

COV     Coverage       BCK     Back     VFY     Verification and demographic details     VFY     Verification and demographic details       BCK     HIS     Health Status     HIS     Health Status       ROST     Asthma     Diabetes       CVC     Cordiovascular Conditions     DLD     Dievelopmental and Learning Disabilities       HHC     Household Composition     ASP     Asprin     VIS     Vision       REL     Relationship of Children to Parents     AST     Asthma     HEA     Hearing       FAM     Family Composition     AST     Asthma     HEA     Hearing       FAM     Family Composition     CAN     Cancer     MOB     Mobility       CON     Other Chronic Conditions     COM     Communication       CON     Other Chronic Conditions     COG     Cognition       MOB     Mobility     BMI     Current pregnant, height, weight     COG     Cognition       MEA     HEA     Hearing     DEP     Depression       MoB     Mobility     BEH     Behavior       COM     Communication     BSC     Baby Pediatric Symptom Checklist       COS     Cognition     SCH     Schooling       LIVERAL SALES ASSET AS	FDT.	Final	Consider Add to Constitute		Carryla Child Castions	
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GAD Anxiety FDS Food Security					FDS	
PAI Chronic Pain HOU Housing						
ART Arthritis REC Child's full name						•
CIG Cigarettes and E-cigarettes TEL Telephone Use						
OTB Other Tobacco LNK Linkage						•
ORN Sexual Orientation						ŭ
MAR Marital Status						
VET Veterans Status						
NAT Nativity						
SCH Schooling						
EMP Employment						
FEM Employment of family members						
INC Family Income						
FOO Food Related Programs						
FDS Food Security						
HOU Housing				•		
REC Adult's full name						
TEL Telephone Use						
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Biometric