

2023 OMAS Final

10-23-2024 (Final)

Contents Listing

Date Created: 23OCT24

Data Set Name	DATA.OMAS2023_100PCT_FINAL
Observations	39626
Variables	744
Engine	V9
Created	10/23/2024 16:22:17

NAME	TYPE	LENGTH	VARNUM	LABEL
CASEID	char	9	1	CASEID--Case ID
RTIID	char	15	2	RTIID--RTI ID
STRATUM	num	8	3	STRATUM--Sampling Strata for Analysis
HH	num	8	4	HH--Sample frame, ABS (01) or Medicaid (02)
EG	num	8	5	EG--Experiment Group, Release 1 only
FIPSCOUNTY	num	8	6	FIPSCOUNTY--FIPS county code as reported in the sample (Imported)
COUNTYTYPE	num	8	7	COUNTYTYPE--Sample Frame County Type (Frame)
AGE	char	3	8	AGE--Adult age (Frame)
GENDER	num	8	9	GENDER--Adult Gender (Frame)
RELEASE	char	2	10	RELEASE--Sample Release Group
RESCODERESULT	char	2	11	RESCODERESULT--Survey Disposition Code
MODE	num	8	12	MODE--Mode of survey completion (Web, Phone, Paper)
LANG	char	2	13	LANG--Language used to take survey
RESLASTCALLDATE	char	12	14	RESLASTCALLDATE--Survey Completion Date
WEEKNUM	num	8	15	WEEKNUM--Week of collection survey was completed
SEC1	num	8	16	SEC1--Section 1 Start Flag
SEC1T	char	5	17	SEC1T--Section 1 Start Timer
MED_SCREEN1	num	8	18	MED_SCREEN1--Confirm sampled person, Medicaid Frame only
MED_SCREEN1B	num	8	19	MED_SCREEN1B--Ask to speak with sampled person, Medicaid Frame only
MED_SCREEN1C	num	8	20	MED_SCREEN1C--Survey Introduction, Medicaid Frame, CATI only
MED_SCREEN2	num	8	21	MED_SCREEN2--Confirm currently covered by Ohio Medicaid, Medicaid Frame only
MDLST_LNG	num	8	22	MDLST_LNG--Length of time covered by Medicaid, Medicaid Frame only
MED_INELIG	num	8	23	MED_INELIG--Screen out, not person sampled, Medicaid Frame only
AGE_CONSENT	num	8	24	AGE_CONSENT--Are you 19 years old or older? Medicaid Frame only
NUM_ADULTS_RAW	num	8	25	NUM_ADULTS_RAW--Adults in HH, original response
NUM_ADULTS	num	8	26	NUM_ADULTS--Number of adults in HH
NUM_ADULTS1	num	8	27	NUM_ADULTS1--Number of adults in HH, second prompt, CAWI only
PROXY1	num	8	28	PROXY1--Are you completing this survey for yourself or for someone else in your household?
S2C	num	8	29	S2C--Relationship to sample member
S5	num	8	30	S5--Intro to see if available for interview, CATI only
S8	num	8	31	S8--Time lived in Ohio
S9	num	8	32	S9--Current county of residence
S11_RAW	num	8	33	S11_RAW--Adults in family, original response
S11	num	8	34	S11--Adults in family
S11B_1	num	8	35	S11B_1--Adults in family greater than adults in HH, choose to update
NUM_ADULTS_R	num	8	36	NUM_ADULTS_R--Adults in HH, update prompt
S11_RE	num	8	37	S11_RE--Adults in family, update prompt
S12_RAW	num	8	38	S12_RAW--Children in HH, original response
S12	num	8	39	S12--Children in HH
S13B_RAW	num	8	40	S13B_RAW--Children in family, original response
S13B	num	8	41	S13B--Children in family
NOCHILD_CK_1	num	8	42	NOCHILD_CK_1--Number of child family members in HH greater than number of children in HH, choose to update
S12_RE	num	8	43	S12_RE--Children in HH, update prompt
S13B_RE	num	8	44	S13B_RE--Children in family, update prompt
S13A	num	8	45	S13A--Respondent is parent of child in HH
S14	num	8	46	S14--Respondent age
S14A	num	8	47	S14A--Respondent age range
S15_RAW	num	8	48	S15_RAW--Respondent gender, original response
S15	num	8	49	S15--Respondent gender
SEC1END	num	8	50	SEC1END--Section 1 End Flag
SEC1ENDT	char	5	51	SEC1ENDT--Section 1 End Timer
SEC2	num	8	52	SEC2--Section 2 Start Flag
SEC2T	char	5	53	SEC2T--Section 2 Start Timer
A1	num	8	54	A1--Have health insurance/plan
A1_MEDICAID	num	8	55	A1_MEDICAID--Insurance questions intro, Medicaid Frame
B4A	num	8	56	B4A--Insured Adults: Employer health insurance/plan
ESI_LNG	num	8	57	ESI_LNG--Length of time covered by employer health insurance/plan
B4AA	num	8	58	B4AA--Own employer health insurance or as dependent on another's employer health insurance
B4B	num	8	59	B4B--Insured Adults: Medicare insurance/plan
MDCD	num	8	60	MDCD--Insured Adults: Ohio Medicaid insurance/plan
MDCD_LNG	num	8	61	MDCD_LNG--Length of time covered by Ohio Medicaid insurance/plan
EXCHNG	num	8	62	EXCHNG--Insured Adults: Exchange insurance/plan
B4E	num	8	63	B4E--Insured Adults: Private insurance/plan
B4G	num	8	64	B4G--Insured Adults: Any other insurance
B4_DENTAL	num	8	65	B4_DENTAL--Have dental insurance

NAME	TYPE	LENGTH	VARNUM	LABEL
B5_VISION	num	8	66	B5_VISION--Vision insurance
MD_PRV	num	8	67	MD_PRV--Past 12 months and before Medicaid, covered by other insurance
MD_PRV_ESI	num	8	68	MD_PRV_ESI--Prior employer insurance/plan
MD_PRV_EXC	num	8	69	MD_PRV_EXC--Prior exchange insurance/plan
MD_PRV_PD	num	8	70	MD_PRV_PD--Prior private insurance/plan
MD_PRV_OTH	num	8	71	MD_PRV_OTH--Prior other insurance/plan
C1_NEW	num	8	72	C1_NEW--When last covered by any type of health insurance plan
C2B	num	8	73	C2B--Did you lose your insurance because of a job loss or layoff that you or a family member experienced?
C3	num	8	74	C3--Last coverage, Medicaid
C4	num	8	75	C4--Last coverage, employer/union
SEC2END	num	8	76	SEC2END--Section 2 End Flag
SEC2ENDT	char	5	77	SEC2ENDT--Section 2 End Timer
SEC3	num	8	78	SEC3--Section 3 Start Flag
SEC3T	char	7	79	SEC3T--Section 3 Start Timer
D30	num	8	80	D30--Rate general health status
HLTH_DY	num	8	81	HLTH_DY--Past 30 days, physical health condition prevented regular activities
D30_D	num	8	82	D30_D--Rate dental health status
CDC_1	num	8	83	CDC_1--Have serious difficulty hearing
CDC_2	num	8	84	CDC_2--Difficulty seeing, even when wearing glasses
CDC_3	num	8	85	CDC_3--Difficulty walking or climbing stairs
AG_ONST_3	num	8	86	AG_ONST_3--Difficulty walking or climbing stairs before age 22
CDC_4	num	8	87	CDC_4--Difficulty dressing or bathing
AG_ONST_4	num	8	88	AG_ONST_4--Difficulty dressing or bathing before age 22
CDC_5	num	8	89	CDC_5--Difficulty concentrating, remembering or making decisions
CDC_6	num	8	90	CDC_6--Difficulty doing errands alone, such as visiting a doctor's office or shopping
AG_ONST_6	num	8	91	AG_ONST_6--Difficulty doing errands alone before age 22
COM_SS	num	8	92	COM_SS--Difficulty communicating
AG_ONST_CM	num	8	93	AG_ONST_CM--Difficulty communicating before age 22
ADULT_DD	num	8	94	ADULT_DD--Developmental disability
E65	num	8	95	E65--Last 12 months, any pregnancy
E65A	num	8	96	E65A--Currently pregnant
D41	num	8	97	D41--Diagnosed high BP or hypertension
D41A	num	8	98	D41A--Diagnosed heart attack or myocardial infarction
D41B_REV	num	8	99	D41B_REV--Diagnosed angina or coronary heart disease
D41C	num	8	100	D41C--Diagnosed stroke
D41D_REV	num	8	101	D41D_REV--Diagnosed congestive heart failure
D42	num	8	102	D42--Diagnosed high cholesterol
D43	num	8	103	D43--Diagnosed diabetes
D43B	num	8	104	D43B--Diagnosed diabetes only with pregnancy
COPD	num	8	105	COPD--Diagnosed COPD
D44	num	8	106	D44--Diagnosed asthma
CNCR	num	8	107	CNCR--Diagnosed cancer
SEC3END	num	8	108	SEC3END--Section 3 End Flag
SEC3ENDT	char	10	109	SEC3ENDT--Section 3 End Timer
SEC4	num	8	110	SEC4--Section 4 Start Flag
SEC4T	char	7	111	SEC4T--Section 4 Start Timer
MTL_HLTH	num	8	112	MTL_HLTH--Rate mental health status
D30I	num	8	113	D30I--Past 30 days, mental health prevented work/activities
IS_UCLA1	num	8	114	IS_UCLA1--How often do you feel that you lack companionship
IS_UCLA2	num	8	115	IS_UCLA2--How often do you feel left out
IS_UCLA3	num	8	116	IS_UCLA3--How often do you feel isolated from others
PHQ1	num	8	117	PHQ1--Past 2 weeks, how often were you bothered by feeling anxious
PHQ2	num	8	118	PHQ2--Past 2 weeks, how often were you bothered by being unable to stop/control worrying
PHQ3	num	8	119	PHQ3--Past 2 weeks, how often were you bothered by feeling depressed
PHQ4	num	8	120	PHQ4--Past 2 weeks, how often were you bothered by having little interest/pleasure in doing things
D45	num	8	121	D45--During lifetime, smoked 100 cigarettes
D45A	num	8	122	D45A--Frequency of smoking now
D45E	num	8	123	D45E--Have you ever used an electronic cigarette or vaping product even one time?
D45F	num	8	124	D45F--Frequency of using e-cigarettes
D46	num	8	125	D46--Past 30 days, number days had alcohol
D46A	num	8	126	D46A--Past 30 days, number of days with 4/5 drinks
MRJ_EV	num	8	127	MRJ_EV--Used marijuana/cannabis products even once
MRJ_FRQ	num	8	128	MRJ_FRQ--Past 30 days, how often did you use marijuana or any form of THC
PRESC_1	num	8	129	PRESC_1--Past 12 months, were you prescribed a prescription pain reliever
PRESC_2	num	8	130	PRESC_2--Past 12 months, used a prescription pain reliever in a way a doctor did not direct you to use it

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PRESC_3	num	8	131	PRESC_3--Past 12 months, use a prescription pain reliever in greater amounts, more often, or longer than doctor said to
PRESC_4	num	8	132	PRESC_4--Past 12 months, used a prescription pain reliever not prescribed by doctor
SEC4END	num	8	133	SEC4END--Section 4 End Flag
SEC4ENDT	char	7	134	SEC4ENDT--Section 4 End Timer
SEC5	num	8	135	SEC5--Section 5 Start Flag
SEC5T	char	7	136	SEC5T--Section 5 Start Timer
F67	num	8	137	F67--Regular source of medical care
F67_2	num	8	138	F67_2--Usual source of care
UTLZ01	num	8	139	UTLZ01--Past 12 months, source of care in person
UTLZ02	num	8	140	UTLZ02--Past 12 months, source of care by audio-only call
UTLZ03	num	8	141	UTLZ03--Past 12 months, source of care by video call
TLHLTH	num	8	142	TLHLTH--Past 12 months, frequency of telehealth visits
E59A	num	8	143	E59A--How long since last doctor visit for routine check up
E62	num	8	144	E62--Last 12 months, number of ER visits
VACRC_FLU	num	8	145	VACRC_FLU--Past 12 months, flu shot/vaccine
VACRC_EVR1	num	8	146	VACRC_EVR1--Ever had a pneumonia shot/vaccine
VACRC_EVR2	num	8	147	VACRC_EVR2--Ever had a shingles shot/vaccine
VACRC_EVR3	num	8	148	VACRC_EVR3--Ever had a COVID-19 shot/vaccine
VAC_HES1	num	8	149	VAC_HES1--Hesitance to receive a flu shot/vaccine
VAC_HES2	num	8	150	VAC_HES2--Hesitance to receive a pneumonia shot/vaccine
VAC_HES3	num	8	151	VAC_HES3--Hesitance to receive a shingles shot/vaccine
VAC_HES4	num	8	152	VAC_HES4--Hesitance to receive a COVID-19 shot/vaccine
SEC5END	num	8	153	SEC5END--Section 5 End Flag
SEC5ENDT	char	7	154	SEC5ENDT--Section 5 End Timer
SEC6	num	8	155	SEC6--Section 6 Start Flag
SEC6T	char	7	156	SEC6T--Section 6 Start Timer
ND_DNTL	num	8	157	ND_DNTL--Past 12 months, needed dental care
UNMT_DNTL	num	8	158	UNMT_DNTL--Able to get needed dental care
UM_DNTL_RS01_RAW	num	8	159	UM_DNTL_RS01--Did not get dental care because you thought it would cost too much, original response
UM_DNTL_RS02_RAW	num	8	160	UM_DNTL_RS02--Did not get dental care because you didn't have transportation, original response
UM_DNTL_RS03_RAW	num	8	161	UM_DNTL_RS03--Did not get dental care because provider was unavailable when needed, original response
UM_DNTL_RS04_RAW	num	8	162	UM_DNTL_RS04--Did not get dental care because you couldn't find a provider who would accept your insurance, original response
UM_DNTL_RS05_RAW	num	8	163	UM_DNTL_RS05--Did not get dental care you needed for some other reason, original response
UM_DNTL_RS01	num	8	164	UM_DNTL_RS01--Did not get dental care because you thought it would cost too much
UM_DNTL_RS02	num	8	165	UM_DNTL_RS02--Did not get dental care because you didn't have transportation
UM_DNTL_RS03	num	8	166	UM_DNTL_RS03--Did not get dental care because provider was unavailable when needed
UM_DNTL_RS04	num	8	167	UM_DNTL_RS04--Did not get dental care because you couldn't find a provider who would accept your insurance
UM_DNTL_RS05	num	8	168	UM_DNTL_RS05--Did not get dental care you needed for some other reason
UM_DNTL_RS06	num	8	169	UM_DNTL_RS06--Did not get dental care because I did not need it
UM_DNTL_RS07	num	8	170	UM_DNTL_RS07--Did not get dental care because insurance did not cover it
UM_DNTL_RS08	num	8	171	UM_DNTL_RS08--Did not get dental care because I did not have insurance
UM_DNTL_RS09	num	8	172	UM_DNTL_RS09--Did not get dental care because I did not want to
UM_DNTL_RS10	num	8	173	UM_DNTL_RS10--Did not get dental care because I am afraid of dental work
UM_DNTL_RS11	num	8	174	UM_DNTL_RS11--Did not get dental care because I do not have teeth
UM_DNTL_RS12	num	8	175	UM_DNTL_RS12--Did not get dental care because I cannot find a provider
UM_DNTL_RS13	num	8	176	UM_DNTL_RS13--Did not get dental care because I did not have time
UM_DNTL_RS14	num	8	177	UM_DNTL_RS14--Did not get dental care because I was too sick
UM_DNTL_RS15	num	8	178	UM_DNTL_RS15--Did not get dental care because of a provider issue
ND_VS	num	8	179	ND_VS--Past 12 months, needed vision care
UNMT_VS	num	8	180	UNMT_VS--Able to get needed vision care
UM_VS_RS01_RAW	num	8	181	UM_VS_RS01--Did not get needed vision care because you thought it would cost too much, original response
UM_VS_RS02_RAW	num	8	182	UM_VS_RS02--Did not get needed vision care because you did not have transportation, original response
UM_VS_RS03_RAW	num	8	183	UM_VS_RS03--Did not get needed vision care because the provider was unavailable when needed, original response
UM_VS_RS04_RAW	num	8	184	UM_VS_RS04--Did not get needed vision care because you couldn't find a provider who would accept your insurance, original response
UM_VS_RS05_RAW	num	8	185	UM_VS_RS05--Did not get needed vision care for some other reason, original response
UM_VS_RS01	num	8	186	UM_VS_RS01--Did not get needed vision care because you thought it would cost too much
UM_VS_RS02	num	8	187	UM_VS_RS02--Did not get needed vision care because you did not have transportation

NAME	TYPE	LENGTH	VARNUM	LABEL
UM_VS_RS03	num	8	188	UM_VS_RS03--Did not get needed vision care because the provider was unavailable when needed
UM_VS_RS04	num	8	189	UM_VS_RS04--Did not get needed vision care because you couldn't find a provider who would accept your insurance
UM_VS_RS05	num	8	190	UM_VS_RS05--Did not get needed vision care for some other reason
UM_VS_RS06	num	8	191	UM_VS_RS06--Did not get vision care because I did not need it
UM_VS_RS07	num	8	192	UM_VS_RS07--Did not get vision care because insurance did not cover it
UM_VS_RS08	num	8	193	UM_VS_RS08--Did not get vision care because I did not have insurance
UM_VS_RS09	num	8	194	UM_VS_RS09--Did not get vision care because I did not want to
UM_VS_RS10	num	8	195	UM_VS_RS10--Did not get vision care because I cannot find a provider
UM_VS_RS11	num	8	196	UM_VS_RS11--Did not get vision care because I did not have time
UM_VS_RS12	num	8	197	UM_VS_RS12--Did not get vision care because I was too sick
UM_VS_RS13	num	8	198	UM_VS_RS13--Did not get vision care because of a provider issue
ND_MTL	num	8	199	ND_MTL--Past 12 months, needed mental healthcare/counseling
UNMT_MTL	num	8	200	UNMT_MTL--Able to get mental healthcare/counseling
UM_MTL_RS01_RAW	num	8	201	UM_MTL_RS01_RAW--Did not get mental healthcare/counseling because you thought it would cost too much, original response
UM_MTL_RS02_RAW	num	8	202	UM_MTL_RS02_RAW--Did not get mental healthcare/counseling because you didn't have transportation, original response
UM_MTL_RS03_RAW	num	8	203	UM_MTL_RS03_RAW--Did not get mental healthcare/counseling because provider was unavailable when needed, original response
UM_MTL_RS04_RAW	num	8	204	UM_MTL_RS04_RAW--Did not get mental healthcare/counseling because you couldn't find a provider who would accept your insurance, original response
UM_MTL_RS05_RAW	num	8	205	UM_MTL_RS05_RAW--Did not get mental healthcare/counseling for some other reason, original response
UM_MTL_RS01	num	8	206	UM_MTL_RS01--Did not get mental healthcare/counseling because you thought it would cost too much
UM_MTL_RS02	num	8	207	UM_MTL_RS02--Did not get mental healthcare/counseling because you didn't have transportation
UM_MTL_RS03	num	8	208	UM_MTL_RS03--Did not get mental healthcare/counseling because provider was unavailable when needed
UM_MTL_RS04	num	8	209	UM_MTL_RS04--Did not get mental healthcare/counseling because you couldn't find a provider who would accept your insurance
UM_MTL_RS05	num	8	210	UM_MTL_RS05--Did not get mental healthcare/counseling for some other reason
UM_MTL_RS06	num	8	211	UM_MTL_RS06--Did not get mental healthcare/counseling because I did not need it
UM_MTL_RS07	num	8	212	UM_MTL_RS07--Did not get mental healthcare/counseling because I did not have insurance
UM_MTL_RS08	num	8	213	UM_MTL_RS08--Did not get mental healthcare/counseling because I am taking care of my mental health
UM_MTL_RS09	num	8	214	UM_MTL_RS09--Did not get mental healthcare/counseling because I did not want to
UM_MTL_RS10	num	8	215	UM_MTL_RS10--Did not get mental healthcare/counseling because I cannot find a provider
UM_MTL_RS11	num	8	216	UM_MTL_RS11--Did not get mental healthcare/counseling because I did not have time
UM_MTL_RS12	num	8	217	UM_MTL_RS12--Did not get mental healthcare/counseling because I was too sick
ND_DRG_EVR	num	8	218	ND_DRG_EVR--Needed treatment for alcohol/drug use ever
ND_DRG	num	8	219	ND_DRG--Needed treatment for alcohol/drug use, past 12 months
UNMT_DRG	num	8	220	UNMT_DRG--Able to get treatment for alcohol/drug use
UM_DRG_RS01_RAW	num	8	221	UM_DRG_RS01_RAW--Did not get treatment for alcohol/drug use because you thought it would cost too much, original response
UM_DRG_RS02_RAW	num	8	222	UM_DRG_RS02_RAW--Did not get treatment for alcohol/drug use because you didn't have transportation, original response
UM_DRG_RS03_RAW	num	8	223	UM_DRG_RS03_RAW--Did not get treatment for alcohol/drug use because the provider was unavailable when needed, original response
UM_DRG_RS04_RAW	num	8	224	UM_DRG_RS04_RAW--Did not get treatment for alcohol/drug use because you couldn't find a provider who would accept your insurance, original response
UM_DRG_RS05_RAW	num	8	225	UM_DRG_RS05_RAW--Did not get treatment for alcohol/drug use for some other reason, original response
UM_DRG_RS01	num	8	226	UM_DRG_RS01--Did not get treatment for alcohol/drug use because you thought it would cost too much
UM_DRG_RS02	num	8	227	UM_DRG_RS02--Did not get treatment for alcohol/drug use because you didn't have transportation
UM_DRG_RS03	num	8	228	UM_DRG_RS03--Did not get treatment for alcohol/drug use because the provider was unavailable when needed
UM_DRG_RS04	num	8	229	UM_DRG_RS04--Did not get treatment for alcohol/drug use because you couldn't find a provider who would accept your insurance
UM_DRG_RS05	num	8	230	UM_DRG_RS05--Did not get treatment for alcohol/drug use for some other reason
UM_DRG_RS06	num	8	231	UM_DRG_RS06--Did not get treatment for alcohol/drug use because it was not needed
UM_DRG_RS07	num	8	232	UM_DRG_RS07--Did not get treatment for alcohol/drug use because did not have insurance
UM_DRG_RS08	num	8	233	UM_DRG_RS08--Did not get treatment for alcohol/drug use because doing on my own
UM_DRG_RS09	num	8	234	UM_DRG_RS09--Did not get treatment for alcohol/drug use because did not want to
UM_DRG_RS10	num	8	235	UM_DRG_RS10--Did not get treatment for alcohol/drug use because was not ready
UNMT_PRS	num	8	236	UNMT_PRS--Past 12 months, were unable to fill prescription
UM_PRS_RS01_RAW	num	8	237	UM_PRS_RS01_RAW--Unable to fill prescription because you couldn't afford it, original response

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UM_PRS_RS02_RAW	num	8	238	UM_PRS_RS02_RAW--Unable to fill prescription because you didn't have transportation, original response
UM_PRS_RS03_RAW	num	8	239	UM_PRS_RS03_RAW--Unable to fill prescription because the pharmacy was not open when needed, original response
UM_PRS_RS04_RAW	num	8	240	UM_PRS_RS04_RAW--Unable to fill prescription because you couldn't find a pharmacy that would accept your insurance, original response
UM_PRS_RS05_RAW	num	8	241	UM_PRS_RS05_RAW--Unable to fill prescription because you ran out of refills, original response
UM_PRS_RS06_RAW	num	8	242	UM_PRS_RS06_RAW--Unable to fill prescription because your insurance wouldn't cover it, original response
UM_PRS_RS07_RAW	num	8	243	UM_PRS_RS07_RAW--Unable to fill prescription for some other reason, original response
UM_PRS_RS01	num	8	244	UM_PRS_RS01--Unable to fill prescription because you couldn't afford it
UM_PRS_RS02	num	8	245	UM_PRS_RS02--Unable to fill prescription because you didn't have transportation
UM_PRS_RS03	num	8	246	UM_PRS_RS03--Unable to fill prescription because the pharmacy was not open when needed
UM_PRS_RS04	num	8	247	UM_PRS_RS04--Unable to fill prescription because you couldn't find a pharmacy that would accept your insurance
UM_PRS_RS05	num	8	248	UM_PRS_RS05--Unable to fill prescription because you ran out of refills
UM_PRS_RS06	num	8	249	UM_PRS_RS06--Unable to fill prescription because your insurance wouldn't cover it
UM_PRS_RS07	num	8	250	UM_PRS_RS07--Unable to fill prescription for some other reason
UM_PRS_RS08	num	8	251	UM_PRS_RS08--Unable to fill prescription because medication was out of stock
UM_PRS_RS09	num	8	252	UM_PRS_RS09--Unable to fill prescription because I did not have health insurance
UM_PRS_RS10	num	8	253	UM_PRS_RS10--I did not have any problems filling prescription
UM_PRS_RS11	num	8	254	UM_PRS_RS11--Unable to fill prescription because of a provider issue
UM_PRS_RS12	num	8	255	UM_PRS_RS12--Unable to fill prescription because prior approval was needed
UM_PRS_RS13	num	8	256	UM_PRS_RS13--Unable to fill prescription because of a pharmacy issue
SEC6END	num	8	257	SEC6END--Section 6 End Flag
SEC6ENDT	char	7	258	SEC6ENDT--Section 6 End Timer
SEC7	num	8	259	SEC7--Section 7 Start Flag
SEC7T	char	7	260	SEC7T--Section 7 Start Timer
Q1_NEW	num	8	261	Q1_NEW--Past 12 months, rate difficulty of paying for usual household expenses
PY_RNT	num	8	262	PY_RNT--Past 12 months, difficulty paying rent/mortgage
FRC_MV_RNT	num	8	263	FRC_MV_RNT--Past 12 months, forced to move because of inability to pay rent/mortgage
F70	num	8	264	F70--Last 12 months, problem paying medical bills
PY_DBT	num	8	265	PY_DBT--Past 12 months, difficulty paying debt
FOOD_WORRY	num	8	266	FOOD_WORRY--Past 12 months, worried about food running out before you got money to buy more
FOOD_OUT	num	8	267	FOOD_OUT--Past 12 months, have you run out of food before you got money to buy more?
PY_FD	num	8	268	PY_FD--Past 12 months, difficulty paying for food for your family or household
FD_EBT	num	8	269	FD_EBT--Past 30 days, used an EBT or Food Stamp benefit card
PY_TRNSP	num	8	270	PY_TRNSP--Past 12 months, difficulty accessing reliable transportation
CM_PRB01_RAW	num	8	271	CM_PRB01_RAW--Rate level of problem access to transportation is in your community, original response
CM_PRB02_RAW	num	8	272	CM_PRB02_RAW--Rate level of problem crime is in your community, original response
CM_PRB03_RAW	num	8	273	CM_PRB03_RAW--Rate level of problem drug addiction is in your community, original response
CM_PRB04_RAW	num	8	274	CM_PRB04_RAW--Rate level of problem lack of jobs is in your community, original response
CM_PRB05_RAW	num	8	275	CM_PRB05_RAW--Rate level of problem paying for food is in your community, original response
CM_PRB06_RAW	num	8	276	CM_PRB06_RAW--Rate level of problem paying for housing is in your community, original response
CM_PRB07_RAW	num	8	277	CM_PRB07_RAW--Rate level of problem the other problem is in your community, original response
CM_PRB01	num	8	278	CM_PRB01--Rate level of problem access to transportation is in your community
CM_PRB02	num	8	279	CM_PRB02--Rate level of problem crime is in your community
CM_PRB03	num	8	280	CM_PRB03--Rate level of problem drug addiction is in your community
CM_PRB04	num	8	281	CM_PRB04--Rate level of problem lack of jobs is in your community
CM_PRB05	num	8	282	CM_PRB05--Rate level of problem paying for food is in your community
CM_PRB06	num	8	283	CM_PRB06--Rate level of problem paying for housing is in your community
CM_PRB07	num	8	284	CM_PRB07--Rate level of problem the other problem is in your community
CM_PRB08	num	8	285	CM_PRB08--Rate level of problem housing in general is in your community
CM_PRB09	num	8	286	CM_PRB09--Rate level of problem finances are in your community
CM_PRB10	num	8	287	CM_PRB10--Rate level of problem unmet healthcare needs are in your community
CM_PRB11	num	8	288	CM_PRB11--Rate level of problem child health and development is in your community
CM_PRB12	num	8	289	CM_PRB12--Rate level of problem mental health is in your community
CM_PRB13	num	8	290	CM_PRB13--Rate level of problem lack of interest in work is in your community
CM_PRB14	num	8	291	CM_PRB14--Rate level of problem abuse is in your community
CM_PRB15	num	8	292	CM_PRB15--Rate level of problem racism is in your community
CM_PRB16	num	8	293	CM_PRB16--Rate level of problem government distrust is in your community
CM_PRB17	num	8	294	CM_PRB17--Rate level of problem policing is in your community

NAME	TYPE	LENGTH	VARNUM	LABEL
CM_PRB18	num	8	295	CM_PRB18--Rate level of problem public safety is in your community
CM_PRB19	num	8	296	CM_PRB19--Rate level of problem lack of help or resources is in your community
SEC7END	num	8	297	SEC7END--Section 7 End Flag
SEC7ENDT	char	7	298	SEC7ENDT--Section 7 End Timer
SEC8	num	8	299	SEC8--Section 8 Start Flag
SEC8T	char	7	300	SEC8T--Section 8 Start Timer
G71	num	8	301	G71--Last week job status
G71A	num	8	302	G71A--Hours worked last week
G71F	num	8	303	G71F--How long have you had your current job
G71A_NEW	num	8	304	G71A_NEW--Past 12 months, self-employed
LS_JB	num	8	305	LS_JB--Past 12 months, lose a job
LV_JB	num	8	306	LV_JB--Past 12 months, left a job
WHY_LV_JB01	num	8	307	WHY_LV_JB01--Left job because pay was too low
WHY_LV_JB02	num	8	308	WHY_LV_JB02--Left job because not enough opportunities for advancement
WHY_LV_JB03	num	8	309	WHY_LV_JB03--Left job because you felt disrespected at work
WHY_LV_JB04	num	8	310	WHY_LV_JB04--Left job because of childcare issues
WHY_LV_JB05	num	8	311	WHY_LV_JB05--Left job because of lack of flexibility in work schedule/hours
WHY_LV_JB06	num	8	312	WHY_LV_JB06--Left job because benefits weren't good
WHY_LV_JB07	num	8	313	WHY_LV_JB07--Left job because of transportation issues
MCD_WRK	num	8	314	MCD_WRK--Medicaid effect on ability to work
G72	num	8	315	G72--Employer/union offer health plan
G72B	num	8	316	G72B--Eligible for employer/union health plan
G72C_1	num	8	317	G72C_1--Not participating in employer health plan because it costs too much
G72C_2	num	8	318	G72C_2--Not participating in employer health plan because of having other insurance
G72C_3	num	8	319	G72C_3--Not participating in employer health plan because of not needing it
G76	num	8	320	G76--Last 30 days, looked for work
NTWK_RS_1_RAW	num	8	321	NTWK_RS_1_RAW--Not working because retired, original response
NTWK_RS_2_RAW	num	8	322	NTWK_RS_2_RAW--Not working because you are caring for a family member, original response
NTWK_RS_3_RAW	num	8	323	NTWK_RS_3_RAW--Not working because of physical or mental health limitation, original response
NTWK_RS_4_RAW	num	8	324	NTWK_RS_4_RAW--Not working because in a job training program/in school, original response
NTWK_RS_5_RAW	num	8	325	NTWK_RS_5_RAW--Not working because you couldn't find work, original response
NTWK_RS_6_RAW	num	8	326	NTWK_RS_6_RAW--Not working because of lack of reliable transportation, original response
NTWK_RS_7_RAW	num	8	327	NTWK_RS_7_RAW--Not working because of some other reason, original response
NTWK_RS_1	num	8	328	NTWK_RS_1--Not working because retired
NTWK_RS_2	num	8	329	NTWK_RS_2--Not working because you are caring for a family member
NTWK_RS_3	num	8	330	NTWK_RS_3--Not working because of physical or mental health limitation
NTWK_RS_4	num	8	331	NTWK_RS_4--Not working because in a job training program/in school
NTWK_RS_5	num	8	332	NTWK_RS_5--Not working because you couldn't find work
NTWK_RS_6	num	8	333	NTWK_RS_6--Not working because of lack of reliable transportation
NTWK_RS_7	num	8	334	NTWK_RS_7--Not working because of some other reason
NTWK_RS_8	num	8	335	NTWK_RS_8--Not working because not qualified
NTWK_RS_9	num	8	336	NTWK_RS_9--Not working because on SSI or disability
NTWK_RS_10	num	8	337	NTWK_RS_10--Not working because of job loss
NTWK_RS_11	num	8	338	NTWK_RS_11--Not working but has a job
NTWK_RS_12	num	8	339	NTWK_RS_12--Not working but about to start
NTWK_RS_13	num	8	340	NTWK_RS_13--Not working because of criminal background
NTWK_RS_14	num	8	341	NTWK_RS_14--Not working because of drug treatment program
NTWK_RS_15	num	8	342	NTWK_RS_15--Not working because prefer not to
MCD_LKWRK	num	8	343	MCD_LKWRK--Does Medicaid affect your ability to look for work?
MCD_LKWRK_HOW	num	8	344	MCD_LKWRK_HOW--how Medicaid coverage affects your ability to look for work
MCD_WRK_HOW	num	8	345	MCD_WRK_HOW--how Medicaid coverage affects your ability to work
SEC8END	num	8	346	SEC8END--Section 8 End Flag
SEC8ENDT	char	7	347	SEC8ENDT--Section 8 End Timer
SEC9	num	8	348	SEC9--Section 9 Start Flag
SEC9T	char	7	349	SEC9T--Section 9 Start Timer
MRD	num	8	350	MRD--Current marital status
EDUC	num	8	351	EDUC--Highest level of education
H78	num	8	352	H78--Military service ever
ML_NOW	num	8	353	ML_NOW--Current military service
S16	num	8	354	S16--Adult Hispanic ethnicity
S17M1	num	8	355	S17M1--Adult Race, first response
S17M2	num	8	356	S17M2--Adult Race, second response
S17M3	num	8	357	S17M3--Adult Race, third response
S17M4	num	8	358	S17M4--Adult Race, fourth response
S17M5	num	8	359	S17M5--Adult Race, fifth response

NAME	TYPE	LENGTH	VARNUM	LABEL
S17M6	num	8	360	S17M6--Adult Race, sixth response
S17M7	num	8	361	S17M7--Adult Race, seventh response
S17_1	num	8	362	S17_1--Adult Race, White
S17_2	num	8	363	S17_2--Adult Race, Black or African American
S17_3	num	8	364	S17_3--Adult Race, Asian
S17_4	num	8	365	S17_4--Adult Race, Native American, American Indian, or Alaskan Native
S17_5	num	8	366	S17_5--Adult Race, Native Hawaiian or Pacific Islander
S17_6	num	8	367	S17_6--Adult Race, Hispanic, Latino, Spanish
S17_7	num	8	368	S17_7--Adult Race, Other
D30A_VALUE	num	8	369	D30A_VALUE--Weight without shoes
D30B_F	num	8	370	D30B_F--Height without shoes, feet
D30B_I	num	8	371	D30B_I--Height without shoes, inches
H84_NEW	num	8	372	H84_NEW--How many family members, including yourself, live in your household?
H84_A1_RAW	num	8	373	H84_A1_RAW--Number of persons in family supported by income, original response
H84_A1	num	8	374	H84_A1--Number of family members supported by income
H84_A1_EXTRA	num	8	375	H84_A1_EXTRA--Are there additional family members not in household but supported by family income
H84_A1_NUM	num	8	376	H84_A1_NUM--How many additional family members not in household but supported by family income
H84_A2	num	8	377	H84_A2--Last month gross income
H84_A2CATS	num	8	378	H84_A2CATS--Last month gross income estimate, categorical
H84_A3	num	8	379	H84_A3--Last year annual gross income
H84_A3CATS	num	8	380	H84_A3CATS--Last year's annual gross income estimate, categorical
SEC9END	num	8	381	SEC9END--Section 9 End Flag
SEC9ENDT	char	7	382	SEC9ENDT--Section 9 End Timer
SEC10	num	8	383	SEC10--Section 10 Start Flag
SEC10T	char	7	384	SEC10T--Section 10 Start Timer
INCENTIVE2	char	1	385	INCENTIVE2--Child Incentive Value
PREPI90	num	8	386	PREPI90--One child health coverage and status questions
PI90	num	8	387	PI90--Provide name of child with most recent birthday
PI90S	num	8	388	PI90S--Provide name of youngest child
CH_INFORM_1	num	8	389	CH_INFORM_1--Child questions intro
I90A	num	8	390	I90A--Child age
NOCHILD	num	8	391	NOCHILD--If child age > 18, they are ineligible for this part of the interview
CHILD_INCENT	num	8	392	CHILD_INCENT--Child incentive flag, set to 1 if child interview is done
I90B	num	8	393	I90B--Relationship to child
P148_RAW	num	8	394	P148_RAW--Child gender, original response
P148	num	8	395	P148--Child gender
I95	num	8	396	I95--Child covered by health insurance
SEC10END	num	8	397	SEC10END--Section 10 End Flag
SEC10ENDT	char	7	398	SEC10ENDT--Section 10 End Timer
SEC11	num	8	399	SEC11--Section 11 Start Flag
SEC11T	char	7	400	SEC11T--Section 11 Start Timer
J96	num	8	401	J96--Child health insurance same as adult respondent
J100A	num	8	402	J100A--Child covered by employer or union plan
ESI_CH_LNG	num	8	403	ESI_CH_LNG--How long child covered by someone's employer/union insurance
MDCD_CH	num	8	404	MDCD_CH--Child covered by Ohio Medicaid
MDCD_CH_LNG	num	8	405	MDCD_CH_LNG--Length of time child covered by Medicaid
EXCHNG_CH	num	8	406	EXCHNG_CH--Child covered by exchange insurance/plan
J100E	num	8	407	J100E--Child covered by private health plan
J100G	num	8	408	J100G--Does child have any other health coverage
N067	num	8	409	N067--Child has dental coverage
MD_CH_PRV	num	8	410	MD_CH_PRV--Past 12 months, before Medicaid, child covered by other insurance
MD_CH_PRVESI	num	8	411	MD_CH_PRVESI--Child prior insurance through someone's employer/union
K96_NEW	num	8	412	K96_NEW--When was the child last covered by any type of health insurance plan
SEC11END	num	8	413	SEC11END--Section 11 End Flag
SEC11ENDT	char	7	414	SEC11ENDT--Section 11 End Timer
SEC12	num	8	415	SEC12--Section 12 Start Flag
SEC12T	char	7	416	SEC12T--Section 12 Start Timer
L125	num	8	417	L125--Rate child's general health
L125A	num	8	418	L125A--Rate child's dental health
CDC_1_CH	num	8	419	CDC_1_CH--Child deaf or hard of hearing
CDC_2_CH	num	8	420	CDC_2_CH--Child blind or has serious difficulty seeing, even with glasses
LAS12	num	8	421	LAS12--Child experiences any difficulty speaking, communicating, or being understood
CHILD_DD	num	8	422	CHILD_DD--Child has developmental disability
DIS12_MED	num	8	423	DIS12_MED--Child needs/uses prescription medication for condition lasting over 12 months
DIS12_THRP	num	8	424	DIS12_THRP--Child needs special therapy for condition lasting over 12 months

NAME	TYPE	LENGTH	VARNUM	LABEL
DIS12_CNS	num	8	425	DIS12_CNS--Child needs treatment/counseling for emotional, developmental, or behavioral problem
LAS12B	num	8	426	LAS12B--Past 30 days, number of days child ages 5+ missed school/usual activities due to mental health condition or emotional problems
SEC12END	num	8	427	SEC12END--Section 12 End Flag
SEC12ENDT	char	7	428	SEC12ENDT--Section 12 End Timer
SEC13	num	8	429	SEC13--Section 13 Start Flag
SEC13T	char	7	430	SEC13T--Section 13 Start Timer
N136	num	8	431	N136--Child regular source of care
N136A	num	8	432	N136A--Child usual source of care
J108	num	8	433	J108--Last 12 months, needed help coordinating childs care
J108B	num	8	434	J108B--Last 12 months, received needed help coordinating childs care
J108B_RS_1	num	8	435	J108B_RS_1--Didn't get help coordinating child's care because you did not have a care coordinator
J108B_RS_2	num	8	436	J108B_RS_2--Didn't get help coordinating child's care because you were not sure how to contact the care coordinator
J108B_RS_3	num	8	437	J108B_RS_3--Didn't get help coordinating child's care because you tried but couldn't get in contact with care coordinator
J108B_RS_4	num	8	438	J108B_RS_4--Didn't get help coordinating child's care because the care coordinator was not able to help with what you needed
J108B_RS_5	num	8	439	J108B_RS_5--Didn't get help coordinating child's care for another reason
UTLZ_CHLD_1	num	8	440	UTLZ_CHLD_1--Past 12 months, did child see doctor or other healthcare provider in person?
UTLZ_CHLD_2	num	8	441	UTLZ_CHLD_2--Past 12 months, did child see doctor or other healthcare provider by audio-only call without video?
UTLZ_CHLD_3	num	8	442	UTLZ_CHLD_3--Past 12 months, did child see doctor or other healthcare provider by audio and video call?
M131C_TELE	num	8	443	M131C_TELE--Past 12 months, how often has your child had a telehealth visit
M130	num	8	444	M130--Child received well checkup
M135	num	8	445	M135--How long since the child has last seen a dentist
VACRC_C_FLU	num	8	446	VACRC_C_FLU--Past 12 months, child had flu shot
VACRC_C_EVR1	num	8	447	VACRC_C_EVR1--Child has had chickenpox/varicella shot
VACRC_C_EVR2	num	8	448	VACRC_C_EVR2--Child has had MMR shot
VACRC_C_EVR3	num	8	449	VACRC_C_EVR3--Child has had polio shot
VACRC_C_EVR4	num	8	450	VACRC_C_EVR4--Child has had DTaP or Tdap shot
VACRC_C_EVR5	num	8	451	VACRC_C_EVR5--Child has had HPV shot
VACRC_C_EVR6	num	8	452	VACRC_C_EVR6--Child has had COVID-19 shot
VAC_C_HES1	num	8	453	VAC_C_HES1--Hesitance to give child flu shot
VAC_C_HES2	num	8	454	VAC_C_HES2--Hesitance to give child chickenpox/varicella shot
VAC_C_HES3	num	8	455	VAC_C_HES3--Hesitance to give child MMR shot
VAC_C_HES4	num	8	456	VAC_C_HES4--Hesitance to give child polio shot
VAC_C_HES5	num	8	457	VAC_C_HES5--Hesitance to give child DTaP/Tdap shot
VAC_C_HES6	num	8	458	VAC_C_HES6--Hesitance to give child HPV shot
VAC_C_HES7	num	8	459	VAC_C_HES7--Hesitance to give child COVID-19 shot
SEC13END	num	8	460	SEC13END--Section 13 End Flag
SEC13ENDT	char	7	461	SEC13ENDT--Section 13 End Timer
SEC14	num	8	462	SEC14--Section 14 Start Flag
SEC14T	char	7	463	SEC14T--Section 14 Start Timer
O139_1	num	8	464	O139_1--Past 12 months, child needed dental care
O139_2	num	8	465	O139_2--Child able to get the dental care that they needed
UM_DT_RS_C1_RAW	num	8	466	UM_DT_RS_C1_RAW--Child did not get dental care because you thought it would cost too much, original response
UM_DT_RS_C2_RAW	num	8	467	UM_DT_RS_C2_RAW--Child did not get dental care because child did not have transportation, original response
UM_DT_RS_C3_RAW	num	8	468	UM_DT_RS_C3_RAW--Child did not get dental care because provider was unavailable when needed, original response
UM_DT_RS_C4_RAW	num	8	469	UM_DT_RS_C4_RAW--Child did not get dental care because you couldn't find a provider who would accept child's insurance, original response
UM_DT_RS_C5_RAW	num	8	470	UM_DT_RS_C5_RAW--Child did not get dental care for another reason, original response
UM_DT_RS_C1	num	8	471	UM_DT_RS_C1--Child did not get dental care because you thought it would cost too much
UM_DT_RS_C2	num	8	472	UM_DT_RS_C2--Child did not get dental care because child did not have transportation
UM_DT_RS_C3	num	8	473	UM_DT_RS_C3--Child did not get dental care because provider was unavailable when needed
UM_DT_RS_C4	num	8	474	UM_DT_RS_C4--Child did not get dental care because you couldn't find a provider who would accept child's insurance
UM_DT_RS_C5	num	8	475	UM_DT_RS_C5--Child did not get dental care for another reason
UM_DT_RS_C6	num	8	476	UM_DT_RS_C6--Other reason child didn't get dental care
UM_DT_RS_C7	num	8	477	UM_DT_RS_C7--Child did not get dental care because insurance did not cover it
UM_DT_RS_C8	num	8	478	UM_DT_RS_C8--Child did not get dental care because they did not have insurance
UM_DT_RS_C9	num	8	479	UM_DT_RS_C9--Child did not get dental care because they did not want to

NAME	TYPE	LENGTH	VARNUM	LABEL
UM_DT_RS_C10	num	8	480	UM_DT_RS_C10--Child did not get dental care because they are afraid of dental work
UM_DT_RS_C11	num	8	481	UM_DT_RS_C11--Child did not get dental care because I cannot find a provider
UM_DT_RS_C12	num	8	482	UM_DT_RS_C12--Child did not get dental care because I did not have time
O139_MH_1	num	8	483	O139_MH_1--Past 12 months, child needed mental or emotional health care or counseling services
O139_MH_2	num	8	484	O139_MH_2--Child able to get the mental or emotional health care or counseling services that they needed
UM_MT_RS_C1_RAW	num	8	485	UM_MT_RS_C1_RAW--Child did not get mental healthcare/counseling because you thought it would cost too much, original response
UM_MT_RS_C2_RAW	num	8	486	UM_MT_RS_C2_RAW--Child did not get mental healthcare/counseling because child did not have transportation, original response
UM_MT_RS_C3_RAW	num	8	487	UM_MT_RS_C3_RAW--Child did not get mental healthcare/counseling because provider was unavailable when needed, original response
UM_MT_RS_C4_RAW	num	8	488	UM_MT_RS_C4_RAW--Child did not get mental healthcare/counseling because you couldn't find a provider who would accept child's insurance, original response
UM_MT_RS_C5_RAW	num	8	489	UM_MT_RS_C5_RAW--Child did not get mental healthcare/counseling for another reason, original response
UM_MT_RS_C1	num	8	490	UM_MT_RS_C1--Child did not get mental healthcare/counseling because you thought it would cost too much
UM_MT_RS_C2	num	8	491	UM_MT_RS_C2--Child did not get mental healthcare/counseling because child did not have transportation
UM_MT_RS_C3	num	8	492	UM_MT_RS_C3--Child did not get mental healthcare/counseling because provider was unavailable when needed
UM_MT_RS_C4	num	8	493	UM_MT_RS_C4--Child did not get mental healthcare/counseling because you couldn't find a provider who would accept child's insurance
UM_MT_RS_C5	num	8	494	UM_MT_RS_C5--Child did not get mental healthcare/counseling for another reason
UM_MT_RS_C6	num	8	495	UM_MT_RS_C6--Other reason child didn't get mental healthcare/counseling
UM_MT_RS_C7	num	8	496	UM_MT_RS_C7--Child did not get mental healthcare/counseling because they did not need it
UM_MT_RS_C8	num	8	497	UM_MT_RS_C8--Child did not get mental healthcare/counseling because they did not have insurance
UM_MT_RS_C9	num	8	498	UM_MT_RS_C9--Child did not get mental healthcare/counseling because I am taking care of their mental health
UM_MT_RS_C10	num	8	499	UM_MT_RS_C10--Child did not get mental healthcare/counseling because they did not want to
UM_MT_RS_C11	num	8	500	UM_MT_RS_C11--Child did not get mental healthcare/counseling because I cannot find a provider
SEC14END	num	8	501	SEC14END--Section 14 End Flag
SEC14ENDT	char	7	502	SEC14ENDT--Section 14 End Timer
SEC15	num	8	503	SEC15--Section 15 Start Flag
SEC15T	char	7	504	SEC15T--Section 15 Start Timer
ACE_3	num	8	505	ACE_3--Has child ever experienced parents or guardians going through divorce/separation?
ACE_4	num	8	506	ACE_4--Has child ever experienced death of a parent or guardian?
ACE_5	num	8	507	ACE_5--Has child ever experienced a parent or guardian serving time in jail after they were born?
ACE_6	num	8	508	ACE_6--Has child ever seen or heard parents or adults slap, hit, kick, or punch one another in the home?
ACE_7	num	8	509	ACE_7--Has child ever been the victim of violence or witnessed violence in their neighborhood?
ACE_8	num	8	510	ACE_8--Has child ever lived with anyone who was mentally ill, suicidal, or severely depressed?
ACE_9	num	8	511	ACE_9--Has child ever lived with anyone who had a problem with alcohol or drugs?
ACE_10	num	8	512	ACE_10--Has child ever been treated or judged unfairly because of their race or ethnic group?
CNTCT_ACES	num	8	513	CNTCT_ACES--Ask to Recontact (related to Child Health Risks)
TN_ALC	num	8	514	TN_ALC--Rate concern about teenage alcohol use in your community
TN_TBC	num	8	515	TN_TBC--Rate concern about teenage cigarette smoking in your community
TN_ECG	num	8	516	TN_ECG--Rate concern about teenage electronic cigarette use/vaping in your community
TN_MRJ	num	8	517	TN_MRJ--Rate concern about teenage marijuana use in your community
SEC15END	num	8	518	SEC15END--Section 15 End Flag
SEC15ENDT	char	7	519	SEC15ENDT--Section 15 End Timer
SEC16	num	8	520	SEC16--Section 16 Start Flag
SEC16T	char	7	521	SEC16T--Section 16 Start Timer
P149	num	8	522	P149--Child Hispanic
P150M1	num	8	523	P150M1--Child Race, first response
P150M2	num	8	524	P150M2--Child Race, second response
P150M3	num	8	525	P150M3--Child Race, third response
P150M4	num	8	526	P150M4--Child Race, fourth response
P150M5	num	8	527	P150M5--Child Race, fifth response
P150M6	num	8	528	P150M6--Child Race, sixth response
P150M7	num	8	529	P150M7--Child Race, seventh response

NAME	TYPE	LENGTH	VARNUM	LABEL
P150_1	num	8	530	P150_1--Child Race, White
P150_2	num	8	531	P150_2--Child Race, Black or African American
P150_3	num	8	532	P150_3--Child Race, Asian
P150_4	num	8	533	P150_4--Child Race, Native American, American Indian, or Alaskan Native
P150_5	num	8	534	P150_5--Child Race, Native Hawaiian or Pacific Islander
P150_6	num	8	535	P150_6--Child Race, Hispanic, Latino, Spanish
P150_7	num	8	536	P150_7--Child Race, Other
P151	num	8	537	P151--Childs parents employed
PL125A2P	num	8	538	PL125A2P--Child weight in pounds
PL125AP_F	num	8	539	PL125AP_F--Child height, feet
PL125AP_I	num	8	540	PL125AP_I--Child height, inches
SEC16END	num	8	541	SEC16END--Section 16 End Flag
SEC16ENDT	char	7	542	SEC16ENDT--Section 16 End Timer
SEC17	num	8	543	SEC17--Section 17 Start Flag
SEC17T	char	7	544	SEC17T--Section 17 Start Timer
INCENTIVE3	char	2	545	INCENTIVE3--Total Incentive Value
INCENT	num	8	546	INCENT--Provide email address for incentive
EMAILCHECK	num	8	547	EMAILCHECK--Verify Incentive email address
EMAILTHANKS	num	8	548	EMAILTHANKS--Provided Email, Thanks
CHECK	num	8	549	CHECK--Ask to send check as thank you
MNAME_CNFRM	num	8	550	MNAME_CNFRM--Confirm name and address for check sending
ADDRTHANKS	num	8	551	ADDRTHANKS--Thanks for Check sending info
THANKS	num	8	552	THANKS--Participation Thanks, Agree to Recontact
CONT_EMCHECK	num	8	553	CONT_EMCHECK--Emails don't match, ask to update
CONTACT_CELL	num	8	554	CONTACT_CELL--Is phone number a cell phone number
CONTACT_TEXT	num	8	555	CONTACT_TEXT--Permission to text
CONT_METHOD	num	8	556	CONT_METHOD--Preferred method of contact
END_THANKS	num	8	557	END_THANKS--Participation Thanks
SEC17END	num	8	558	SEC17END--Section 17 End Flag
SEC17ENDT	char	7	559	SEC17ENDT--Section 17 End Timer
S15_OE	char	150	560	S15_OE--Respondent gender, open ended response
MCD_LK_WRK_OE	char	1000	561	MCD_LK_WRK_OE--How does Medicaid affect your ability to look for work, open ended response
MCD_WRK_OE	char	1000	562	MCD_WRK_OE--Medicaid effect on ability to work, open ended response
UM_PRS_RS07_OE	char	1000	563	UM_PRS_RS07_OE--Other reason you couldn't fill your prescription, open ended response
UM_VS_RS05_OE	char	1000	564	UM_VS_RS05_OE--Other reason you did not get needed vision care, open ended response
UM_DNTL_RS05_OE	char	1500	565	UM_DNTL_RS05_OE--Other reason you did not get dental care, open ended response
NTWK_RS_OTH_OE	char	2500	566	NTWK_RS_OTH_OE--Other reason for not working, open ended response
CM_PROB07_OE	char	2500	567	CM_PROB07_OE--Any other problem in your community, open ended response
UM_DRG_RS05_OE	char	500	568	UM_DRG_RS05_OE--Other reason you didn't get treatment for alcohol/drug use, open ended response
UM_MTL_RS05_OE	char	500	569	UM_MTL_RS05_OE--Other reason you did not get mental health care, open ended response
P148_OE	char	75	570	P148_OE--Child gender, open ended response
UM_DT_RS_C5_OE	char	170	571	UM_DT_RS_C5_OE--Other reason child didn't get dental care, open ended response
UM_MT_RS_C5_OE	char	170	572	UM_MT_RS_C5_OE--Other reason child didn't get mental healthcare/counseling, open ended response
Child_Recontact_Complete	num	8	573	Child Recontact_Complete - Completed Recontact effort for child insurance questions
INTTYPE	num	8	574	INTTYPE - Type of Interview, Derived
S9_REC	num	8	575	S9_REC -- Respondent County, recoded to include ABS county
S9_TYPE	num	8	576	S9_TYPE-- Respondent County Type
MC_REGION	num	8	577	MC_REGION--Medicaid Region, 7 levels, Derived
MC_REGION3	num	8	578	MC_REGION3--Medicaid Region, 3 levels, Derived
MEDICD_A	num	8	579	MEDICD_A--Adult covered by Medicaid
MEDICARE_A	num	8	580	MEDICARE_A--Adult covered by Medicare
INS_ESI_A	num	8	581	INS_ESI_C_IMP--Child Insurance Coverage - Employer Sponsored
INS_EXCHANGE_A	num	8	582	INS_EXCHANGE_C_IMP--Child Insurance Coverage - Exchange
INS_PRIVATE_A	num	8	583	INS_PRIVATE_A_IMP--Adult Insurance Coverage - Private
INS_OTHER_A	num	8	584	INS_Other_C_IMP--Child Insurance Coverage - Other
I_TYPE_A	num	8	585	I_TYPE_A--Adult insurance type (for trend comparisons with previous surveys), Derived
INSRD_A	num	8	586	INSRD_A--Adult Insurance Status, Derived
AGE_A	num	8	587	AGE_A--Adult's Age, categorical, Derived
SEX_A	num	8	588	SEX_A--Adult Sex

NAME	TYPE	LENGTH	VARNUM	LABEL
RACE_ETH_HISP_A	num	8	589	RACE_ETH_HISP_A--Adult Race, Hispanic, Latino, Spanish, Derived
RACE_ETH_WHITE_A	num	8	590	RACE_ETH_WHITE_A--Adult Race, White, Derived
RACE_ETH_BLACK_A	num	8	591	RACE_ETH_BLACK_A--Adult Race, Black or African American, Derived
RACE_ETH_ASIAN_A	num	8	592	RACE_ETH_ASIAN_A--Adult Race, Asian, Derived
RACE_ETH_AIAN_A	num	8	593	RACE_ETH_AIAN_A--Adult Race, Native American, American Indian, or Alaskan Native, Derived
RACE_ETH_NHPI_A	num	8	594	RACE_ETH_NHPI_A--Adult Race, Native Hawaiian or Pacific Islander, Derived
RACE_ETH_OTHER_A	num	8	595	RACE_ETH_OTHER_A--Adult Race, Other, Derived
RACE5_A	num	8	596	RACE5_A-- Race Ethnicity Adult, 5 categories, Derived
RACE4_A	num	8	597	RACE4_A--Four Level adult race
SMOKE_STAT	num	8	598	SMOKE_STAT--Smoking Status, Derived
BMI_A	num	8	599	BMI_A--Body mass index - adult, Derived
D3OBINC_COMB	num	8	600	D3OBINC--Adult Height, Calculated in inches, Derived
BMI_A_CAT	num	8	601	BMI_A_CAT--BMI category - adult, Derived
MEDICD_C	num	8	602	MEDICD_C--Child covered by Medicaid
INS_ESI_C	num	8	603	INS_ESI_C--Child Insurance Coverage - Employer Sponsored, Derived
INS_EXCHANGE_C	num	8	604	INS_EXCHANGE_C--Child Insurance Coverage - Exchange, Derived
INS_PRIVATE_C	num	8	605	INS_PRIVATE_C--Child Insurance Coverage - Private, Derived
INS_OTHER_C	num	8	606	INS_Other_C--Child Insurance Coverage - Other, Derived
I_TYPE_C	num	8	607	I_TYPE_C--Child insurance type (for trend comparisons with previous surveys), Derived
INSRD_C	num	8	608	INSRD_C--Child Insurance Status, Derived
AGE_C	num	8	609	AGE_C--Child's Age, categorical, Derived
SEX_C	num	8	610	SEX_C--Child Sex
RACE_ETH_HISP_C	num	8	611	RACE_ETH_HISP_C--Child Race, Hispanic, Latino, Spanish, Derived
RACE_ETH_WHITE_C	num	8	612	RACE_ETH_WHITE_C--Child Race, White, Derived
RACE_ETH_BLACK_C	num	8	613	RACE_ETH_BLACK_C--Child Race, Black or African American, Derived
RACE_ETH_ASIAN_C	num	8	614	RACE_ETH_ASIAN_C--Child Race, Asian, Derived
RACE_ETH_AIAN_C	num	8	615	RACE_ETH_AIAN_C--Child Race, Native American, American Indian, or Alaskan Native, Derived
RACE_ETH_NHPI_C	num	8	616	RACE_ETH_NHPI_C--Child Race, Native Hawaiian or Pacific Islander, Derived
RACE_ETH_OTHER_C	num	8	617	RACE_ETH_OTHER_C--Child Race, Other, Derived
RACE5_C	num	8	618	RACE5_C-- Race Ethnicity Child, 5 categories, Derived
RACE4_C	num	8	619	RACE4_C--Four Level child race
PARTIAL_FLAG_A	num	8	620	PARTIAL_FLAG_A--Adult Partial 0/1
PARTIAL_FLAG_C	num	8	621	PARTIAL_FLAG_C--Child Partial 0/1
NUM_ADULTS_IMP	num	8	622	NUM_ADULTS_IMP--Number of Adults in household, Imputed
S9_IMP	num	8	623	S9_IMP--FIPS county code, Imputed
S9_TYPE_IMP	num	8	624	S9_TYPE_IMP-- County type, Imputed
S9_REGION_IMP	num	8	625	S9_REGION_IMP--Region, Imputed
MC_REGION3_IMP	num	8	626	MC_REGION3_IMP--Medicaid Region, 3 levels, Imputed
S11_IMP	num	8	627	S11_IMP--Number of Adult family members in household, Imputed
S12_IMP	num	8	628	S12_IMP--Number of children in household, Imputed
S13B_IMP	num	8	629	S13B_IMP--Number of children family members in household, Imputed
S14_IMP	num	8	630	S14_IMP--Adult Age, Imputed
AGE_A_IMP	num	8	631	AGE_A_IMP--Adult's Age, categorical, Imputed
S15_IMP	num	8	632	S15_IMP--Adult Gender, Imputed
SEX_A_IMP	num	8	633	SEX_A_IMP--Adult Sex, Imputed
RACE_ETH_HISP_A_IMP	num	8	634	RACE_ETH_HISP_A_IMP--Adult Race, Hispanic, Latino, Spanish, Imputed
RACE_ETH_WHITE_A_IMP	num	8	635	RACE_ETH_WHITE_A_IMP--Adult Race, White, Imputed
RACE_ETH_BLACK_A_IMP	num	8	636	RACE_ETH_BLACK_A_IMP--Adult Race, Black or African American, Imputed
RACE_ETH_ASIAN_A_IMP	num	8	637	RACE_ETH_ASIAN_A_IMP--Adult Race, Asian, Imputed
RACE_ETH_AIAN_A_IMP	num	8	638	RACE_ETH_AIAN_A_IMP--Adult Race, Native American, American Indian, or Alaskan Native, Imputed
RACE_ETH_NHPI_A_IMP	num	8	639	RACE_ETH_NHPI_A_IMP--Adult Race, Native Hawaiian or Pacific Islander, Imputed
RACE_ETH_OTHER_A_IMP	num	8	640	RACE_ETH_OTHER_A_IMP--Adult Race, Other, Imputed
RACE5_A_IMP	num	8	641	RACE5_A_IMP--Race Ethnicity Adult, 5 categories, Imputed
RACE4_A_IMP	num	8	642	RACE4_A_IMP--Four Level adult race, imputed
INSRD_A_IMP	num	8	643	INSRD_A_IMP--Adult Insurance Status, Imputed
MEDICD_A_IMP	num	8	644	MEDICD_A_IMP--Adult covered by Medicaid, Imputed
MEDICARE_A_IMP	num	8	645	MEDICARE_A_IMP--Adult covered by Medicare, Imputed
INS_ESI_A_IMP	num	8	646	INS_ESI_A_IMP--Adult Insurance Coverage - Employer Sponsored, Imputed
INS_EXCHANGE_A_IMP	num	8	647	INS_EXCHANGE_A_IMP--Adult Insurance Coverage - Exchange, Imputed
INS_PRIVATE_A_IMP	num	8	648	INS_PRIVATE_A_IMP--Adult Insurance Coverage - Private, Imputed
INS_OTHER_A_IMP	num	8	649	INS_Other_A_IMP--Adult Insurance Coverage - Other, Imputed
I_TYPE_A_IMP	num	8	650	I_TYPE_A_IMP--Adult insurance type, imputed
ESI_LNG_IMP	num	8	651	ESI_LNG_IMP--Length of time covered by employer health insurance/plan, Imputed
MDCD_LNG_IMP	num	8	652	MDCD_LNG_IMP--Length of time covered by Ohio Medicaid insurance/plan, Imputed

NAME	TYPE	LENGTH	VARNUM	LABEL
MDLST_LNG_IMP	num	8	653	MDLST_LNG_IMP--Length of time covered by Medicaid, Medicaid Frame only, Imputed
D30_IMP	num	8	654	D30_IMP--Adult health status, Imputed
CDC_1_IMP	num	8	655	CDC_1_IMP--Have serious difficulty hearing, Imputed
CDC_2_IMP	num	8	656	CDC_2_IMP--Difficulty seeing, even when wearing glasses, Imputed
CDC_3_IMP	num	8	657	CDC_3_IMP-- Difficulty walking or climbing stairs, Imputed
CDC_4_IMP	num	8	658	CDC_4_IMP--Difficulty dressing or bathing, Imputed
CDC_5_IMP	num	8	659	CDC_5_IMP--Difficulty concentrating, remembering or making decisions, Imputed
CDC_6_IMP	num	8	660	CDC_6_IMP--Difficulty doing errands alone, such as visiting a doctor's office or shopping, Imputed
ADULT_DD_IMP	num	8	661	ADULT_DD_IMP--Developmental disability, Imputed
D30I_IMP	num	8	662	D30I_IMP--Past 30 days, mental health prevented work/activities, Imputed
F67_IMP	num	8	663	F67_IMP--Regular source of medical care, Imputed
UTLZ01_IMP	num	8	664	UTLZ01_IMP--Past 12 months, source of care in person, Imputed
UTLZ02_IMP	num	8	665	UTLZ02_IMP--Past 12 months, source of care by audio-only call, Imputed
UTLZ03_IMP	num	8	666	UTLZ03_IMP--Past 12 months, source of care by video call, Imputed
TLHLTH_IMP	num	8	667	TLHLTH_IMP--Past 12 months, frequency of telehealth visits, Imputed
ND_DNTL_IMP	num	8	668	ND_DNTL_IMP--Past 12 months, needed dental care, Imputed
UNMT_DNTL_IMP	num	8	669	UNMT_DNTL_IMP--Able to get needed dental care, Imputed
ND_VS_IMP	num	8	670	ND_VS_IMP--Past 12 months, needed vision care, Imputed
UNMT_VS_IMP	num	8	671	UNMT_VS_IMP--Able to get needed vision care, Imputed
ND_MTL_IMP	num	8	672	ND_MTL_IMP--Past 12 months, needed mental healthcare/counseling, Imputed
UNMT_MTL_IMP	num	8	673	UNMT_MTL_IMP--Able to get mental healthcare/counseling, Imputed
ND_DRG_EVR_IMP	num	8	674	ND_DRG_EVR_IMP--Needed treatment for alcohol/drug use ever, Imputed
ND_DRG_IMP	num	8	675	ND_DRG_IMP--Needed treatment for alcohol/drug use, past 12 months, Imputed
UNMT_DRG_IMP	num	8	676	UNMT_DRG_IMP--Able to get treatment for alcohol/drug use, Imputed
UNMT_PRS_IMP	num	8	677	UNMT_PRS_IMP--Past 12 months, were unable to fill prescription, Imputed
G71_IMP	num	8	678	G71_IMP--Last week job status, Imputed
MRD_IMP	num	8	679	MRD_IMP--Current Marital Status, Imputed
EDUC_IMP	num	8	680	EDUC_IMP--Level of education, Imputed
H84_A1_IMP	num	8	681	H84_A1_IMP--Number of persons in family supported by income, Imputed
H84_IMP	num	8	682	H84_IMP--Number of persons in family supported by income, Topcoded
HHINCY_IMP	num	8	683	HHINCY_IMP--2022 Annual Income, Imputed and Top Coded at 99%
HHINCM_IMP	num	8	684	HHINCM_IMP--2023 Monthly Income, Imputed and Top Coded at 99%
EDUC_RC	num	8	685	EDUC_RC--Level of Education (6 levels), Recode of EDUC_IMP
MARITAL	num	8	686	MARITAL--Current Marital Status, Recode of MRD_IMP
FAM_TYPE_IMP	num	8	687	FAM_TYPE_IMP--Household composition, imputed
USUAL_A	num	8	688	USUAL_A--Usual source of care - adult
FPL100	num	8	689	FPL100--Annual Poverty Threshold by Persons in Household
FPL_PCT	num	8	690	FPL_PCT--Annual FPL percent
FPL_CAT_23	num	8	691	FPL_CAT_23--Categorical Annual FPL Level
POVERTY_23	num	8	692	POVERTY_23--Annual Categorical Poverty Level
FPL_MON_CAT_23	num	8	693	FPL_MON_CAT_23--Categorical Monthly FPL Level
I90A_IMP	num	8	694	I90A_IMP--Child age, Imputed
P148_IMP	num	8	695	P148_IMP--Child gender, Imputed
N067_IMP	num	8	696	N067_IMP--Child has dental coverage, Imputed
L125_IMP	num	8	697	L125_IMP--Child health status, Imputed
L125A_IMP	num	8	698	L125A_IMP--Rate child's dental health, Imputed
CDC_1_CH_IMP	num	8	699	CDC_1_CH_IMP--Child deaf or hard of hearing, Imputed
CDC_2_CH_IMP	num	8	700	CDC_2_CH_IMP--Child blind or has serious difficulty seeing, even with glasses, Imputed
LAS12_IMP	num	8	701	LAS12_IMP--Child experiences any difficulty speaking, communicating, or being understood, Imputed
CHILD_DD_IMP	num	8	702	CHILD_DD_IMP--Child has developmental disability, Imputed
DIS12_MED_IMP	num	8	703	DIS12_MED_IMP--Child needs/uses prescription medication for condition lasting over 12 months, Imputed
DIS12_THRP_IMP	num	8	704	DIS12_THRP_IMP--Child needs special therapy for condition lasting over 12 months, Imputed
DIS12_CNS_IMP	num	8	705	DIS12_CNS_IMP--Child needs treatment/counseling for emotional, developmental, or behavioral problem, Imputed
LAS12B_IMP	num	8	706	LAS12B_IMP--Past 30 days, number of days child ages 5+ missed school/usual activities due to mental health condition or emotional problems, Imputed
N136_IMP	num	8	707	N136--Child regular source of care, Imputed
ACE_3_IMP	num	8	708	ACE_3_IMP-- Child ever experienced treated or judged unfairly because of race or ethnic group, Imputed
ACE_4_IMP	num	8	709	ACE_4_IMP-- Child ever experienced lived with anyone who had a problem with alcohol or drugs, Imputed
ACE_5_IMP	num	8	710	ACE_5_IMP-- Child ever experienced living with anyone who was mentally ill, suicidal, or severely depressed, Imputed

NAME	TYPE	LENGTH	VARNUM	LABEL
ACE_6_IMP	num	8	711	ACE_6_IMP-- Child ever experienced being a victim of violence or witnessed violence in the neighborhood, Imputed
ACE_7_IMP	num	8	712	ACE_7_IMP-- Child ever experienced saw or heard parents or adults slap, hit, kick, punch one another in the home, Imputed
ACE_8_IMP	num	8	713	ACE_8_IMP-- Child ever experienced parent or guardian served time in jail after child was born, Imputed
ACE_9_IMP	num	8	714	ACE_9_IMP-- Child ever experienced parent or guardian died, Imputed
ACE_10_IMP	num	8	715	ACE_10_IMP-- Child ever experienced parent or guardian divorced or separated, Imputed
MEDICD_C_IMP	num	8	716	MEDICD_C_IMP--Child covered by Medicaid, Imputed
INS_ESI_C_IMP	num	8	717	INS_ESI_C_IMP--Child Insurance Coverage - Employer Sponsored, Imputed
INS_EXCHANGE_C_IMP	num	8	718	INS_EXCHANGE_C_IMP--Child Insurance Coverage - Exchange, Imputed
INS_PRIVATE_C_IMP	num	8	719	INS_PRIVATE_C_IMP--Child Insurance Coverage - Private, Imputed
INS_OTHER_C_IMP	num	8	720	INS_Other_C_IMP--Child Insurance Coverage - Other, Imputed
I_TYPE_C_IMP	num	8	721	I_TYPE_C_IMP--Child insurance type, imputed
INSRD_C_IMP	num	8	722	INSRD_C_IMP--Child Insurance Status, Imputed
AGE_C_IMP	num	8	723	AGE_C_imp--Child's Age, categorical, Imputed
SEX_C_IMP	num	8	724	SEX_C_IMP--Child sex, Imputed
RACE_ETH_HISP_C_IMP	num	8	725	RACE_ETH_HISP_C_IMP--Child Race, Hispanic, Latino, Spanish, Imputed
RACE_ETH_WHITE_C_IMP	num	8	726	RACE_ETH_WHITE_C_IMP--Child Race, White, Imputed
RACE_ETH_BLACK_C_IMP	num	8	727	RACE_ETH_BLACK_C_IMP--Child Race, Black or African American, Imputed
RACE_ETH_ASIAN_C_IMP	num	8	728	RACE_ETH_ASIAN_C_IMP--Child Race, Asian, Imputed
RACE_ETH_AIAN_C_IMP	num	8	729	RACE_ETH_AIAN_C_IMP--Child Race, Native American, American Indian, or Alaskan Native, Imputed
RACE_ETH_NHPI_C_IMP	num	8	730	RACE_ETH_NHPI_C_IMP--Child Race, Native Hawaiian or Pacific Islander, Imputed
RACE_ETH_OTHER_C_IMP	num	8	731	RACE_ETH_OTHER_C_IMP--Child Race, Other, Imputed
RACE5_C_IMP	num	8	732	RACE5_C_IMP--Race Ethnicity Child, 5 categories, Imputed
RACE4_C_IMP	num	8	733	RACE4_C_IMP--Four Level child race, imputed
USUAL_C	num	8	734	USUAL_C--Usual source of care - child
POVERTY_M_23	num	8	735	POVERTY_M_23--Monthly Categorical Poverty Level
BMI_C_Z	num	8	736	BMI_C_Z--child BMI z score, 6 years and older
BMI_C_PCT	num	8	737	BMI_C_PCT--child BMI percentage, 6 years and older
BMI_C	num	8	738	BMI_C--child body mass index, 6 years and older
BMI_C_CAT2	num	8	739	BMI_C_CAT2--BMI category, children 6 - 18 years old
BMI_C_CAT	num	8	740	BMI_C_CAT--BMI category, children 11 years and older
WT_MED	num	8	741	WT_MED--Adult Medicaid Weight
WT_A_ABS	num	8	742	WT_A_ABS--Adult ABS Weight
WT_A	num	8	743	WT_A--Final Adult Analysis Weight
WT_C	num	8	744	WT_C--Final Child Analysis Weight