

OMAS 2017 - Adult Variables (Revised November 2022)

Public Use File

Contents Listing

Date Created: 31MAR23

Data Set Name	DATA.PUF_A
Observations	39711
Variables	177
Engine	V9
Created	03/31/2023 10:18:42

NAME	TYPE	LENGTH	VARNUM	LABEL
CASEID	char	9	1	CASEID--Case ID
CALLTYPE	num	8	2	CALLTYPE--Phone line type as reported in sample
REGION	num	8	3	Region - Sample Frame Medicaid Region
LANG	char	7	4	LANG--Language
LASTCALL_RESLT	char	62	5	LASTCALL_RESLT-- Final Dispositon Code
CELL_RESP	num	8	6	CELL_RESP--Is this a landline or cell phone?
NUM_ADULTS	num	8	7	NUM_ADULTS--Number of adults in HH
S10C	num	8	8	S10C--Adults in HH 19 or older
S1	num	8	9	S1--Adult in HH with most recent birthday
S1A	num	8	10	S1A--Person most knowledgeable about HH birthdays
SS2B	num	8	11	SS2B--Person most knowledgeable about health insurance
S4A	num	8	12	S4A--Speak to Proxy
S5	num	8	13	S5--Intro to see if R is available for interview
PROXY_FLAG	num	8	14	PROXY_FLAG--Proxy Interview
S2C	num	8	15	S2C--Relationship to sample member
S15	num	8	16	S15--Respondent gender
S8	num	8	17	S8--Time lived in Ohio
S9_REGION	num	8	18	S9_REGION--Medicaid Region value
S9_TYPE	num	8	19	S9-TYPE--Survey County Type
ZS11	num	8	20	ZS11--Original value of S11
S11B	num	8	21	S11B--Verify adults in HH
NUMADULT_REC	num	8	22	NUMADULT_REC--Change Number of Adults in HH
S12	num	8	23	S12--Children in HH
S13B	num	8	24	S13B--Children in family
NOCHILD_CK	num	8	25	NOCHILD_CK--Verify children in HH
S13A	num	8	26	S13A--Respondent is parent of child in HH
S14A	num	8	27	S14A--Respondent age range
PREA1	num	8	28	PREA1--Health insurance last week
A1	num	8	29	A1--Have health insurance/plan
A1A	num	8	30	A1A--Verify health insurance/plan
B4A	num	8	31	B4A--Employer health insurance/plan
B4AA	num	8	32	B4AA--Your/someone else's work insurance
B4AA1	num	8	33	B4AA1--Verify employer insurance/plan
B4AB	num	8	34	B4AB--Current or past work insurance/plan
B4B	num	8	35	B4B--Medicare insurance/plan
B4C	num	8	36	B4C--Medicaid insurance/plan
B4C_CK	num	8	37	B4C_CK--Medicaid coverage confirmed
B4C_CK_PAYER	num	8	38	B4C_CK_PAYER--Who provided this health insurance plan
B4B_CON1	num	8	39	B4B_CON1--Verify Medicaid/Medicare
B4B_CON2	num	8	40	B4B_CON2--Verify respondent age
B4BCAGE	num	8	41	B4BCAGE--Verify respondent age range
B4B_R	num	8	42	B4B_R--Medicare recoded
B4C_R	num	8	43	B4C_R--Medicaid recoded
B4CAM1_REC	num	8	44	B4CAM1_REC--Medicaid plan 1st response, Recoded
B4CAM2_REC	num	8	45	B4CAM2_REC--Medicaid plan 2nd response, Recoded
B4CAM3_REC	num	8	46	B4CAM2_REC--Medicaid plan 3rd response, Recoded
B4C2	num	8	47	B4C2--Length of having current Medicaid plan
B4E	num	8	48	B4E--Private insurance/plan
B4I	num	8	49	B4I--Exchange insurance/plan
B4I_2	num	8	50	B4I_2--Exchange insurance/plan monthly premium
B4G	num	8	51	B4G--Any other insurance
B4H	num	8	52	B4H--Who pays for other insurance
B10B	num	8	53	B10B--Insurance plan covers dental care
B10C	num	8	54	B10C--Insurance plan covers vision care
B10D	num	8	55	B10D--Insurance plan covers prescription medications
B18	num	8	56	B18--Primary insurance coverage - number days
B19	num	8	57	B19--Other insurance plan - last 12 mons
B20	num	8	58	B20--Had Medicaid prior to current plan
B21	num	8	59	B21--Prior to current coverage; covered by employer/union
B22	num	8	60	B22--Prior to current coverage; covered by family paid plan
B24	num	8	61	B24--Prior to current coverage; covered by any insurance
B25	num	8	62	B25--Last 12 mons, any time did not have insurance
B27	num	8	63	B27--Last 12 mons, how long without insurance
C1_NEW	num	8	64	C1_NEW--When last covered by any type of health insurance plan
C3	num	8	65	C3--Last coverage, Medicaid
C4	num	8	66	C4--Last coverage, employer/union
D30	num	8	67	D30--Rate general health status

NAME	TYPE	LENGTH	VARNUM	LABEL
D30I	num	8	68	D30I--Past 30 days, mental health prevented work/activities
ADULT_DD	num	8	69	ADULT_DD--Adult reports having developmental disability
D31F	num	8	70	D31F--Difficulty/Need assistance with day-to-day
D31I	num	8	71	D31I--Need/Get special therapy
D31L	num	8	72	D31L--Need/Get treatment or counseling
D32A	num	8	73	D32A--Need assistance with personal care
D32B	num	8	74	D32B--Need assistance with domestic tasks
D32D	num	8	75	D32D--Need assistance with social/emotional support
D32E	num	8	76	D32E--Need assistance with coordinating health care
D41	num	8	77	D41--Diagnosed high BP or hypertension
D41A	num	8	78	D41A--Ever diagnosed heart attack
D41B	num	8	79	D41B--Ever diagnosed coronary heart disease
D41D	num	8	80	D41D--Ever diagnosed congestive heart failure
D43	num	8	81	D43--Ever diagnosed diabetes
D43B	num	8	82	D43B--Ever diagnosed diabetes only with pregnancy
E65	num	8	83	E65--Last 12 mons, any pregnancy
E65A	num	8	84	E65A--Currently pregnant
BF_INTRO	num	8	85	BF_INTRO--Intro to questions asking about baby feeding
BF_28	num	8	86	BF_28--Method of feeding
BF_31	num	8	87	BF_31--Expected age (in months) when breast feeding will stop
BF_32	num	8	88	BF_32--Breast feeding confidence scale
D30A_VALUE	num	8	89	D30A_VALUE--Weight without shoes
D30A_UNIT	num	8	90	D30A_UNIT--Weight without shoes - units
D30B	num	8	91	D30B--Height without shoes - units
D30B_F	num	8	92	D30B_F--Height without shoes - Feet
D30BINC	num	8	93	D30BINC--CALCULATE NUMBER OF INCHES
D30B_I	num	8	94	D30B_I--Height without shoes - Inches
D30B_C	num	8	95	D30B_C--Height Centimeters
D30BFI	char	3	96	D30BFI--Height without shoes - Feet/Inches (Feet-Inches format)
D45	num	8	97	D45--During lifetime, smoked 100 cigarettes
D45A	num	8	98	D45A--Frequency of smoking now
D46	num	8	99	D46--Past 30 days, number days had alcohol
D46FILL	num	8	100	D46FILL--Computed number of drinks
D46A	num	8	101	D46A--Past 30 days, number of days with 4 or 5 drinks
E59	num	8	102	E59--How long since last doctor visit
E59_1	num	8	103	E59_1--Confirm never been to a doctor
E59A	num	8	104	E59A--How long since last doctor visit for routine check up
E62	num	8	105	E62--Last 12 mons, number of ER visits
E63	num	8	106	E63--How long since last dentist visit
VISION_CARE	num	8	107	VISION_CARE--How long since having eyes examined
F67	num	8	108	F67--Regular source of medical care
F67_1	num	8	109	F67_1--No regular source of care
F67A1	num	8	110	F67A1--More than one doctor or nurse
FH11	num	8	111	FH11--Last 12 mons, seen health care provider
FH12	num	8	112	FH12--Last 12 mons, provider spent enough time
FH03	num	8	113	FH03--Last 12 mons, get care during off hours
FH04	num	8	114	FH04--Last 12 mons, get care during off hours
FH05	num	8	115	FH05--Last 12 mons, contacted provider for urgent care
FH06	num	8	116	FH06--Last 12 mons, number of days waiting for urgent care
FH13	num	8	117	FH13--Last 12 mons, how often provider explained well
F68	num	8	118	F68--Last 12 mons, could not get needed dental
F68B_2	num	8	119	F68B_2--Last 12 mons, could not get needed vision care
F68B_3	num	8	120	F68B_3--Last 12 mons, could not get needed mental health
F68C	num	8	121	F68C--Last 12 mons, could not get other needed care/supplies
AVOID_CARE	num	8	122	AVOID_CARE--Delayed or avoided getting care needed
WHY_AVOID	num	8	123	WHY_AVOID--Why did you avoid or delay getting care
WHY_AVOIDA	num	8	124	WHY_AVOIDA--Avoided or delayed getting care because they thought it would cost too much
WHY_AVOIDB	num	8	125	WHY_AVOIDB--Avoided or delayed getting care because they did not have transportation
WHY_AVOIDC	num	8	126	WHY_AVOIDC--Avoided or delayed getting care because the provider was not available when needed to go
WHY_AVOIDD	num	8	127	WHY_AVOIDD--Avoided or delayed getting care because they could not find a provider
F70	num	8	128	F70--Last 12 mons, problem paying medical bills
FOOD_12MO	num	8	129	FOOD_12MO--Ability to buy food for family compared to 12 mons ago
RENT_12MO	num	8	130	RENT_12MO--Ability to pay rent/mortgage compared to 12 mons ago
DEBT_12MO	num	8	131	DEBT_12MO--Ability to pay off any debt compared to 12 mons ago
G71	num	8	132	G71--Last week job status
G71A_NEW	num	8	133	G71A_NEW--Self-employed

NAME	TYPE	LENGTH	VARNUM	LABEL
G72	num	8	134	G72--Employer/union offer health plan
G72A_REC	num	8	135	G72A_REC--Employer/union type of coverage, Recoded
G72B	num	8	136	G72B--Eligible for employer/union health plan
G72C	num	8	137	G72C--Reason not participating in employer health plan
G72C_1	num	8	138	G72C_1--Not participating in employer health plan because it costs too much
G72C_2	num	8	139	G72C_2--Not participating in employer health plan because of having other insurance
G73A	num	8	140	G73A--Work more or less than 30 hours per week
H76	num	8	141	H76--Marital status
H76A	num	8	142	H76A--Spouse employed
H77	num	8	143	H77--Highest level of education completed
H78	num	8	144	H78--Military service ever
S16	num	8	145	S16--Adult Hispanic ethnicity
S18	num	8	146	S18--Adult Hispanic Race
Q153A	num	8	147	Q153A--Primary landline use
Q153	num	8	148	Q153--Number of other landline phonelines in household (excludes survey phoneline)
U3	num	8	149	U3--IF LL - Use cell phone; IF Cell phone - Use LL
H84_NEW	num	8	150	H84_NEW--How many family members, including yourself, live in your household?
H84_A1	num	8	151	H84_A1--Number of family members supported by income
H84_A1_EXTRA	num	8	152	H84_A1_EXTRA--Are there additional family members not in household but supported by family income
H84_A1_NUM	num	8	153	H84_A1_NUM--How many additional family members not in household but supported by family income
HHCOUNT	num	8	154	HHCOUNT--Household count
H84_A2_OP1	num	8	155	H84_A2_OP1--Monthly Income Categories based off FPL less than 75%
H84_A2_OP2	num	8	156	H84_A2_OP2--Monthly Income Categories based off 76-100% FPL
H84_A2_OP3	num	8	157	H84_A2_OP3--Monthly Income Categories based off 101-138% FPL
H84_A2_OP4	num	8	158	H84_A2_OP4--Monthly Income Categories based off 139-206 FPL
H84_A2_OP5	num	8	159	H84_A2_OP5--Monthly Income Categories based off 207-250% FPL
H84_A2_OP6	num	8	160	H84_A2_OP6--Monthly Income Categories based off 251-400% FPL
H84_A2_OP7	num	8	161	H84_A2_OP7--Monthly Income Categories based off More than 400% FPL
H84_A3_OP1	num	8	162	H84_A3_OP1--Annual Income Categories based off FPL less than 75%
H84_A3_OP2	num	8	163	H84_A3_OP2--Annual Income Categories based off 76-100 % FPL
H84_A3_OP3	num	8	164	H84_A3_OP3--Annual Income Categories based off 101-138% FPL
H84_A3_OP4	num	8	165	H84_A3_OP4--Annual Income Categories based off 139-206% FPL
H84_A3_OP5	num	8	166	H84_A3_OP5--Annual Income Categories based off 207-250% FPL
H84_A3_OP6	num	8	167	H84_A3_OP6--Annual Income Categories based off 251-400% FPL
H84_A3_OP7	num	8	168	H84_A3_OP7--Annual Income Categories based off More than 400% FPL
H84_A2	num	8	169	H84_A2--Last month gross income
F_H84_A2CAT	num	8	170	F_H84_A2CAT--Borderline monthly income
H84_A2CATS	num	8	171	H84_A2CATS--Gross income estimate
H84_A3	num	8	172	H84_A3--Gross income estimate exactly equal to value
F_H84_A3CAT	num	8	173	F_H84_A3CAT--Borderline annual income fill
H84_A3CATS	num	8	174	H84_A3CATS--Gross income estimate
Q155	num	8	175	Q155--Without phone service 24 hours or more (not cell)
Q155C	num	8	176	Q155C--Without phone service 24 hours or more (not LL)
TRACFONE1	num	8	177	TRACFONE1--Prepaid/Pay as you go cell