

Sample Adult Sections

FRT COV MLG

BCK

Roster

HHC REL FAM Front

Back

Coverage Mailing Address

Household Composition Relationship of Children to Parents Family Composition

VFY	Sample Adult Verification
HIS	Health Status
LSF	Life Satisfaction
HYP	Hypertension
CHL	Cholesterol
CVC	Cardiovascular Conditions
ASP AST	Aspirin Asthma
CAN	Cancer
DIB	Diabetes
CON	Other Chronic Conditions
SCE	Sponsored Conditions-Ever
CFS	Chronic Fatigue Section
ISN	Immunosuppression
EPI	Epilepsy
SVC	Vision Conditions
BMI VIS	Current pregnancy, height, weight Vision
HEA	Hearing
MOB	Mobility
СОМ	Communication
COG	Cognition
UPP	Self-care and Upper Body
SOC	Social Functioning
ADO	Age of Disability Onset
INS	Health Insurance
PAY	Difficulty Paying for Health Care
CVL DNC	Long-COVID Dental Care
UTZ	Utilization
TLH	Telehealth
HIT	Internet Access & Health Information Technology
PMD	Prescription Medication
PRV	Preventive Screening
GCT	Genetic Cancer Testing
FHC	Family History of Cancer
IMS	Immunization with 2023 supplements
PTC	Physical and other therapeutic care
ANX DEP	Anxiety Depression
MHC	Mental Health Care
EDS	Everyday Discrimination
HVS	Heightened Vigilance
PAI	Chronic Pain
MHA	Brief Mental Health Assessment
REP	Repetitive Strain Injury
INJ	Injury
TBI	Concussions, past 12 months
ART	Arthritis
CIG OTB	Cigarettes and E-cigarettes Other Tobacco
SVI	Sponsored Vision Items
SHE	Sponsored Hearing Items
SWE	Sponsored Work Exposure
ORN	Sexual Orientation
GNI	Gender Identity
MAR	Marital Status
VET	Veterans Status
NAT	Nativity
SCH EMP	Schooling Employment
EMD	Detailed Employment
VOL	Volunteer Activities
FEM	Employment of family members
INC	Family Income
FOO	Food Related Programs
FDS	Food Security
HOU	Housing
SDH	Housing Insecurity
TBH	Transportation Barrier to Care
CIV	Civic Engagement
REC	Person's name
TEL LNK	Telephone Use Linkage
THX	Thanks
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Sample Child Sections

VEV	Varification and domographic datails
	Verification and demographic details
_	Health Status
-	Asthma
	Diabetes
	Developmental and Learning Disabilities
VIS	Vision
HEA	Hearing
VIS	Vision
HEA	Hearing
MOB	Mobility
UPP	Upper Body, Motor skills and self care
СОМ	Communication
	Cognition
	Anxiety
	Depression
	Behavior
	Baby Pediatric Symptom Checklist
	Schooling
	Health Insurance
_	Difficulty Paying for Health Care
	Long-COVID
	Dental Care
_	
-	Utilization
	Telehealth
	Prescription medications
	Immunization
	COVID-19 vaccination
_	Physical and other therapeutic care
	Mental health care – Rotate
	Social Support
SLE	Stressful Life Events
INJ	Injury
TBI	Concussions – past 12 months
SVI	Vision Supplement
SHE	Sponsored Hearing Items
PAR	Parent Demographics
NAT	Nativity
FEM	Employment of family members
INC	Family Income
FOO	Food Related Programs
FDS	Food Security
HOU	Housing
	Child's full name
TEL	Telephone ownership
	Linkage
	NHIS-Teen Sample Child Respondent Consent
TIIV	Thomas
	VIS HEA MOB UPP COM COG ANX DEP BEH BSC SCH INS PAY CVL DNC UTZ TLH PMD IMM CVV PTC MHC SOS SLE INJ TBI SVI SHER NAT FEM INC FOO FDS HOU REC TEL LNK WEB

THX

Thanks