

FRT	Front
COV	Coverage
MLG	Mailing Address
DCI/	Doole

BCK Back

Roster

HHC

Household Composition Relationship of Children to Parents Family Composition REL

FAM

Sample Adult Sections

VFY	Sample Adult Verification
HIS	Health Status
LSF	Life Satisfaction
HYP	Hypertension
CHL	Cholesterol
CVC	Cardiovascular Conditions
AST	Asthma
CAN	Cancer
DIB	Diabetes
CON	Other Chronic Conditions
CFS	Chronic Fatigue Section
ISN	Immunosuppression
EPI	Epilepsy
BMI	Current pregnant, height, weight
VIS	Vision
HEA	Hearing
MOB COM	Mobility Communication
COM	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	Long-COVID
DNC	Dental Care
UTZ	Utilization
ABH	Access Barriers to Care
TLH	Telehealth
PMD	Prescription Medication
IMS	Immunization with 2022 supplements
PTC	Physical and other therapeutic care
ANX	Anxiety
DEP	Depression
MHC	Mental Health Care
PHQ	PHQ-8 Depression
GAD	GAD-7 Anxiety
FGE	Fatigue
CIG	Cigarettes and E-cigarettes w/ Cig. History and Smoking Quit Methods
OTB	Other Tobacco
AQS	Advice to Quit Smoking
ALC	Alcohol Use
PHY	Physical Activity
WLK	Walking
CPA	Content of Care - Physical Activity
SLP	Sleep
DNU	Diet and Nutrition
CIH	Complementary and Integrative Health
VSL	Voice, Swallowing, Speech, and Language Communication Disorders
ORN	Sexual Orientation
GNI	Gender Identity
MAR	Marital Status Veterans Status
VET NAT	
SCH	Nativity
EMP	Schooling Employment
FEM	Employment of family members
INC	Family Income
FOO	Food Related Programs
FDS	Food Security
HOU	Housing
ТВН	Transportation Barrier to Care
REC	Person's name
TEL	Telephone Use
LNK	Linkage
THX	Thanks

Sample Child Sections

	VFY	Verification and demographic details
	HIS	Health Status
	LS1	Satisfaction with Life
	AST	Asthma
	DIB	Diabetes
	DLD	Developmental and Learning Disabilities
	BMI	Height and Weight
	VIS	Vision
	HEA	Hearing
	MOB	Mobility
	UPP	Upper Body, Motor skills and self care
	COM	Communication
	COG	Cognition
	ANX	Anxiety
_1_1	DEP	Depression
ght	BEH	Behavior
	BSC	Baby Pediatric Symptom Checklist
	SCH	Schooling
	INS	Health Insurance
	PAY	Difficulty Paying for Health Care
	CVL	Long-COVID
	DNC	Dental Care
	UTZ	Utilization
	TLH	Telehealth
	PMD	Prescription medications
	IMM	Immunization
re	CVV	COVID-19 vaccination
	HPV	HPV Vaccination
	PTC	Physical and other therapeutic care
	MHC	Mental health care – Rotate
	SOS	Social Support
	SDQ	Child Mental Health - SDQ Questionnaire
	SLE	Stressful Life Events
	BLY	Bullying
lements	TBI	Concussions - lifetime
c care	PHY	Physical Activity
	NHC	
	SLP	Neighborhood Characteristics
/ Cig. History and Smoking Quit Methods		Sleep
	SCR	Screen time
	CIH	Complementary and Integrative Health
	VSL	Voice, Swallowing, Speech, and Language Communication Disorders
	PAR	Parent Demographics
	NAT	Nativity
	FEM	Employment of family members
	INC	Family Income
	FOO	Food Related Programs
	FDS	Food Security
ivity	HOU	Housing Children and Children a
	REC	Child's full name
ivity	TEL	Telephone ownership
	LNK	Linkage
	WEB	NHIS-Teen Sample Child Respondent Consent
ve Health	THX	Thanks
nd Language Communication Disorders		