

2004 NHIS Public Use Variable Summary

Sample Child

Filename - Section: samchild - IDN

Document Version Date: July 15, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
IDN.000_00.000	<input type="checkbox"/>		RECTYPE	File type identifier	1 - 2	2
IDN.000_02.000	<input type="checkbox"/>		SRVY_YR	Year of National Health Interview Survey	3 - 6	4
IDN.000_04.000	<input type="checkbox"/>		HHX	HH identifier	7 - 12	6
IDN.000_35.000	<input type="checkbox"/>		FMX	Family Serial Number	13 - 14	2
IDN.000_40.000	<input type="checkbox"/>	FPX	FPX	Person Number (in family)	15 - 16	2
IDN.000_65.000	<input type="checkbox"/>		WTIA_SC	Weight - Interim Annual	17 - 22	6
IDN.000_70.000	<input type="checkbox"/>		WTFA_SC	Weight - Final Annual	23 - 28	6
CID.010_00.000	<input type="checkbox"/>	CSPAVAL	CSRESPNO	Person # of available SC respondent	29 - 30	2
CID.030_00.000	<input type="checkbox"/>	CSRELTIV	CSRELTIV	Person's relationship to child	31 - 32	2
CHS.010_01.000	<input type="checkbox"/>	BWGT_LB	BWGTLB	Birth weight (lb)	33 - 34	2
CHS.010_02.000	<input type="checkbox"/>	BWGT_OZ	BWGTOZ	Birth weight (oz)	35 - 36	2
CHS.011_00.000	<input type="checkbox"/>	BWGT_GR	BWGTMGR	Birth weight (grams)	37 - 40	4
CHS.031_02.000	<input type="checkbox"/>	ADD1_2	AMR1	Ever told SC had mental retardation	41	1
CHS.031_03.000	<input type="checkbox"/>	ADD1_3	AODD1	Ever told SC had other developmental delay	42	1
CHS.032_01.000	<input type="checkbox"/>	ADD_1	ADD2	Ever told SC had ADHD/ADD	43	1
CHS.032_02.000	<input type="checkbox"/>	ADD_2	AMR2	Ever told SC had mental retardation	44	1
CHS.032_03.000	<input type="checkbox"/>	ADD_3	AODD2	Ever told SC had other developmental delay	45	1
CHS.060_01.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL1	Ever told SC had Down's syndrome	46	1
CHS.060_02.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL2	Ever told SC had cerebral palsy	47	1
CHS.060_03.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL3	Ever told SC had muscular dystrophy	48	1
CHS.060_04.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL4	Ever told SC had cystic fibrosis	49	1
CHS.060_05.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL5	Ever told SC had sickle cell anemia	50	1
CHS.060_06.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL6	Ever told SC had autism	51	1
CHS.060_07.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL7	Ever told SC had diabetes	52	1
CHS.060_08.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL8	Ever told SC had arthritis	53	1
CHS.060_09.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL9	Ever told SC had congenital heart disease	54	1
CHS.060_10.000	<input type="checkbox"/>	CONDL1-CONDL10	CONDL10	Ever told SC had other heart condition	55	1
CHS.070_00.000	<input type="checkbox"/>	CPOX	CPOX	Ever had chickenpox	56	1
CHS.072_00.000	<input type="checkbox"/>	CPOX12MO	CPOX12MO	Chickenpox, past 12 m	57	1
CHS.080_00.000	<input type="checkbox"/>	CASHMEV	CASHMEV	Ever been told SC had asthma	58	1
CHS.085_00.000	<input type="checkbox"/>	CASSTILL	CASSTILL	Still have asthma	59	1
CHS.090_00.000	<input type="checkbox"/>	CASHYR	CASHYR	Had an asthma episode/attack, past 12 m	60	1
CHS.100_00.000	<input type="checkbox"/>	CASMERYR	CASMERYR	Had visit to ER due to asthma, past 12 m	61	1
CHS.111_01.000	<input type="checkbox"/>	CCONDT1_1	HAYF1	Had hay fever, past 12 m	62	1
CHS.111_02.000	<input type="checkbox"/>	CCONDT1_2	RALLG1	Had respiratory allergy, past 12 m	63	1
CHS.111_03.000	<input type="checkbox"/>	CCONDT1_3	DALLG1	Had food/digestive allergy, past 12 m	64	1
CHS.111_04.000	<input type="checkbox"/>	CCONDT1_4	SALLG1	Had eczema/skin allergy, past 12 m	65	1
CHS.111_05.000	<input type="checkbox"/>	CCONDT1_5	DIARH1	Had frequent diarrhea/colitis, past 12 m	66	1
CHS.111_06.000	<input type="checkbox"/>	CCONDT1_6	ANEMIA1	Had anemia, past 12 m	67	1

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Sample Child

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Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
CHS.111_08.000	<input type="checkbox"/>	CCONDT1_8	EARINF1	Had 3+ ear infections, past 12 m	68	1
CHS.111_09.000	<input type="checkbox"/>	CCONDT1_9	SEIZE1	Had seizures, past 12 m	69	1
CHS.115_01.000	<input type="checkbox"/>	CCONDT_1	HAYF2	Had hay fever, past 12 m	70	1
CHS.115_02.000	<input type="checkbox"/>	CCONDT_2	RALLG2	Had respiratory allergy, past 12 m	71	1
CHS.115_03.000	<input type="checkbox"/>	CCONDT_3	DALLG2	Had food/digestive allergy, past 12 m	72	1
CHS.115_04.000	<input type="checkbox"/>	CCONDT_4	SALLG2	Had eczema/skin allergy, past 12 m	73	1
CHS.115_05.000	<input type="checkbox"/>	CCONDT_5	DIARH2	Had frequent diarrhea/colitis, past 12 m	74	1
CHS.115_06.000	<input type="checkbox"/>	CCONDT_6	ANEMIA2	Had anemia, past 12 m	75	1
CHS.115_07.000	<input type="checkbox"/>	CCONDT_7	FHEAD	Had frequent headaches/migraines, past 12 m	76	1
CHS.115_08.000	<input type="checkbox"/>	CCONDT_8	EARINF2	Had 3+ ear infections, past 12 m	77	1
CHS.115_09.000	<input type="checkbox"/>	CCONDT_9	SEIZE2	Had seizures, past 12 m	78	1
CHS.115_10.000	<input type="checkbox"/>	CCONDT_10	STUTTER	Stuttered/stammered, past 12 m	79	1
CHS.210_00.000	<input type="checkbox"/>	CHSTATYR	CHSTATYR	Health better, worse, or about the same	80	1
CHS.220_00.000	<input type="checkbox"/>	SCHDAYR	SCHDAYR1	Days missed due to illness/injury, past 12 m	81 - 83	3
CHS.230_00.000	<input type="checkbox"/>	CCOLD2W	CCOLD2W	Had a head/chest cold those 2 weeks	84	1
CHS.240_00.000	<input type="checkbox"/>	CINTIL2W	CINTIL2W	Had stomach illness with vomiting/diarrhea, 2 weeks	85	1
CHS.250_00.000	<input type="checkbox"/>	CHEARST	CHEARST	Hearing without hearing aid	86	1
CHS.260_00.000	<input type="checkbox"/>	CVISION	CVISION	Trouble seeing	87	1
CHS.270_00.000	<input type="checkbox"/>	CBLIND	CBLIND	Blind/unable to see at all	88	1
CHS.290_00.000	<input type="checkbox"/>	IHSPEQ	IHSPEQ	Need special equipment due to impairment/health problem	89	1
CHS.300_00.000	<input type="checkbox"/>	IHMOB	IHMOB	Impairment/health problem limit crawl/walk/run/play	90	1
CHS.310_00.000	<input type="checkbox"/>	IHMOBYR	IHMOBYR	Impairment/health problem lasted/will last 12+ m	91	1
CHS.311_00.000	<input type="checkbox"/>	PROBRX	PROBRX	Taken RX medication for 3+ m	92	1
CHS.312_00.000	<input type="checkbox"/>	LEARND	LEARND	Ever told SC had a learning disability	93	1
CHS.321_04.000	<input type="checkbox"/>	CMHAGM11_4	CMHAGM15	Been unhappy/depressed, past 2 m	94	1
CHS.321_04.000	R01 <input checked="" type="checkbox"/>		MHIBOY2	Mental health indicator (MHI) scale score	95 - 96	2
CHS.361_04.000	<input type="checkbox"/>	CMHAGF11_4	CMHAGF15	Been unhappy/depressed, past 2 m	97	1
CHS.361_04.000	R01 <input checked="" type="checkbox"/>		MHIGRL2	Mental health indicator (MHI) scale score	98 - 99	2
CAU.020_00.000	<input type="checkbox"/>	CUSUALPL	CUSUALPL	Place USUALLY go when sick	100	1
CAU.030_00.000	<input type="checkbox"/>	CPLKIND	CPLKIND	Place to go when sick (most often)	101	1
CAU.035_00.000	<input type="checkbox"/>	CHCPLROU	CHCPLROU	USUALLY go there for routine/preventive care	102	1
CAU.037_00.000	<input type="checkbox"/>	CHCPLKND	CHCPLKND	Place USUALLY go for routine/preventive care	103	1
CAU.040_00.000	<input type="checkbox"/>	CHCCHGYR	CHCCHGYR	Change health care place, past 12 m	104	1
CAU.050_00.000	<input type="checkbox"/>	CHCCHGHI	CHCCHGHI	Change related to health insurance	105	1
CAU.080_01.000	<input type="checkbox"/>	CHCDLYR1_1	CHCDLYR1	Couldn't get through on phone, past 12 m	106	1
CAU.080_02.000	<input type="checkbox"/>	CHCDLYR1_2	CHCDLYR2	Couldn't get appointment soon enough, past 12 m	107	1
CAU.080_03.000	<input type="checkbox"/>	CHCDLYR1_3	CHCDLYR3	Wait too long in doctor's office, past 12 m	108	1
CAU.080_04.000	<input type="checkbox"/>	CHCDLYR1_4	CHCDLYR4	Not open when you could go, past 12 m	109	1
CAU.080_05.000	<input type="checkbox"/>	CHCDLYR1_5	CHCDLYR5	No transportation, past 12 m	110	1

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Sample Child

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Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
CAU.130_00.000	<input type="checkbox"/>	CHCAFYR	CHCAFYR	Can't afford prescription medicine, past 12 m	111	1
CAU.135_01.000	<input type="checkbox"/>	CHCAFYR1_1	CHCAFYR1	Can't afford prescription medicine, past 12 m	112	1
CAU.135_02.000	<input type="checkbox"/>	CHCAFYR1_2	CHCAFYR2	Can't afford mental care/counseling, past 12 m	113	1
CAU.135_03.000	<input type="checkbox"/>	CHCAFYR1_3	CHCAFYR3	Can't afford dental care, past 12 m	114	1
CAU.135_04.000	<input type="checkbox"/>	CHCAFYR1_4	CHCAFYR4	Can't afford eyeglasses, past 12 m	115	1
CAU.160_00.000	<input type="checkbox"/>	CDENLONG	CDNLONGR	Time since last saw dentist	116	1
CAU.170_01.000	<input type="checkbox"/>	CHCSYR1_2	CHCSYR11	Seen/talked to eye doctor, past 12 m	117	1
CAU.170_02.000	<input type="checkbox"/>	CHCSYR1_3	CHCSYR12	Seen/talked to foot doctor, past 12 m	118	1
CAU.170_03.000	<input type="checkbox"/>	CHCSYR1_5	CHCSYR13	Seen/talked to therapist (PT/OT/etc), past 12 m	119	1
CAU.170_04.000	<input type="checkbox"/>	CHCSYR1_6	CHCSYR14	Seen/talked to a NP/PA, past 12 m	120	1
CAU.175_01.000	<input type="checkbox"/>	CHCSYR_1	CHCSYR1	Seen/talked to mental health professional, past 12 m	121	1
CAU.175_02.000	<input type="checkbox"/>	CHCSYR_2	CHCSYR2	Seen/talked to eye doctor, past 12 m	122	1
CAU.175_03.000	<input type="checkbox"/>	CHCSYR_3	CHCSYR3	Seen/talked to foot doctor, past 12 m	123	1
CAU.175_04.000	<input type="checkbox"/>	CHCSYR_4	CHCSYR4	Seen/talked to chiropractor, past 12 m	124	1
CAU.175_05.000	<input type="checkbox"/>	CHCSYR_5	CHCSYR5	Seen/talked to therapist (PT/OT/etc), past 12 m	125	1
CAU.175_06.000	<input type="checkbox"/>	CHCSYR_6	CHCSYR6	Seen/talked to NP/PA/midwife, past 12 m	126	1
CAU.230_00.000	<input type="checkbox"/>	CHCSYR7	CHCSYR7	Seen/talked to obstetrician/gynecologist, past 12 m	127	1
CAU.240_01.000	<input type="checkbox"/>	CHCSYR8_1	CHCSYR81	Seen/talked to a medical specialist, past 12 m	128	1
CAU.240_02.000	<input type="checkbox"/>	CHCSYR8_2	CHCSYR82	Seen/talked to a general doctor, past 12 m	129	1
CAU.260_00.000	<input type="checkbox"/>	CHCSYR10	CHCSYR10	Doctor treats both children and adults	130	1
CAU.265_00.000	<input type="checkbox"/>	CHCSYREM	CHCSYREM	Seen/talked to doctor for emotional/behavioral problem	131	1
CAU.270_00.000	<input type="checkbox"/>	CHPEXYR	CHPEXYR_C	Had well-child checkup, past 12 m	132	1
CAU.280_00.000	<input type="checkbox"/>	CHERNOYR	CHERNOY2	# times in ER/ED, past 12 m	133 - 134	2
CAU.290_00.000	<input type="checkbox"/>	CHCHYR	CHCHYR	Received home care from health professional, past 12 m	135	1
CAU.300_00.000	<input type="checkbox"/>	CHCHMOYR	CHCHMOYR	# of months of home care, past 12 m	136 - 137	2
CAU.310_00.000	<input type="checkbox"/>	CHCHNOYR	CHCHNOY2	Total number of home visits	138 - 139	2
CAU.320_00.000	<input type="checkbox"/>	CHCNOYR	CHCNOYR2	Total number of office visits, past 12 m	140 - 141	2
CAU.330_00.000	<input type="checkbox"/>	CSRGYR	CSRGYR	Had surgery/surgical procedure, past 12 m	142	1
CAU.340_00.000	<input type="checkbox"/>	CSRGNOYR	RSRGNOYR	# of outpatient surgeries, past 12 m	143 - 144	2
CAU.345_00.000	<input type="checkbox"/>	CMDLONG	CMDLONGR	Time since last seen/talked to health professional	145	1
CMH.010_01.000	<input checked="" type="checkbox"/>		RSCL1_S1	Considerate of others feelings	146	1
CMH.010_02.000	<input checked="" type="checkbox"/>		RSCL1_H1	Restless/overactive	147	1
CMH.010_03.000	<input checked="" type="checkbox"/>		RSCL1_E1	Often complains of headache, stomach aches or sickness	148	1
CMH.010_04.000	<input checked="" type="checkbox"/>		RSCL1_S2	Shares with other children/youth	149	1
CMH.010_05.000	<input checked="" type="checkbox"/>		RSCL1_C1	Often loses temper	150	1
CMH.020_01.000	<input checked="" type="checkbox"/>		RSCL2_P1	Solitary/prefers to play/be alone	151	1
CMH.020_02.000	<input checked="" type="checkbox"/>		RSCL2_C2	Well behaved/does what requested	152	1
CMH.020_03.000	<input checked="" type="checkbox"/>		RSCL2_E2	Many worries/often seems worried	153	1
CMH.020_04.000	<input checked="" type="checkbox"/>		RSCL2_S3	Helpful if someone hurt/ill	154	1

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Sample Child**Filename - Section:** samchild - CMH**Document Version Date:** July 15, 2005

Question #	Recode	Instrument Variable Name	FinalDocName	Processing Variable Label	Location	Length
CMH.020_05.000	<input checked="" type="checkbox"/>		RSCL2_H2	Constantly fidgeting/squirming	155	1
CMH.030_01.000	<input checked="" type="checkbox"/>		RSCL3_P2	At least one good friend	156	1
CMH.030_02.000	<input checked="" type="checkbox"/>		RSCL3_C3	Fights with other children/or bullies them (youth)	157	1
CMH.030_03.000	<input checked="" type="checkbox"/>		RSCL3_E3	Unhappy/depressed/tearful	158	1
CMH.030_04.000	<input checked="" type="checkbox"/>		RSCL3_P3	Liked by other children/youth	159	1
CMH.030_05.000	<input checked="" type="checkbox"/>		RSCL3_H3	Distracted/wandering concentration	160	1
CMH.040_01.000	<input checked="" type="checkbox"/>		RSCL4_E4	Nervous/clingy/loses confidence	161	1
CMH.040_02.000	<input checked="" type="checkbox"/>		RSCL4_S4	Kind to younger children	162	1
CMH.040_03.000	<input checked="" type="checkbox"/>		RSCL4_C4	Often lies OR cheats	163	1
CMH.040_04.000	<input checked="" type="checkbox"/>		RSCL4_P4	Picked on or bullied by other children/youth	164	1
CMH.040_05.000	<input checked="" type="checkbox"/>		RSCL4_S5	Offers to help others	165	1
CMH.050_01.000	<input checked="" type="checkbox"/>		RSCL5_H4	Thinks things out before acting	166	1
CMH.050_02.000	<input checked="" type="checkbox"/>		RSCL5_C5	Steals from home/school	167	1
CMH.050_03.000	<input checked="" type="checkbox"/>		RSCL5_P5	Gets along better w/adults than children/youth	168	1
CMH.050_04.000	<input checked="" type="checkbox"/>		RSCL5_E5	Has many fears/easily scared	169	1
CMH.050_05.000	<input checked="" type="checkbox"/>		RSCL5_H5	Good attention/completes chores, homework	170	1
CMH.060_00.000	<input checked="" type="checkbox"/>		RSCL6	Difficulties w/emotions/concentration/behavior/getting along	171	1
CMH.070_00.000	<input type="checkbox"/>	CSCL7	CSCL7	Length difficulties have been present	172	1
CMH.080_00.000	<input checked="" type="checkbox"/>		RSCL8	Difficulties upset/distress child	173	1
CMH.090_01.000	<input checked="" type="checkbox"/>		RSCL9_HL	Difficulties interfere with home life	174	1
CMH.090_02.000	<input checked="" type="checkbox"/>		RSCL9_FR	Difficulties interfere with friendships	175	1
CMH.090_03.000	<input checked="" type="checkbox"/>		RSCL9_CL	Difficulties interfere with classroom learning	176	1
CMH.090_04.000	<input checked="" type="checkbox"/>		RSCL9_LA	Difficulties interfere with leisure activities	177	1
CMH.100_00.000	<input checked="" type="checkbox"/>		RSCL10	Difficulties put burden on respondent/family	178	1
