOME ABOVE, AT, OR BELOW 75K
32	W9Q12	Num	8			INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
33	W9Q12A	Num	8			INCOME ABOVE, AT, OR BELOW REFERENCE VALUE
34	POVERTY_YR	Num	8			INDICATES YEAR OF POVERTY TABLES USED TO CALCULATE BESTINCOME VARIABLE
35	INCQ298	Num	8			DERIVED. INCOME RANGE

36	BESTINCOME	Num	8	DERIVED. BEST INCOME VALUE FOR THIS HOUSEHOLD
37	POVERTY_LEVEL	Num	8	DERIVED. POVERTY LEVEL OF THIS HH BASED ON DHHS GUIDELINES
38	POV200	Num	8	DERIVED. THIS HOUSEHOLD IS AT, ABOVE, OR BELOW 200% OF DHHS POVERTY
GUIDELINES				
39	C11Q14	Num	8	OTHER HOME NUMBERS IN ADDITION TO THIS ONE
40	C11Q15	Num	8	SECOND NUMBER FOR HOME/BUSINESS/BOTH
41	C11Q16	Num	8	SECOND NUMBER FOR COMPUTER/FAX
42	C11Q17	Num	8	THIRD PHONE NUMBER
43	C11Q18	Num	8	THIRD NUMBER FOR HOME/BUSINESS/BOTH
44	C11Q19	Num	8	THIRD NUMBER FOR COMPUTER/FAX
45	NUM_PHON	Num	8	DERIVED. NUMBER OF TELEPHONES FOR HOME USE
46	C11Q20	Num	8	HOUSE WITHOUT PHONE 1 WEEK OR MORE PAST 12 MOS
47	C11Q21_A	Num	8	HOW LONG WITHOUT PHONE PAST 12 MOS, AMOUNT
48	C11Q21	Num	8	HOW LONG WITHOUT PHONE, UNIT OF MEASURE
49	NOPHONE	Num	8	DERIVED. NUMBER OF DAYS WITHOUT TELEPHONE SERVICE
50	C11Q22	Char	5	RESPONDENT'S ZIP CODE

2001 CSHCN Main Screener File  
 Inhouse Variables not on the Public Use File  
 Variables in Creation Order

#	Variable	Type	Len	Format	Informat	Label
1	IDNUM	Num	8	BEST8.	BEST8.	HOUSEHOLD ID NUMBER
2	IDNUMX	Num	8	BEST10.	10.	UNIQUE CHILD ID NUMBER
3	INTDATE	Num	8	MMDYY10.		INTERVIEW/ELIGIBILITY DATE FOR THIS CHILD
4	STATUS	Num	8			FLAG. INTERVIEW STATUS THIS CHILD
5	CWTYPE	Num	8			FLAG. SAMPLE SELECTION DECISION FLAG FOR THIS RECORD
6	C2Q01	Char	10			CHILD'S BIRTH DATE (AS ORIGINALLY RECORDED)
7	C2Q02	Num	8			FOR CHILDREN WITHOUT BIRTH DATE, AGE IN MONTHS
8	C2Q02A	Num	8			FOR CHILDREN WITHOUT BIRTH DATE, AGE IN YEARS
9	DOBDAY	Num	8			FLAG. DAY PORTION OF DOB IMPUTED TO 15TH
10	DOB	Num	8	MMDYY10.		DERIVED. DATE OF BIRTH OF THIS CHILD
11	AGE_YEARS	Num	8			DERIVED. CHILD'S AGE IN YEARS AT INTERVIEW
12	AGE_MOS	Num	8			DERIVED. CHILD'S AGE IN MONTHS AT INTERVIEW
13	C1001_01	Num	8			CHILD IS NOT SPANISH/HISPANIC
14	C1001_02	Num	8			CHILD IS MEXICAN/MEXICANO
15	C1001_03	Num	8			CHILD IS MEXICAN AMERICAN
16	C1001_04	Num	8			CHILD IS CENTRAL AMERICAN
17	C1001_05	Num	8			CHILD IS SOUTH AMERICAN
18	C1001_06	Num	8			CHILD IS CHICANO
19	C1001_07	Num	8			CHILD IS PUERTO RICAN
20	C1001_08	Num	8			CHILD IS CUBAN/CUBAN AMERICAN
21	C1001_09	Num	8			CHILD IS OTHER SPANISH/CARIBBEAN
22	C1001_10	Num	8			CHILD IS OTHER SPANISH/HISPANIC SPECIFY
23	CW10Q01A	Char	35	\$35.	\$35.	OTHER DESCENT SPECIFIED
24	HISPOTHR_RECO	Num	8			RECODED VALUE OF VERBATIM RESPONSE CW10Q01A
25	C1002_01	Num	8			CHILD IS WHITE
26	C1002_02	Num	8			CHILD IS BLACK/AFRICAN AMERICAN
27	C1002_03	Num	8			CHILD IS NATIVE AMERICAN
28	C1002_04	Num	8			CHILD IS ALASKA NATIVE
29	C1002_05	Num	8			CHILD IS ASIAN
30	C1002_06	Num	8			CHILD IS NATIVE HAWAIIAN
31	C1002_07	Num	8			CHILD IS PACIFIC ISLANDER
32	C1002_08	Num	8			CHILD IS OTHER RACE
33	CW10Q02A	Char	35	\$35.	\$35.	OTHER RACE SPECIFIED
34	RACE_RECODE	Num	8			RECODE VALUE FOR OTHER RACE RESPONSE
35	CW10Q03	Num	8			RACE BEST REPRESENTS CHILD WHEN MULTIPLE RACES
36	RACE	Num	8			DERIVED. RACE OF TARGET CHILD

SELECTED