OMAS 2017 - Child Variables (Revised November 2022)

Public Use File

Contents Listing
Date Created: 31MAR23

Data Set Name	DATA.PUF_CH
Observations	39711
Variables	77
Engine	V9
Created	03/31/2023 10:18:47

NAM	/F.	TYPE I	ENGTH	VARNUM	LABEL
P14		num	8	1	P148Child gender
190		num	8	2	I90AChild age
190		num	8	3	I90BRelationahip to child
I91		num	8	4	I91APerson responsible for child's insurance (LL only)
I91		num	8	5	I91CPerson available
I91	LD	num	8	6	I91DRequest to speak to person responsible for child's insurance
192	2	num	8	7	I92Continue child interview
PAF	R3	num	8	8	PAR3-Would you be able to answer just 1 to 3 of the most important questions about the child's health insurance coverage
195	5	num	8	9	195Last week, child covered by health care plan
I95	ōΑ	num	8	10	I95AConfirm child has health insurance
J96	5	num	8	11	J96Last week, child health insurance same as R
J96	5A	num	8	12	J96AConfirm child health insurance same as R
J10	OOA	num	8	13	J100AChild covered by employer or union plan
J10	00C	num	8	14	J100CChild covered by Medicaid
J10	OOC_CK	num	8	15	J100C_CKCheck if child covered by Medicaid
J10	OOC_CK_PAY	num	8	16	J100C_CK_PAYWho provides health insurance plan
J10	00B	num	8	17	J100BChild covered by Medicare
	OOBCON	num	8	18	J100BCONConfirm child covered by Medicare
	00B_R	num	8	19	J100B_RMedicare recoded
J10		num	8	20	J100EChild covered by private health plan
J10		num	8	21	J100FChild covered by BCMH or other public program
	L00F1	num	8	22	NJ100F1Specify which other public program
	00I1	num	8	23	J100I1Child covered by Exchange insurance/plan
	0013	num	8	24	J100I3Is there a monthly premium for this Ohio Health Care Exchange or healthcare.gov insurance plan
J10		num	8	25	J100GDoes child have any other health coverage
J10		num	8	26	J100HWho pays for health insurance plan
	OOCHK	num	8	27	J100CHKConfirm child health plan coverage
J11		num	8	28	J113Length of time child has been covered by current primary health insurance
J11		num	8	29	J116BChild covered by any insurance prior to current plan
J11		num	8	30	J117Child covered by Medicaid prior to current plan
J11		num	8 8	31	J117BPrior to current coverage had employer/union plan
J12		num	8	32 33	J120Any time since birth child had no insurance J122Length of time child was without health insurance
	5 NEW	num num	8		K96 NEWWhen was the child last covered by any type of health insurance plan
K99	_	num	8	35	K99Last time child had coverage was Medicaid
K10		num	8	36	K100Child last insurance was employer/union plan
L12		num	8		L125Rate child's health
	GAR 1	num	8	38	SUGAR 1Glasses of juice yesterday
	GAR 2	num	8	39	SUGAR 2Glasses of non-diet soda yesterday
	_ L25A1	num	8	40	PL125A1Child height
	125A2	num	8	41	PL125A2Child weight - units
L12	25AP F	num	8	42	L125AP FHow tall is the child now? (0-8 FEET)
L12	 25AP I	num	8	43	L125AP IHow tall is the child now? (00-12 INCHES)
L12	25AP	char	3	44	L125APChild Height Feet/Inches (FII format)
L12	25AC	num	8	45	L125ACChild Height Centimeters
L12	25A2P	num	8	46	L125A2PChild Weight Pounds (025-500)
L12	25A2K	num	8	47	L125A2KChild Weight Kilograms (018-227)
L12	25LBS	num	8	48	L125LBSChild Weight, Calculate number of pounds
PL1	L25INC	num	8	49	PL125INCChild height - calculate number of inches
L12	26H_2	num	8	50	L126H_2Child developmental disability
L12	26A_NEW	num	8	51	${\tt L126A_NEWDoes}$ the child currently need or use medicine prescribed by a doctor or other health care professional, other than vitamins
L12	26J_NEW	num	8	52	L126J_NEWDoes the child need or get special therapy
L12	26M_NEW	num	8	53	${\tt L126M_NEWDoes} \ \ the \ child \ have \ any \ kind \ of \ emotional, \ developmental \ or \ behavioral \ problem \\ for \ which \ they \ need \ or \ gets \ treatment \ or \ counseling$
LAS	510	num	8	54	LAS10Does the child have any trouble taking care of themselves
LAS	511	num	8	55	LAS11Does the child experience any difficulty learning, understanding, or paying attention
LAS	512	num	8	56	LAS12Does the child experience any difficulty speaking, communicating, or being understood
M13	31	num	8	57	M131How long since the child has last seen a doctor
M13		num	8	58	M131AConfirm child never had doc visit
	M130	num	8	59	FL_M130Question Fill for M130
M13	_	num	8	60	M130Child received well checkup
M13	30_NUMBER	num	8	61	M130_NUMBERHow many well checks has the child had in the past 12 months
M13	34	num	8	62	M134Times child was in ER

NAME	TYPE LENGTH VARNUM			M LABEL
M135	num	8	63	M135How long since the child has last seen a dentist
LAS14	num	8	64	LAS14How long since the child had eyes examined by any doctor or eye care provider
N136	num	8	65	N136Place child goes when sick
N136CHECK	num	8	66	N136CHECKverify place child goes for health care
N137B	num	8	67	N137BChild has personal doctor or nurse
PCMH_6	num	8	68	PCMH_6Child has seen health provider
PCMH_7	num	8	69	PCMH_7Health provider spent enough time with child
PCMH_X	num	8	70	PCMH_XDays waited for appt for child needing urgent care
PCMH_3	num	8	71	PCMH_3Able to get off hours care for child
PCMH_8	num	8	72	PCMH_8Health provider explained things in a way that was easy to understnad
J108	num	8	73	J108Needed help coordinating child's care
J108B	num	8	74	J108BReceived needed help coordinating child's care
0139	num	8	75	0139Child unable to get needed dental care
2149	num	8	76	P149Child Hispanic
P151	num	8	77	P151Child's parents employed