



MIYHS COMBINED CODEBOOK

KINDERGARTEN AND 3RD GRADE MODULE

2009 – 2011

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During the past 12 months, about how many days of school did your child miss because of his or her asthma?	2
Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	2
An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	2
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During the past seven (7) days, how many times did your child drink a can, bottle, or glass of soda, sports drinks, Kool-Aid, or sweetened ice tea? <i>Do not include diet drinks.</i>	7
During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drink, energy drink, or sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? <i>Do not count diet soda or drinks or 100% fruit juice.</i>	7
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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Demographics, Part 1 // Health Status // Diabetes

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator																																																														
q1	2009	What is your child's current grade level?	1 = A. Kindergarten 2 = B. 3rd grade 3 = C. Some other grade 4 = D. Ungraded	N/A	N/A	N/A	N/A																																																															
k1	2011								q2	2009	What is your child's age?	1 = A. 4 years old or less 2 = B. 5 years old 3 = C. 6 years old 4 = D. 7 years old 5 = E. 8 years old 6 = F. 9 years old or older	N/A	N/A	N/A	N/A		k2	2011	q3	2009	Is your child female or male?	1 = A. Female 2 = B. Male	N/A	N/A	N/A	N/A		k3	2011	q4	2009	What is your relationship to this child?	1 = A. Mother 2 = B. Father 3 = C. Stepparent 4 = D. Guardian 5 = E. Grandparent 6 = F. Other relative	N/A	N/A	N/A	N/A		k4	2011	q5	2009 D,S	What language is spoken most often at home?	1 = A. English 2 = B. Spanish 3 = C. French 4 = D. Arabic 5 = E. Acholi 6 = F. Somali 7 = G. Khmer 8 = H. Some other language	qn5	Percentage of parents who answered something other than "English"	1 = Yes 2 = No	B, C, D, E, F, G, or H	A, B, C, D, E, F, G, or H	k5	2011 D,S	kn5	q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E	k6	2011 D,S	kn6	q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7
q2	2009	What is your child's age?	1 = A. 4 years old or less 2 = B. 5 years old 3 = C. 6 years old 4 = D. 7 years old 5 = E. 8 years old 6 = F. 9 years old or older	N/A	N/A	N/A	N/A																																																															
k2	2011								q3	2009	Is your child female or male?	1 = A. Female 2 = B. Male	N/A	N/A	N/A	N/A		k3	2011	q4	2009	What is your relationship to this child?	1 = A. Mother 2 = B. Father 3 = C. Stepparent 4 = D. Guardian 5 = E. Grandparent 6 = F. Other relative	N/A	N/A	N/A	N/A		k4	2011	q5	2009 D,S	What language is spoken most often at home?	1 = A. English 2 = B. Spanish 3 = C. French 4 = D. Arabic 5 = E. Acholi 6 = F. Somali 7 = G. Khmer 8 = H. Some other language	qn5	Percentage of parents who answered something other than "English"	1 = Yes 2 = No	B, C, D, E, F, G, or H	A, B, C, D, E, F, G, or H	k5	2011 D,S	kn5	q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E	k6	2011 D,S	kn6	q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k7	2011 D,S	kn7				
q3	2009	Is your child female or male?	1 = A. Female 2 = B. Male	N/A	N/A	N/A	N/A																																																															
k3	2011								q4	2009	What is your relationship to this child?	1 = A. Mother 2 = B. Father 3 = C. Stepparent 4 = D. Guardian 5 = E. Grandparent 6 = F. Other relative	N/A	N/A	N/A	N/A		k4	2011	q5	2009 D,S	What language is spoken most often at home?	1 = A. English 2 = B. Spanish 3 = C. French 4 = D. Arabic 5 = E. Acholi 6 = F. Somali 7 = G. Khmer 8 = H. Some other language	qn5	Percentage of parents who answered something other than "English"	1 = Yes 2 = No	B, C, D, E, F, G, or H	A, B, C, D, E, F, G, or H	k5	2011 D,S	kn5	q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E	k6	2011 D,S	kn6	q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k7	2011 D,S	kn7															
q4	2009	What is your relationship to this child?	1 = A. Mother 2 = B. Father 3 = C. Stepparent 4 = D. Guardian 5 = E. Grandparent 6 = F. Other relative	N/A	N/A	N/A	N/A																																																															
k4	2011								q5	2009 D,S	What language is spoken most often at home?	1 = A. English 2 = B. Spanish 3 = C. French 4 = D. Arabic 5 = E. Acholi 6 = F. Somali 7 = G. Khmer 8 = H. Some other language	qn5	Percentage of parents who answered something other than "English"	1 = Yes 2 = No	B, C, D, E, F, G, or H	A, B, C, D, E, F, G, or H	k5	2011 D,S	kn5	q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E	k6	2011 D,S	kn6	q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k7	2011 D,S	kn7																										
q5	2009 D,S	What language is spoken most often at home?	1 = A. English 2 = B. Spanish 3 = C. French 4 = D. Arabic 5 = E. Acholi 6 = F. Somali 7 = G. Khmer 8 = H. Some other language	qn5	Percentage of parents who answered something other than "English"	1 = Yes 2 = No	B, C, D, E, F, G, or H	A, B, C, D, E, F, G, or H																																																														
k5	2011 D,S			kn5					q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E	k6	2011 D,S	kn6	q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k7	2011 D,S	kn7																																						
q6	2009 D,S	How would you describe your child's health status?	1 = A. Excellent 2 = B. Very Good 3 = C. Good 4 = D. Fair 5 = E. Poor	qn6	Percentage of parents who answered "Excellent", "Very good" or "Good"	1 = Yes 2 = No	A, B, or C	A, B, C, D, or E																																																														
k6	2011 D,S			kn6					q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k7	2011 D,S	kn7																																																		
q7	2009 D,S	Has a doctor or nurse ever told you that your child has diabetes?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn7	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C																																																														
k7	2011 D,S			kn7																																																																		

* D = Detailed report; S = Summary report

+ When only current variable names are listed, similar programming information for the paired variables in previous MIYHS administrations should be assumed unless otherwise noted.

MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Asthma

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator																																																																																				
q8	2009 D,S	Has a doctor or nurse ever told you that your child has asthma?	1 = A. Yes 2 = B. No [If "No", skip to q17 // k17] 3 = C. Not sure	qn8	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C																																																																																				
k8	2011 D,S			kn8					q9	2009 D,S	Does your child still have asthma?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn9	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k9 = A	A, B, or C	k9	2011 D,S	kn9	q10	2009 D,S	Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when your child does not have a cold or respiratory infection. During the past 30 days, how many days did your child have any symptoms of asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn10	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k10 = B, C, D, E, or F	A, B, C, D, E, or F	k10	2011 D,S	kn10	q11	2009 D,S	During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn11	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k11 = B, C, D, E, or F	A, B, C, D, E, or F	k11	2011 D,S	kn11	q12	2009 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn12	Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	q8 = A AND q12 = B, C, D, E, or F	A, B, C, D, E, or F	k52	2011 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	kn52	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k52 = C or D	A, B, C, or D	q13	2009 D,S	During the past 12 months, about how many days of school did your child miss because of his or her asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	qn13	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k13 = C or D	A, B, C, or D	k13	2011 D,S	kn13	q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C	k14	2011 D,S	kn14	q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"
q9	2009 D,S	Does your child still have asthma?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn9	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k9 = A	A, B, or C																																																																																				
k9	2011 D,S			kn9					q10	2009 D,S	Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when your child does not have a cold or respiratory infection. During the past 30 days, how many days did your child have any symptoms of asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn10	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k10 = B, C, D, E, or F	A, B, C, D, E, or F	k10	2011 D,S	kn10	q11	2009 D,S	During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn11	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k11 = B, C, D, E, or F	A, B, C, D, E, or F	k11	2011 D,S	kn11	q12	2009 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn12	Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	q8 = A AND q12 = B, C, D, E, or F	A, B, C, D, E, or F	k52	2011 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	kn52	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k52 = C or D	A, B, C, or D	q13	2009 D,S	During the past 12 months, about how many days of school did your child miss because of his or her asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	qn13	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k13 = C or D	A, B, C, or D	k13	2011 D,S	kn13	q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C	k14	2011 D,S	kn14	q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C	k15	2011 D,S	kn15						
q10	2009 D,S	Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when your child does not have a cold or respiratory infection. During the past 30 days, how many days did your child have any symptoms of asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn10	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k10 = B, C, D, E, or F	A, B, C, D, E, or F																																																																																				
k10	2011 D,S			kn10					q11	2009 D,S	During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn11	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k11 = B, C, D, E, or F	A, B, C, D, E, or F	k11	2011 D,S	kn11	q12	2009 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn12	Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	q8 = A AND q12 = B, C, D, E, or F	A, B, C, D, E, or F	k52	2011 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	kn52	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k52 = C or D	A, B, C, or D	q13	2009 D,S	During the past 12 months, about how many days of school did your child miss because of his or her asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	qn13	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k13 = C or D	A, B, C, or D	k13	2011 D,S	kn13	q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C	k14	2011 D,S	kn14	q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C	k15	2011 D,S	kn15																		
q11	2009 D,S	During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn11	Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	k8 = A AND k11 = B, C, D, E, or F	A, B, C, D, E, or F																																																																																				
k11	2011 D,S			kn11					q12	2009 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn12	Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	q8 = A AND q12 = B, C, D, E, or F	A, B, C, D, E, or F	k52	2011 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	kn52	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k52 = C or D	A, B, C, or D	q13	2009 D,S	During the past 12 months, about how many days of school did your child miss because of his or her asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	qn13	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k13 = C or D	A, B, C, or D	k13	2011 D,S	kn13	q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C	k14	2011 D,S	kn14	q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C	k15	2011 D,S	kn15																														
q12	2009 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. 1-4 days 3 = C. 5-14 days 4 = D. 15-20 days 5 = E. Almost all days 6 = F. Every day	qn12	Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day	1 = Yes 2 = No	q8 = A AND q12 = B, C, D, E, or F	A, B, C, D, E, or F																																																																																				
k52	2011 D,S	During the past 12 months, how much did your child limit his or her usual activities due to asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	kn52	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k52 = C or D	A, B, C, or D																																																																																				
q13	2009 D,S	During the past 12 months, about how many days of school did your child miss because of his or her asthma?	1 = A. None 2 = B. Less than one time per week 3 = C. One or more times per week 4 = D. Almost daily	qn13	Among parents who reported their child had asthma in kn8, percentage of parents who answered "One or more times per week" or "Almost daily"	1 = Yes 2 = No	k8 = A AND k13 = C or D	A, B, C, or D																																																																																				
k13	2011 D,S			kn13					q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C	k14	2011 D,S	kn14	q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C	k15	2011 D,S	kn15																																																												
q14	2009 D,S	Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn14	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k14 = A	A, B, or C																																																																																				
k14	2011 D,S			kn14					q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C	k15	2011 D,S	kn15																																																																								
q15	2009 D,S	An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn15	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k15 = A	A, B, or C																																																																																				
k15	2011 D,S			kn15																																																																																								

* D = Detailed report; S = Summary report

+ When only current variable names are listed, similar programming information for the paired variables in previous MIYHS administrations should be assumed unless otherwise noted.

MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Asthma (cont.) // Autism // Health & Dental Care

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator																																																																			
q16	2009 D,S	Have you ever take a course or class on how to manage your child's asthma?	1 = A. Yes 2 = B. No 3 = C. Don't know	qn16	Among parents who reported their child had asthma in kn8, percentage of parents who answered "Yes"	1 = Yes 2 = No	k8 = A AND k16 = A	A, B, or C																																																																			
k16	2011 D,S			kn16					q17	2009 D,S	Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism?	1 = A. Yes 2 = B. No [If "No", skip to q19 // k53(a-e)] 3 = C. Not sure	qn17	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C	k17	2011 D,S	kn17	q18	2009 D,S	Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn18	Among parents who reported their child has some form of autism in kn17, percentage of parents who answered "Yes"	1 = Yes 2 = No	k17 = A AND k18 = A	A, B, or C	k18	2011 D,S	kn18	q19	2009 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	qn19	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A	A, B, C, D, or E	k53a	2011 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	kn53	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A for k53a	A, B, C, D, or E for k53a thru k53e	k53b	k53c	k53d	k53e	q20	2009 D,S	About how long has it been since your child last visited a dentist? <i>Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.</i>	1 = A. 6 months or less 2 = B. More than 6 months but not more than 1 year 3 = C. More than 1 year but not more than 3 years 4 = D. More than 3 years ago 5 = E. My child has never been to a dentist 6 = F. Don't know/can't remember	qn20	Percentage of parents who answered less than 1 year	1 = Yes 2 = No	A or B	A, B, C, D, E, or F	k54	2011 D,S	When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? <i>Include dental hygienists as well as all types of dentists.</i>	1 = A. 12 months or less 2 = B. More than 1 year but not more than 3 years 3 = C. More than 3 years 4 = D. My child has never been to a dentist 5 = E. Don't know/can't remember	kn54	Percentage of parents who answered "12 months or less"	1 = Yes 2 = No	A	A, B, C, D, or E	q21	2009	What was the main reason that your child last visited a dentist? <i>Please mark only one.</i>
q17	2009 D,S	Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism?	1 = A. Yes 2 = B. No [If "No", skip to q19 // k53(a-e)] 3 = C. Not sure	qn17	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C																																																																			
k17	2011 D,S			kn17					q18	2009 D,S	Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn18	Among parents who reported their child has some form of autism in kn17, percentage of parents who answered "Yes"	1 = Yes 2 = No	k17 = A AND k18 = A	A, B, or C	k18	2011 D,S	kn18	q19	2009 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	qn19	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A	A, B, C, D, or E	k53a	2011 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	kn53	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A for k53a	A, B, C, D, or E for k53a thru k53e	k53b	k53c	k53d	k53e									q20	2009 D,S	About how long has it been since your child last visited a dentist? <i>Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.</i>	1 = A. 6 months or less 2 = B. More than 6 months but not more than 1 year 3 = C. More than 1 year but not more than 3 years 4 = D. More than 3 years ago 5 = E. My child has never been to a dentist 6 = F. Don't know/can't remember	qn20	Percentage of parents who answered less than 1 year	1 = Yes 2 = No	A or B	A, B, C, D, E, or F	k54	2011 D,S	When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? <i>Include dental hygienists as well as all types of dentists.</i>	1 = A. 12 months or less 2 = B. More than 1 year but not more than 3 years 3 = C. More than 3 years 4 = D. My child has never been to a dentist 5 = E. Don't know/can't remember	kn54	Percentage of parents who answered "12 months or less"	1 = Yes 2 = No	A	A, B, C, D, or E	q21	2009	What was the main reason that your child last visited a dentist? <i>Please mark only one.</i>	1 = A. Was called by the dentist for a check-up, examination, or cleaning 2 = B. Went in for a check-up examination or cleaning but was not called 3 = C. Something was wrong, bothering, or hurting 4 = D. Went for treatment for something the dentist found at an earlier check-up or examination 5 = E. Other 6 = F. My child has never been to a dentist 7 = G. Don't know/don't remember	N/A	N/A	N/A
q18	2009 D,S	Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school?	1 = A. Yes 2 = B. No 3 = C. Not sure	qn18	Among parents who reported their child has some form of autism in kn17, percentage of parents who answered "Yes"	1 = Yes 2 = No	k17 = A AND k18 = A	A, B, or C																																																																			
k18	2011 D,S			kn18					q19	2009 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	qn19	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A	A, B, C, D, or E	k53a	2011 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	kn53	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A for k53a	A, B, C, D, or E for k53a thru k53e	k53b	k53c	k53d	k53e									q20	2009 D,S	About how long has it been since your child last visited a dentist? <i>Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.</i>	1 = A. 6 months or less 2 = B. More than 6 months but not more than 1 year 3 = C. More than 1 year but not more than 3 years 4 = D. More than 3 years ago 5 = E. My child has never been to a dentist 6 = F. Don't know/can't remember									qn20	Percentage of parents who answered less than 1 year	1 = Yes 2 = No	A or B	A, B, C, D, E, or F	k54	2011 D,S	When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? <i>Include dental hygienists as well as all types of dentists.</i>	1 = A. 12 months or less 2 = B. More than 1 year but not more than 3 years 3 = C. More than 3 years 4 = D. My child has never been to a dentist 5 = E. Don't know/can't remember	kn54	Percentage of parents who answered "12 months or less"	1 = Yes 2 = No	A	A, B, C, D, or E	q21	2009	What was the main reason that your child last visited a dentist? <i>Please mark only one.</i>	1 = A. Was called by the dentist for a check-up, examination, or cleaning 2 = B. Went in for a check-up examination or cleaning but was not called 3 = C. Something was wrong, bothering, or hurting 4 = D. Went for treatment for something the dentist found at an earlier check-up or examination 5 = E. Other 6 = F. My child has never been to a dentist 7 = G. Don't know/don't remember	N/A	N/A	N/A	N/A	N/A		
q19	2009 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	qn19	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A	A, B, C, D, or E																																																																			
k53a	2011 D,S	What kind of health care coverage does your child have?	1 = A. No insurance 2 = B. Private insurance 3 = C. CHAMPUS 4 = D. MaineCare 5 = E. Other	kn53	Percentage of parents who answered "No health insurance"	1 = Yes 2 = No	A for k53a	A, B, C, D, or E for k53a thru k53e																																																																			
k53b																																																																											
k53c																																																																											
k53d																																																																											
k53e																																																																											
q20	2009 D,S	About how long has it been since your child last visited a dentist? <i>Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.</i>	1 = A. 6 months or less 2 = B. More than 6 months but not more than 1 year 3 = C. More than 1 year but not more than 3 years 4 = D. More than 3 years ago 5 = E. My child has never been to a dentist 6 = F. Don't know/can't remember	qn20	Percentage of parents who answered less than 1 year	1 = Yes 2 = No	A or B	A, B, C, D, E, or F																																																																			
k54	2011 D,S	When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? <i>Include dental hygienists as well as all types of dentists.</i>	1 = A. 12 months or less 2 = B. More than 1 year but not more than 3 years 3 = C. More than 3 years 4 = D. My child has never been to a dentist 5 = E. Don't know/can't remember	kn54	Percentage of parents who answered "12 months or less"	1 = Yes 2 = No	A	A, B, C, D, or E																																																																			
q21	2009	What was the main reason that your child last visited a dentist? <i>Please mark only one.</i>	1 = A. Was called by the dentist for a check-up, examination, or cleaning 2 = B. Went in for a check-up examination or cleaning but was not called 3 = C. Something was wrong, bothering, or hurting 4 = D. Went for treatment for something the dentist found at an earlier check-up or examination 5 = E. Other 6 = F. My child has never been to a dentist 7 = G. Don't know/don't remember	N/A	N/A	N/A	N/A	N/A																																																																			

* D = Detailed report; S = Summary report

+ When only current variable names are listed, similar programming information for the paired variables in previous MIYHS administrations should be assumed unless otherwise noted.

MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Health & Dental Care (cont.)

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
k55	2011 D,S	During the past 12 months, has your child been treated for a dental condition such as toothache, decayed teeth or cavities, broken teeth, or bleeding gums? <i>Do not include visits to an orthodontist for braces.</i>	1 = A. Yes 2 = B. No 3 = C. My child has never been to a dentist 4 = D. Don't know/don't remember	kn55	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, C, or D
q22	2009 D,S	During the past 12 months, was there a time when your child needed dental care but could not get it at that time?	1 = A. Yes 2 = B. No [If "No", skip to q24 // k56(a-f)] 3 = C. Don't know	qn22	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C
k22	2011 D,S			kn22				
q23	2009	The last time your child could not get the dental care they needed, what was the main reason they couldn't get care? <i>Please mark only one.</i>	1 = A. Could not afford it 2 = B. Dentist did not accept MaineCare or Insurance 3 = C. Not serious enough 4 = D. Waited too long in the clinic or office 5 = E. Difficulty getting appointments 6 = F. Don't like/trust/believe in dentists 7 = G. No dentist available 8 = H. Didn't know where to go 9 = I. No way to get there 10 = J. Hours not convenient 11 = K. Speak a different language 12 = L. Health of another family member 13 = M. Other reason 14 = N. Don't know/don't remember	N/A	N/A	N/A	N/A	N/A
k23a	2011		1 = A. Could not afford it 2 = B. Dentist did not accept MaineCare or Insurance 3 = C. Difficulty getting appointments 4 = D. No dentist available 5 = E. No way to get there 6 = F. Other reason 7 = G. Don't know/don't remember					
q24	2009 D,S	Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? <i>Include health insurance obtained through work or purchased directly as well as government programs like MaineCare.</i>	1 = A. Yes 2 = B. No 3 = C. Don't know	qn24	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C
k56a	2011 D,S	Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? <i>Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare.</i>	1 = A. I do not have any dental insurance for my child 2 = B. Private insurance 3 = C. MaineCare 4 = D. CHAMPUS 5 = E. Other 6 = F. Don't know/don't remember	kn56	Percentage of parents who answered that they have insurance that pays for some or all of their child's dental care	1 = Yes 2 = No	B, C, D, or E for k56b thru k56e	A, B, C, D, E, or F for k56a thru k56f
k56b								
k56c								
k56d								
k56e								
k56f								

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables
Health & Dental Care (cont.) // Sun Protection // Tobacco

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
q25	2009 D,S	Has your child ever had dental sealants placed on their teeth at either your dental office or through a school program? <i>Sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities.</i>	1 = A. Yes - at a dental office 2 = B. Yes - at a school program 3 = C. No 4 = D. Don't know	qn25	Percentage of parents who answered "Yes" (at a dental office or through a school program)	1 = Yes 2 = No	A or B	A, B, C, or D
k57a	2011 D,S	Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? <i>Sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities.</i>	1 = A. Yes - at a dental office 2 = B. Yes - at a school program 3 = C. No 4 = D. Don't know	kn57	Percentage of parents who answered "Yes" (at a dental office or through a school program)	1 = Yes 2 = No	A or B for k57a AND/OR A or B for k57b	A, B, C, or D for k57a thru k57d
k57b								
k57c								
k57d								
q26	2009 D,S	During the past 4 weeks, how many days of school has your child missed because of dental problems? <i>Do not include routine dental/orthodontist visits.</i>	1 = A. My child has not missed school because of dental problems 2 = B. 1-2 days 3 = C. 3-4 days 4 = D. 5 or more days	qn26	Percentage of parents who answered at least 1 day	1 = Yes 2 = No	B, C, or D	A, B, C, or D
k58	2011 D,S	During the past 3 months, how many days of school has your child missed because of dental problems? <i>Do not include routine dental/orthodontist visits.</i>	1 = A. My child has not missed school because of dental problems 2 = B. 1-2 days 3 = C. 3-4 days 4 = D. 5 or more days	kn58	Percentage of parents who answered at least 1 day	1 = Yes 2 = No	B, C, or D	A, B, C, or D
q27	2009 D,S	When your child is outside for more than one hour on a sunny summer day, how often does he or she wear sunscreen with an SPF of 15 or higher?	1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Most of the time 5 = E. Always	qn27	Percentage of parents who answered "Most of the time" or "Always"	1 = Yes 2 = No	D or E	A, B, C, D, or E
k27	2011 D,S			kn27				
q28	2009 D,S	On a sunny summer day, when your child is outside for more than 15 minutes between 11 a.m. and 3 p.m., how often does he or she do one of the following: stay in the shade, wear clothes covering most of his or her arms and legs, or wear a hat?	1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Most of the time 5 = E. Always	qn28	Percentage of parents who answered "Most of the time" or "Always"	1 = Yes 2 = No	D or E	A, B, C, D, or E
k28	2011 D,S			kn28				
q29	2009 D,S	During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day.	1 = A. Yes 2 = B. No 3 = C. Not sure	qn29	Percentage of parents who answered "Yes"	1 = Yes 2 = No	A	A, B, or C
k29	2011 D,S			kn29				
q30	2009 D,S	How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside the house?	1 = A. 0 2 = B. 1 3 = C. 2 4 = D. 3 5 = E. 4 or more	qn30	Percentage of parents who answered at least 1 person	1 = Yes 2 = No	B, C, D, or E	A, B, C, D, or E
k30	2011 D,S			kn30				

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Unintentional Injury

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
q31	2009 D,S	How often does your child ride in a booster car seat?	1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Almost always 5 = E. Always	qn31	Percentage of parents who answered "Never" or "Rarely"	1 = Yes 2 = No	A or B	A, B, C, D, or E
k31a	2011 D,S		1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Most of the time 5 = E. Always	kn31a				
q32	2009 D,S	When your child rides in a car, truck, or van, how often does he or she sit in the backseat?	1 = A. Never sits in the backseat 2 = B. Sometimes sits in the backseat 3 = C. Always sits in the back seat 4 = D. There is no backseat in the car, truck, or van my child usually rides in	qn32	Among those who have a backseat available, percentage of parents who answered "Never sits in the backseat" or "Sometimes sits in the backseat"	1 = Yes 2 = No	A or B	A, B, or C (Exclude D)
k32	2011 D,S			kn32				
q33	2009 D,S	How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends?	1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Often 5 = E. Always	qn33	Percentage of parents who answered "Often" or "Always"	1 = Yes 2 = No	D or E	A, B, C, D, or E
k33a	2011 D,S		1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Most of the time 5 = E. Always	kn33a				
q34	2009 D,S	How often does your child wear a helmet when riding a bike?	1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Almost always 5 = E. Always 6 = F. My child does not ride a bike	qn34	Among those whose child rides a bike, percentage of parents who answered "Never" or "Rarely"	1 = Yes 2 = No	A or B	A, B, C, D or E (Exclude F)
k34a	2011 D,S		1 = A. Never 2 = B. Rarely 3 = C. Sometimes 4 = D. Most of the time 5 = E. Always 6 = F. My child does not ride a bike	kn34a				

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Nutrition

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
q35	2009 D,S	During the past seven (7) days, how many times did your child drink 100% fruit juices such as orange juice, apple juice or grape juice? <i>Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.</i>	1 = A. My child did not drink 100% fruit juice during the past 7 days 2 = B. 1 to 3 times during the past 7 days 3 = C. 4 to 6 times during the past 7 days 4 = D. 1 time per day 5 = E. 2 times per day 6 = F. 3 times per day 7 = G. 4 or more times per day	qn35	Percentage of parents who answered at least once in the past week	1 = Yes 2 = No	B, C, D, E, F, or G	A, B, C, D, E, F, or G
k35a	2011 D,S	During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice or grape juice? <i>Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.</i>		kn35a				
q36	2009 D,S	During the past seven (7) days, how many times did your child eat fruit? <i>Do not count fruit juice.</i>	1 = A. My child did not eat fruit during the past 7 days 2 = B. 1 to 3 times during the past 7 days 3 = C. 4 to 6 times during the past 7 days 4 = D. 1 time per day 5 = E. 2 times per day 6 = F. 3 times per day 7 = G. 4 or more times per day	qn36	Percentage of parents who answered at least once in the past week	1 = Yes 2 = No	B, C, D, E, F, or G	A, B, C, D, E, F, or G
k36a	2011 D,S	During the past 7 days, how many times did your child eat fruit? <i>Do not count fruit juice.</i>		kn36a				
q37	2009 D,S	During the past seven (7) days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including French fries or other fried potatoes?	1 = A. My child did not eat vegetables during the past 7 days 2 = B. 1 to 3 times during the past 7 days 3 = C. 4 to 6 times during the past 7 days 4 = D. 1 time per day 5 = E. 2 times per day 6 = F. 3 times per day 7 = G. 4 or more times per day	qn37	Percentage of parents who answered at least once in the past week	1 = Yes 2 = No	B, C, D, E, F, or G	A, B, C, D, E, F, or G
k37a	2011 D,S	During the past 7 days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including french fries or other fried potatoes?		kn37a				
q38	2009 D,S	During the past seven (7) days, how many times did your child drink a can, bottle, or glass of soda, sports drinks, Kool-Aid, or sweetened ice tea? <i>Do not include diet drinks.</i>	1 = A. My child did not drink soda, sports drinks, Kool-Aid, or sweetened ice tea during the past 7 days 2 = B. 1 to 3 glasses during the past 7 days 3 = C. 4 to 6 glasses during the past 7 days 4 = D. 1 glass per day 5 = E. 2 glasses per day 6 = F. 3 glasses per day 7 = G. 4 or more glasses per day	qn38	Percentage of parents who answered at least once in the past week	1 = Yes 2 = No	B, C, D, E, F, or G	A, B, C, D, E, F, or G
k59	2011 D,S	During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drink, energy drink, or sugar-sweetened beverage such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? <i>Do not count diet soda or drinks or 100% fruit juice.</i>	1 = A. My child did not drink soda, sports drinks, energy drinks, or sugar-sweetened beverages during the past 7 days 2 = B. 1 to 3 times during the past 7 days 3 = C. 4 to 6 times during the past 7 days 4 = D. 1 time per day 5 = E. 2 times per day 6 = F. 3 times per day 7 = G. 4 or more times per day	kn59	Percentage of parents who answered at least once in the past week	1 = Yes 2 = No	B, C, D, E, F, or G	A, B, C, D, E, F, or G

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Nutrition (cont.) // Physical Activity

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
q39	2009 D,S	During the past seven (7) days, how many glasses of milk did your child drink? <i>Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.</i>	1 = A. My child did not drink milk during the past 7 days 2 = B. 1 to 3 glasses during the past 7 days 3 = C. 4 to 6 glasses during the past 7 days 4 = D. 1 glass per day 5 = E. 2 glasses per day 6 = F. 3 glasses per day 7 = G. 4 or more glasses per day	qn39	Percentage of parents who answered three or more glasses per day	1 = Yes 2 = No	F or G	A, B, C, D, E, F, or G
k39a	2011 D,S	During the past 7 days, how many glasses of milk did your child drink? <i>Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half-pint of milk served at school as equal to one glass.</i>		kn39a				
q40	2009 D,S	In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	1 = A. Never 2 = B. In only 1 or 2 months 3 = C. Some months but not every month 4 = D. Almost every month 5 = E. Don't know	qn40	Percentage of parents who answered at least once	1 = Yes 2 = No	B, C, or D	A, B, C, D, or E
k40	2011 D,S			kn40				
q41	2009 D,S	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	1 = A. Never 2 = B. In only 1 or 2 months 3 = C. Some months but not every month 4 = D. Almost every month 5 = E. Don't know	qn41	Percentage of parents who answered at least once	1 = Yes 2 = No	B, C, or D	A, B, C, D, or E
k41	2011 D,S			kn41				
q42	2009 D,S	In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	1 = A. Never 2 = B. In only 1 or 2 months 3 = C. Some months but not every month 4 = D. Almost every month 5 = E. Don't know	qn42	Percentage of parents who answered at least once	1 = Yes 2 = No	B, C, or D	A, B, C, D, or E
k42	2011 D,S			kn42				
q43	2009 D,S	On an average school day, how many hours does your child watch TV?	1 = A. My child does not watch TV on an average school day 2 = B. Less than 1 hour per day 3 = C. 1 hour per day 4 = D. 2 hours per day 5 = E. 3 hours per day 6 = F. 4 hours per day 7 = G. 5 or more hours per day	qn43	Percentage of parents who answered 3 or more hours	1 = Yes 2 = No	E, F, or G	A, B, C, D, E, F, or G
k43	2011 D,S			kn43				
k60	2011 D,S	On an average school day, how many hours does your child play video or computer games or use a computer for something that is not school work? <i>Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.</i>	1 = A. My child does not play video or computer games or use a computer for something that is not school work 2 = B. Less than 1 hour per day 3 = C. 1 hour per day 4 = D. 2 hours per day 5 = E. 3 hours per day 6 = F. 4 hours per day 7 = G. 5 or more hours per day	kn60	Percentage of parents who answered 3 or more hours	1 = Yes 2 = No	E, F, or G	A, B, C, D, E, F, or G

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 1: Survey Questions and Summary Variables

Physical Activity (cont.) // Safety // Demographics, Part 2

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
k61	2011 D,S	During the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? <i>Add up all of the time your child spends in any physical activity that increases his or her heart rate and makes your child sweat and breathe hard some of the time.</i>	1 = A. 0 days 2 = B. 1 day 3 = C. 2 days 4 = D. 3 days 5 = E. 4 days 6 = F. 5 days 7 = G. 6 days 8 = H. 7 days	kn61	Percentage of parents who answered 5 or more days	1 = Yes 2 = No	F, G, or H	A, B, C, D, E, F, G, or H
q44	2009 D,S	How often do you feel that your child is safe in your community or neighborhood?	1 = A. Never 2 = B. Sometimes 3 = C. Usually 4 = D. Always 5 = E. Not sure	qn44	Percentage of parents who answered "Usually" or "Always"	1 = Yes 2 = No	C or D	A, B, C, D, or E
k44	2011 D,S			kn44				
q45	2009 D,S	How often do you feel that your child is safe at home?	1 = A. Never 2 = B. Sometimes 3 = C. Usually 4 = D. Always 5 = E. Not sure	qn45	Percentage of parents who answered "Usually" or "Always"	1 = Yes 2 = No	C or D	A, B, C, D, or E
q46	2009 D,S	How often do you feel that your child is safe at school?	1 = A. Never 2 = B. Sometimes 3 = C. Usually 4 = D. Always 5 = E. Not sure	qn46	Percentage of parents who answered "Usually" or "Always"	1 = Yes 2 = No	C or D	A, B, C, D, or E
k46	2011 D,S			kn46				
q47	2009	Is your child Hispanic?	1 = A. Yes 2 = B. No	N/A	N/A	N/A	N/A	N/A
k47a	2011	Is your child Hispanic or Latino?						
q48a	2009	Which of the following would you say is your child's race(s)? <i>Mark all that apply.</i>	1 = A. American Indian or Alaskan Native	N/A	N/A	N/A	N/A	N/A
q48b			1 = B. Asian					
q48c			1 = C. Black or African American					
q48d			1 = D. Native Hawaiian or Other Pacific Islander					
q48e			1 = E. White					
k48aa	2011	Which of the following would you say is your child's race(s)? <i>Mark all that apply.</i>	1 = A. American Indian or Alaska Native	N/A	N/A	N/A	N/A	N/A
k48b			1 = B. Asian					
k48c			1 = C. Black or African American					
k48d			1 = D. Native Hawaiian or Other Pacific Islander					
k48e			1 = E. White					

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Section 1: Survey Questions and Summary Variables

Demographics, Part 2 (cont.)

Variable	Year / Report(s)*	Question Wording	Question Values	Summary Variable	Answer of Interest ⁺	A of I Values	Numerator ⁺	Denominator
q49	2009	What is the highest level of education attained by anyone in your child's household?	1 = A. Less than high school 2 = B. A high school diploma 3 = C. A GED 4 = D. Some college 5 = E. An associate's degree 6 = F. A bachelor's degree 7 = G. A graduate or professional degree	N/A	N/A	N/A	N/A	N/A
k49	2011							
q50	2009	Does your child receive free or reduced priced meals at school?	1 = A. My child receives free meals at school 2 = B. My child receives reduced priced meals at school 3 = C. My child does not receive free or reduced priced meals at school	N/A	N/A	N/A	N/A	N/A
k50	2011							
q51	2009	What is your household income?	1 = A. Less than \$10,000 2 = B. \$10,000 to less than \$15,000 3 = C. \$15,000 to less than \$20,000 4 = D. \$20,000 to less than \$25,000 5 = E. \$25,000 to less than \$35,000 6 = F. \$35,000 to less than \$50,000 7 = G. \$50,000 to less than \$75,000 8 = H. \$75,000 to less than \$100,000 9 = I. \$100,000 or more	N/A	N/A	N/A	N/A	N/A

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 2: Calculated Variables

Variable	Year / Report(s)*	Calculated Variable Wording	Calculated Variable Values	Programming Information†
qnowt	2009 D,S	Percentage of students who were overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex) -- MEASURED HEIGHT/WEIGHT	1 = Yes 2 = No	See http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/sas.htm
knowt	2011 D,S			
qnobese	2009 D,S	Percentage of students who were obese (i.e., at or above the 95th percentile for body mass index, by age and sex) -- MEASURED HEIGHT/WEIGHT	1 = Yes 2 = No	See http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/sas.htm
knobese	2011 D,S			
qnfruit	2009 D,S	Percentage of students who drank 100% fruit juice and/or ate fruit two or more times per day during the past seven days	1 = Yes 2 = No	<p>(NOTE: The following is SAS code)</p> <pre> Length qfruit1 qfruit2 8; qfrtot=0; Array qfr{2} k35a k36a; Array qfruit{2} qfruit1 qfruit2; do i=1 to 2; select (qfr{i}); when('1') qfruit{i}=0; when('2') qfruit{i}=2/7; when('3') qfruit{i}=5/7; when('4') qfruit{i}=1; when('5') qfruit{i}=2; when('6') qfruit{i}=3; when('7') qfruit{i}=4; otherwise qfruit{i}=.; end; qfrtot = qfrtot+qfruit{i}; end; if qfrtot>=2 then qnfruit=1; else if qfrtot ne . then qnfruit=2; else qnfruit=.; drop qfruit1-qfruit2 qfrtot; </pre>
knfruit	2011 D,S			
qnveg	2009 D,S	Percentage of students who ate vegetables three or more times per day during the past seven days	1 = Yes 2 = No	Numerator for k37a = F or G Denominator for k37a = A, B, C, D, E, F, or G
knveg	2011 D,S			

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 2: Calculated Variables (cont.)

Variable	Year / Report(s)*	Calculated Variable Wording	Calculated Variable Values	Programming Information ⁺
qnfrvg	2009 D,S	Percentage of students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days	1 = Yes 2 = No	<p>(NOTE: The following is SAS code) Length qfrvg1 qfrvg2 qfrvg3 8; qfrvgtot=0; Array qfv{6} k35a k36a k37a; Array qfrvg{6} qfrvg1 qfrvg2 qfrvg3; do i=1 to 3; select (qfv{i}); when('1') qfrvg{i}=0; when('2') qfrvg{i}=2/7; when('3') qfrvg{i}=5/7; when('4') qfrvg{i}=1; when('5') qfrvg{i}=2; when('6') qfrvg{i}=3; when('7') qfrvg{i}=4; otherwise qfrvg{i}=.; end; qfrvgtot = qfrvgtot+qfrvg{i}; end; if qfrvgtot>=5 then qnfrvg=1; else if qfrvgtot ne . then qnfrvg=2; else qnfrvg=.; drop qfrvg1-qfrvg3 qfrvgtot;</p>
knfrvg	2011 D,S			
qncaries	2009 D,S	Presence of Decay Experience (Observed during oral health assessment)	1 = Yes 2 = No	Numerator for caries = 1 Denominator for caries = 0, 1, or 2
kncaries	2011 D,S			
qncavit	2009 D,S	Presence of Untreated Cavities (Observed during oral health assessment)	1 = Yes 2 = No	Numerator for cavities = 1 Denominator cavities = 0, 1, or 2
kncavit	2011 D,S			
qnseal	2009 D,S	Presence of Sealants (Observed during oral health assessment)	1 = Yes 2 = No	Numerator for sealants = 1 Denominator for sealants = 0, 1, or 2
knseal	2011 D,S			
qntreat	2009 D,S	Early / Urgent Dental Care Needed (Observed during oral health assessment)	1 = Yes 2 = No	Numerator for treatment = 1 or 2 Denominator for treatment = 0, 1, 2, or 3
kntreat	2011 D,S			

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 2: Calculated Variables (cont.)

Variable	Year / Report(s)*	Calculated Variable Wording	Calculated Variable Values	Programming Information ⁺		
				Hispanic (k47a)	Race (k48aa – k48e)	Output
raceeth	2009	Race/Ethnicity	1 = American Indian or Alaskan Native* 2 = Asian* 3 = Black or African American* 4 = Hispanic 5 = Native Hawaiian or Other Pacific Islander* 6 = White* 7 = Multiple Races * = Non-Hispanic	B (No)	A (American Indian/Alaskan Native)	1 = American Indian/Alaskan Native
				B (No)	B (Asian)	2 = Asian
				B (No)	C (Black or African American)	3 = Black or African American
				B (No)	D (Native Hawaiian or Other Pacific Islander)	5 = Native Hawaiian or Other Pacific Islander
				B (No)	E (White)	6 = White
				A (Yes)	Missing	4 = Hispanic
	2011			A (Yes)	1 or more responses (A thru E)	4 = Hispanic
				B (No)	2 or more responses (A thru E)	7 = Multiple races
				B (No)	Missing	Missing
				Missing	Any response	Missing
				Missing	Missing	Missing

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MIYHS Combined Codebook for K/3 Module – 2009-2011

Section 3.1: Variables in the 2009 Dataset

SPSS Row	Variable	Description
1	studenti	Student Identifier
2	q1	q1 - What is your child's current grade level? (q1)
3	q2	q2 - What is your child's age? (q2)
4	q3	q3 - Is your child female or male? (q3)
5	q4	q4 - What is your relationship to this child? (q4)
6	q5	q5 - What language is spoken most often at home? (q5)
7	q6	q6 - How would you describe your child's health status? (q6)
8	q7	q7 - Has a doctor or nurse ever told you that your child has diabetes? (q7)
9	q8	q8 - Has a doctor or nurse ever told you that your child has asthma? (q8)
10	q9	q9 - Does your child still have asthma? (Among parents who reported their child had asthma in q8) (q9)
11	q10	q10 - Symptoms of asthma include. During the past 30 days, how many days did your child have any symptoms of asthma? (Among parents who reported their child had asthma in q8) (q10)
12	q11	q11 - During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep? (Among parents who reported their child had asthma in q8) (q11)
13	q12	q12 - During the past 12 months, how much did your child limit his or her usual activities due to asthma? (Among parents who reported their child had asthma in q8) (q12)
14	q13	q13 - During the past 12 months, about how many days of school did your child miss because of his or her asthma? (Among parents who reported their child had asthma in q8) (q13)
15	q14	q14 - Has a doctor or nurse or asthma educator ever taught you what to do when your child has an asthma episode or attack? (Among parents who reported their child had asthma in q8) (q14)
16	q15	q15 - An asthma management plan is. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child? (Among parents who reported their child had asthma in q8) (q15)
17	q16	q16 - Have you ever taken a course or class on how to manage your child's asthma? (Among parents who reported their child had asthma in q8) (q16)
18	q17	q17 - Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism? (q17)
19	q18	q18 - Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school? (Among parents who reported their child has some form of autism in q17) (q18)
20	q19	q19 - What kind of health care coverage does your child have? (q19)
21	q20	q20 - About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists. (q20)
22	q21	q21 - What was the main reason that your child last visited a dentist? (q21)
23	q22	q22 - During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (q22)
24	q23	q23 - The last time your child could not get the dental care they needed, what was the main reason they couldn't get care? (Among parents whose answered 'Yes' in q22) (q23)
25	q24	q24 - Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly as well as government programs like MaineCare. (q24)
26	q25	q25 - Has your child ever had dental sealants placed on their teeth at either your dental office or through a school program? (q25)
27	q26	q26 - During the past 4 weeks, how many days of school has your child missed because of dental problems? Do not include routine dental/orthodontist visits. (q26)
28	q27	q27 - When your child is outside for more than one hour on a sunny summer day, how often does he or she wear sunscreen with an SPF of 15 or higher? (q27)
29	q28	q28 - On a sunny summer day, when your child is outside for more than 15 minutes between 11 a.m. and 3 p.m., how often does he or she do one of the following: stay in the shade, wear clothes covering most of his or her arms and legs, or wear a hat? (q28)
30	q29	q29 - During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day. (q29)
31	q30	q30 - How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside the house? (q30)
32	q31	q31 - How often does your child ride in a booster car seat? (q31)
33	q32	q32 - When your child rides in a car, truck, or van, how often does he or she sit in the backseat? (q32)
34	q33	q33 - How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends? (q33)
35	q34	q34 - How often does your child wear a helmet when riding a bike? (q34)
36	q35	q35 - During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice or grape juice? Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks. (q35)
37	q36	q36 - During the past 7 days, how many times did your child eat fruit? Do not count fruit juice. (q36)
38	q37	q37 - During the past 7 days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including French fries or other fried potatoes? (q37)
39	q38	q38 - During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drinks, Kool-Aid, or sweetened iced tea? Do not include diet drinks. (q38)
40	q39	q39 - During the past 7 days, how many glasses of milk did your child drink? Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass. (q39)
41	q40	q40 - In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? (q40)
42	q41	q41 - In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? (q41)

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Section 3.1: Variables in the 2009 Dataset (cont.)

SPSS Row	Variable	Description
43	q42	q42 - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? (q42)
44	q43	q43 - On an average school day, how many hours does your child watch TV? (q43)
45	q44	q44 - How often do you feel that your child is safe in your community or neighborhood? (q44)
46	q45	q45 - How often do you feel that your child is safe at home? (q45)
47	q46	q46 - How often do you feel that your child is safe at school? (q46)
48	q47	q47 - Is your child Hispanic? (q47)
49	q48a	q48a - Which of the following would you say is your child's race(s)? American Indian or Alaskan Native (q48a)
50	q48b	q48a - Which of the following would you say is your child's race(s)? Asian (q48b)
51	q48c	q48a - Which of the following would you say is your child's race(s)? Black or African American (q48c)
52	q48d	q48a - Which of the following would you say is your child's race(s)? Native Hawaiian or Other Pacific Islander (q48d)
53	q48e	q48a - Which of the following would you say is your child's race(s)? White (q48e)
54	q49	q49 - What is the highest level of education attained by anyone in your child's household? (q49)
55	q50	q50 - Does your child receive free or reduced priced meals at school? (q50)
56	q51	q51 - What is your household income? (q51)
57	bmi	BMI - calculated body mass index value [weight(kg)/height(m)2]
58	bmipct	BMIPCT - percentile for body mass index-for-age
59	vbivbmi	@BIVBMI - outlier variable for body mass index-for-age (0-acceptable; 1-too low; 2-too high)
60	caries	CARIES - Presence of Caries (observed)
61	cavities	CAVITIES - Presence of Cavities (observed)
62	sealants	SEALANTS - Presence of Sealants (observed)
63	treatmen	TREATMENT - Treatment Urgency (observed)
64	feet	Student's measured height - feet
65	inches_1	Student's measured height - inches (first digit)
66	inches_2	Student's measured height - inches (second digit)
67	weight_1	Student's measured weight - pounds (first digit)
68	weight_2	Student's measured weight - pounds (second digit)
69	weight_3	Student's measured weight - pounds (third digit)
70	subvert	Record Subverted
71	qn5	qn5;What language is spoken most often at home? Percentage of parents who answered something other than 'English'
72	qn6	qn6;How would you describe your child's health status? Percentage of parents who answered 'Excellent', 'Very good' or 'Good'
73	qn7	qn7;Has a doctor or nurse ever told you that your child has diabetes? Percentage of parents who answered 'Yes'
74	qn8	qn8;Has a doctor or nurse ever told you that your child has asthma? Percentage of parents who answered 'Yes'
75	qn17	qn17;Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism? Percentage of parents who answered 'Yes'
76	qn19	qn19;What kind of health care coverage does your child have? Percentage of parents who answered 'No health insurance'
77	qn20	qn20;About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons & all other dental specialists. Percentage of parents who answered less than 1 year
78	qn22	qn22;During the past 12 months, was there a time when your child needed dental care but could not get it at that time? Percentage of parents who answered 'Yes'
79	qn24	qn24;Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly as well as government programs like MaineCare. Percentage of parents who answered 'Yes'
80	qn25	qn25;Has your child ever had dental sealants placed on their teeth at either your dental office or through a school program? Percentage of parents who answered 'Yes' (at a dental office or through a school program)
81	qn26	qn26;During the past 4 weeks, how many days of school has your child missed because of dental problems? Do not include routine dental/orthodontist visits. Percentage of parents who answered at least 1 day
82	qn27	qn27;When your child is outside for more than one hour on a sunny summer day, how often does he or she wear sunscreen with an SPF of 15 or higher? Percentage of parents who answered 'Most of the time' or 'Always'
83	qn28	qn28;On a sunny summer day, when your child is outside for more than 15 min..., how often does he/she...stay in the shade, wear clothes covering most of his/her arms & legs, or wear a hat? Percentage of parents who answered 'Most of the time' or 'Always'
84	qn29	qn29;During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day. Percentage of parents who answered 'Yes'
85	qn30	qn30;How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside the house? Percentage of parents who answered at least 1 person

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Section 3.1: Variables in the 2009 Dataset (cont.)

SPSS Row	Variable	Description
86	qn31	qn31;How often does your child ride in a booster car seat? Percentage of parents who answered 'Never' or 'Rarely'
87	qn32	qn32;When your child rides in a car, truck, or van, how often does he or she sit in the backseat? Among those who have a backseat available, percentage of parents who answered 'Never sits in the backseat' or 'Sometimes sits in the backseat'
88	qn33	qn33;How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends? Percentage of parents who answered 'Often' or 'Always'
89	qn34	qn34;How often does your child wear a helmet when riding a bike? Among those whose child rides a bike, percentage of parents who answered 'Never' or 'Rarely'
90	qn35	qn35;During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice or grape juice? Do not count punch, Kool-Aid, sports drinks... Percentage of parents who answered at least once in the past week
91	qn36	qn36;During the past 7 days, how many times did your child eat fruit? Do not count fruit juice. Percentage of parents who answered at least once in the past week
92	qn37	qn37;During the past 7 days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including French fries or other fried potatoes? Percentage of parents who answered at least once in the past week
93	qn38	qn38;During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drinks, Kool-Aid, or sweetened iced tea? Do not include diet drinks. Percentage of parents who answered at least once in the past week
94	qn39	qn39;During the past 7 days, how many glasses of milk did your child drink? Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half-pint... Percentage of parents who answered three or more glasses per day
95	qn40	qn40;In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? Percentage of parents who answered at least once
96	qn41	qn41;In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? Percentage of parents who answered at least once
97	qn42	qn42;In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? Percentage of parents who answered at least once
98	qn43	qn43;On an average school day, how many hours does your child watch TV? Percentage of parents who answered 3 or more hours
99	qn44	qn44;How often do you feel that your child is safe in your community or neighborhood? Percentage of parents who answered 'Usually' or 'Always'
100	qn45	qn45;How often do you feel that your child is safe at home? Percentage of parents who answered 'Usually' or 'Always'
101	qn46	qn46;How often do you feel that your child is safe at school? Percentage of parents who answered 'Usually' or 'Always'
102	qnveg	QNVEG;Percentage of students who ate vegetables three or more times per day during the past seven days
103	qncaries	QNCARIES;Presence of Decay Experience (Observed during oral health assessment)
104	qncavit	QNCAVIT;Presence of Untreated Cavities (Observed during oral health assessment)
105	qnseal	QNSEAL;Presence of Sealants (Observed during oral health assessment)
106	qntreat	QNTREAT;Early / Urgent Dental Care Needed (Observed during oral health assessment)
107	raceeth	Race/Ethnicity
108	qn9	qn9;Does your child still have asthma? Among parents who reported their child had asthma in qn8, percentage of parents who answered 'Yes'
109	qn10	qn10;Symptoms of asthma include. During the past 30 days, how many days did your child have any symptoms of asthma? Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day
110	qn11	qn11;During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep? Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day
111	qn12	qn12;During the past 12 months, how much did your child limit his or her usual activities due to asthma? Among parents who reported their child had asthma in qn8, percentage of parents who answered at least 1 day
112	qn13	qn13;During the past 12 months, about how many days of school did your child miss because of his or her asthma? Among parents who reported their child had asthma in qn8, percentage of parents who answered 'One or more times per week' or 'Almost daily'
113	qn14	qn14;Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack? Among parents who reported their child had asthma in qn8, percentage of parents who answered 'Yes'
114	qn15	qn15;An asthma management plan is. Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child? Among parents who reported their child had asthma in qn8, percentage of parents who answered 'Yes'
115	qn16	qn16;Have you ever take a course or class on how to manage your child's asthma? Among parents who reported their child had asthma in qn8, percentage of parents who answered 'Yes'
116	qn18	qn18;Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school? Among parents who reported their child has some form of autism in qn17, percentage of parents who answered 'Yes'
117	inch	Exam Height - Inches (inch)
118	qnfruit	QNFruit;Percentage of students who drank 100% fruit juice and/or ate fruit two or more times per day during the past seven days
119	qnfrvg	QNFVFG;Percentage of students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days
120	age	Child's Age
121	agegroup	Child's Age Group

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Section 3.1: Variables in the 2009 Dataset (cont.)

SPSS Row	Variable	Description
122	sex	Child's Gender
123	grade	Child's Grade
124	qnowt	QNOWT;Percentage of students where were overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex)--MEASURED HEIGHT/WEIGHT
125	qnobese	QNOBESE;Percentage of students where were obese (i.e., at or above the 95th percentile for body mass index, by age and sex)--MEASURED HEIGHT/WEIGHT
126	mid	ID Variable
127	pacid	School ID provided by Pan Atlantic
128	school_n	School Name
129	doe_id	Department of Education ID
130	sau_id	SAU DOE ID
131	aos_id	AOS Code
132	county_n	County Name
133	county_i	County Code
134	phd_name	Public Health District name
135	phd_id	Public Health District code
136	wsch	School Level Weight
137	wsta	State Level Weight
138	psu_scho	PSU for School Level Analysis
139	psu_not	PSU for District Level (and above) Analysis
140	str_not	Strata for District Level (and above) Analysis
141	str_scho	Strata for School Level Analysis

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Section 3.2: Variables in the 2011 Dataset

SPSS Row	Variable	Description
1	pacid	PACID
2	feet	Exam Height - Feet (feet)
3	cavities	Dental Exam - Cavities (cavities)
4	caries	Dental Exam - Caries (caries)
5	sealants	Dental Exam - Sealants (sealants)
6	treatmen	Dental Exam - Treatment Urgency (TreatmentUrgency)
7	studenti	Student ID Variable
8	k1	001(k1)-What is your child's current grade level? (k1)
9	k2	002(k2)-What is your child's age? (k2)
10	k3	003(k3)-Is your child female or male? (k3)
11	k4	004(k4)-What is your relationship to this child? (k4)
12	k5	005(k5)-What language is spoken most often at home? (k5)
13	k6	006(k6)-How would you describe your child's health status? (k6)
14	k7	007(k7)-Has a doctor or nurse ever told you that your child has diabetes? (k7)
15	k8	008(k8)-Has a doctor or nurse ever told you that your child has asthma? (k8)
16	k9	009(k9)-Does your child still have asthma? (Among parents who reported their child had asthma in k8) (k9)
17	k10	010(k10)-Symptoms of asthma include... During the past 30 days, how many days did your child have any symptoms of asthma? (Among parents who reported their child had asthma in k8) (k10)
18	k11	011(k11)-During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep? (Among parents who reported their child had asthma in k8) (k11)
19	k52	012(k52)-During the past 12 months, how much did your child limit his or her usual activities due to asthma? (Among parents who reported their child had asthma in k8) (k52)
20	k13	013(k13)-During the past 12 months, about how many days of school did your child miss because of his or her asthma? (Among parents who reported their child had asthma in k8) (k13)
21	k14	014(k14)-Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack? (Among parents who reported their child had asthma in k8) (k14)
22	k15	015(k15)-An asthma management plan is... Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child? (Among parents who reported their child had asthma in k8) (k15)
23	k16	016(k16)-Have you ever take a course or class on how to manage your child's asthma? (Among parents who reported their child had asthma in k8) (k16)
24	k17	017(k17)-Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism? (k17)
25	k18	018(k18)-Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school? (Among parents who reported their child has some form of autism in k17) (k18)
26	k53a	019_1(k53a)-What kind of health care coverage does your child have? No Insurance (k53a)
27	k53b	019_2(k53b)-What kind of health care coverage does your child have? Private insurance (k53b)
28	k53c	019_3(k53c)-What kind of health care coverage does your child have? CHAMPUS (k53c)
29	k53d	019_4(k53d)-What kind of health care coverage does your child have? MaineCare (k53d)
30	k53e	019_5(k53e)-What kind of health care coverage does your child have? Other (k53e)
31	k54	020(k54)-When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? Include dental hygienists as well as all types of dentists. (k54)
32	k55	021(k55)-During the past 12 months, has your child been treated for a dental condition such as toothache, decayed teeth or cavities, broken teeth, or bleeding gums? Do not include visits to an orthodontist for braces. (k55)
33	k22	022(k22)-During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (k22)
34	k23a	023(k23a)-The last time your child could not get the dental care they needed, what was the main reason they couldn't get care? (Among parents whose answered 'Yes' in k22) (k23a)
35	k56a	024_1(k56a)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. No insurance (k56a)
36	k56b	024_2(k56b)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. Private insurance (k56b)
37	k56c	024_3(k56c)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. MaineCare (k56c)
38	k56d	024_4(k56d)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. CHAMPUS (k56d)
39	k56e	024_5(k56e)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. Other (k56e)
40	k56f	024_6(k56f)-Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare. Don't know/don't remember (k56f)

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Section 3.2: Variables in the 2011 Dataset (cont.)

SPSS Row	Variable	Description
41	k57a	025_1(k57a)-Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? Yes - at dental office (k57a)
42	k57b	025_2(k57b)-Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? Yes - at school program (k57b)
43	k57c	025_3(k57c)-Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? No (k57c)
44	k57d	025_4(k57d)-Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? Don't know (k57d)
45	k58	026(k58)-During the past 3 months, how many days of school has your child missed because of dental problems? Do not include routine dental/orthodontist visits. (k58)
46	k27	027(k27)-When your child is outside for more than one hour on a sunny summer day, how often does he or she wear sunscreen with an SPF of 15 or higher? (k27)
47	k28	028(k28)-On a sunny summer day, when your child is outside more than 15 minutes between 11 am and 3 pm, how often does he or she do one of the following: stay in the shade, wear clothes covering most of his or her arms and legs, or wear a hat? (k28)
48	k29	029(k29)-During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day. (k29)
49	k30	030(k30)-How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside the house? (k30)
50	k31a	031(k31a)-How often does your child ride in a booster car seat? (k31a)
51	k32	032(k32)-When your child rides in a car, truck, or van, how often does he or she sit in the backseat? (k32)
52	k33a	033(k33a)-How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends? (k33a)
53	k34a	034(k34a)-How often does your child wear a helmet when riding a bike? (k34a)
54	k35a	035(k35a)-During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks. (k35a)
55	k36a	036(k36a)-During the past 7 days, how many times did your child eat fruit? Do not count fruit juice. (k36a)
56	k37a	037(k37a)-During the past 7 days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including french fries or other fried potatoes? (k37a)
57	k59	038(k59)-During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage (Gatorade, Red Bull, lemonade, sweetened tea, coffee drinks, flavored milk, Snapple...)? (k59)
58	k39a	039(k39a)-During the past 7 days, how many glasses of milk did your child drink? Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half-pint of milk served at school as equal to one glass. (k39a)
59	k40	040(k40)-In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?(k40)
60	k41	041(k41)-In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? (k41)
61	k42	042(k42)-In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? (k42)
62	k43	043(k43)-On an average school day, how many hours does your child watch TV? (k43)
63	k60	044(k60)-On an average school day, how many hours does your child play video or computer games or use a computer for something that is not school work? (Include...Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.) (k60)
64	k61	045(k61)-During the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? (Add up all of the time your child spends in any physical activity that...) (k61)
65	k44	046(k44)-How often do you feel that your child is safe in your community or neighborhood? (k44)
66	k46	047(k46)-How often do you feel that your child is safe at school? (k46)
67	k47a	048(k47a)-Is your child Hispanic or Latino? (k47a)
68	k48aa	049_1(k48aa)-Which of the following would you say is your child's race(s)? American Indian or Alaska Native (k48aa)
69	k48b	049_2(k48b)-Which of the following would you say is your child's race(s)? Asian (k48b)
70	k48c	049_3(k48c)-Which of the following would you say is your child's race(s)? Black or African American (k48c)
71	k48d	049_4(k48d)-Which of the following would you say is your child's race(s)? Native Hawaiian/Pacific Islander (k48d)
72	k48e	049_5(k48e)-Which of the following would you say is your child's race(s)? White (k48e)
73	k49	050(k49)-What is the highest level of education attained by anyone in your child's household? (k49)
74	k50	051(k50)-Does your child receive free or reduced priced meals at school? (k50)
75	inch	Exam Height - Inches (inch)
76	subvert	Record Subverted
77	kn5	kn5;What language is spoken most often at home? Percentage of parents who answered something other than 'English'
78	kn6	kn6;How would you describe your child's health status? Percentage of parents who answered 'Excellent', 'Very good' or 'Good'
79	kn7	kn7;Has a doctor or nurse ever told you that your child has diabetes? Percentage of parents who answered 'Yes'
80	kn8	kn8;Has a doctor or nurse ever told you that your child has asthma? Percentage of parents who answered 'Yes'
81	kn17	kn17;Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism? Percentage of parents who answered 'Yes'
82	kn54	kn54;When did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? Include dental hygienists as well as all types of dentists. Percentage of parents who answered '12 months or less'

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Section 3.2: Variables in the 2011 Dataset (cont.)

SPSS Row	Variable	Description
83	kn55	kn55;During the past 12 months, has your child been treated for a dental condition such as toothache, decayed teeth or cavities, broken teeth, or bleeding gums? Do not include visits to an orthodontist for braces. Percentage of parents who answered 'Yes'
84	kn22	kn22;During the past 12 months, was there a time when your child needed dental care but could not get it at that time? Percentage of parents who answered 'Yes'
85	kn58	kn58;During the past 3 months, how many days of school has your child missed because of dental problems? Do not include routine dental/orthodontist visits. Percentage of parents who answered at least 1 day
86	kn27	kn27;When your child is outside for more than one hour on a sunny summer day, how often does he or she wear sunscreen with an SPF of 15 or higher? Percentage of parents who answered 'Most of the time' or 'Always'
87	kn28	kn28;On a sunny summer day, when your child is outside for more than 15 min..., how often does he/she...stay in the shade, wear clothes covering most of his/her arms & legs, or wear a hat? Percentage of parents who answered 'Most of the time' or 'Always'
88	kn29	kn29;During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day. Percentage of parents who answered 'Yes'
89	kn30	kn30;How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside the house? Percentage of parents who answered at least 1 person
90	kn31a	kn31a;How often does your child ride in a booster car seat? Percentage of parents who answered 'Never' or 'Rarely'
91	kn32	kn32;When your child rides in a car, truck, or van, how often does he or she sit in the backseat? Among those who have a backseat available, percentage of parents who answered 'Never sits in the backseat' or 'Sometimes sits in the backseat'
92	kn33a	kn33a;How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends? Percentage of parents who answered 'Most of the time' or 'Always'
93	kn34a	kn34a;How often does your child wear a helmet when riding a bike? Among those whose child rides a bike, percentage of parents who answered 'Never' or 'Rarely'
94	kn35a	kn35a;During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice or grape juice? Do not count punch, Kool-Aid, sports drinks... Percentage of parents who answered at least once in the past week
95	kn36a	kn36a;During the past 7 days, how many times did your child eat fruit? Do not count fruit juice. Percentage of parents who answered at least once in the past week
96	kn37a	kn37a;During the past 7 days, how many times did your child eat vegetables, such as carrots, green salad, corn, or green beans, but not including french fries or other fried potatoes? Percentage of parents who answered at least once in the past week
97	kn59	kn59;During the past 7 days, how many times did your child drink a can, bottle, or glass of soda, sports drink, energy drink, or sugar-sweetened beverage (Gatorade, Red Bull, lemonade...)? Percentage of parents who answered at least once in the past week
98	kn39a	kn39a;During the past 7 days, how many glasses of milk did your child drink? Include the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half-pint... Percentage of parents who answered three or more glasses per day
99	kn40	kn40;In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food? Percentage of parents who answered at least once
100	kn41	kn41;In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? Percentage of parents who answered at least once
101	kn42	kn42;In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? Percentage of parents who answered at least once
102	kn43	kn43;On an average school day, how many hours does your child watch TV? Percentage of parents who answered 3 or more hours
103	kn60	kn60;On an average school day, how many hours does your child play video or computer games or use a computer for something that is not school work? (Xbox, PlayStation, Nintendo DS, iPod touch...) Percentage of parents who answered at least 3 hours
104	kn61	kn61;During the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? (Add up all of the time your child spends in any physical activity that...) Percentage of parents who answered 5 or more days
105	kn44	kn44;How often do you feel that your child is safe in your community or neighborhood? Percentage of parents who answered 'Usually' or 'Always'
106	kn46	kn46;How often do you feel that your child is safe at school? Percentage of parents who answered 'Usually' or 'Always'
107	knveg	KNVEG;Percentage of students who ate vegetables three or more times per day during the past seven days
108	kncaries	KNCARIES;Presence of Decay Experience (Observed during oral health assessment)
109	kncavit	KNCAVIT;Presence of Untreated Cavities (Observed during oral health assessment)
110	knseal	KNSEAL;Presence of Sealants (Observed during oral health assessment)
111	kntreat	KNTREAT;Early / Urgent Dental Care Needed (Observed during oral health assessment)
112	raceeth	Race/Ethnicity
113	kn9	kn9;Does your child still have asthma? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'Yes'
114	kn10	kn10;During the past 30 days, how many days did your child have any symptoms of asthma? Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day
115	kn11	kn11;During the past 30 days, on how many days did his or her asthma make it difficult for your child to stay asleep? Among parents who reported their child had asthma in kn8, percentage of parents who answered at least 1 day
116	kn52	kn52;During the past 12 months, how much did your child limit his or her usual activities due to asthma? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'One or more times per week' or 'Almost daily'

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Section 3.2: Variables in the 2011 Dataset (cont.)

SPSS Row	Variable	Description
117	kn13	kn13;During the past 12 months, about how many days of school did your child miss because of his or her asthma? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'One or more times per week' or 'Almost daily'
118	kn14	kn14;Has a doctor, nurse, or asthma educator ever taught you what to do when your child has an asthma episode or attack? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'Yes'
119	kn15	kn15;Has a doctor, nurse, or asthma educator ever given you an asthma management plan for your child? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'Yes'
120	kn16	kn16;Have you ever take a course or class on how to manage your child's asthma? Among parents who reported their child had asthma in kn8, percentage of parents who answered 'Yes'
121	kn18	kn18;Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school? Among parents who reported their child has some form of autism in kn17, percentage of parents who answered 'Yes'
122	kn53	kn53;What kind of health care coverage does your child have? Percentage of parents who answered 'No health insurance'
123	kn56	kn56;Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Percentage of parents who answered that they have insurance that pays for some or all of their child's dental care
124	kn57	kn57 Has your child ever had dental sealants placed on his or her teeth? Percentage of parents who answered Yes (at a dental office and/or through a school program)
125	weight	Exam Weight - Pounds (weight)
126	knfruit	KNFRUIT;Percentage of students who drank 100% fruit juice and/or ate fruit two or more times per day during the past seven days
127	knfrvg	KNFRVG;Percentage of students who drank 100% fruit juice, ate fruit and/or ate vegetables five or more times per day during the past seven days
128	bmi	Body Mass Index
129	bmipct	BMI Percentile
130	age	Age
131	agegroup	Age Group
132	sex	Sex
133	grade	Grade Level
134	knowt	KNOWT;Percentage of students where were overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex)--MEASURED HEIGHT/WEIGHT
135	knobese	KNOBESE;Percentage of students where were obese (i.e., at or above the 95th percentile for body mass index, by age and sex)--MEASURED HEIGHT/WEIGHT
136	psu_scho	PSU for School Level Analysis
137	psu_not	PSU for District Level (and above) Analysis
138	str_not	Strata for District Level (and above) Analysis
139	str_scho	Strata for School Level Analysis
140	school_n	School Name
141	doe_id	Department of Education ID
142	sau_id	SAU DOE ID
143	aos_id	AOS Code
144	county_n	County Name
145	county_i	County Code
146	phd_name	Public Health District name
147	phd_id	Public Health District code
148	wsch	School Level Weight
149	wsta	State Level Weight